Northern Metro Homelessness Network & Western Metro Homelessness Services Network

Opening Doors Manual

VERSION TWO

August 2010
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1. Introduction

1.1. Purpose of Manual

This manual is designed for staff of homelessness assistance services funded through the Community Programs Unit, Department of Human Services (DHS) in the North & West Metropolitan Region (NWMR).

The purpose of this manual is to document the various policies, guidelines and practice issues that pertain to the coordinated operation of the homelessness service system in the NWMR. The model and arrangements outlined in this manual have been developed by the two homelessness Local Areas Service Networks (LASNs) in the Region to operationalise the Opening Doors Framework. (See Section 1.3 for a description of the Opening Doors Framework and 1.4 for information on the LASNs.) Initial implementation of these arrangements occurred in December 2009. The LASNs continue to monitor and develop coordinated approaches to service system operation.

The manual complements the Opening Doors Framework, the Service Coordination Guide and the Practice Guide, which were launched by the Minister for Housing in mid 2008. The manual builds on these documents by providing detail of the regional approach to implementation of the principles and practices outlined in these documents.

This manual also sits within the context of the Homelessness Assistance Service Standards and the Homelessness Assistance Guidelines and Conditions of Funding, which guide the delivery of homelessness and housing services.

This manual incorporates:
- a summary of general principles outlined in the Opening Doors Framework documents
- a summary of the service elements that constitute the homelessness service system in the NWMR and an outline of the key features and functions of each of the key components of the service system
- shared policies developed by the LASNs
- practice applications and procedures for the coordinated work of LASN agencies
- specific tools, forms, methods to be used in practice.
The focus of the manual is on the intersections and coordination between homelessness services that emanates from the implementation of Opening Doors. It highlights those principles that are consistent across the sector and documents consistent practice that flows from these principles.

The manual does not describe individual agency practices and procedures that sit outside the operation of a coordinated LASN response. It is essentially a manual that describes the new components and intersections under the *Opening Doors Framework* in the NWMR.

As the LASNs further develop the Opening Doors model in the region sections of this manual will be added to and/or replaced.
1.2. Background

The Victorian Government launched the Victorian Homelessness Strategy (VHS) in 2000. After an extensive consultation and research process the government released the VHS Directions for Change report in February 2002, which provided a more detailed blueprint for strategic reform of Victorian homelessness support system.

Clients consulted during the development of the VHS identified that accessing the service system can be complicated, confusing and time consuming.

In response, the VHS identified the need for a common assessment and referral approach across homelessness services as one strategy for improving the accessibility of the service system, the consistency of service provision and to facilitate an integrated service system response for clients.

It is generally accepted that the homelessness service system prior to implementation of Opening Doors was complex with over 400 entry points to the homelessness resources in Victoria. These entry points were attached to a multiplicity of agencies that provided a variety of different services for people who are homeless, each with access to a discrete set of resources.

In the previous system people seeking access to homelessness resources had to navigate their way around these services themselves, often approaching multiple agencies, repeating their story at each agency, before they found a service with the capacity to provide the assistance they required.

With this in mind, in 2005 the Department of Human Services (DHS) Housing and Community Building initiated the Victorian Statewide Homelessness Assessment and Referral Framework (SHARF) which was piloted, updated and has subsequently been renamed Opening Doors.

The SHARF was piloted in three catchments in the NWMR between 2006 and 2009: Brimbank/Melton, Yarra/CBD and Moreland/Hume. Learnings from the pilot LASNs have informed implementation of the Opening Doors Framework in the Region.
1.3. **What is Opening Doors?**

Opening Doors is a framework of principles and practices that is intended to guide and improve client assessment, referral, resource allocation and coordination across the Victorian homelessness service system.

Its broad objective is to produce more timely, coordinated and effective access to the service system for clients who are homeless or at risk of homelessness and to provide a more coordinated, client centred response from the homelessness service system.

The *Opening Doors Framework* incorporates the following features:

- A consumer focussed and strengths based approach
- Equity of access to the resources of the homelessness service system
- Support for skilled workers with training, supervision and efficient tools
- Collaboration and partnerships between agencies and the Department of Human Services
- Reasonable care to address the risks faced by each person who is homeless
- Maximising the use of available homelessness resources.  

In the Opening Doors model, this system is streamlined and simplified enabling access to a broader range of resources to clients and greater transparency and equity of access to those resources.

Opening Doors brings together homelessness providers, through the establishment of LASNs, to develop a shared approach to assessment and referral processes, resource allocation and service system planning within their own catchments. Through LASNs homelessness service providers are able to define and provide a coordinated homelessness service system response.

The Framework articulates the need for fewer, clearly identifiable access/entry points to the service system and for the development of a service system response that can ‘hold’ the client and assist the client to navigate the service system.

These clearly identifiable access points are responsible for providing individuals/households who are homeless or at risk of homelessness with timely information at their first point of contact. This includes honest and transparent information about the types of resources available, processes for accessing them and the likelihood of being able to access various resources.

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1 Opening Doors: Better access for homeless people to social housing and support services in Victoria – Framework (July 2008, Department of Human Services)
Sitting behind these access points is a more readily accessible and coordinated homelessness service system.

The LASN develops and maintains a resource register of all accommodation and support service vacancies available from all member services of the LASN.

Access points undertake an initial assessment to inform prioritisation for and ‘best match’ referral to the scarce resources of the homelessness service system. Under the auspices of the LASN, the access point services allocate the local network’s resources equitably and transparently across the local population in accord with an agreed prioritisation system based on the principles of fairness and need.

As part of these reforms, Opening Doors incorporates the widespread adoption of a strengths-based approach to the engagement and assessment of clients within the homelessness sector, built upon the ongoing development of skilled and supported assessment workers.

Opening Doors recognises the reality that demand for the most appropriate services regularly exceeds supply. The need for service coordination and shared planning in this environment is particularly important. LASNs are encouraged, through the *Opening Doors Service Coordination Guide*, to identify opportunities for shared lobbying and advocacy.

The *Opening Doors Framework* identifies as one response to the current level of demand, the formalisation of a shared responsibility for provision of 'Interim Response', providing short term support for people when there are no appropriate resources available.

The *Opening Doors Framework* represents a significant reform of the previous system of decision-making and resource management within the homelessness sector. Sharing and collaboration are key elements of the new system, and mutual trust between agencies is critical to its success.

The LASNs have a key role in building this trust, through the establishment of open and constructive processes.
1.4. Local Area Service Networks (LASNs)

Opening Doors draws on the cooperation and coordination of all homelessness services. The operation of Opening Doors in local areas is managed and overseen by LASNs which are made up of the following:

- DHS regional office management and staff lead and coordinate the LASNs
- all homelessness agencies funded under Supported Accommodation Assistance Program (SAAP), Transitional Housing Management (THM) and Social Housing Advocacy and Support Program (SHASP)
- the regional homelessness network coordinator
- a representative from the Integrated Family Violence Partnership.

Membership is optional for, but might include, other services that assist people who are homeless such as the Office for Children Innovations program and the regional Children’s Resource Worker; the Community Connections Program, the Royal District Nursing Service, Homeless Outreach Psychiatric Services and Jobs Placement Employment and Training.

Originally two LASNs were established in the NWMR: the Northern Homelessness Sub-regional LASN (with a membership of 34 agencies, incorporating over 100 programs) and the Western Homelessness Sub-regional LASN (24 member agencies, incorporating over 50 programs). The NWMR LASNs opted to commence with a membership limited to homelessness funded providers in the Region to enable a focus on internal homelessness service system development. A number of allied services opted for associate membership status on the LASNs.

In mid 2010 the LASNs commenced joint meetings as one way of building consistency across the homelessness service system in the region and as a pragmatic response to reduced resourcing to support the work of the LASN.

In their initial stages the LASNs were responsible for the implementation of the Opening Doors reforms, with a broader focus on monitoring the effectiveness of the homelessness service system and using evidence to plan future responses.

Specifically, LASNs are responsible for:

- the promotion of collaborative and cooperative arrangements between member agencies and other service sectors, including specialist agencies
- the establishment and maintenance of a real-time local area resource register accessible to all provider and initial assessment services
• development and monitoring of the prioritisation criteria and system to be used by access points for allocation of resources
• the interim response structure and protocols
• establishing and monitoring systems to assist access for people who are homeless from outside the LASN catchment to access the resources of the catchment
• establishing and monitoring systems to enable clients to move from one location to another without losing housing or support
• dispute resolution.

The LASNs have an ongoing role to:
• meet regularly to share information and undertake key tasks of the LASN
• oversee the ongoing implementation of Opening Doors and ensure ongoing adherence to the principles of Opening Doors: fine tuning service models, responding to practice/operational issues
• assess the effectiveness of the model for clients and address any issues that arise
• work systemically to make recommendations to DHS about appropriate responses to identified gaps i.e. change in agency catchments/targets/allocation of funds/utilisation of funding
• provide a forum for information sharing and consultation within the homelessness sector, with DHS and with allied sectors
• undertake networking on behalf of member agencies with allied services to assist in the provision of appropriate referrals and co case management across service systems
• review and improve on practice - to provide a forum for sharing of specialist and localised knowledge amongst member agencies
• build on consistency of practice amongst member agencies
• identify and collect data to assist in LASN planning and development
• develop a systemic approach to client feedback and participation
• lobby and advocate on behalf of clients of the service system
• develop mechanisms for member agencies to report regularly and transparently to the LASN through mechanisms such as collection and presentation of data
• undertake reviews, including implementation and monitoring of client feedback mechanisms to assist in identifying gaps in service provision and/or changing trends in need, monitoring
• identify and respond to emerging demand; including access from one area to another by people who are homeless
• provide a forum for ongoing relationship management, including dispute resolution.
1.5. Opening Doors Models in the North & West Metropolitan Region

The service models in the northern and western catchments of the NWMR have been developed by the LASNs as a ‘skeleton’ with further elements to be incorporated as further decisions are made. Essential features of the northern and western service models currently include:

- **Accessibility**
  - Clear entry points to the homelessness service system through the identification of five local access point services and outposts
  - Responsiveness at all points of contact: individuals/households presenting at LASN agencies are assisted to access the access point services
  - Establishment of SAAP supported referral services: SAAP services providing assertive outreach to people who are culturally and/or geographically isolated and/or are not yet ready to seek the assistance of an access point directly (Section 8.4)
  - Cross referral arrangements with statewide access point services (Women’s Domestic Violence Crisis Service, Melbourne Youth Support Service, St Kilda Crisis Contact Centre) and access point services in other regions
  - Cross referral arrangements with the two Integrated Family Violence entry point services in the region (Women’s Health West and Berry Street).

- **Assessment and Referral**
  - Initial screening and assessment is undertaken at access point services. Comprehensive assessment to inform case planning with a client is undertaken by a support service after referral.
  - Service vacancies/resources are logged by services on the Resource Register
  - Referral to resources including support and housing is determined by the needs of the clients. Access point staff utilise an agreed prioritisation grid to assist their assessment, incorporating consideration of support and housing need and relative personal vulnerability
  - Referral to homelessness service system resources are made by the access point services
  - Acceptance of the first eligible referral made by access point services to support providers
  - Access point staff ‘best match’ a client to a resource vacancy prioritising those most in need.
• **Service system coordination**
  ° Sharing of skills and expertise across services
  ° Development of improved service system responses
  ° Shared service system responses to client need
  ° LASNs to monitor and formulate responses to changing needs
  ° Shared responsibility for service provision to clients and commitment to effective communication between services in the sector.

### 1.5.1. Western Model

The following key model elements have been agreed by the Western LASN:

• Yarra Community Housing/Metrowest and the Salvation Army Social Housing & Support Western Network as access points

• establishment of access point outposts in Melton and Werribee to assist clients who are geographically isolated

• provision of a limited form of interim response level 1 (see 8.6.1 for definition) to those clients on the prioritisation lists who are assessed as being at greatest risk and who are unable to access the housing and support resources that they require

• provision of an early intervention response by support services (to be developed by LASNs in 2010)

• the establishment of a number of SAAP supported referral services (see 8.4): Latitude Altona, Latitude Essendon, Iramoo Youth Refuge, Maribyrnong Youth Accommodation Program in partnership with New Hope Foundation, Melbourne Citymission Western Region Accommodation Program, Melbourne Citymission Adult and Families Homelessness Service, UnitingCare Werribee and Melbourne Citymission Young Women’s Crisis Service Outreach Program

• negotiation of cross referral arrangements with Women’s Health West as the entry point to the Integrated Family Violence service system in the western catchment.
1.5.2. **Northern Model**

The following key model elements have been developed by the Northern LASN:

- St Vincent de Paul Housing Services, North East Housing Services and HomeGround Services as access points
- provision of a limited form of interim response level 1 to those clients on the prioritisation lists who are assessed as being at greatest risk and who are unable to access the housing and support resources that they require
- provision of an early intervention response by support services (to be developed by LASNs in 2010)
- trialling of an access point outpost at the Victorian Aboriginal Health Service
- cessation of all other access point outpost arrangements pending LASN consideration of demand data following implementation
- the establishment of a number of SAAP supported referral services: Crossroads Sunbury, Plenty Valley Community Health Service, Melbourne Citymission Young Women’s Crisis Service Outreach Team, Hanover CBD Assertive Outreach Team, Australian Community Support Organisation, Merri Outreach and Support Service, Berry Street Transitional Youth Support Service and St Mary’s House of Welcome.
- monitoring of LASN data to determine the need for access point outposts
- negotiation of cross referral arrangements with Berry Street as the entry point to the Integrated Family Violence service system in the northern catchment.

Model maps for both the Western and Northern LASN models are attached.
1.6. **Accessibility under the *Opening Doors Framework***

The Northern and Western LASNs have developed a framework for increasing the accessibility of the service system through:

- the identification of Access Points
- creation of Access Point outposts
- formalising a capacity for telephone assessments for those people for whom physically presenting at an access point service presents challenges
- establishment of SAAP supported referral services
- formalised cross referral arrangements between access point services, Integrated Family Violence entry points and statewide access point services
- a communication strategy including development of client cards, posters and information for allied service identifying a coordinated homelessness service system in the region.

In addition the LASNs are supporting two specific projects to improve overall service system accessibility and responsiveness to two groups of clients: young people and Indigenous people. The projects are:

- The Regional Aboriginal Homelessness Project
- The Creating Connections Youth Focussed Practice Framework Project.

The development of this system of coordinated access achieves some of the principles of Opening Doors:

- visible entry points staffed by initial assessment teams backed up by formally agreed protocols and procedures
- reduction of multiple assessments and unsuccessful referrals
- equity of access to the resources of the homelessness service system
- maximising the use of available homeless resources, and
- reasonable care to address the risks faced by each homeless person.

The nominated access points will be the designated physical ‘face’ of the system of service provision, taking responsibility for many of the tasks and features of the LASN models relating to initial contact, assessment and referral. Support providers will take responsibility for the short and longer term case managed support - together providing the best response that the combined resources can offer. Appendix One provides a table identifying each of the accessibility components described above.
1.6.1. After Hours Service and Statewide 1800 Number

A Statewide 1800 number is available 24 hours for people to make contact with the Access Points. It is a free service for people ringing from a landline in the state of Victoria. Calls are routed to the nearest access point service during business hours and to the St Kilda Crisis Contact Centre (StKCCC) in the offices after hours. DHS has contracted with StKCCC to provide the after hours response to people experiencing homelessness as a central provider across the State.

The 1800 number is **1800 825 955**.
2. **Service User Participation and Consent**

2.1. **Introduction**

All LASN agencies operate from a model that is respectful of clients’ right to privacy and promotes client participation in all decision making impacting on their lives. To assist in this LASN agencies have adopted a shared approach to gaining client consent to information transfer.

During 2010 the LASNs will develop common approaches across the service system to client feedback and participation to ensure that the client voice is represented in LASN planning and development.

2.2. **Informed Consent / Client Consent to Share Information**

All LASN agencies participate in the Victorian Homelessness Data Collection\(^2\) (VHDC) collecting de-identified data about client need and issues. This data will be shared at LASNs to inform LASN development and planning in response to client need. The VHDC procedure for informed consent is adopted for information transfer across all LASN services.

Informed client consent is a requirement of the VHDC. It helps to promote individual client rights and is consistent with the prevailing views about the ethics of data collection. Although it is lawful for agencies to record personal information without a client’s permission, it is good practice to adhere to the Information Privacy Principles specified in the Health Records Act 2001 and the Information Privacy Act 2000. In particular, the Acts state that the information provider should be aware of the purpose for which the information is being collected and who will have access to that information.

For the purposes of the VHDC, informed consent is a statement by a client that he or she agrees to have information recorded and sent to the Australian Institute of Health and Welfare for analysis. However, it is important that the client has been given appropriate background information about why the information is being recorded, how it will be used and who will have access to the information.

\(^2\) The Victorian Homelessness Data Collection is an agreed set of data concepts and definitions that underpin the collection of information about homelessness service delivery and clients.
Sharing or communicating client information to organisations or individuals outside a particular organisation (eg. Information collected in one agency may be used in referral to another) is referred to in the Victorian Health Records Act as ‘disclosure.’ Individuals have the right to control how their information is disclosed and for what purposes.

2.2.1. **Consent practices**

Initial consent to transfer of client information across LASN agencies is collected at the access point service by Initial Assessment & Planning (IA&P) workers. IA&P workers explain the type of information being collected, the purpose for its use and the services to which it may be shared.

Clients have the option of identifying what information can be passed on and to whom. Clients may identify agencies to be excluded from consent. This will be recorded on the access point Client Management System (CMS).

Consent may be collected in person. In this case the attached form is completed and signed by the client. Consent can also be collected verbally (in the case of telephone assessment and when updating information). Verbal consent is noted on the client consent form. Please see the following consent form.

Workers should ask for the client’s consent to the use of their information at the end of the initial conversation with the client, which includes:

1. consent for referrals and
2. consent for the Victorian Homelessness Data Collection

At the initial assessment meeting the IA&P worker will seek the verbal and/or written consent of the client.

Consent is provided for a period of six months at which time it should be renewed with the client. IA&P staff will advise during an assessment that a worker will contact a client again prior to a referral to inform them that a referral is to be made and to which agency. IA&P staff will also advise those who are being referred to the prioritisation list that consent lasts for six months and that, if no service has been provided in the meantime, IA&P staff will re-contact in six months to update the assessment and consent. If it is not possible to contact the client after three attempts at this point, their assessment will become ‘inactive’. An inactive assessment can be re-activated at any stage if the client makes further contact.
When consent is collected relevant information can be shared across LASN agencies to assist them in providing the most appropriate responses to the client. The attached consent form is circulated with an access point referral and remains current in the referring agency during the six month period.

Support agencies may need to undertake a further consent process to seek the client’s consent to a transfer of information outside the homelessness service system, for example to Centrelink, Office of Housing, solicitors.
## Client Consent to Share Information Form

Client consent to share information  
To record freely given informed client consent to share their information with a specific agencies for a specific purpose

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of birth: (dd/mm/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex:</td>
<td>Alpha code:</td>
</tr>
</tbody>
</table>

### Service type, for example:
- housing support
- drug and alcohol support.

<table>
<thead>
<tr>
<th>Name of agency</th>
<th>Type of information (including limits as applicable), for example:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• all relevant information</td>
</tr>
<tr>
<td></td>
<td>• housing situation only.</td>
</tr>
</tbody>
</table>

---

### 2(a) Verbal consent

**Worker Use Only**

Verbal consent can be used when it is not practicable to obtain written consent.

I have discussed the proposed referrals with the consumer or authorised representative and I am satisfied that the consumer understands the proposed uses and disclosures, and has provided their informed consent to:

- Referrals
- Victorian Homelessness Data Collection

Signed (worker)…………………………………….

Date ……/…………/………..(dd/mm/yyyy)

Worker Name:……………………………………..

Position:…………………………………………

---

### 2(b) Written Consumer Consent

My worker/practitioner has discussed with me how, and why certain information about me may need to be provided to other service providers. I understand the recommendations and I give my permission for the information to be shared as detailed above.

Signed ....................................................

Signed by □ Client or □ Authorised representative

Date ……/…………/………..(dd/mm/yyyy)

Name:…………………………………………

Witnessed(worker)……………………………

Worker Name……………………………………..

Position:…………………………………………
3. Assessment

3.1. Introduction

Workers describe the process of assessment as a ‘conversation’, where building trust is essential to providing quality outcomes. Clear communication, being honest about what resources are available and explaining why certain information is sought, are all important for building this trust.

Assessment is a continuous process, which occurs at different points in homelessness service delivery with increasing depth and detail. Assessment as determined by Opening Doors is a narrative based process, drawing on conversation between worker and client. Opening Doors formalises a two stage assessment process:

- Initial assessment,
- Case management assessment.

3.2. Initial Assessment

This occurs at the access point. Only information needed for an effective referral should be collected. The Opening Doors initial assessment framework incorporates consideration of:

- identified needs and risks
- housing assistance already provided or planned
- support needed or arranged.

Good practice initial assessment covers:

- risks and any associated specialist support requirements
- immediate needs for shelter, food and security
- need for:
  - crisis housing and support
  - case management support
  - transitional housing
  - purchased emergency accommodation (motels, rooming houses, caravans, board)
- brokerage and emergency relief
- referral to allied services.
- assistance required to access long-term housing.
3.3. **Case Management Assessment**

This occurs continuously throughout the time a worker provides case managed assistance with a client, and involves a very deep and detailed assessment that seeks to determine the circumstances of a person’s homelessness to assist in developing strategies to get them out of homelessness. Such an assessment requires time and significant trust on the client’s part and is best undertaken by the worker/service that has the capacity to respond to issues raised and needs identified through assessment.

3.4. **Assessing Risk and Vulnerability in Initial Assessment**

All people experiencing homelessness are experiencing harm, and are at risk of further harm. People who are homeless are at a much higher risk than the general population of experiencing violence, criminal involvement, exploitation, mental distress, humiliation, shame and deterioration of their physical and emotional health. Risk assessment is a critical aspect of initial assessment in homelessness services. It is vital to understand the risks faced, or caused, by a person to provide an appropriate response that is the best match with available resources.

The homelessness service system attempts to reduce risk primarily by addressing the need for accommodation. Homelessness assistance workers also offer generalist and specialist support to people to address their risks of harm and broader needs and issues. At the access point this opportunity must be balanced against the recognition that initial assessment workers are often functioning in a high volume service delivery environment. Furthermore, by definition, initial assessment is the beginning of a service response to a person in crisis, placing a structural limit to the depth of assessment possible.

3.5. **Risk Assessment and Safety Planning**

Risk assessment is a critical aspect of initial assessment in homelessness services. It is vital to understand the risks faced, or caused, by a person.

The homelessness service system attempts to reduce risk primarily by seeking to address the need for safe, appropriate accommodation.
IA&P workers incorporate a consideration of ‘vulnerability’ within risk assessments. Vulnerability relates to an individual’s capacity to cope with risks posed to their wellbeing. As an example, a person with a mental illness, or a young person, may be more vulnerable to exploitation in certain settings.

Safety planning is a way of managing risks and reducing the likelihood of harm; however it does not imply that risks can be eliminated. The results of the risk assessment will be factored into the service response provided but will not be a barrier to service provision.

See table on the following page, which describes different levels of risk and possible appropriate responses.

Access point and family violence entry point providers are in the process of developing a common approach to risk assessment and safety planning in relation to family violence.
<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Appropriate Support</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIGH</strong></td>
<td>Ambulance, police (e.g. protection from threat of violence), CATT team, Triage, Overdose Prevention Programs, Child Protection</td>
<td>Get a second opinion (supervisor) Contact appropriate service for assistance</td>
</tr>
<tr>
<td><strong>MEDIUM</strong></td>
<td>Homelessness outreach worker, other specialist outreach service (e.g. Alcohol Other Drugs, Royal District Nursing Services Homeless Persons Program, Mental Health Outreach)</td>
<td>Offer to organise an outreach visit within the next two days</td>
</tr>
<tr>
<td><strong>LOW</strong></td>
<td>Mainstream services</td>
<td>Advice person of available support services and offer referral or information</td>
</tr>
</tbody>
</table>
3.6. Initial Assessment and Referral Mechanisms

The Opening Doors initial assessment form has been incorporated in to the Office of Housing’s Client Management System (CMS) software provided to Transitional Housing Management (THM) services by the Housing and Community Building Division, DHS. It includes standard information fields and a capability to incorporate case notes and narrative descriptions. It provides a useful and standardised basis for individual and comparative assessments.

The initial assessment is undertaken through engaging the client in a narrative discussion, not through working through a prescribed set of questions on a form.

Nevertheless, the IA&P worker must gather a range of objective information as part of a common assessment process, which determines access to housing and support services. In the process of engaging a client, the IA&P worker will enter essential details and notes into the CMS database.
CMS Screen Shots

CMS: Add referral page
CMS: Contact screen

Add Contact

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Service Contact Date</th>
<th>Phil Service Contact Date</th>
<th>Time</th>
<th>Client Name</th>
<th>Staff Member</th>
</tr>
</thead>
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<tr>
<td>1000</td>
<td>2023/03/01</td>
<td>2023/03/01</td>
<td>11:52</td>
<td>JASON</td>
<td>Prep. Desk</td>
</tr>
</tbody>
</table>

Service Contact Setting

- Program
- Service Contact Note Type
- Other

Office Location

- Mail and Phone: time limit: 2000
- Phone: time limit: 2000

Main Reason for Requesting Assistance

- Other: "Economic crisis"
- Other: "Other"

Service Contact Type Immediately Before Service Contact

- Other: "Economic crisis"

Support/Service Type

- Housing advice and information
- Advocacy: "Legal"
- Advocacy: "Private rental"
- Advocacy: "Other"
- Living skills/personal development
- Emotional support/counseling
- Safety planning
- Assistance with VICAT, housing/other legal issues
- Culturally specific support
- Interpreter services
- Assistance with immigrant issues
- Assistance to obtain government benefits
- Financial assistance/external aid (excluding VHA)
- Financial counselling and support
- Other (please specify)

Referral to Specialist Services

- Employment and linking assistance
- Income Tax advice
- Family violence support
- Family relationship support
- Assistance with problem gambling
- Parent support
- Psychological services
- Psychiatric services
- Pregnancy support
- Family planning support
- Drug/alcohol support or intervention
- Physical disability services
- Intellectual disability services
- Health/medical services
- Other (please specify)

Referral to Housing Support

- Accommodation support
- Transitional Housing Support
- Long Term Tenancy Support
- Other Housing Support

HEF Assistance Details

- Age
- Gender
- Ethnicity
- Disability
- Health
- Other (please specify)

Additional Information

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Disability</th>
<th>Health</th>
<th>Other</th>
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<tbody>
<tr>
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<td>M</td>
<td>White</td>
<td>No</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>2</td>
<td>F</td>
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<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>3</td>
<td>M</td>
<td>Aboriginal</td>
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<td>Yes</td>
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<tr>
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<td>N/A</td>
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<td>F</td>
<td>African</td>
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<td>Yes</td>
<td>N/A</td>
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<tr>
<td>7</td>
<td>M</td>
<td>Mix</td>
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<td>Yes</td>
<td>N/A</td>
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<tr>
<td>8</td>
<td>F</td>
<td>Asian</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>9</td>
<td>M</td>
<td>Caucasian</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
</tr>
</tbody>
</table>
4. Prioritisation

4.1. Introduction

Prioritising people who are homeless for services is acknowledged as the most difficult and stressful aspect of homelessness service provision. Where demand outstrips supply, one person receiving a service means that others miss out. Making decisions about assisting one person over another is understood by workers and clients to be both an ethical dilemma and a practical necessity.

Service providers want a fair, objective and consistent prioritisation approach, while consumers want a responsive system that recognises the urgency of their individual situation. Consumers feel that prioritisation should recognise and respond to the sheer desperation of their situation. Transparency in prioritisation is important for both service providers and consumers.

Effective prioritisation should mean that a person receives a service that is best matched to their individual circumstances. Prioritisation also needs to be considered in the context of service exclusion practices as general exclusions can be used to narrow the number of people to whom the service responds.

4.2. Prioritisation Principles

The following outlines the principles for resource allocation and prioritisation as taken from the Opening Doors Framework:

- Match the available resource to the person whose needs are best met by that particular resource
- Plan capacity to respond to people with high and complex needs, and those requiring early intervention
- Regularly review prioritisation policies using unmet demand as a key indicator to maximise services’ capacity to match available assistance to need
- Take steps to address service exclusion practices within the network
- Ensure that prioritisation policies are consistently understood and applied by all participating agencies and workers
- Make prioritisation policies transparent for consumers, other agencies and networks.
The *Opening Doors Service Coordination Guide* provides guidelines for prioritisation and describes the interrelated criteria of:

- Current accommodation
- Other housing options
- Stated and/or observed support needs
- Professional support available
- Assessment of an individual’s situation and level of vulnerability

These guidelines comprise two tables with the criteria for assessing housing and support needs. The Northern and Western LASNs have agreed to add another area for assessment and use in prioritisation, adding an assessment of relative ‘personal vulnerabilities’ of clients.

Prioritisation for a specific resource takes into account all members of a household, including accompanying children.

Specialist expertise may be required to better understand the needs and circumstances of particular client groups.

### 4.3. Prioritisation Framework

#### 4.3.1. Assessing housing need

The level of assessed housing need (high, medium and low) reflects the client’s current housing circumstances, and the range of other housing options (if any) available to them. When prioritising, include all household members, adult and child. Please see following page for a copy of the table used to assess housing need.

#### 4.3.2. Assessing support need

A person’s level of need in relation to their support issues (high, medium or low) reflects an assessment of their stated and observed support needs, as well as the level of professional support they currently receive. When prioritising all household members, adults and children are included.

#### 4.3.3. Level of Personal Vulnerability

A person’s level of vulnerability depends on their individual capacity to cope with risks posed to their wellbeing. As an example, a person with a particular mental illness may have increased vulnerability in that they would be more susceptible to exploitation by other residents in a congregate setting. Intimately connected to an assessment of risks and vulnerabilities is the identification of a person’s strengths and supports.
Factors such as a close supporting family, the ability to access and utilise a range of professional supports and resources will influence the way homelessness will affect an individual and will change the amount and type of support required.

The inclusion of vulnerabilities in the prioritisation assessment process recognises that people experiencing the same objective circumstance of homelessness can have very different subjective experiences, which will in turn affect the level of risk and associated need for a particular individual. It is important to be aware that an understanding of relative vulnerability influences the prioritisation so that any assumed or formalised understanding of vulnerability hierarchies are made explicit and therefore open to evaluation.
**Housing Need**

<table>
<thead>
<tr>
<th>Level of housing need</th>
<th>Current Accommodation</th>
<th>Other housing options</th>
</tr>
</thead>
</table>
| **High** | Client experiencing primary homelessness (sleeping rough, on trains, in car, squatting). Client, living in a family violence situation at immediate risk of injury to self and/or children (possibly with Child Protection Order to leave violent partner or have children removed) | Client has no other reasonable accommodation options:  
  - Client cannot access HEF and/or  
  - Accommodation cannot be sourced due to multiple bans from accommodation providers and/or  
  - Accommodation cannot be established because the health or wellbeing of the client would be seriously compromised in HEF purchased accommodation, for example:  
    - Client has recently suffered physical attack within a rooming house setting, and it could be reasonably assessed that further accommodation in a similar setting would increase the clients experience of trauma  
    - Client experiencing sever health problems could reasonably be expected to be worsened by rooming house accommodation, but does not require hospitalisation  
    - Client assessed as particularly vulnerable to exploitation or violence in a rooming house environment—for example, frail aged and families |
| **Medium** | Client in current temporary accommodation assessed as detrimental to clients wellbeing:  
  - Temporary HEF-funded accommodation, assessed as unsuitable for client, as a stop-gap measure while awaiting crisis vacancy  
  or  
  - Temporary accommodation with friends or family, with negative impact on client  
  or  
  - Client facing imminent discharge from institution (hospital, psychiatric inpatient unit, prison). | Client has no other more appropriate accommodation options available:  
  - Client not able to access HEF from any source  
  or  
  - Client can access HEF, but the available HEF-funded accommodation options are likely to be detrimental to client’s wellbeing. |
| **Low** |  
  - Client in current temporary accommodation, ending soon  
  or  
  - Client currently has no accommodation, but is able to access suitable accommodation | Client has other suitable accommodation options available:  
  - With family or friends  
  And/or  
  - Client eligible for HEF, and HEF-funded accommodation is deemed suitable for the short term |
## Support Need

<table>
<thead>
<tr>
<th>Level of support need</th>
<th>Stated and/or observed support needs</th>
<th>Professional support available</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>• Client has one or more significant support needs currently having a major impact on clients functioning and/or wellbeing and/or • Client has multiple or complex support needs requiring intensive assistance and/or • There is significant risk of harm to client or others, due to: ➢ Major physical or mental health issues ➢ Vulnerability to violence (including domestic violence), exploitation or abuse from others ➢ Potential for self-harm/suicide risk.</td>
<td>Client currently has no active support in place: • Previous support links may have broken down • Client may be resisting support or • Client has some support in place, but the support relationship is tenuous or likely to break down in the near future.</td>
</tr>
<tr>
<td>Medium</td>
<td>Client has one or more significant support needs.</td>
<td>At least one support worker actively providing ongoing support to client. Level of support may be insufficient.</td>
</tr>
<tr>
<td>Low</td>
<td>Client has minor support needs.</td>
<td>• Appropriate supports in place or • No supports in place • Client has not stated need for support</td>
</tr>
</tbody>
</table>
## Personal Vulnerability

<table>
<thead>
<tr>
<th>Level of personal vulnerability</th>
<th>Details</th>
</tr>
</thead>
</table>
| High                            | - There is significant risk of harm to individual/household by self or others; and/or  
- There is a significant risk of standover and abuse in congregate settings; and/or  
- Individual/household is experiencing a level of crisis significant enough to impact on their capacity to manage independently; and/or  
- Household/individual has no access to supports. |
| Medium                          | - Individual/household faces no immediate and significant risks, however, if the situation is unlikely to improve, the individual/household’s capacity to cope in the current situation will be impacted and their needs will be likely to escalate; and/or  
- Household/individual does not have access to additional supports. |
| Low                             | - Individual/household exhibits good coping skills; not negatively impacted by others; and/or  
- Individual/household may have access to additional supports. |
4.3.4. **Prioritising among people with similar level of need/risk**

Within each priority level there may be several people with a similar level of need and/or risk, who could be considered for any vacancy that arises. In making decisions regarding prioritisation amongst these people, the following factors may be relevant:

- Finer distinctions in relative levels of need and risk, based on consideration of the changing circumstances of each person/household
- An assessment of a person’s vulnerability – their individual capacity to cope with risks posed to their wellbeing
- Anticipated length of time a person can remain in current accommodation
- The length of time a person has been waiting for an appropriate resource

Final decisions regarding allocation of support and transitional vacancies are made by the IA&P workers.

4.4. **Prioritisation Lists**

Prioritisation lists for resources are held and managed by the access point services. Anyone assessed as being in need of the resources of the homelessness service system in the Region are included on the prioritisation lists.

Based on the *Opening Doors Framework*, the prioritisation lists will:

- make a commitment to equitable consideration of client need in relation to the allocation of resources
- avoid clients having to go from agency to agency seeking resources that are not available
- avoid clients being referred for the same resource by multiple agencies
- keep all clients with a need for a particular resource in consideration when that resource becomes available
- assist service planning by developing a more accurate understanding of the quantity and nature of unmet demand.
5. Resource Allocation

5.1. Introduction

The matching of client need to housing and support vacancies by the IA&P worker eliminates the need for clients to complete multiple assessments/applications.

The following table outlines the steps, roles and responsibilities needed to support efficient matching and referral to resources.

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Access Point agency</th>
<th>Service Provider (support, housing, HEF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify available resources</td>
<td>The IA&amp;P worker assesses what resources will be appropriate to the consumer’s needs and risks. The IA&amp;P worker checks the resource register for availability. Identification is contingent on provider agencies logging on the Resource Register details of the resource vacancy on the day the resource is available.</td>
<td>All homelessness agencies within the catchment promptly and accurately advertise resources on the resource register. All special requirements, duty of care issues, or risk factors are advertised along with the vacancy. The service provider is responsible for detailing the specifics of the vacancy/resource.</td>
</tr>
<tr>
<td>Identify best match</td>
<td>The worker discusses the available resources with the consumer and provides expert advice about the best possible option. This may involve a three-way conversation between the IA&amp;P worker, the client and the service provider about the finer details of the resource. Client names need not be exchanged at this point.</td>
<td>If many factors affect the resource match, the service provider makes a worker available to discuss with the IA&amp;P worker the specifics of the resource vacancy. This allows for fine tuning to needs and safety planning.</td>
</tr>
<tr>
<td>Secure resource</td>
<td>Once the best match is identified, the worker contacts the provider to secure the resource.</td>
<td>The support agency accepts the first eligible referral from the IA&amp;P worker.</td>
</tr>
<tr>
<td>Arrange access to resource</td>
<td>Once the referral is accepted, the IA&amp;P worker arranges access to the resource. For example, providing contact details to enable support worker to meet with the client. A generic referral form is provided for use when appropriate to deliver client name, contact details and case summary in a written form.</td>
<td>The providing agency accepts and works with the client. If there are any problems with the match, the client should not be disadvantaged. The providing agency seeks a better match for the client, with support from the access point service as required. The providing agency communicates any feedback clearly and respectfully to the access point service.</td>
</tr>
</tbody>
</table>
**5.1.1. Resource allocation: transitional housing**

Allocation of transitional housing in the NWMR is not yet uniformly consistent with *Opening Doors* principles. The LASN will work towards an approach to allocation of transitional housing that is transparent, fair, equitable and consistent with prioritisation arrangements.

Vacancies in transitional housing are logged by THM services on the Resource Register at the point at which the property becomes vacant tenantable. Access to these properties currently occurs through a combination of referrals from the access point services and referrals from support agencies holding nomination rights to particular properties.

Only those individuals/households who have been assessed by an identified access point and are on the prioritisation list for access to homelessness resources will be signed up to a transitional housing property. This assessment is included on the prioritisation list for access to transitional housing in the catchment in which the individual/household is hoping to be housed.

The following information outlines the differing approaches to accessing transitional housing across the five catchments that constitute the NWMR.

---

3 Arrangements for accessing transitional housing attached to the ‘Pathways’ initiatives sit outside the Opening Doors arrangements.
North East Housing Service
1. Thirty one SAAP and non-SAAP services have nomination rights to NEHS managed properties. The referral of a client is made to the tenancy team by these organisations nominating clients they are currently working with.

2. IA&P team allocates clients to approximately 30 properties where organisations with nomination rights can refer a client. The property is advertised to these agencies and the final decision is made by the IA&P team.

Yarra Community Housing/MetroWest
There is currently no change to nomination rights, however, a change to how an agency nominates to a transitional housing vacancy.

Step 1 When a vacancy exists in a transitional or crisis property it is listed by the access point on the Resource Register.

Step 2 The nominating agency should be listing a corresponding support vacancy on the Resource Register (with either Metrowest or another nominated access point).

Step 3 If they have an existing client that they wish to nominate to the transitional property vacancy they need to send the normal nomination forms PLUS a CMS referral form to our tenancy team.

SASHS Western
1. SAAP agencies that were part of the Brimbank/Melton pilot LASN currently have rights to support clients living in particular properties. The clients are allocated to the support vacancy and the property vacancy by the IA&P team from their prioritisation list.

2. Agencies who have nominated SASHS as their access point can currently nominate clients into their properties from their existing client pool (providing a copy of the client’s CMS assessment if not originally undertaken by SASHS), or opt to take a referral from the IA&P team if they don’t have a suitable client for the transitional housing vacancy.

HomeGround Services
Currently HomeGround Services has 95 properties in NWMR with access available to clients of support agencies who have a partnership or protocol agreement with HomeGround Services and who are funded to work in the Yarra LGA.

At present, sixty three (63) properties are accessed via nomination access whereby an agency has access to a set number of properties. The remaining 30 + properties form a pool which
support agencies can nominate a household for and these applications are assessed by a scoring tool.

**St Vincent de Paul (SVDP) Housing Service**

SVDP Housing Services removed nomination rights some years ago in consultation with the pilot Moreland/ Hume LASN, from SAAP and other support providers. Approximately 130 of the properties we manage are now in the general pool (the rest are under pathways programme so there are nomination rights on those).

An assessment of need is undertaken by the IA&P worker. These assessments are prioritised as per the *Opening Doors Framework*. As support vacancies are advertised clients are allocated off the prioritisation list. Clients who have been allocated to support are transferred to the ‘transitional housing’ prioritisation list. Where a client already receives support from a provider not associated with the LASN that has demonstrated the capacity to work with clients the duration of a transitional housing tenancy and where they have demonstrated expertise in working to achieve exits from transitional housing, their clients too may be added to the ‘transitional housing’ prioritisation list.

As vacancies arise in SVDP transitional housing stock IA&P put forward up to three potential households from, the ‘transitional housing’ prioritisation list to the Leadership team who determine the actual allocation.

SVDP HS monitors the allocation of stock to ensure the presence of some ‘equity’ in allocation across target groups as they are reflected pro rata through the IA&P presentation data.

Further, SVDP HS, under agreement at the MHHN, allocated 2 properties for nomination by the Red Cross/Hotham Mission/Asylum Seekers Centre for refugees and asylum seekers.

5.1.2. **Resource allocation: Housing Establishment Funding (HEF)**

See Section 8.8 for a discussion of current allocation arrangements for HEF.
6. Referral and Feedback Loop

6.1. Introduction

Once a resource has been secured, the access point worker will fax a written referral form to the providing agency. Opening Doors provides a common referral form for homelessness assistance providers. The referral summary includes:

- identified needs and risks
- housing assistance already provided or planned
- supports needed or arranged.

In the North & West Metropolitan Region the following sub headings have been added to each of the three areas above:

- housing
- safety & risk assessment
- support
- health
- other

The client should always be asked how much detail should be included in the referral, and specifically if there is anything they do not want to be passed on (see section 2.2 on informed consent).

Only the minimum necessary information should be exchanged at the point of referral. The Opening Doors referral form is integrated with the CMS, and:

- can be created anew, or by selecting an existing referral
- is automatically populated from the service contact section with the names of the people being referred, their ages and any available contact details, service contact notes automatically transfer to the summary section of the referral screen; notes can be edited to customise the referral summary
- can be printed for faxing
- includes a standard consent form that can be signed by the client in the case of written consent, or by the worker on the client’s behalf if the consent is verbal and is stored in the client management system for future reference or use.
CMS Homelessness Assistance Referral generated from client notes page

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Staff Member</th>
<th>Note Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/01/2002</td>
<td>14:55</td>
<td>Sue Coleman (LEFT)</td>
<td></td>
</tr>
</tbody>
</table>

### Homelessness Assistance Referral

**Summary:** Blah Blah Blah

**Referral To**

- **Agency Name:** Hanover Crisis Service
- **Email Address:** hanovercrisis@hanover.net.au
- **Fax Number:** 9999 9999
- **Service:** Youth
- **Vacancy:** 138 Jones Street Collingwood Vic 3077

**Referral From**

- **Agency Name:** Homeground Services
- **Staff Member:** Jill
- **Sent:** 1/1/2006
- **Phone Number:** 039096798
- **Fax:** 0390969999

### Client Contact Details

- **Name:** John Smith
- **Address:** 101 Testing Place, Melbourne Vic 3000
- **Home Phone:** 9999 9999
- **Work Phone:** 9999 9999
- **Mobile:** 0430 999 999
- **Email:** john.smith@dhs.vic.gov.au

### Additional Contact Details

**Organisation:**

**Relationship:**

**Name:**

**Address:**

**Home Phone:**

**Work Phone:**

**Mobile:**

**Email:**

### Household Member Details

- **Name:** Joe Smith  
  **Age:** 16  
  **Relationship:** Brother
Client note details

Date: 08/01/2002  
Time: 14:55

Contact Date: 05/10/2006  
Time: 14:24

Staff: Help Desk
Office Location: Venue 1
Contact Setting: Your Agency
Program: HIR

Needs and Risks:
text entered to display here

Response Provided:
text entered to display here

Next Steps:
text entered to display here

Main Reason for seeking assistance: Time out from family/other situation
Living Arrangements before Ser Cont: Living with Other unrelated persons
Housing Type Imm before Ser Cont: House or Flat
Tenure Type Imm before Ser Cont: Crisis Accommodation (SAAP/THM)

Assistance to Access Housing (Needed, Provided and Referred):
  Assistance to access crisis/short term emergency accommodation #Need #Prov #Ref
  Assistance to access Public Housing #Need #Prov

Support/Service Type (Needed, Provided and Referred):
  Housing advice and information #Need #Ref
  Financial counselling and support #Need #Prov

Referral to Specialist Services (Needed and Provided):
  Parent Support #Need
  Pregnancy Support #Need

HEF Assistance Details:
  Private rental Bonds: Discr $33.00 Total $150.00
  Short term emergency accommodation: Discr $0.00 Total $100.00

Additional Service Contact Information:
This is the label name - This is the text from the dropdown list
Take two Label Name - Text in the dropdown list
6.2. Acceptance of first referral

Provider agencies accept the first referral from the access point services. This referral is based on the details placed on the Resource Register by the provider agency. The only exception to accepting the first referral is if the vacancy is for a shared property. Then, the provider agency may request that more than one client be referred for the vacancy to allow the current tenants a say about their new co-tenant. It is important to avoid building up client expectations that they are sure to get the vacancy and unsuccessful referrals for that vacancy also need to continue to receive assistance.

If referrals are poorly matched or clients are consistently not arriving for appointments, the provider agency should quickly take this up with the access point service to find solutions. Similarly, if access point provider are finding that the first eligible referral is regularly being knocked back then they should address this first with the agency concerned.

Ongoing issues should be referred to the Opening Doors Coordinator in DHS or the Practice Advisory Group (see Section 9).

See the following page for the process for referral.
Process for Referrals

- Support agency logs details of their service vacancy on the Resource Register
- Access point staff matches client to advertised vacancy
- Access point staff contacts client to advise that they are about to make the referral and to provide some information about the support agency
- Access point staff faxes the referral to the support agency in the CMS referral format, including client consent
- Access point phones agency to advise that a referral is on its way
- Agency ‘un-publishes’ vacancy on the Resource Register
- Support agency contacts client as soon as possible and within 48 hours at the most
- Support agency advises access point service when client contact has occurred
- Support agency advises access point whether the client wishes to remain on the prioritisation list for access to other resources.
6.3. Feedback mechanisms

A client who has been referred to a support agency may be seeking access to further resources of the homelessness service system. For instance, they may be receiving support but require access to transitional housing. They may be accommodated in a refuge but require transitional support and accommodation on exit.

In this case the client’s assessment will remain in the prioritisation list. The support agency should advise the referring access point if anything changes for the client that is likely to impact on their prioritisation for these resources (by faxing or emailing the attached Post Referral Client Feedback and Consent forms to the access point).

The types of changes that the referring access point should be updated on are: changes to contact details, changes or impending changes to housing situation, changes to household.

A client may also wish to access the resources of another catchment. In this case the support agency should provide this feedback to the referring access point using the attached form. The referring access point will update the CMS assessment and forward it to the relevant access point for the area the client wishes to access.

The support agency is then responsible for providing updates to the new access point as required.

See the following pages for a copy of the Post Referral Client Feedback Form and accompanying client consent form.
**North and West Homelessness LASN**

**Post referral Client Feedback Form**

<table>
<thead>
<tr>
<th>Support agency name:</th>
</tr>
</thead>
</table>

**General Criteria**

**Client Name:**  
**D.O.B:**

**Date of referral to support agency:**      **Date of feedback:**

**Worker's Name and contact details:**

<table>
<thead>
<tr>
<th>Hshld Type</th>
<th>Current Accommodation</th>
<th>Summary of factors contributing to change of priority (Support; Housing; Personal Vulnerability)</th>
<th>Other information requiring updating on assessment (ie change to household, seeking access to other homelessness resources, change of contact details)</th>
<th>If no longer receiving support please summarise: Outcomes achieved, Housing tenure and type obtained at exit and Date of case closure</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is client requesting transfer of assessment to another access point:</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, which one:</td>
<td></td>
</tr>
<tr>
<td>Does client wish to remain on prioritisation list at referring access point service</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

**For completion by access point:**

CMS updated: (date)

Date assessment transferred to another access point, if required: (date)
Client Consent to Share Information Form

Client consent to share information
To record freely given informed client consent to share their information with a specific agencies for a specific purpose

<table>
<thead>
<tr>
<th>Service type, for example:</th>
<th>Name of agency</th>
<th>Type of information (including limits as applicable), for example:</th>
</tr>
</thead>
</table>
| • housing support • drug and alcohol support |                | • all relevant information
|                                          |                | • housing situation only.                                         |

Date of birth: (dd/mm/yyyy)

I consent

2(b) Written Consumer Consent

My worker/practitioner has discussed with me how, and why certain information about me may need to be provided to other service providers. I understand the recommendations and I give my permission for the information to be shared as detailed above.

Signed ..................................................

Signed by □ Client or □ Authorised representative

Date ....../........../........(dd/mm/yyyy)

Name: ..................................................

...

Witnessed(worker) ...........................................

Worker Name ...............................................

Position: .................................................

Position: .................................................
7. Monitoring and Reporting

7.1. LASN Data Monitoring

One of the roles of the LASN is to monitor demand for homelessness service system resources and to monitor provision of these resources. Opening Doors pilot LASN participants identified that one of the most exciting side benefits of the implementation of Opening Doors for the service system is the capacity to far more accurately measure the need for homelessness assistance.

Each of the pilot LASNs explored key LASN data monthly to assist in monitoring levels of demand and types of need. During the pilots data was presented from a manual collation of the THM Client Management System (CMS) data and from individual agency reports.

Sources of data to assist the LASNs with this monitoring are:

- CMS: Access point services provide the LASN with monthly data on contacts, new assessments, numbers of households on the prioritisation lists and provision of interim response.
- Vacancy and usage reports will be generated through the Resource Register.
- Victorian Homelessness Data Collection reports – only available six monthly. Ad hoc data requests are possible but can take four months to generate.
- Individual agency data is available from those SAAP and THM agencies using SMART.
- LASN snapshot data: The LASN Data Working Group identifies short term data collections to quantify issues that the LASN wishes to explore, as requested by the LASN.
8. **Service Types, Functions and Features**

8.1. **Access Point services**

Access point services provide the gateway and the public face to the homelessness service system; providing the first, and sometime the only contact that an individual/household may have with the system. Access point workers have the role of initial engagement, of identifying the needs of clients, of preventing the need for entry to the homelessness service system where possible and referring appropriately where homelessness support is required.

The following are **functions** of the five nominated access point services in the NWMR and are undertaken by Initial Assessment and Planning (IA&P) workers, who replace the previous Housing Information and Referral worker functions in these services.

Tasks include:

- engagement with clients and initial screening
- undertaking initial assessments
- providing early intervention responses and active referrals outside the homelessness service system as required
- provision of a level of crisis intervention through allocation of Housing Establishment Funds, referral to emergency accommodation and planning with individuals/households who are currently homeless
- providing housing information and assistance
- best matching of services to client need and assessment of need utilising the Prioritisation Grid
- prioritisation, including the management of the prioritisation list
- referral/ allocation to resources in the catchment: support and housing resources to clients (e.g. crisis accommodation and support, transitional housing and support, specialist services, SHASP)
- work with housing providers in order to assist the development of options for all, including those eligible for Segment Three of the Public Housing waiting list
• provision of Interim Response Level One (‘checking in’/ telephone monitoring) within capacity.

The following are the **features** of the access point services:

- Initial Assessment & Planning workers provide housing information advice and planning, assessment for homelessness assistance, assessment for access to Housing Establishment Funds (HEF) and referral to other appropriate services.
- responsiveness to all clients. This includes initial risk assessment, targeted resources and a shared knowledge of those resources
- being backed up by specialist services (both homelessness specific and non-homelessness specific services) within the catchment sharing skills and knowledge and providing secondary consultation
- capacity to provide telephone assistance and assessment to those unable to physically present at an access point. Access point services may not have the capacity to undertake a telephone assessment immediately but will make arrangements to return the telephone call to undertake an assessment
- a conducive physical environment which includes waiting areas, interview rooms, children’s play area
- safe spaces for people who may be vulnerable in a public waiting room setting
- appropriately skilled, trained and experienced staff providing the services
- access to the Resource Register, and thorough understanding by staff of the resources/services that are referred to
- supervision and secondary consultation for staff
- access to data bases for data collection
- access to telephone and in-person interpreter services when required
- outposts from the access point in geographically remote areas as agreed by the LASNs.
8.2. Transitional housing management (THM) services

There are five locally based THM services and one statewide THM service (Women’s Housing Ltd) operating in the catchment. Each of the five local THM services operates as one of the five regional access points, undertaking the access point functions in addition to the broader functions associated with operating a THM service.

THM services are high volume services funded for provision of an immediate response and referral for further assistance if required for people who are homeless or at risk of homelessness. THM services are funded for four key areas of responsibility:

- **Initial assessment & planning** - providing assessment of housing and support need, housing information and referral services and, where appropriate, housing advocacy to households in housing crisis. This includes the management of prioritisation lists of people awaiting access to homelessness support and/or transitional housing and referral to interim response and case management services;

- **Transitional Housing** - providing medium-term accommodation in which residents enter into an occupancy agreement of a determined period and are subject to the provisions of the Residential Tenancies Act (RTA). THM properties are either owned or leased by the Director of Housing and are allocated to THM agencies.

- **Housing Establishment Fund (HEF)** - provision of financial assistance to households in housing crisis. HEF provides funding to community-based agencies to support people to either access or maintain their accommodation in the private rental market, and also to secure purchased accommodation for people in crisis who are homeless or at risk of homelessness; and

- **Special Housing Needs Assessment** - assessment of client eligibility for early housing allocation in public housing through designated access points relating to recurring homelessness and insecure housing. This generally involves THMs in endorsing completed Recurring homelessness applications received from SAAP agencies recommending them to the Segmented Waiting List Panel.
8.3. Homelessness support services

There are approximately 200 homelessness support programs operating in the NWMR. These services are predominately funded through the Supported Accommodation Assistance Program (SAAP).

The aim of case management support is to help people who are homeless achieve the maximum possible degree of self-reliance and independence.

Case management support is generally undertaken by the SAAP funded services within the homelessness service system. The following are functions of the case management support providers:

- engagement with clients
- intake
- detailed ongoing assessment of housing and support needs
- case planning and exit planning
- coordination of services with allied service providers
- secondary consultation
- direct services which typically include:
  - information and advice
  - assistance to access transitional housing and support
  - assistance to access a range of longer term housing and support including applications for priority access to public housing and assistance to access private rental
  - emotional support
  - obtaining income support
  - family reconciliation
  - financial assistance for housing related needs
  - referral to specialist services such as drug and alcohol, gambling, mental health, disability, health
  - advocacy
  - mediation
  - counselling
- building relationships with community services and supporting clients to establish effective support networks in their community
- participating in integrated support planning with other agencies and community services
- feedback to access point services if the situation changes for a client who is awaiting access to further homelessness resources through the prioritisation processes. This is done through faxing through the Post Referral Feedback Form.

• handover process with clients to new support providers when clients are moving between services
• feedback to access point services when the client exits the service.

Features of case management support include:
• The service is offered to clients within a variety of contexts such as crisis outreach support services, refuges, crisis supported accommodation services and transitional support services
• The service is offered for various lengths of time, depending on the needs of the clients and the funding arrangements of particular services
• Case management support in crisis supported accommodation services is provided for an average of six weeks with a high ratio of staff to clients (generally 1 worker: 6 individual clients or 5.5 households when assisting families). Transitional support is provided for an average of thirteen weeks with a higher number of clients supported by each worker (1 worker: 12 clients when supporting individuals and 1 worker: 7.5 households when assisting families).
• Provision of outreach based support; clients may be residing in temporary situations (e.g. a rooming house), in crisis accommodation (e.g. refuge), or in transitional housing. Support may be offered from an office base, the client’s residence or an agreed venue
• Services providing case management support place notices of all resource vacancies on the Resource Register, including the specific details of the available resources, to assist the IA&P workers from access point services to make appropriate allocations
• Support providers are required to update the service information on the Resource Register so that it accurately represents the services offered, including eligibility criteria and the characteristics of available resources, and any limitations
• Support providers accept the first eligible referral from the nominated access point(s).
8.4. **SAAP Supported Referral Services**

The Opening Doors arrangements incorporate the identification of a small number of clearly identifiable access points. To contribute to the accessibility of the service system in a region the size of the NWMR, the LASNs determined that a few SAAP services, which actively outreach to clients who might not yet be in a position to contact an access point, will operate as a first point of contact for people who may be geographically and/or culturally isolated and who may not feel ready to contact an access point service. These services, identified as SAAP supported referral services offer short term engagement to either assist clients to divert from the homelessness service system or in order to provide an active and supported referral service to the relevant access point for those clients seeking access to homelessness services.

The LASNs developed two criteria to be used to determine whether a SAAP service will be a supported referral service for clients:

1. **Isolation** – where the SAAP service currently provides assistance to clients who are geographically or culturally isolated, and
2. **Assertive Outreach** – where SAAP services, due to current pathways or specificity of target group, respond to people before they enter the homeless service system by providing assertive outreach.

SAAP services nominated by the LASNs to be SAAP supported referral services register their case management support vacancies on the resource register and receive referrals from the access points for their support vacancies.

The **functions and features** of SAAP Supported Referral Services are:

- provision of assertive outreach to people who are homeless who may not yet feel able to access the resources of the homelessness service system
- to be open to clients for initial engagement – particularly those who are culturally and/or geographically isolated
- provide clients with information about the resources of the homelessness service system and the processes for accessing these resources
- assist clients to access the access point services by either:
  - providing telephone access with privacy to enable the clients for whom physically presenting at an access point is challenging, to undertake a telephone assessment with the access point
  - assistance to physically attend the access point (tram tickets, taxi vouchers, a lift)
- engage with the client until they feel able to access an Access Point
- advertise their own service vacancies on the Resource Register
- take referrals from access point services for their advertised vacancies.

The features of SAAP Supported Referral Services are:
- be physically accessible to clients who are geographically and/or culturally isolated
- be accessible to clients during business hours
- capacity to assist clients to access the access points i.e. space to enable telephone access with privacy to enable client to undertake a telephone assessment with the access point, capacity to drive clients to an access point and support them at the access point; public transport tickets to assist the clients to travel to an access point.

### 8.5. Targeted Assessment Sites

The LASN acknowledges the possibility of creating Targeted Assessment Sites in the future. These are locations where homelessness service system agencies staff members undertake an assessment on behalf of the Access Point. They work with clients who are unable to access an access point because they are resident within prisons, correctional facilities or mental health facilities. The homelessness worker located at the institution will be trained to undertake assessments; the assessments will then be forwarded to the access point service prior to release of the client and the access point service is notified of the release date.

See Appendix Two for the role of Initial Assessment & Planning workers in prisons in forwarding assessments to access point providers for people at risk of exiting prison into homelessness.
8.6. Interim Response

The *Opening Doors Framework* requires that LASNs incorporate a formal and coordinated interim response capacity into their homelessness service system, interim response ‘as a strategy to provide service continuity to people seeking assistance when there are no resources, or only inappropriate resources, available. The LASN should share responsibility for consumers needing this type of assistance.’

The term ‘interim response’ formalises and makes systemic the provision of short term case management undertaken prior to implementation of Opening Doors by most homelessness support services.

The main functions of interim response are remaining engaged with the individual/households who have been assessed and are awaiting housing and/or support and to monitor their situation for any changes and/or assisting at-risk clients to prevent homelessness.

Interim response work includes:
- staying in contact with people temporarily housed in purchased emergency accommodation (for example, caravan parks, motels and rooming houses)
- assistance with new or existing housing applications
- assistance to sort belongings
- acting as a contact point for messages and correspondence
- financial assistance through material aid or negotiating with Centrelink and debtors
- referral as required to services such as legal, health, counselling or family support
- listing people for case-managed support and transitional housing as they become available.

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4 Opening Doors: Better access for homeless people to social housing and support services in Victoria – Framework (DHS, July 2008)
5 Pre implementation data shows that nearly 50% of all clients assisted by the homelessness service system in the North West Metropolitan Region were assisted for more than one day and less than two weeks.
6 Opening Doors Interim Response Review, Final Report, April 2009, p.3
7 An expanded list of key elements of interim response can be found on p. 10 of the Opening Doors Practice Guide.
A review of Opening Doors Interim Response in 2009 further refined the definition of interim response by identifying two levels of response:

- **Level one** is office based and generally consists of calling the client once a week to update the client’s circumstances and inform the client of any available resources. Level one is aligned with the description of interim response tasks in the *Opening Doors Framework*.

- **Level two** is a combination of office based and/or outreach support and could include the following; Outreach to people in crisis accommodation, Office of Housing applications (in some LASNs this includes segment one applications), active referrals, resource clients to access private rental, safety planning, housing options, Office of Housing bond debt repayments, connections with family and friends, engagement with schools, Family violence bond and access to Family Violence Private rental brokerage.

The pilot LASNs in the NWMR targeted interim response in the following three ways:

- **Checking in** with service users on the prioritisation list to let them know they are still on the list and to determine whether their circumstances have changed. (Referred to as Interim Response 1 in the Opening Doors Interim Response Review)

- **Prevention/early intervention** – short term assistance to help a service user maintain current housing and avoid the need to enter the homelessness service system

- **Short term support/crisis intervention** to provide assistance to clients to avoid an escalation of their crisis whilst awaiting access to support/housing.

### 8.6.1. Interim response level 1

The NWMR LASNs have defined interim response 1 as a ‘checking in’ response provided by IA&P workers in access points to retain a level of engagement with individuals/households on the prioritisation list. Interim response 1 provides an opportunity to reassure those on the prioritisation list that they are still in line for resources and to check in that their situation has not changed in any way that would impact on their prioritisation for resources.

Interim response 1 has been implemented and is currently undertaken by all access point services, dependent on capacity.

Interim response 1 is a telephone based response. Access point providers unfortunately do no have capacity to provide interim response 1 to all individuals/households on the prioritisation list but prioritise those identified as most vulnerable.
When access point providers are short staffed or demand for IA&P assistance is unusually high, staffing resources are directed away from interim response 1 to provision of direct IA&P assistance.

**8.6.2. Interim response level 2**

Interim response 2 describes a range of shorter, targeted case management support activities. It is offered to clients when an immediate support or housing response is not available but for whom an immediate but limited response is likely to significantly improve outcomes.

The LASN is currently developing its formal interim response 2 model and capacity. The focus of interim response 2 will be on provision of early intervention and crisis intervention responses as defined by the pilot LASN above.

The provision of interim response 2 in the NWMR will be further discussed by LASNs in late 2010.
8.7. Accommodation/Housing

Accommodation and housing options are provided by both SAAP and THM funded organisations. The following accommodation and housing options exist within the homelessness service system:

- **Crisis supported accommodation**: the provision of safe, short term accommodation to meet the immediate crisis needs of the client, to stabilise their situation and prepare for more appropriate accommodation options such as long term housing, transitional housing and for support responses. These options, managed by SAAP services include women’s refuges, youth refuges and congregate residential services.

- **Supported transitional housing**: the provision of safe, medium term accommodation usually in the form of houses and flats in the community and managed by the Tenancy Administration teams within THM services, where clients are supported by SAAP and other support services.

The **function** of accommodation as provided through the homelessness service system is:

- provision of a safe place for people who are homeless to stay to assist them to stabilise their situation
- link provision of support to accommodation to provide people with a level of assistance to address those issues that have contributed to their experience of homelessness
- provide tenants with an understanding and positive experience of tenancy rights and responsibilities.

The **features** of crisis and transitional housing provision include:

- generally a separation between management of a property and the support to tenants of that property
- tenancy management, agreements, rental and arrears management dispute management, complaints management
- property management, responsive maintenance and repairs, disability modification requirements, fire safety, vacancy management
- ensuring that housing occupants are afforded appropriate rights in accordance with the Residential Tenancies Act
- develop and maintenance between the tenancy administrators and support providers to any property indentifying roles, responsibilities and expectations.
8.8. Housing Establishment Funds

Housing Establishment Funds (HEF) are held by both access point (75% of HEF) and support providers (25%) in the NWMR and are allocated in accordance with the Flexible Funds Management Guidelines in the *Homelessness Assistance Guidelines and Conditions of Funding*.

HEF is provided to ‘address and prevent homelessness by providing financial assistance to individuals and families who are homeless or in housing crisis’. The principle responsibility of HEF providers is to assist homeless people to access crisis, longer-term or alternative – housing options, or to assist them to maintain their existing housing.

HEF can be use for:

- Private rental in advance
- Private rental arrears
- Private rental bonds
- Purchase of safe overnight accommodation
- Pre-purchase of accommodation to manage local events
- Storage/removal
- Furniture
- Lock changes.

A data snapshot of HEF allocation by access points in 2009 shows that access point providers are only able to meet between 25% and 75% of a conservative estimate of demand for HEF resources.

The LASN identified that shared approach to prioritisation and allocation of HEF across the homelessness service system is more transparent for clients, provides a back up for individual agencies in their management of HEF demand and highlights those situations in which the regional homelessness service system has no capacity to respond. Consequently LASN members articulated the need to work towards regionally specific, clearly articulated priorities and a consistent practice approach to allocation of HEF in order to ensure that HEF is used effectively to the benefit of clients. The following is a summary of the initial stages of this work.

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8 Homelessness Assistance Guidelines and Conditions of Funding: Flexible Funds Management
8.8.1.  **HEF administration**

**Location**
- HEF should continue to be primarily located at access points to enable a timely crisis intervention and diversion response.
- HEF will be allocated across all SAAP providers wishing to retain HEF.
- Those SAAP services retaining or receiving HEF will focus on utilising HEF to assist clients to exit to stable, long term housing.
- Agencies not in receipt of HEF can approach those LASN agencies that hold HEF for access to HEF on behalf of clients.

**Reporting**
- Agencies in receipt of HEF are responsible for the required reporting and for use of HEF in accordance with HEF guidelines and LASN priorities.
- Services managing specific pools of HEF that may be accessed by other services will identify available HEF on the resource register.

**Management of HEF surplus**
- Given the overall demand for HEF across the Region, any HEF surplus in individual agencies at the end of each reporting period should be directed to the access point providers.

8.8.2.  **HEF practice principles and guidelines**

The following practice principles provide a more detailed regional interpretation of the practice arrangements outlined in the HEF Funding Guidelines.

**HEF and planning with clients**
- HEF is a tool to assist clients to remain in housing or to access housing options and should be allocated in the context of a broader plan, developed with the client.
- HEF allocations will be outcomes focussed, rather than limit based, with a sufficient allocation to achieve an appropriate outcome.
- Co-contribution is adopted as a good practice approach to use of HEF in planning with clients.
- HEF should be used flexibly in response to specific client need, within identified priority areas.
■ Services will seek to provide HEF assistance as required to clients at the service at which they present in order to increase the timeliness of the service system response and reduce the need for resource intensive ‘shopping around’.

■ When it is not possible to meet an individual client’s need, service providers will attempt to be flexible and work collaboratively in the use of HEF to overcome any funding shortfalls. This approach will limit the impact of funding levels on the service system’s capacity to provide appropriate levels of assistance.

**Repeat use**

■ Repeat allocation of HEF is acceptable if considered appropriate through assessment. Repeat requests for HEF should be considered as a ‘flag’ for referral to interim response 1 or 2 or case managed support.

**Limits**

■ Limits are not applied to individual HEF assists but to overall HEF priorities.

**Loans**

■ HEF will not be provided as a loan to clients.

**Supporting clients exiting the homelessness service system**

■ Services utilising HEF to assist clients exiting the service system will work with clients to financially prepare for exiting the homelessness service system and will assist clients to investigate a range of options for acquisition of household items.

**Purchase of appropriate emergency accommodation**

■ Unless clearly requested by a client, HEF only be used for the purchase of accommodation deemed appropriate by the homelessness service system and as identified through the Rooming House Taskforce report (Recommendation 18).
9. Processes to Resolve Issues about the Model

Agencies are encouraged to discuss specific issues and problems that arise and attempt to resolve these issues on an agency-to-agency basis, following their organisational grievance procedures if necessary.

The LASNs and the Community Programs Unit, DHS have the role of dealing with issues that arise about the service system model after its implementation on 14th December 2009.

The following processes have been developed to assist the agencies and the LASNs to resolve systemic issues that arise:

1. Issue is raised with the Opening Doors Coordinator, DHS, by completing the attached Improvement Log Pro forma. The Opening Doors Coordinator will work with the agencies involved to resolve the issue or refer the issue to the Practice Advisory Group (PAG) for further discussion.

2. The PAG has been established to aid the Opening Doors Coordinator to assist the LASN in addressing systemic issues that arise about the service system model. This small group of LASN members, with service practitioner experience and problem solving skills in the area of service system issues, assists the Opening Doors Coordinator and the LASN to hear issues/concerns and to determine how best to address them. This might include:
   - developing a LASN agenda item,
   - calling a meeting of a sub group of LASN members, clarifying a procedure,
   - clarifying funding guidelines.

3. The PAG members are representatives of various service types (eg., crisis, transitional, residential, non-residential, access point provider, support provider) and of services for various client target groups (eg., young people, families, indigenous people). Nominations for the PAG were sought from the Northern and Western LASN memberships. The Manager of DHS Community Programs Unit invited nominated members to participate on the PAG for a period of 12 months.
4. The LASNs agreed on the following process for progressing the recommendations of the PAG through the LASNs:

- PAG to discuss issue and make a recommendation for its resolution.
- The PAG can recommend that other groups or groups of agencies be involved in forming a solution to the issue.
- The Community Programs Unit will then ‘call’ an interim solution based on the recommendation from PAG and other groups. Interim solutions will be presented to the next LASN for amendment and/or ratification and, where appropriate, for insertion into the Opening Doors Manual.
Northern and Western Homelessness Local Area Service Network (LASN)

IMPROVEMENT LOG PRO FORMA

The following issue/s have been raised by .......................................................(LASN member) from ...........................................................(AgencyProgram) and emailed to sarah.langmore@dhs.vic.gov.au on.....................(Date).

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<th>Date</th>
<th>Issue</th>
<th>Proposed Solutions/Actions</th>
<th>Outcome (incl. date)</th>
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## North and West Metropolitan Region

### LASN Access Arrangements

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<th>Access Type</th>
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<td><strong>1. Access Points</strong></td>
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<td><strong>North</strong></td>
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<tr>
<td></td>
<td>North East Housing Service</td>
<td>9479 0700</td>
<td>52-56 Mary Street, Preston</td>
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<td></td>
<td>HomeGround Services</td>
<td>9288 9611 /1800 048 325</td>
<td>68 Oxford Street, Collingwood</td>
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<td>St Vincent de Paul Housing Service</td>
<td>9304 0100</td>
<td>80 Wheatsheaf Road, Glenroy</td>
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<td><strong>West</strong></td>
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<tr>
<td></td>
<td>Yarra Community Housing/MetroWest</td>
<td>9689 2777</td>
<td>112-122 Victoria Street, Footscray</td>
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<td></td>
<td>SASHS Western</td>
<td>9312 5424</td>
<td>6/147 Harvester Road, Sunshine</td>
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<td><strong>2. Outposts</strong></td>
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<td></td>
<td>Werribee</td>
<td>9742 6452</td>
<td>19 Duncans Road, Werribee</td>
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<td>Melton</td>
<td>9747 7200</td>
<td>232 High Street, Melton</td>
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<td><strong>3. Integrated Family Violence Entry Points</strong></td>
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<td>Berry Street</td>
<td>9450 4700</td>
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<tr>
<td><strong>West</strong></td>
<td>Women’s Health West</td>
<td>9689 9588</td>
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<td><strong>4. Statewides</strong></td>
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<td>Women’s Domestic Violence Crisis Service (WDVCS)</td>
<td>9322 3555 / 1800 015 188</td>
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<td>Melbourne Youth Support Service (MYSS)</td>
<td>9614 3688</td>
<td>19 King Street, Melbourne</td>
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<td></td>
<td>St Kilda Crisis Contact Centre</td>
<td>1800 627 727</td>
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<tr>
<td></td>
<td>Womens Housing Ltd.</td>
<td>9412 6868</td>
<td>Suit 1, level 1, 21 Cremorne Street, Cremorne</td>
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<td><strong>5. SAAP Supported Referral Services</strong></td>
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<td><strong>North</strong></td>
<td>Crossroads Sunbury</td>
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<td>Plenty Valley Community Health Service</td>
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<td>Hanover CBD Assertive Outreach Service</td>
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<td>MCM – Young Women’s Crisis Service, assertive outreach component</td>
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<td>Maribyrnong Youth Accommodation Program/New Hope Foundation</td>
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<td>MCM – Western Region Accommodation Program (WRAP)</td>
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<td>MCM Young Women’s Crisis Service – Assertive Outreach component</td>
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<td>MCM – Adult and Families Homelessness Service</td>
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Appendix Two

OPENING DOORS
PROTOCOL FOR LOCAL AREA SERVICE
NETWORKS & ENTRY POINTS

People Exiting Prison
Appendix Three

LASN Terms of Reference
1) Context and rationale

These Terms of Reference set the parameters for the Northern and Western Homelessness Local Area Service Networks (LASN): two networks of homelessness services in the northern catchment of the North & West Metropolitan Region lead by the Community Programs Unit, Department of Human Services (DHS). These networks are meeting together from June to December 2010.

DHS has established the LASN as a mechanism for collaboration amongst homelessness providers and between providers and the Department. The primary aim of this collaboration is the implementation of the Opening Doors Framework and the development of a systemic approach to provision of homelessness services in the North & West Metropolitan Region, with the goal of improving service system access and responses for people experiencing homelessness.

Within this collaborative relationship the homelessness sector acknowledges the responsibilities of government in relation to administering legislation, public funds and the policy of the government of the day. The Department acknowledges the particular expertise of the homelessness sector as advocates of community need, as service providers, and through their knowledge of systems and needs.

2) Mission statement

The mission of the LASN is to form a collaborative network of homelessness services providers and DHS representatives which will:

- develop a coordinated service systems response to addressing the support and housing needs of people who are homeless,
- establish structures to monitor and improve on the integrated model of service delivery,
- share information, skills and knowledge,
- through consultation and a coordinated approach plan and enhance responses to people experiencing homelessness.

3) Goals and objectives of the LASN

To improve the service system access and responses for people experiencing homelessness by:

- forming a network based on the principles outlined above,
- meeting regularly to progress the work of the LASN,
- developing a service provision model that operationalises the principles of the Opening Doors Framework,
- developing and signing up to an MOU guiding the systemic operation of homelessness services in the catchment,
- working together to monitor, review and build on the model,
- working together to advocate for the needs of individuals and households accessing homelessness services in the catchment.
4) Values and principles

The values and priorities of the LASN are reflected in the ways members interact with each other to achieve the objectives of the LASN outlined above. This is demonstrated by the following agreed practices:

Maintain a client focus – The LASN will operate from a client centred perspective. We strive to ensure that consideration of clients needs and outcomes are at the centre of discussion and decision making. Decisions are tested against client case studies and consumer input into decisions is sought. The prime determiner in any decision will be consideration of the impact on clients.

Trust and respect – We will work to create an atmosphere of mutual trust and respect in recognition of the fact that discussions held, and decisions made, within a respectful and trusting environment will more honestly reflect the perspectives of members. Members are respectful of the differing roles and responsibilities of others.

Valuing difference - The diversity of members and their perspectives is valued. We respect the opinions of others, appreciate differing perspectives on issues and will approach discussion in the spirit of cooperation and collaboration. We will attend meetings with an expectation of being heard and will actively listen to, and attempt to understand, each other.

Contributing to the principles and objectives – We commit to participate, to speak up and to work on understanding each other’s perspective. We will take responsibility for identifying issues impacting on our participation and decision making.

Dealing with issues directly — We will seek to deal with issues directly with those most relevant to the issues and, where it would be beneficial to the LASN, to raise the matter through the LASN agenda.

Acceptance versus agreement-differentiating between agreement and acceptance. We recognise that it is possible to accept, implement and uphold a decision, while not agreeing with it.

Being responsible and accountable- We will participate in problem solving and act on agreements reached. We will positively address issues by offering ideas and being a part of the solution when problems arise.

Participate rigorously- Decision making will be rigorous— informed, evidence based, respectful of differing perspectives represented at the LASN. We will take responsibility for reading proposals and information materials circulated prior to meetings and ensure that LASN proposals and information are discussed within our agencies and presented to the relevant staff.

Behave professionally- LASN members commit to professional meeting behaviour and will take responsibility for raising issues of concern at meetings, with a specific person or agency if the issue is specific or outside meetings (with the Project Coordinator or Facilitator). Individuals have responsibility for identifying if issue resolution is moving too fast or too slow or if they do not feel that there perspective has been considered.

Sharing skills and knowledge- LASN members are committed to sharing skills and knowledge. We are committed to information sharing and consultation amongst LASN members and with the broader community service system, acknowledging the interdependence of systems.
5) Governance structure and membership

Governance structure

As the LASN is a DHS mechanism, DHS has the role of convening the LASN and coordinating its workplan.

LASN members have the authority to make decisions on all matters pertaining to the implementation of Opening Doors. LASN members allocate authority to the LASN as a whole to determine an appropriate model and relevant practice in relation to implementation of Opening Doors.

At times the LASN will make recommendations that are contrary to current funding guidelines or to individual Funding and Services Agreements (FASAs). LASN recommendations that propose a change to individual FASA arrangements remain subject to individual agency/Departmental negotiation through existing governance arrangements. DHS will honour the LASN as its primary advisory mechanism and will acknowledge the weight of a recommendation by the LASN as a whole when progressing these matters.

In the same way that the Department will respect and consider LASN recommendations, individual agencies will need to consider the broad view of the LASN membership in relation to their own policy and practice. For both the Department and community sector organisations these processes of shared input into policy and practice may result in some loss of control and autonomy. However, this will be balanced by the benefits of shared knowledge and decision making in creating an improved service systems response for clients.

Membership

Core LASN members:
All SAAP, SHASP and THM services operating in the NWMR are members of the LASN.

Each funded organisation automatically has at least one vote. Additional voting rights can be requested on the basis of the factors listed below. DHS will determine allocation of voting rights and will report back to the LASN. For the purposes of voting an agency is defined by a combination of:

- Having a discrete management structure;
- Having a distinct service outlet/physical location;
- Holding decision making responsibility for key LASN resources as authorised by the auspice organisation;
- Being a specific service type.

Associate members:
Associate members of the LASN are either:

- additional agency staff with an interest in the business of the LASN,
- multi-area services that have a primary membership of another LASN,
- key allied services, who have a close affiliation with homelessness services in the catchment,
- advisory roles within the catchment, including the Homelessness Network Coordinators and Regional Children’s Workers.

Associate members do not have voting rights but will receive all LASN communication and have the option of participating in LASN discussions.
Associate members can assist the work of LASN through participation in Working Groups, having nominated themselves or having been invited by the LASN to join.

Decisions about associate membership will rest with the LASN. Nominations from allied services for associate membership can be forwarded to the LASN. Involvement by allied services may be time limited or ongoing.

Consultative Committees, such as the Integrated Family Violence, Creating Connections Consultative Committee, Primary Care Partnerships and Child First, are not considered LASN members as their membership is represented by the LASN member organisations at the LASN.

**DHS**
DHS has a chairing, facilitating and participatory role on the LASN but does not have voting rights. DHS reserves the right to veto decisions that are counter to the Opening Doors Framework or other relevant legislation and guidelines. DHS will only utilise the veto mechanisms as an option of last resort - ensuring that adequate discussion of issues and attempts at resolution are reached and will undertake to clarify the principles upon which the veto is made.

As far as possible the LASN membership will remain stable. Each agency will nominate a proxy who can attend in the place of the agency representative as needed and who will receive all LASN documentation.

**Voting**

One vote is allocated to each LASN agency as defined above. LASN members will be provided with a list of voting participants.

A majority of 60% of those present is required to carry a vote. Abstaining from voting is allowed if those abstaining are prepared to state the reason for the abstention.

If a LASN decision does not reach a 60/40 split then the Chair will determine how the decision will be made. The recommendation may require further development and consideration prior to a re-vote.

If neither a LASN member nor their proxy can attend a meeting, their vote can be recognised by the meeting if their position has been given to the Chair in writing ahead of the meeting. The position will be recorded on an ‘Absent Voting Form’ and forwarded to the Chair.

**LASN Reference Group**
DHS has established a LASN Reference Group to provide advice on the LASN workplan and on progressing the business of the LASN. This Reference Group does not have decision making authority.

**Grievance mechanisms**

Grievances may arise between members of the LASN. In the spirit of the values and principles of the LASN, it is suggested that LASN members will attempt to resolve grievances by raising them at the LASN meeting or with a specific member if the matter can best be resolved one-to-one.

As a ‘last resort’ the Chair of the LASN will investigate the grievance with the relevant parties and make a decision about a ‘way forward’.
Meetings

- **Purpose**
  To work collaboratively to develop a model for service coordination built on the principles of the Opening Doors Framework; to work together to implement and responsively maintain the model in the Northern catchment of the North & West Metropolitan Region.

- **Structure**
  The agenda will be structured in the following way:
  - Confirmation of previous meeting’s minutes and review of actions undertaken
  - Standing Items/ Project Updates
  - General Business – items for information, discussion or decision
  - Business items – items pertaining to the functioning of the LASN
  - Information sharing
  - Review of actions arising from meeting
  - Preparation of items for the next meeting.

- **Frequency and meeting times**
  The LASN will meet on a five weekly cycle for three hours. Meetings will begin and end on time.

- **Meeting agenda and agenda items**
  LASN meeting agendas will be sent out to all members prior to each LASN meeting. Any member may forward an agenda item to the Project Team for inclusion in a LASN agenda. The LASN Reference Group will make recommendations to the Project Team about the appropriate point in the workplan in which to agenda an item.

  All items requiring a LASN decision will be written up as a discussion paper and circulated one week prior to the LASN meeting. All LASN items requiring decisions will include clear recommendations for discussion.

*Meeting attendance/participation*

Member agencies commit to consistency of participation in the LASN meetings in order to ensure decisions are based on the diversity of perspectives. The nominated agency representative or their proxy will attend each LASN meeting. Agency attendance in at least 60% of formal LASN meetings is required.

- **Decision making**
  LASN members will first seek to make decisions through consensus. In the event that consensus is not possible, decisions will be taken to the vote with one vote allocated per member agency.

- **Quorum**
  If the membership has had at least two week’s notice of a meeting, the meeting will be deemed to be fully constituted and the attending members will have the capacity to make decisions. This does away with the need for a quorum to be established in order to progress the work of the LASN.

- **Re-opening agenda items**
  Those unable to attend a meeting seek information about the outcomes of that meeting from their proxy/minutes/other participants. If neither a LASN nor proxy member is able to attend a LASN meeting they can forward an agency position on agenda items to the Chair to be tabled in advance of the meeting.

  Only if new information arises and if the LASN membership agrees, can agenda items be re-agendered for further discussion.
Notice of decisions
Where possible, LASN members should be authorised by their agency to make decisions on behalf of their agency. All LASN issues requiring decisions will be documented and circulated prior to meetings to provide opportunity for discussion of the item within LASN agencies. Major decisions will be tabled and discussed at a LASN meeting and then re-agendered for a decision at the following meeting.

This will provide LASN member agencies with two opportunities to discuss the item internally and develop and agency position.

At the end of each meeting discussion will occur about items requiring a decision at the next meeting.

Meeting summary
At the end of each LASN meeting, a summary of the meeting’s key outcomes and actions will be read out and then circulated in the meeting minutes.

6) Roles and Responsibilities

Members come to the LASN with varied perspectives and in specific roles. Within the context of collaboration on the LASN, it is assumed that:

- Health, housing and community organizations will continue to represent their communities of interest and advocate for their interests and needs; and

- That government will administer public funds and address program development in accordance with the policies of the elected parliament of the day and in accordance with existing statutes and regulations.

(Partnership Agreement, DHS/Health/Housing and Community Sectors, 2002, p. 3)

All LASN members have responsibility for ensuring that the work of the LASN is consistent not only with the Opening Doors Framework but with the Homelessness Assistance Service Standards (HASS), Funding and Service Agreements and with relevant legislation.

LASNs have the opportunity to feed into the further development of HASS and funding guidelines through a variety of mechanisms including the Opening Doors Implementation Reference Group and Regional Program and Service Advisor/Facilitator meeting.
The following describes the specific roles and responsibilities of those participating in the LASN:

**LASN members**

**Participation**
- Familiarise self and agency with the Framework
- As a decision maker within the member agency attend regular LASN meetings
- Participate in at least one working group
- Use LASN business processes to table and address issues
- Participate in LASN decision making from a client centred perspective
- Provide agency perspective on LASN agenda items

**Communication:**
- Operate as the conduit between the LASN and member agency
- Resource agency staff on understanding of the Framework and provide updates on LASN development
- Represent the LASN to allied services as required

**Implementation**
- Adhere to decisions of the LASN
- Ensure agency abide by the decisions taken by the LASN
- Sign the MOU at the end of the development stage.
- Ensure practitioners are freed up to participate in a practitioners’ working group and training about Opening Doors, data collection, strength-based initial assessment work and other relevant training as necessary
- Assist agency to adapt service delivery practice to accord with agreements made at the LASN.
The Opening Doors Project Team

The Project Team at the Regional level consists of:
- LASN Chair
- Project Coordinator
- Project Facilitator
- Strategic Projects Assistant

LASN Chair

Authority:
- Represent Government in the development and functioning of the LASN.
- Identify decisions that require government direction.

Chairing:
- Promote a productive, collaborative approach to discussion of issues.
- Promote fair, respectful and effective decision making in LASN meetings.
- Work with Coordinator and Facilitator to prepare LASN agendas.
- Ensure that meeting rules are adhered to.
- Ensure that clear decisions are reached and documents during each meeting.

Project Coordinator

Project oversight:
- Ensure that Opening Doors is implemented from a client centred perspective.
- Oversee implementation of the Framework.
- Direct line supervision of Facilitator and Project Assistant.
- Ensure congruency between Regional models.
- Develop mechanisms for reflection and critical review.
- Oversee evaluation of the project.
- Ensure achievement of goals within agreed timeframes.

Communication:
- Coordinate communication strategy – sector bulletin, Regional updates, internal CP updates, documentation of LASN decisions for circulation within agencies, feedback to Central.
- Resource PASA role.
- Represent the Region and LASNs on central working groups.
- Ensure that the website contains up to date information.

LASN responsibilities:
- Coordinate LASN agendas.
- Chair LASN Reference Group meetings.
- Coordinate responses to issues tabled in the LASN Improvement Log.
- Address funding and programmatic issues arising at LASNs.
- Coordinate resolution of LASN disagreements.
- Work with LASN members to address their participation in Opening Doors.
- Advise on statutory and funding requirements e.g HASS.
- Ensure recognition of LASN milestones.

Policy:
- Negotiate intersections with other key sector reforms in the Region.
- Feed back to Region and Central issues impacting on policy and guidelines.
Homelessness Network Coordinators

**Communication:**
- Manage the LASN website as the primary communication tool for the LASNs.
- Assist LASNs to manage communication across agencies, LASNs, initiatives and other service systems.
- Provide an overview of developments across Regions and service sectors.

**LASN member support:**
- Coordinate investigation and direction of issues arising at LASN meetings that are not core LASN concerns but are important to the sector and would benefit client and agency functioning.
- Assist agencies to build an understanding of the Framework.
- Resource agencies in their participation on the LASN
- Support Practitioners Group.

**Linkages:**
- Feed concerns with the Framework/LASN operation to DHS.
- Meet regularly with the Community Programs Unit to discuss project progress and input into development.
- Share best practice examples and examples of useful processes from other groups.
- Provide a broad sector view of progress of interrelated projects in each Region.
- Assist in the development of evaluation frameworks.

Program and Service Advisors, DHS

- Support individual homelessness agencies to participate effectively in LASNs.
- Feed issues of LASN related concerns raised by individual agencies to the Project Coordinator.
- Monitor agency participation in LASNs.
- Attend LASN meetings where appropriate.
- Negotiate LASN positions that require changes to previously negotiated Funding and Service Agreement arrangements through agency governance processes.

Creating Connections Coordinator

- Provide advice to the LASN on the progress of Creating Connections Phase 2 projects.
- Agenda sector reform proposals, developed through Stage 2, with the LASNs for discussion and sign off.
- Advise the LASNs on youth issues to assist LASNs to focus, in the first year, on responses to young people.
- Report on the progress of the YHAP Phase 1 service elements: Intensive Case Management, Private Rental Brokerage, Youth Focussed Housing Placement Work and case managed support by Hub workers.
NWMR HOMELESSNESS LASN

ABSENT VOTING FORM

To be forwarded to the Opening Doors Coordinator (sarah.langmore@dhs.vic.gov.au or fax 9412 2745) prior to the relevant LASN meeting. If a LASN member is unable to attend the LASN meeting at the last minute, Sarah can be contacted on: 0419 359 911.

DATE SENT: ______________________________________________________

NAME: _____________________ SIGNATURE: _______________________

ORGANISATION: __________________________________________________

MEETING DATE: ______________________

AGENDA ITEM: __________________________________________________

ISSUE:

AGENCY POSITION: