Mapping services for rough sleepers in Hobart, Canberra and Melbourne.

By

Nicola Wylie and Guy Johnson

RMIT University. Melbourne, Australia. June 2012

This project is supported by the Australian Government through the National Homelessness Research Agenda of the Department of Families, Housing, Community Services and Indigenous Affairs.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
</tr>
<tr>
<td>AOD</td>
<td>Alcohol and Other Drugs</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Human Services (Vic)</td>
</tr>
<tr>
<td>DHCS</td>
<td>Department of Disability, Housing and Community Services (ACT)</td>
</tr>
<tr>
<td>DHHS</td>
<td>Department of Health and Human Services (Tas)</td>
</tr>
<tr>
<td>FaHCSIA</td>
<td>Department of Families, Housing, Community Services and Indigenous Affairs</td>
</tr>
<tr>
<td>HEF</td>
<td>Housing Establishment Fund (Vic)</td>
</tr>
<tr>
<td>IAP</td>
<td>Intake, Assessment and Planning worker (Vic)</td>
</tr>
<tr>
<td>NAHA</td>
<td>National Affordable Housing Agreement</td>
</tr>
<tr>
<td>NPAH</td>
<td>National Partnership Agreement on Homelessness</td>
</tr>
<tr>
<td>RDNS HPP</td>
<td>Royal District Nursing Service Homeless Persons Program</td>
</tr>
<tr>
<td>SAAP</td>
<td>Support Accommodation Assistance Program</td>
</tr>
<tr>
<td>SHS</td>
<td>Specialist Homeless Service</td>
</tr>
<tr>
<td>SRS</td>
<td>Supported Residential Service</td>
</tr>
<tr>
<td>S2H</td>
<td>Street to Home</td>
</tr>
<tr>
<td>THM</td>
<td>Transitional Housing Manager (Vic)</td>
</tr>
</tbody>
</table>
1 Introduction ............................................................................................................................................ 5
  1.1 Rough sleepers: Policy and program issues...................................................................................... 6
    1.1.1 Outreach Capacity ..................................................................................................................... 6
    1.1.2 Support Capacity ....................................................................................................................... 7
    1.1.3 Housing Capacity ...................................................................................................................... 8
  1.2 Structure of the report ..................................................................................................................... 9
2 Policy Context ....................................................................................................................................... 10
3 What is a Street to Home approach? .................................................................................................... 12
4 Rough sleepers: What do we know? ..................................................................................................... 14
  4.1 Conceptual issues ............................................................................................................................ 15
  4.2 Characteristics ................................................................................................................................ 16
  4.3 Numbers by state / territory ............................................................................................................ 18
  4.4 Distribution by state/territory .......................................................................................................... 19
5 Method ................................................................................................................................................. 20
  5.1 Approach ....................................................................................................................................... 20
6. Service system ...................................................................................................................................... 22
  6.1 Introduction ..................................................................................................................................... 22
  6.2 Australian Capital Territory - Canberra .......................................................................................... 22
    6.2.1 Service System Overview ....................................................................................................... 23
    6.2.2 ACT Street to Home ................................................................................................................. 24
    6.2.3 Existing responses ..................................................................................................................... 25
  6.3 Tasmania ...................................................................................................................................... 26
    6.3.1 Service System Overview - Hobart .......................................................................................... 27
    6.3.3 Homelessness Implementation Plan ........................................................................................ 28
    6.3.4 Tasmania Street to Home ....................................................................................................... 29
    6.3.5 Other responses ......................................................................................................................... 30
  6.4 Victoria - Melbourne ...................................................................................................................... 31
    6.4.1 Melbourne homelessness service system ............................................................................... 32
    6.5.3 Melbourne Street to Home ..................................................................................................... 35
    6.5.4 Other responses ......................................................................................................................... 36
7. Discussion............................................................................................................................................. 39
References ............................................................................................................................................... 46

Appendix A – Survey instrument .............................................................................................................. 48
Appendix B: Service Mapping Tables ....................................................................................................... 51
1 Introduction

Since the mid 1980s Australia has been one of the few western countries to develop a national response to homelessness. Starting with the Supported Accommodation Assistance Program (SAAP) and more recently with the Specialist Homelessness System (SHS), Australian policy responses have attempted to provide assistance to a broad range of people experiencing housing related problems.

In December 2008 the Australian government released its White paper on homelessness, The Road Home (FaHCSIA, 2008). In The Road Home the Australian government adopted two headline goals. The first was to ‘reduce homelessness by half by 2020’ and the second was to ‘offer supported accommodation to all rough sleepers who need it by 2020’ (FaHCSIA, 2008:p.viii). The White paper and the subsequent National Partnership Agreement on Homelessness (COAG, 2009), which was signed by all Federal and State Governments, resulted in significant growth in funding to meet these and other targets.

When service systems expand and/or alter their focus service duplication is often a paramount concern to policy makers and service providers alike. In an environment where there are insufficient resources to meet demand it is crucial that new services avoid replicating existing service responses and add to the capacity of the existing system. Consequently, it is important that there is a clear understanding of the focus and capacity of newly funded services to ensure that they are capable of meeting the policy goals for which they were funded. Service mapping is one technique used by policy makers and policy analysts to understand service capacity and avoid the problem of service duplication.
1.1 Rough sleepers: Policy and program issues

Reducing the number of people sleeping rough is one specific area where Federal and State Governments have made significant investments in the last three years. Street to Home projects are the principle programmatic response underpinning the Australian Government’s commitment to reducing the rate and prevalence of rough sleeping. Street to Home services explicitly target chronically homeless rough sleepers and Street to Home services are planned for each State and Territory (COAG, 2009:5).

Given that systems of service provision vary in each state and territory; and that Street to Home is a new initiative, two important policy issues have emerged. The first issue is whether the Street to Home initiative adds to the overall capacity of the existing service system in each jurisdiction. The second policy issue is whether Street to Home services have sufficient housing and support capacity to contribute to the overall reduction in the prevalence of rough sleeping in each jurisdiction.

The aim of this report is to map the number and capacity of services whose primary role is to assist chronically homeless rough sleepers in Hobart (Tasmania), Melbourne (Victoria) and Canberra (ACT). We focus on three core elements to explore the capacity of Street to Home services in each of these jurisdictions – first we examine their outreach capacity, second their support capacity and third their housing capacity. In the following section we describe each of these elements.

1.1.1 Outreach Capacity

Outreach is a common approach that services use to engage people who are reluctant to use office based services. Outreach is a favoured approach to provide
services in-situ to people who sleep rough but it is also a means of delivering services directly into people homes. In the context of working with the chronically homeless, services often provide assertive outreach to places where service users live or spend their time. While there is significant variation in what constitutes assertive outreach, proactive and persistent attempts to engage people are two common characteristics (Phillips & Parsell 2012). Understanding how service providers practice outreach and their capacity to deliver assertive outreach services has important implications in terms of who Street to Home services engage with and the nature of work they undertake.

1.1.2. Support Capacity

Support capacity is linked to outreach capacity but is focused more directly on the duration of work undertaken, the number of people assisted and the ability of a service to fully meet the client’s needs. In Australia, services typically provide short term crisis assistance and support workers have high case loads. Such an approach has little relevance for people with complex needs who generally require more intensive longer term support. Thus, the capacity to run smaller case loads over a longer time frame is crucial. Similarly, the capacity of agencies to provide ‘wrap around services’ that fully meet their client’s needs is important. This can either be through formal (or informal) partnerships with other service providers or by adopting a multi-disciplinary approach.

With respect to Street to Home another important aspect of support capacity refers to post-settlement support. Post-settlement support is a crucial factor in assisting people to make a permanent transition from chronic homelessness to housed. The capacity of services to provide post-settlement support is dependent
both on their ability to provide longer term outreach support and their capacity to rapidly access housing on their clients’ behalf.

1.1.3. Housing Capacity

Housing capacity is a fundamental element in a Street to Home approach. If agencies do not have the capacity to secure housing their ability to achieve their core aim - ending homelessness - is severely diminished. To establish the housing capacity of a service it is necessary to find out what housing a service can make available to clients. Housing capacity can take a number of different forms – direct ownership of housing stock, subletting housing stock, and formal and informal relationships with housing providers. It is important to note however, unless there are specific policy interventions designed to improve access to housing stock the housing capacity of Street to Home services is likely to be severely constrained given current conditions in the housing market.

This last point is a timely reminder that irrespective of the level of funding provided to any particular service, broader social, cultural and economic conditions also shape service capacity and consequently, service outcomes. Further, it is important to recognise that service capacity is a dynamic matter that can rapidly change. Service capacity can change for many reasons – changes in service configuration, and/or changes in funding are two of the most notable reasons why service capacity changes. In this respect it is important to recognise that the overall service capacity identified in this report represents the capacity of services at a single point in time and that monitoring service capacity should ideally be an ongoing process.
1.2 Structure of the report

The report has seven chapters. The next chapter describes the policy environment in which services targeting rough sleepers are delivered. The third chapter examines the Street to Home approach. Although there is considerable variation in what constitutes Street to Home, the chapter identifies a number of core operational principles that underpin most models that identify as Street to Home. The fourth chapter reviews Australian research into rough sleepers. It provides a breakdown of the characteristics commonly associated with rough sleepers, the prevalence of rough sleeping and also a discussion on the relationship between rough sleeping, chronic homelessness and primary homelessness. The fifth chapter outlines the methods used to complete the report and examines some of the issues with gathering accurate and up to date service information.

The sixth chapter presents the results of the mapping exercise. The chapter works through each of the three areas separately starting with Canberra, Hobart and then Melbourne. Each section provides a brief demographic and geographic overview of the area, a description of the service environment, the characteristics of the Street to Home model and then the results of the service mapping exercise. The chapter shows that in each area some services target people who are chronically homeless; and some services work with rough sleepers but none specifically and exclusively target chronically homeless rough sleepers, except for Street to Home.

In the final chapter we examine the areas where Street to Home services lack capacity and where their capacity overlaps with existing service responses. The chapter suggests that despite some overlap and some definitional ambiguities the way the Street to Home approach brings together assertive outreach and post
settlement support within a housing and health framework is a unique model and one that has much potential. However, we note that the possibility of Street to Home services achieving the outcomes they were funded to secure is constrained by a lack of dedicated housing options.

2 Policy Context

Since its inception in 1985, SAAP has generally adopted a focus on early intervention and prevention among young people, women experiencing domestic violence and families. While some services target single homeless people there have been few service responses specifically targeting chronically homeless rough sleepers. In part this reflects the underlying assumption that chronically homeless rough sleepers are resistant to service intervention and choose to live the way they do (Koegel 1992). As a result the capacity of the specialist homeless service system to work with chronically homeless rough sleepers has, historically, been limited.

The policy landscape changed when the Australian Government announced its intention to reduce primary homelessness from 16,375 to 12,300 people (a 25 per cent reduction) by 2013 and to offer supported accommodation to all rough sleepers who need it by 2020\(^1\). Policy makers expressed interest in innovative, empirically supported service responses to reduce the prevalence and rate of rough sleeping. However, aside from the fact that most services target young people or families', Australian service responses have typically been structured around relatively short

\(^1\) The first goal is clearly articulated in both the White paper (FaHCSIA 2008) and the subsequent National Partnership Agreement on Homelessness (COAG 2009) between the Commonwealth and States and Territories. The second target is mentioned in the White paper but not in the National Partnership Agreement on Homelessness. Further, there has been a slight but subtle shift in the terms used. In The Road Home the goal is to offer accommodation to all rough sleepers who NEED IT. (P.viii). In subsequent policy documents it has changed to all rough sleepers who SEEK IT (see each States Homelessness Implementation planshttp://www.fahcsia.gov.au/sa/housing/progserv/homelessness/national_partnership_agreement/Pages/NPAHomelessness.aspx retrieved 20/1/2012). We can only speculate about the reasons for the change but it does appear to subtly shift the onus of responsibility back onto rough sleepers and underpins the regressive notion that anyone who sleeps rough chooses to.
crisis or transitional interventions. Research shows that this style of service responses is not particularly well suited to meet the needs of chronically homeless rough sleepers (Johnson, Parkinson, Tseng & Kuehnle, 2011). Where services have developed responses to work with rough sleepers and/or the chronically homeless, they have not generated the evidence necessary to support large scale funding. With few local approaches available to choose from and certainly no empirically supported models, Australian policy makers turned their attention overseas.

The story starts in the UK. In the 1990s growing numbers of highly visible rough sleepers, particularly in London, became a political issue. The Government responded by funding the Rough Sleepers Initiative (RSI) in London and subsequently expanding it into other areas of England. The Street to Home model emerged from this policy initiative and was a core part of the Government’s strategy to reduce visible homelessness. The RSI was credited with successfully reducing the level of rough sleeping in England.

Like the UK, the rise of visible homelessness across the US also became a sensitive political issue in the mid 1990s and President Bush initiated a wide ranging policy shift to end chronic homelessness. Two important aspects of this policy shift involved refining the Street to Home approach and the development of a more robust evidence base. Subsequent evaluations of services working with the chronically homeless demonstrate two things. First, that chronically homeless rough sleepers can maintain their accommodation if they are provided with the right level of support. This challenged existing assumptions that people who are chronically homeless are incapable of maintaining permanent, independent accommodation. Second, studies also focused on the economic costs of chronic homelessness. What
these studies found was that chronically homeless individuals are frequent users of high cost services such as emergency departments in general and psychiatric hospitals, ambulance services, prison and police but that many of these costs could be offset through the provision of services that permanently ended homelessness (Culhane & Metraux 2008; Mangano 2009).

Based on the evidence from overseas and also the reported success of a Street to Home program in Adelaide the NPAH identified ‘Street to Home initiative for chronic homeless people (rough sleepers)’ (COAG 2009:5) as one of its four core outputs.

3 What is a Street to Home approach?

With the rapid growth in services that call themselves ‘Street to Home’ in the US there is great deal of variation in what constitutes a ‘Street to Home’ approach. This raises the complex issue of program fidelity and while we do not pursue this issue here it is clearly an area that warrants further attention. Nonetheless, what we distilled from the literature is that there are six core principals and practice elements that define a Street to Home approach.

First, Street to Home services explicitly target chronically homeless rough sleepers. Second, many Street to Home services use a specifically designed tool called the Vulnerability Index to identify and prioritise rough sleepers that are the ‘most vulnerable’. Here vulnerability is understood almost exclusively in terms of physical health and the risk of premature death if they ‘do not find housing and support’ (HomeGround Services, 2011).
The third feature which is common to most Street to Home services is the use of assertive street-based outreach to engage with rough sleepers, in-situ. Assertive or persistent outreach is important as it generally takes a significant amount of time to develop trusting relationships with rough sleepers. Ultimately, these relationships are the foundation upon which good outcomes are built (Gronda, 2009).

Fourth, Street to Home services aims to bypass crisis or transitional housing arrangements by providing direct access to long-term sustainable housing options. In this respect the Street to Home falls under a broad approach commonly known as ‘Housing First’. While there is also debate around what constitutes a Housing First approach (Johnson, Parkinson and Parsell, 2012), the Housing First model developed in the US emphasises a number of distinctive service characteristics but arguably the two most important are rapid access to permanent housing and the separation of housing and support services (Johnson et al. 2012).

The fifth feature of Street to Home services is the provision of post-settlement support. In part this is in recognition that traditional models often withdraw support when people access housing. However, exiting homelessness and obtaining independent housing:

...can be one of the most stressful transitions a consumer encounters. Because graduation along the continuum typically coincides with reduction in staff support, paradoxically, support is least available at one of the most critical junctures – the move to independent living (Tsemberis, 1999, p.227).

Post-settlement support is thus seen as a crucial ingredient in assisting chronically homeless rough sleepers to sustain their accommodation.

Finally, and linked to the previous point, Street to Home services provides longer term support. In the US and some other jurisdictions (e.g. Finland – see
Tainio and Fredriksson, 2009) this can be for an unlimited period of time, but in Australia post settlement support is generally available for 12 months from the moment people access their own permanent housing.

The support models adopted by Street to Home services come in a number of different forms, but in Australia the most common is a case management approach. In a case management approach Street to Home participants are linked in with appropriate services by their case manager. More clinically orientated support models have also been developed, particularly in the US, as well as hybrid models which combine clinical, case management and case coordination features.

4 Rough sleepers: What do we know?

Social researchers and program evaluators suggest that an explicit identification and clear definition of a target population is one characteristic of successful service interventions. As we noted earlier Street to Home services in the US explicitly target chronically homeless rough sleepers and they have a clear operational definition of chronic homelessness\(^2\). Such a clear definition does not exist in Australia and instead three terms – chronic homelessness, rough sleeping and primary homelessness – have been conflated by researchers, policy makers and service providers. This has created some confusion over the size of the population and also who the Street to Home target population actually is.

In this section we start by unpacking the three terms to emphasise the point that the Street to Home program is funded to work with – a specific segment of the homeless population – chronically homeless rough sleepers. Following this

---

\(^2\) In the US it is generally accepted that a chronically homeless person is "either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years. Retrieved on 8/8/11 from http://www.hudhre.info/documents/DefiningChronicHomeless.pdf
discussion we examine the characteristics of the chronically homeless and then conclude the chapter by examining some estimates of the prevalence of rough sleeping in Australia generally and the three areas more specifically.

4.1. Conceptual issues

The Road Home uses the concepts of primary homelessness, chronic homelessness and rough sleeping interchangeably. However, the link between the three terms is complex. Chronic homelessness refers to the length of time people are homeless. In contrast, rough sleeping refers to people residing in public places such as the street, in cars, under bridges or in similar arrangements while primary homelessness includes people sleeping rough as well as those in improvised dwellings. While the presumption that people who sleep rough are chronically homeless is generally true, there are two important exceptions to this. First, recent studies of rough sleepers have found that up to one third had only been homeless for short periods of time (Mackenzie, forthcoming). This emphasises the important point that not all rough sleepers are chronically homeless. Second, many chronically homeless people move between various forms of low quality accommodation (such as boarding houses) over long periods of time with only occasional periods of rough sleeping. A study of 4,291 homeless households in Melbourne found that about 49 per cent of the homeless had slept rough. While most were chronically homeless in that they had been homeless for long periods of time, only two per cent were sleeping rough on a more or less permanent basis (Chamberlain, Johnson & Theobald, 2007).

There are important differences between rough sleeping, chronic and primary homelessness, and although some degree of slippage in policy and research
discourse is inevitable it is crucial that policy makers, researchers and service providers adopt clear terminology. When policy maker’s use these terms it can be taken to mean that they are referring to a relatively small group of homeless individuals who cycle between the streets, institutions and poor quality accommodation over a long period of time. In this paper we refer to this group as chronically homeless rough sleepers.

4.2. Characteristics

Local and international studies consistently show that the characteristics and experiences of chronically homeless rough sleepers are very different from the newly homeless (Van Doorn, 2005). The chronically homeless often have their first experience of homelessness at a young age (Johnson & Chamberlain, 2008b), report high rates of physical health problems, isolation, and disengagement from mainstream services. Studies have also linked a lack of education, poor employment records and histories suggestive of family disintegration and poverty with chronic homelessness (Johnson et al. 2011).

Research also shows that people who have experienced childhood trauma such as sexual or physical abuse and/or neglect and institutionalisation (be it in the Child Protection or prison systems), are much more likely to experience chronic homelessness (Caslyn & Morse, 1991; Burich, Hodder & Tessson, 2000).

Two of the strongest and most consistent predictors of chronic homelessness are substance abuse and mental illness, although the relationship is complex (Johnson & Chamberlain, 2008a; 2011). Irrespective of whether substance abuse and mental illness are a cause or consequence of homelessness, it is clear that these issues have a lot to do with its persistence (Caslyn & Morse, 1991; Phelan &
It is also the case that the chronically homeless report few mainstream connections and the absence of familial support is common. However, it is incorrect to presume that all chronically homeless people lack social networks. Research shows that the social networks of the chronically homeless are complex with distinct normative patterns, codes, rules, lexicons and hierarchies of power. Researchers often refer to the social networks among homeless people as the homeless subculture (Snow & Anderson, 1993; Johnson et al. 2008). The homeless subculture is something of a contradiction in that while it provides some degree of symbolic and material support it also links people into negative social capital. That is, through the homeless subculture people are introduced to destructive and damaging social practices and/or are prevented from accessing the resources and support they need. The homeless subculture draws attention to the social environment that chronically homeless people inhabit - a place and space that is chaotic yet intricately structured and where the strategies people develop to help them survive, often entrench them further in homelessness.

However, it is also the case that some chronically homeless rough sleepers distance or disengage from the homeless subculture and rough sleeping is one adaptive strategy used to reduce exposure to other homeless people and the social practices that structure the homeless subculture (Johnson & Chamberlain, forthcoming). In short, while some chronically homeless rough sleepers are deeply mired in the homeless subculture others are more isolated and disconnected. These different patterns of interactions have implications for service interventions targeting chronically homeless rough sleepers.
4.3. Numbers by state / territory

Establishing the number of people who sleep rough is difficult for two reasons. First, in order to protect themselves many rough sleepers hide themselves in places that make them difficult to find. This typically means that enumeration attempts undercount rough sleepers. Second, many chronically homeless rough sleepers move between various forms of poor quality accommodation and the street and this means that they are often missed in studies that attempt to count only those people on the streets at a given point in time.

Nonetheless, the White paper refers to over 16,000 rough sleepers, and this figure is the baseline against which the key performance benchmark of reducing rough sleeping is measured. This figure comes from the 2006 census which identified 16,375 people in the census category ‘improvised homes, tents and sleepers out’ (Chamberlain and Mackenzie, 2008). This group has subsequently been re-labelled as ‘rough sleepers’, but this is not quite right. Of the 16,000 people, 9,900 individuals were in improvised dwellings such as sheds and garages on land that was often owned or being purchased. The remaining 6,500 people were identified as rough sleepers (Chamberlain, 2011). However, as the ABS does not collect information on duration it is impossible to tell whether they were chronically homeless rough sleepers or not. Further, the figure is likely to seriously undercount rough sleepers for the reasons mentioned above.

Although enumerating the chronically homeless is a challenge, local and international studies consistently suggest that those who have a long term or chronic problem account for somewhere between 10-25 per cent of the homeless population (Chamberlain and Mackenzie, 1998; Rosenheck, Morrissey, Lam, Calloway,
Johnsen, Goldman, Randolph, Blasinsky, Fontana, Calsyn and Teague, 1998; Burt, 1999; Phelan and Link, 1999; Horn and Cooke, 2001). And, while there are clear technical and conceptual limitations with the ABS data, it has nonetheless been important in terms of service planning for each state and territory. Consequently, the spatial distribution and rates of homelessness in each state provide important insights into possible locations where Street to Home services might be required, as well as their outreach, post settlement and housing capacity.

4.4. Distribution by state/territory

Despite the inherent challenges and difficulties counting rough sleepers, census data does confirm some widely held preconceptions. With respect to the spatial distribution of the rough sleepers Chamberlain and Mackenzie estimate that in capital cities about 75 per cent of the households in the primary homeless population were sleeping rough, while the rate dropped to around 40 per cent in country and regional areas (Chamberlain, 2011).

The census also paints a reasonably consistent picture with regards to the distribution of the primary homeless in each State. In absolute terms the largest number was in Victoria, followed by Tasmania and then the ACT – 2024, 385, 78 respectively. However, there is variation in the rates of primary homelessness with Tasmania reporting the highest rate (15 per cent), followed by Victoria (11 per cent) and then the ACT with six per cent (Chamberlain and Mackenzie 2008:34, Table 6.3).

5 Method

This chapter describes how we collected and analysed service data.

5.1 Approach

The first step was to establish the parameters for the mapping exercise. The most obvious was that the project was funded to map services in three areas - Hobart, Canberra and Melbourne. Within each of these geographic areas we acknowledge that some chronically homeless rough sleepers do not interact with any welfare services, while others interact with a wide range of services and services systems. We also recognise that although rough sleepers may interact with a range of services many of those services would not necessarily consider chronically homeless rough sleepers as their target population. Consequently, we confine our investigation to specialist homeless services that explicitly target either chronically homeless people and/or rough sleepers.

Next we followed three steps. First, we undertook a broad service scan (electronic and hard literature) to identify specialist homeless services that worked with chronically homeless and/or rough sleepers. We then contacted the relevant agencies and asked them to undertake a short survey that focused on the agency’s target population, its outreach capacity; its support capacity and its housing capacity (see Appendix A). To augment the quantitative data we asked key participants a number of qualitative questions focusing on the barriers their service encountered, as well as more general issues about working with their target population. We also asked participating agencies to identify similar services in the area. These approaches provided important information that enabled us to cross check our initial
service scan and identify services that we missed, as well as providing a more complete understanding of the relationships between similar services.

The final stage of the project involved surveying and interviewing Street to Home services in each of the three jurisdictions. These interviews and surveys provided crucial information about the way services were delivered, and in particular how services practiced (if they in fact did) assertive outreach, housing first and post-settlement support. Further, the material we collected from the surveys and interviews with Street to Home providers assisted us to establish how well integrated Street to Home services are in the local service system.

In general, eliciting service information was difficult and highlighted a number of issues. First, information about services is often widely dispersed and consequently acquiring information can be a time consuming, hit and miss process. We found that where information was centralised, it was often out of date. Further, agencies commonly use a range of terms to describe their target population and in most cases these terms lacked precision. For example, when an agency says that its target population is people ‘at risk’ as well as those experiencing homeless, they are targeting a wide and very diverse population that may or may not include chronically homeless rough sleepers. Some services also stated that they specifically targeted chronically homeless and/or rough sleepers. However, it became clear in conversations with them that these were only one or two groups they work with within a broader target group and that they did not necessarily provide assertive outreach to these groups. These points should be kept in mind when reading the subsequent analysis.
6. Service system

6.1 Introduction

The three jurisdictions are very different in terms of their geography and demography. These differences are important to understand as they influence service design, capacity and outcomes. In this chapter we examine each jurisdiction starting with the smallest, Canberra (see Appendix B for full service descriptions).

6.2 Australian Capital Territory - Canberra

Almost all of the Australian Capital Territory (ACT) population lives in Canberra, the capital city of Australia. Canberra has a population of over 345,000 and just over one per cent are Indigenous in origin while 22 per cent were born overseas. The largest group of people born overseas came from English-speaking countries, led by the United Kingdom. Between 1996 and 2001, 62 per cent of the population either moved to or from Canberra, which is the second highest mobility rate of any Australian capital city\(^4\).

The unemployment rate in ACT is lower and the average income higher than the national average. However, the cost of housing is second highest in Australia, just behind Sydney. The median weekly rent paid by Canberra residents is higher than in all other states and territories\(^5\). Factors contributing to high rents include higher average weekly incomes and restricted land supply.

The urban areas of Canberra are organised into a hierarchy of districts. There

---


\(^5\) "It’s official: the property market has cooled". Real estate Institute of Australia, 9 September 2010.
are seven residential districts, each of which is divided into between eight to 25 smaller suburbs, most of which have a town centre: Canberra City, Woden Valley, Belconnen, Weston Creek, Tuggeranong, Gungahlin and Molonglo Valley.

6.2.1 Service System Overview

Until 2008 there were very few programs in ACT that targeted chronically homeless people and/or rough sleepers. Homelessness services in the ACT included: 13 accommodation refuges (men's, women’s, domestic violence, youth and mixed); 14 services where clients lived in individual dwellings and 19 support services.

Since early 2008, the ACT has had the capacity to provide 319 supported accommodation places per night to young people, singles and families. About half these places (167) are available to single people including young people, while the other 152 places are available for families. These 319 places accommodate, on average 486 individuals, on any given night. There is also emergency accommodation funding available to women and children escaping domestic violence (DHCS 2009).

In 2008-09, $20.3 million was provided by the Australian and ACT Governments through the National Affordable Housing Agreement (NAHA) to fund homelessness programs in the ACT. In 2010 the following initiatives were implemented as part of this reform agenda. These include:

- First Point: Streamlining access to homelessness services and housing by developing a central intake service and common waiting list.
- A Place to Call Home: 20 properties created using Nation Building Stimulus Funds, and
- Street to Home. Rough sleepers’ initiative with a Housing First focus.
- Centralised social housing register (a waiting list for both public and
community housing) commenced in September 2010.

6.2.2 ACT Street to Home

The Street to Home program in ACT was launched by the ACT and Commonwealth Ministers and commenced operation in February 2010. The program is run by St Vincent de Paul and has a total funding of $898,000 over a period of four years. The service is centrally located in Braddon in the ACT but is active across the whole of ACT and anywhere homeless persons are likely to be located.

The Street to Home program in ACT works to assertively engage chronically homeless rough sleepers and assist them to re-engage with support services to gain and sustain a successful tenancy. Chronic rough sleepers are defined as people who have slept rough for six weeks or more. The program has four EFT staff (three workers and a manager) that provide outreach support to up to 60 rough sleepers in-situ each year. Partnerships with other services such as drug and alcohol and mental health have been established to enable coordinated services to be provided to this vulnerable group of homeless people including the establishment of a ‘Who’s New on the Streets’ committee (which includes park rangers and police) to help identify and monitor the support requirements of people who are sleeping rough. The program also works closely with the St Vincent de Paul Night Patrol.

Most referrals to Street to Home are made through assertive outreach and via First Point, the new central referral agency. Community members are another source of referrals6. Street to Home use their assessment tool, rather than the Vulnerability Index. The service operates from 7.30am – 5:00pm with 24 hours on- call component.

---

6 perss comm., Manager St Vincent’s Street to Home.
The average support duration is about nine to twelve months however, some clients are supported for longer and some for shorter periods. At this stage in the program’s development it is unclear how much formal post settlement support is available. While outreach and support capacity is reasonably strong, housing capacity is limited. The service has access to two crisis properties and four properties provided by Housing ACT, however the properties are predominantly used as transitional housing rather than permanent housing.

6.2.3 Existing responses

The ASSIST program is funded by the ACT Department of Disability, Housing and Community Services (DHHS) and is delivered by CatholicCare. ASSIST provides case management to individuals with complex needs who are homeless or at risk of homelessness. ASSIST is for people over the age of 18 years who reside in the ACT who require support to sustain their tenancy or assistance to obtain or transition to independent and stable accommodation. The ASSIST Program operates Monday to Friday 9.00am—5.00pm.

The Canberra Men's Centre (CMC) provides two services. The first is the Men's Outreach Program which offers outreach support to single men who are unaccompanied by children and are homeless or at risk of homelessness; or who have exited CMC's Supported Accommodation service and need ongoing support. The program does not explicitly target rough sleepers but picks up rough sleepers who have slept rough for six weeks or less and who therefore do not meet Street to Home criteria.

The second program is Men's Accommodation Program. This provides supported accommodation for single men, unaccompanied by children, who are

---

7 Aiding insecure, Safe, Independent and Stable Tenancies.
homeless or at risk of homelessness. The services targets about half of its resources towards men who are leaving custody or are involved in the criminal justice system while the other half is targeted at people who are chronically homeless.

Thirty men are accommodated in properties managed by Canberra Men’s Centre. Eligible applicants are allocated a property and receive intensive case management for up to 12 months with the aim of developing an independent tenancy arrangement for them with Housing ACT in that property. If it is required outreach support in a case management model can be provided following the period of intensive support.

6.3 Tasmania

Tasmania has a population of just over half a million, of whom almost half reside in the greater Hobart precinct. The state capital and largest city is Hobart which encompasses the local government areas of City of Hobart, City of Glenorchy and City of Clarence. Other major population centres include Launceston in the north and Devonport and Burnie in the northwest.

According to the 2006 census Tasmania has a high rate of homelessness - 53 people out of every 10,000 are homeless in Tasmania, which is higher than Victoria, NSW and ACT (Chamberlain & Mackenzie, 2006). Tasmania has the highest rate of renters in housing stress in the whole of Australia, at 33 per cent (see www.HousingStressed.org.au). The cost of housing in the Hobart municipal area has increased significantly relative to the consumer price index and household earnings. Funding for social housing (long-term, not-for-profit rental housing) in Tasmania has declined over the last two decades, resulting in a shortage of affordable housing.

__perss comm, Canberra Men’s Centre program director__

---

8
stock for high need households. The waiting list for public housing for people in highest need is 12 – 18 months, although many people wait much longer than this. Thirty-four percent of Tasmanians are reliant on welfare payments as their primary source of income.

6.3.1 Service System Overview - Hobart

The homelessness service system in Tasmania has similar problems to other Australian states, but on a smaller scale. The system in Tasmania is divided into three regions, South, which includes Hobart and Glenorchy, North, which includes Launceston, and North West, which includes Burnie and Devonport. These areas have crisis, transitional, and support services for people experiencing homelessness. In South Tasmania there are three women’s refuges, two youth refuges and two supported accommodation services for young people, one crisis accommodation facility for men, three transitional housing and support services and two SRSs. In North Tasmania there are two youth refuges, one women’s refuge, one men’s crisis accommodation facility, one transitional housing and support service and one SRS. In North West Tasmania there are two youth refuges, one men’s and one women’s crisis accommodation, one mixed crisis accommodation, one transitional housing and support service and one SRS (see www.sheltertas.org.au).

Specialist homeless services in Tasmania are funded through the National Affordable Housing Agreement (NAHA). There are 34 specialist homeless services (formerly SAAP services) in Tasmania. The current system adopted an “Integrated Continuum of Support (ICOS)” response to homeless clients as a consequence of a restructure of SAAP between 2000-2005. ICOS includes services that have been identified to assist clients to establish and maintain housing.
6.3.2 Homelessness Implementation Plan

As part of the Australian Government’s goal to reduce and prevent homelessness, the Tasmanian Homelessness Plan (DHHS, 2010) was established and the following initiatives were put in place across the North, North West and South regions:

- Nation Building Economic Stimulus Plan building of 510 dwellings
- Same Housing Different Landlord Program (Housing First model) 100 units – targeting rough sleepers, homeless families, young people and people leaving hospitals, correctional facilities and child protection services.
- Specialist intervention tenancy services – providing support to people being housed in the ‘Same Housing Different Landlord’ Program.
- Five homelessness facilities

The initiatives are already well under way and there are already some positive signs. The January 2011 Report on Government Services shows that 63.5 per cent of homeless people were turned away from homelessness services in Tasmania in the 12 months from July 2008, which is down from 70.4 per cent the year before (SCRGSP, 2011). According to the July 2011 Report Card for the Tasmanian Homelessness Plan, 450 out of 530 houses have been completed as part of the Nation Building Economic Stimulus Plan. So far 74 people have been accommodated under Same Housing Different Landlord (KEYS) and Specialist Intervention Tenancy Services (STAY) (DHHS, 2011). Upgrades of supported accommodation facilities and a supported residential facility are ongoing, with already over 60 beds available and completed. There is also the CommonGround initiative in Hobart which will be ready to take referrals in early 2012 (DHHS, 2011).

Despite these initiatives Tasmania has had to deliver $100m service cutbacks. These have included cut back to mental health outreach, which has a significant impact on rough sleepers or chronically homeless people who often have
mental health issues. DHHS Tasmania is also undertaking a stock transfer of approximately one third of its public housing stock to community housing by 2014 as part of its agreement under the NAHA.

6.3.3 Tasmania Street to Home

At the time of writing, the Tasmanian Government is not providing any formal Street to Home or assertive outreach services in Tasmania. The current Implementation Plan of the NPAH does, however, state that addressing this service gap is a priority. The Tasmanian Government is establishing ‘dedicated homelessness facilities’, modelled on Common Ground principles, as well as 'specialist intervention tenancy services' which will provide multidisciplinary teams to people who are homeless or at risk of homelessness (Tasmanian Government 2009a, p.13 cited in Phillips et al. 2011:15). There is clearly some crossover, confusion and possible re-direction of funding between programs such as Same Housing Different Landlord program, the CommonGround initiative (and the 50 lives 50 home campaign) and a Street to Home program. For instance, CommonGround uses some Street to Home elements such as the registry week and the vulnerability index. However, it provides onsite support to a mix of formerly homeless people rather than just chronically homeless rough sleepers and it is unclear if it has any assertive outreach capacity. Similarly, while KEYS and STAY provide long term accommodation and post settlement support respectively chronically homeless rough sleepers while eligible are not the target population. Further, these programs do not have any outreach capacity. Consequently, it appears that there is no plan to establish a discrete street to home program in Tasmania and instead opt for some form of hybrid model.

There is however, a street outreach worker who has been funded through the annual Sleeping Out for the Salvos fundraising campaign for a two year period. The
position has only been running for a short time however, according to the Salvation Army, there is significant government interest in this initiative and the success of the initiative will be closely monitored. Clients of the new initiative were assessed using the Vulnerability Index during the November 2011 ‘Street Count’ and 44 clients were identified this way. A further 20 clients who approached Salvation Army after the ‘Street Count’ were also assessed this way.

The street worker uses assertive outreach to engage with chronically homeless clients, and goes with Loui’s Food Van one night per week to meet with rough sleepers. The focus of the role is to connect clients to mainstream services such as Colony 47 and Anglicare’s Access Program. There is no dedicated housing stock to this position however through the broader Salvation Army network, the worker has access to crisis and transition properties as well as long term (owned/leased) community housing stock. Further, CommonGround has made a commitment to housing these clients when it opens in March 2012.

6.3.4 Other responses

Colony 47 is one of the largest service providers in Hobart and provides a range of support services to Tasmanians in need. While chronically homeless rough sleepers may be eligible for some of these programs, no services explicitly target rough sleepers. Further, no programs have the combined outreach, long term post settlement support, housing and health focus that characterises a Street to Home approach.

The Colony Outreach Support Service (COSS) is arguably the closest match as it provides outreach support to individuals and families who are homeless or at risk of homelessness. Funded by the State Government through the National Affordable Housing Agreement (NAHA), COSS provides a wide range of
accommodation support services which are tailored to meet specific client needs. Again, chronically homeless rough sleepers while eligible are not an explicit target group.

The KEYS program delivers property management through the State Government’s Same House Different Landlord initiative. KEYS provides supportive property and tenancy management across 100 properties to clients of the STAY program - the State Government’s Specialist Intervention Tenancy Service. The STAY program is delivered by Centacare and provides support to tenants with high and complex needs, a history of chronic homelessness and/or barriers accessing housing. Tenants are supported over an approximate period of two years to develop independent living skills. But similar to COSS, chronically homeless rough sleepers while eligible, are not an explicit target group.

6.4 Victoria - Melbourne

Melbourne is the capital of Victoria, and has a population of approximately four million. There are 31 municipalities (local government areas) in Melbourne and the inner city municipalities comprise of Cities of Melbourne, Port Phillip, Stonnington and Yarra. Other municipalities are broken into Metropolitan and Outer Metropolitan regions. Melbourne is a diverse and multicultural city. In 2006, over one third (36 per cent) of its population was born overseas, exceeding the national average of 23 per cent.

Melbourne has seen a sharp rise in the cost of housing – both purchase prices and rental costs - partially caused by a sustained increase in population over the last 10 years. According to one organisation over 80,000 households in Melbourne are in housing stress (see www.HousingStressed.org.au). The supply of
private rooming houses has also steadily declined in inner city areas due to the gentrification of these areas and the redevelopment of many of the rooming houses into high cost accommodation. However, smaller and less regulated rooming houses have sprung up across Melbourne to partially fill this gap, but they are often in outer suburban areas.

6.4.1 Melbourne homelessness service system

The specialist homeless service system in Melbourne is large and complex. The system is divided three geographic regions – North West metropolitan, Eastern metropolitan and Southern metropolitan - although the inner city arguably represents a distinct sub-region of its own. In inner city Melbourne there is a heavy concentration of specialist homeless services.

In the inner city there are a range of crisis accommodation options for young people, people escaping domestic violence, single men and women and to a lesser extent, homeless families. There is a central access point for homeless young people (Frontyard – Melbourne Youth Support Service) and women experiencing domestic violence (Women’s Domestic Violence Information and Referral Line). There are crisis facilities for single men, women, couples and families, the main ones being Salvation Army Flagstaff and St Vincent de Paul - Ozanam House (men only), Hanover Southbank and Bob’s Place (mixed); Sacred Heart Mission Homefront and Hanover Women’s (women only). These crisis services often have long histories of working with chronically homeless rough sleepers. There are only two 24 hours services for the whole of Victoria: Salvation Army Crisis Centre which is a state-wide service and is based in St Kilda and provides both a phone and drop in service for people who are homeless, and the Women’s Domestic Violence Crisis Service phone service and access to DV refuges.
There are a range of housing support services, transitional housing as well as housing information, advice and advocacy services available to people who are homeless or at risk of homelessness. As part of the Victorian Homeless Strategy, a lot of work has been done to streamline and standardise the system and make it easier for service users to access. The Front Door model was trialled in the Eastern region in 2002, followed by the Opening Doors Model which was implemented across the whole of Victoria in 2008. Opening Doors was introduced by the Department of Human Services (DHS) to improve access to the service system by nominating visible access points called front doors and creating streamlined referral systems for each region.

Apart from specialist homeless services which are primarily funded through the NAHA, the Victorian State Government funds the Transitional Housing Program (THM) and a number of other smaller initiatives. The THM program provides transitional housing and housing information and referral (HIR) services for each region (HIR is now called the Initial Assessment and Planning since the implementation of Opening Doors). Through the THM program, people are assisted financially to maintain their housing if it is at risk through the use of a Housing Establishment Fund (HEF). Or, if a person is homeless, they can be assisted to secure alternative accommodation, such as crisis accommodation and transitional housing via a resource register located at and maintained by each THM which lists all of the support, transitional and crisis accommodation vacancies for each region. IAP workers can also assist people to apply for subsidised public and community housing, or through advocacy with local real estate agencies, assist them with rent in advance or bond to access private rental. IAP can also financially assist clients into

---

9 The resource register is still in the implementation stage in some regions.
private boarding houses.

Some support agencies, be they general or target specific (eg agencies that focus on groups such as young people, families, people experiencing domestic violence, gender and/or people experiencing substance misuse issues or mental health issues) have access to a pre-determined amount of transitional housing (a process known as allocation rights), although in practice allocations are now more commonly made via the IAP workers as part of the Opening Doors initiative.

Over the last two decades Melbourne has seen an increase in waiting time for public housing. This has created backlogs in transitional housing as people wait to move into long term housing. A system to prioritise need for people applying for public housing was introduced in 1997 (the Segmented Waiting List) as part of a solution to address the problem with long waiting lists. Similarly, the Opening Doors initiative involved the development of a system of prioritising need for people accessing emergency accommodation, support, financial assistance and transitional housing. However, unmet demand for both housing (crisis, transitional and long term) and support remains high.

Several smaller initiatives are cross sector funded and were developed out of recognition that some people experiencing homelessness were falling through the gaps in the more general homeless service system. For instance, some people who are leaving state out-of-home care, prison or hospital often exit into homelessness. These ‘joined up’ initiatives draw funds from multiple program sources including health and mental health, youth justice, corrections and Alcohol and Other Drug (AOD) services. Other programs such as the Royal District Nursing Services Homeless Persons Program (RDNS HPP) and Community Connections are health
6.4.2 Melbourne Street to Home

In its tender for Street to Home services the Victorian Government’s approach articulated a number of principles and practices that reflected a common understanding of a Street to Home approach (see Johnson et al. 2012). These included the location and identification of rough sleepers using assertive outreach, the use of specific strategies and tools (such as street registers, a vulnerability index) to identify and prioritise the most vulnerable for intensive assistance, the provision of a ‘complete pathway’ service that minimises the likelihood of client disengagement, rapid housing access and intensive support to clients during and after housing placement (DHS, 2010:6)

In Victoria, a consortium of agencies led by HomeGround Services, have been funded to deliver a Street to Home service in inner city Melbourne. The consortia, consisting of HomeGround Services, The Salvation Army Adult Services the Salvation Army Crisis Services and the Royal District Nursing Service HPP, have been funded for three years to assist chronically homeless rough sleepers into stable, sustainable housing. Originally, it was envisaged that the service would assist 300 people over three years but that has subsequently been revised to 150 people (or 50 per year). The service commenced operation in late 2010.

There are eight case workers in the Melbourne Street to Home (MS2H) service with four covering the inner south and four covering the inner north. At each site one of the workers is a trained nurse. MS2H holds a registry week once a year, where, along with other agency staff and volunteers, it completes a vulnerability survey with as many chronically homeless and/or rough sleepers it can locate. In its
first year, MS2H surveyed approximately 160 people in registry week and subsequently supported approximately fifty of them. In 2011, M2SH surveyed approximately 130 people and began the work of finding and engaging with 25 of them via assertive outreach. MS2H adopts a ‘Housing First’ approach, prioritising housing access based on health needs and then using that stable base to deliver support and health services.

Along with the vulnerability index and assertive outreach Melbourne Street to home offer 12 months post settlement support. This is available from the moment people access permanent accommodation. Melbourne Street to Home has struggled to get permanent housing but have, nonetheless managed to access accommodation for the majority of its participants. Melbourne Street to Home has access to some housing association stock, some CommonGround stock and housing from some other providers. All the same its housing capacity is insufficient in relation to its caseloads and expected throughput.

6.4.3 Other responses

Hanover Welfare services run an assertive outreach team (HOT – Homeless Outreach Team) that works with people who are 18 years or older and who are sleeping rough. The team has a regular run on Wednesdays from 1pm to 9pm to seek out and engage people who ‘sleep rough’ in parks, gardens, tents, garages, sheds, railway carriages, toilet blocks, lanes, shop fronts, vehicles, abandoned buildings (squats), tram/bus stops, railway stations, under bridges or any other form of improvised dwelling or inappropriate housing. The assertive outreach program assists those people with multiple support needs who are often unable or unwilling to engage with mainstream welfare services to address their housing or support needs. Assertive outreach support assists people to obtain accommodation
(including public housing, crisis accommodation, transitional housing or rooming house), and access services such as material aid, legal, health or support services.

Journey to Social Inclusion (J2SI) is a three year pilot program run by Sacred Heart Mission in St Kilda. J2SI provides intensive long term support, therapeutic and skills building services to forty people who are chronically homeless in the City of Port Phillip and surrounding regions. Participants of the program were referred by a number of St Kilda based homelessness services including Sacred Heart Mission, Salvation Army Crisis Centre, HomeGround, Inner South Community Health and RDNS HPP. The program works with adults aged 25 - 50 years who have been homeless for three years or longer or who have been sleeping rough for six months or over, have complex needs and/or chronic health issues.

Clients of the program receive support for three years by intensive case workers who have low client to worker ratios (1:4). The program model is a relationship based, trauma informed case management model, and the program works in partnership with a number of programs including long term housing providers, a co-located employment agency, drug and alcohol and mental health services to provide a coordinated service response. Clients have access to a building up skills program and a therapeutic provider. The program has a housing first approach to working with clients, and through partnerships with housing providers has been able to offer rapid access to long term housing, which enables the program to quickly stabilise clients. The program has no recurrent funding.

Another service is the Salvation Army’s 24/7 Community Response Team. This service began operating just over two years ago. It provides both a mobile and centre-based response in the Melbourne CBD and surrounding suburbs. This service can be accessed via a 24 hour telephone contact system connected to a
mobile response team, based at the Salvation Army's 614 Melbourne office. Originally intended to work with people sleeping rough in the inner city, the program focus has drifted since its inception and it is now working with a broader target population. It is unclear what if any long term support or housing capacity 24/7 has but it is now operating as a referral service rather than a direct provider of long term support and housing.

HomeGround Services also provide an outreach service (Outreach Support) for single people or childless couples over 25 with long histories of homelessness. People with psychiatric disabilities, the frail aged, people with acquired brain injury and those who are unable to gain access to services owing to challenging behaviours or cultural issues are eligible for the service. The service provides long term support (12 months plus) and provides people with access to public and other housing options as well as facilitating access to service systems including health, welfare and legal services in order to increase quality of life and opportunity. The service has access to some housing through allocation rights with the local THM and also access to some Nation Building Stock through Yarra Community Housing.

Another similar program is Community Connections in St Kilda. Community Connections is an outreach program for people with complex needs, including those with alcohol and drug problems, mental illness, long-term unemployment or who come from a violent or abusive past, and who do not gain access to support services, are homeless or at risk of homelessness. Outreach workers engage with these people and link them with community-based support services. This program has no housing capacity (and a limited housing focus) and generally targets chronically homeless people in boarding houses rather than chronically homeless rough sleepers. Like Street to Home it does, however, have a strong health focus.
One additional program that warrants mention even though it is not funded through NAHA is the RDNS Homeless Persons’ Program in Fitzroy and West Melbourne. The Royal District Nursing Service is a specialist program providing outreach to people in rooming houses, crisis housing, hotels, parks and on the streets. Primary care, advocacy, health promotion and education for community groups are also provided. RDNS are part of the MS2H service and provide specialised nursing and health care and their integration into the Street to Home team has increased its focus on and capacity to deliver housing related outcomes.

7. Discussion

After reviewing the relevant service and policy literature and talking with various services we found that each of the three areas has different characteristics but that many of the issues they face with respect to implementing a Street to Home approach were similar. In this chapter we examine some of the issues that have emerged since Street to Home services were funded.

There is considerable variation in the way Street to Home services operate in the three areas. This reflects a mix of tailoring a Street to Home model to suit local conditions, different organisational interpretations of the Street to Home approach, and the different policy and funding arrangements that exist at the local level. However, the problem this raises is that if the way Street to Home approaches are implemented shifts too far from some of the core principles articulated elsewhere and supported by empirical evidence (Tsemberis and Eisenberg, 2000; Stefanic and Tsemberis, 2007; Pearson, Montgomery and Locke, 2009; McNaughton Nichols and Atherton, 2011; Pleace and Wallace, 2011; Tsemberis, 2011), the capacity of Street to Home services to secure the outcomes they were funded for is likely to be
severely compromised – this may well be the case in Hobart where the model (albeit self funded) bears very little resemblance to the other states or what is internationally recognised as a Street to Home approach. In this respect we believe there is a strong argument for the establishment of a set of minimum standards that all funded services such as Street to Home, would conform. These standards would include the following characteristics – assertive outreach, 12 month post settlement support, rapid and individualised housing and an explicit operational definition of the target population.

On the later point - an explicit operational of the target population – we found a lack of precision used to identify target populations was a characteristic of the broader service system. Without a precise definition of a target group or a common language to define various homeless populations it is exceedingly difficult to determine whether there are gaps in the service system or conversely whether service responses overlap. The lack of sophistication in this area is not simply an academic issue as it has an impact on which services are delivered and who they are delivered to.

Most agencies tended to adopt a generic approach that target the ‘homeless’, those ‘at risk’ of homelessness, or certain subgroups such as young people or women. The strength of the Street to Home approach is that it has an explicit target group – chronically homeless rough sleepers. And, despite there being some slippage around the terms chronic, primary and rough sleeping, the sort of specificity displayed by Street to Home services should be a characteristic of all services and programs that work within the homelessness space. It is not enough to say you are working with a particular household type or a group as there is often a great deal of variation within a certain demographic sub-groupings. These grouping needs to be
overlayed with a temporal understanding of homelessness, which by definition also
serves as a useful proxy for complexity – eg chronically homeless youth require a
very different response to short term homeless youth. Adopting such an approach
would result in a far more transparent and effective way of identifying and prioritising
homeless people.

With respect to the Street to Home services we examined there were some
minor variations in the way target population were defined – in the ACT chronically
homeless rough sleepers were defined as people who slept rough for six weeks or
more, while in both Hobart and Melbourne there was a stronger emphasis on the
health of rough sleepers. But, compared to the larger service system there is a much
stronger shared understanding among various Street to Home services of their
target population.

Many of the agencies that we surveyed shared some of the characteristics of
Street to Home services. For instance, there are already agencies in each of the
jurisdictions providing assertive outreach. For instance, in Melbourne most of the
programs surveyed do assertive outreach (except for Outreach Support service,
which does provide outreach, but only to clients of the program who it takes on
through a referral process) but their capacity to look for and engage rough sleepers
is mostly limited to 9-5 Monday to Friday. The exception to this are the Salvation
Army Community Response Team which is resourced to run until 11pm every day
and Hanover Fitzroy which has a limited after hours component where it goes out
one night per week to assertively engage with rough sleepers.

Similarly, in Canberra the Men’s Centre can provide assertive outreach via its
Men’s Outreach Program, however, there is only one EFT attached to this position
and the average support duration of this program is only three months. The ASSIST
program provides assertive outreach and can support people up to 18 months. However, ASSIST takes its referrals through First Point, a generalist homeless central access point, so chronic homeless rough sleepers will not necessarily be picked up by the program.

In Hobart the street worker is the sole assertive outreach worker for the whole of Hobart, although the Centrelink community worker does go out to the private rooming house in Hobart and is well known to many rough sleepers in the area.

With respect to the support capacity of the programs we examined the overall pattern was of relatively short support interventions. In Melbourne, with the exception of J2SI, most programs have an average client to worker ratio of 10 - 12 clients. The support durations of most programs, with the exception of S2H, Outreach Support and J2SI, are very short being on average three months. While most programs take a flexible approach and regularly support clients for up to 12 months the support capacity of most services is undoubtedly ‘short term’. J2SI had by far the best support capacity, with ratio of 4 clients per worker and support period of 3 years. MS2H supports people on average for 12 months. Community Connections, Outreach Support, Community Response Team and Hanover Fitzroy could usually only provide post housing settlement support to people up to 3 months although this again was flexible and depended on need. However, because J2SI and S2H have a Housing First model, they are able to support people longer: J2SI for the duration of the program which is 3 years, and S2H for up to a year. However, for all programs, this depended on how quickly they were able to access long term housing.

In Canberra, the S2H service and the Men’s Accommodation program have comparable support capacity. Both programs support people for about the same
period, on average 9 – 12 months and both provide post housing support. Both Canberra Men’s and Street to Home have 4EFT positions and a high worker to client ratio of 1:10. However, S2H supports up to 60 clients per year, whereas Canberra Men’s Accommodation program only supports 30 men per year and has more dedicated housing stock. Both programs have 24/7 on-call components, access to brokerage funds and both target chronically homeless people. Similarly, both services use a crisis/transitional approach to housing rather than a Housing First model, although both programs have the capacity for their properties to become long term. Their main differences are that Men’s Accommodation Program is male only while S2H is not a gender specific service, provides assertive outreach and nominally can provide longer post settlement support.

In Hobart Anglicare’s ACCESS and Colony 47’s COSS are both 9-5pm. The support capacity of COSS is limited to three months and consequently COSS has high client to case worker ratios. Although ACCESS/COSS have access to brokerage funds, there is no brokerage funding dedicated to the street worker. However, although there is only one worker, they are targeting the most vulnerable through the use of a Registry Week and Vulnerability Index and have no maximum timelines for support. Although the worker expects to have a case load of 1:10, a relationship is currently being put in place so that clients can be referred on from the street worker to Colony 47 (COSS). However, given that the current support duration and client/worker ratios of COSS (3 months) and the limited housing options available, it remains to be seen whether or not this will result in long term and sustainable client housing outcomes.

In summary, many agencies share some characteristics with the Street to Home services - some for instance focus purely on health, others provide post
settlement support while others provide assertive outreach. In the context of these at
time overlapping responses, the strength (or more correctly the potential) of Street to
Home is two fold. First, its capacity to provide longer term more intensive support is
crucial is addressing the often complex needs of chronically homeless rough
sleepers. The second strength is the way Street to Home combines assertive
outreach with rapid access to housing and post settlement support. In short, while
Street to Home services may appear on paper at least, to duplicate some aspects of
existing services, the way Street to Home services are operationalised and bring
together assertive outreach, post settlement support within a housing and health
framework means that Street to Home is a distinct service approach in its own right;
a service approach that appears to have the potential to add to the overall capacity
in each region. At this stage we cannot verify this assertion and only evidence from
the Street to Home evaluations going on around the country will provide the sort of
evidence necessary to support such a claim.

Nonetheless, as we noted throughout the report the biggest issue facing all
Street to Home services is a lack of housing. There have been limited attempts by
local policy makers to systematically increase the housing capacity of Street to
Home services but the failure to formally link Street to Home programs with housing
resources (for example stock from the Nation Building program) is an obvious and
unfortunate oversight. An important caveat here is that Street to Home services are
not the only services demanding improved access to housing. As evaluation after
evaluation has made clear the lack of exit points (long term housing options) for
homeless services creates bottlenecks that typically result is profound systemic
distortions as agencies try and figure out ways around the problem (Erebus
While each service has attempted to increase their housing capacity (and often has done so in quite creative ways), they have only had limited and often quite unsustainable success. The lack of policy coherence between housing and support remains the major impediment and one that needs to be addressed if Street to Home service outcomes are to be optimised. Without housing, Street to Home risks becoming just another homeless service – albeit one with some unique attributes, but another homeless service all the same. If the Street to Home approach is to succeed in Australia policy makers must ensure that the outreach and support capacity is matched by appropriate housing resources. Without these resources it is unrealistic to expect the Street to Home approach to achieve what it has been proven to be capable of in other parts of the world.
References


Chamberlain, C (2011). Persons in Improvised dwellings, tents and sleepers out. Canberra, Department of Families, Housing, Community Services and Indigenous Affairs


The Road Map: A Discussion paper on the way forward for homeless services and related services. Department of Disability, Housing and Community Services, Canberra.


DHS (2010). Rough Sleepers Street to Home Initiative. Department of Human Services (Vic), Melbourne


Pleace, N. and A. Wallace (2011). Demonstrating the effectiveness of housing support services for people with mental health problems: a review The Centre for Housing Policy, The University of York.


Appendix A – Survey instrument

Agency Name:____________________________________________________________

Address:_______________________________________________________________

Contact Person:________________________ Phone:_________________________

As part of the evaluation of the Street to Home initiatives, the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) commissioned RMIT to undertake a mapping exercise. There are two purposes to the mapping exercise. The first is to identify services who may be working with a similar/identical client group to Street to home. The second purpose is to identify the capacity of existing services. The data obtained from the mapping exercise will be used for service planning.

General Information

1. Are the long term (or chronic) homeless a primary target group for any of your agencies services?
   Yes □ (Go to next question) No □ (Stop interview)

2. Are rough sleepers a primary target group for any of the services your agency runs?
   Yes □ No □

<table>
<thead>
<tr>
<th>Total (approx) funding (for the rough sleeper service)</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Sources:</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hours of operation</th>
<th>9-5 □</th>
<th>After hours □</th>
<th>Both □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff</td>
<td>Full time:</td>
<td>Part time:</td>
<td></td>
</tr>
<tr>
<td>Total number of clients</td>
<td>Now:</td>
<td>Yearly:</td>
<td></td>
</tr>
<tr>
<td>Total # clients funded for p.a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of support</td>
<td>Maximum:</td>
<td>Average:</td>
<td></td>
</tr>
<tr>
<td>Support worker: client ratio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catchment area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of funding agreement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are clients ever turned away?</td>
<td>Yes: □</td>
<td>No: □</td>
<td></td>
</tr>
</tbody>
</table>

Access and support capacity

3. How do chronically homeless rough sleepers access your service?
   a) Referrals from other agencies □
   b) Self-referral □
   c) Outreach to rough sleepers □
   d) Other □
4. How are chronically homeless rough sleepers assessed?
   - Vulnerability index □
   - Objective scoring tool □
   - Other □

5. Does your service provide assertive outreach? Yes □ No □

6. Does your service provide support to people in their homes post-homelessness? Yes □ No □

7. If yes, for how long______________

Linkages and housing capacity

8. Which services do you refer your clients to?
   - Community Health Service □
   - Mental Health □
   - RDNS □
   - Housing support □
   - Employment □
   - Crisis Accom □
   - AOD □

9. Does your service have brokerage funds to assist clients into housing? Yes □ No □

10. If yes, are these funds used for:
    - Rent in advance □
    - Removals □
    - Outstanding debts □
    - Material Aid □
    - Rent arrears □
    - Other, please state:________________________

11. Do you have a formal agreement with Public Housing providers in your area? Yes □ No □

12. Do you have a formal agreement with Community Housing groups area? Yes □ No □

13. Do you have a formal agreement with emergency housing providers (crisis, transitional)? Yes □ No □

14. Do you have formal agreements with private owner rooming houses? Yes □ No □

15. Do you have formal agreements with private rental landlords or real estate agents? Yes □ No □

16. Do you manage any housing stock? Yes □ No □

17. If yes, what sort of stock (tick all that apply)
   a. □ Short term/emergency
   b. □ Long term (permanent) unsupported
   c. □ Long term (permanent) supported

18. Do you own your own housing stock? Yes □ No □

19. If yes, what sort of stock (tick all that apply)
a. □ Short term/emergency
b. □ Long term (permanent) unsupported
c. □ Long term (permanent) supported

20. On average how long does it take to get permanent accommodation for you clients?
   a. □ Less than one month
   b. □ Two – three months
   c. □ Four to six months
   d. □ Seven to 12 months
   e. □ Longer than 12 months
   f. □ Don’t know
   g. □ Don’t do permanent accommodation

Comments:
### Service Mapping Table 1 - ACT

<table>
<thead>
<tr>
<th>Program (Service Provider)</th>
<th>Primary Target Group CH* or RS**</th>
<th>Assertive Outreach Assessment Tool</th>
<th>Catchment Area</th>
<th>Funding, Source and Agreement Length</th>
<th>Duration of Support</th>
<th>Post Housing Support? Duration Post Housing Support</th>
<th>Hours of Operation</th>
<th>No. of Staff (EFT)</th>
<th>Client to Worker Ratio</th>
<th>No of Clients Now/ Per Annum</th>
<th>Brokerage Funds? Main Usage?</th>
<th>Formal Housing Agreements in Place</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street to Home</strong></td>
<td>CH RS</td>
<td>Yes</td>
<td>Canberra</td>
<td>$1.93m NAHA 3 years</td>
<td>No maximum Average</td>
<td>Yes – as long as required</td>
<td>7.30am – 5pm (on call 24/7)</td>
<td>4 EFT</td>
<td>1:10</td>
<td>30 clients per six months (60 per annum)</td>
<td>Yes, material aid, camping grounds and crisis accommodation. Interstate transport</td>
<td>Yes. 4 Housing First Two Crisis Housing First properties mainly used as transitional but have the capacity to use as long term.</td>
</tr>
<tr>
<td><strong>Men’s Outreach Program</strong></td>
<td>Men’s Outreach Program – RS Men’s Accommodation Program only</td>
<td>Yes – Men’s Accommodation Program only</td>
<td>Canberra and ACT</td>
<td>$ not available NAHA, SAAP and Corrections</td>
<td>Up to 3 months Men’s Outreach Program Up to 12 months Men’s Accommodation Program, - this is flexible</td>
<td>Yes, up to 12 months but flexible</td>
<td>9 – 5pm Mon to Fri – 24/7 on call service</td>
<td>1 EFT Outreach Program 4 EFT Men’s Accommodation Program</td>
<td>1:10</td>
<td>30 clients per annum Men’s Outreach Program 30 clients per annum Men’s Accommodation Program approx</td>
<td>Yes – Corrections funds – mainly used for establishment costs</td>
<td>Yes, Housing Now - public housing hard to let properties. 30 Housing First - head leasing arrangement with ACT DDHCS. Once ready, tenancy signed over to client.</td>
</tr>
</tbody>
</table>

*CH – Chronic Homeless  **RS – Rough Sleepers
<table>
<thead>
<tr>
<th>Program (Service Provider)</th>
<th>Primary Target Group CH* or RS**</th>
<th>Assertive Outreach</th>
<th>Catchment Area</th>
<th>Funding, Source and Agreement Length</th>
<th>Duration of Support</th>
<th>Post Housing Support? Duration Post Housing Support</th>
<th>Hours of Operation</th>
<th>No. of Staff (EFT)</th>
<th>Client to Worker Ratio</th>
<th>No of Clients Now/ Per Annum</th>
<th>Brokerage Funds? Main Usage?</th>
<th>Formal Housing Agreements in Place</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Outreach</strong></td>
<td>CH and RS</td>
<td>Yes</td>
<td>Greater Hobart area</td>
<td>$100,000 Sleep Out fundraising 2 years</td>
<td>No maximum duration</td>
<td>No</td>
<td>9 – 5pm</td>
<td>10 EFT</td>
<td>1:10</td>
<td>Now: 10 Per Annum - 70</td>
<td>No</td>
<td>No dedicated housing stock But access to housing through broader Salvation Army network (SASH) (38 Transitional and 30 owned/leased community tenancy properties from 50 lives/50 Homes Initiative)</td>
</tr>
<tr>
<td><strong>Colony Outreach Support Service,</strong> Colony 47, Centacare</td>
<td>CH and RS are included, but primarily general homeless target group.</td>
<td>No, only outreach to clients of the service</td>
<td>All Southern Tasmania (south of Creek Road, North Hobart)</td>
<td>$1.2m DHSS – State Government</td>
<td>3 months but flexible</td>
<td>Yes, based on need</td>
<td>9 – 5pm</td>
<td>1 EFT</td>
<td>1:25</td>
<td>Now: 47 Per annum not available</td>
<td>Yes – material aid and removalists</td>
<td>Yes, 1 community housing property through MOU with Mission Housing. Yes manage transitional housing stock.</td>
</tr>
</tbody>
</table>

*CH – Chronic Homeless  **RS – Rough Sleepers
## Service Mapping Table 3 - Melbourne

<table>
<thead>
<tr>
<th>Program (Service Provider)</th>
<th>Primary Target Group (Service Provider)</th>
<th>Assertive Outreach</th>
<th>Catchment Area</th>
<th>Funding, Source and Agreement Length</th>
<th>Duration of Support</th>
<th>Post Housing Support? Duration Post Housing Support</th>
<th>Hours of Operation</th>
<th>No. of Staff (EFT)</th>
<th>Client to Worker Ratio</th>
<th>No of Clients Now/ Per Annum</th>
<th>Brokerage Funds? Main Usage?</th>
<th>Formal Housing Agreements in Place</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Melbourne Street to Home</strong> (Home-Ground Services and Salvation Army Kensington)</td>
<td>CH and RS</td>
<td>Yes</td>
<td>Inner South/CBD and Inner North/West</td>
<td>$3m approx DHS and FaHCSIA</td>
<td>12 months but flexible</td>
<td>Yes, up to 12 months</td>
<td>6am – 7pm</td>
<td>7-8 EFT (approx) some position are short term</td>
<td>1.8-10 (both services vary)</td>
<td>Now: Home Ground 26, Salvation Army 36</td>
<td>Yes Housing establishment costs, health related costs and misc</td>
<td>Community housing, THM and Housing Options access via broader HomeGround network</td>
</tr>
<tr>
<td><strong>Outreach Support</strong> (Home-Ground Services)</td>
<td>CH but not RS</td>
<td>No Own Assessment Tool</td>
<td>City of Yarra</td>
<td>$920,000 PDRSS, HACC, SAAP and ACHA (Length not available)</td>
<td>No maximum.</td>
<td>Yes, up to 3 months average but some ongoing</td>
<td>9 – 5pm Mon to Fri (informal after hours agreement with Hanover Fitzroy and St Vincent’s Hospital)</td>
<td>10.5 EFT</td>
<td>1:11</td>
<td>PDRSS. Material Aid, rent arrears, rent in advance, removals and establishment costs</td>
<td>Community Housing Nation Building Stock, Access to transitional housing through HomeGround.</td>
<td></td>
</tr>
<tr>
<td><strong>Hanover Fitzroy</strong> (Hanover Services)</td>
<td>CH and RS</td>
<td>Yes</td>
<td>City of Yarra, CBD, Moreland and Hume</td>
<td>$365,000 SAAP 3 years</td>
<td>13 weeks SAAP but flexible, 12 month maximum</td>
<td>Yes 1-4 weeks</td>
<td>1-9pm Monday to Friday and one night per week after hours service</td>
<td>3 EFT</td>
<td>1:12</td>
<td>Now: 57 Per Annum: 200</td>
<td>Yes and access to HEF through Hanover Southbank Used for all housing establishment costs</td>
<td>Yes, rough sleepers room at Hanover Southbank, Transitional, long term supported and unsupported housing managed and owned by broader Hanover network</td>
</tr>
<tr>
<td>Program (Service Provider)</td>
<td>Primary Target Group CH* or RS**</td>
<td>Assertive Outreach</td>
<td>Catchment Area</td>
<td>Funding, Source and Agreement Length</td>
<td>Duration of Support</td>
<td>Post Housing Support? Duration Post Housing Support</td>
<td>Hours of Operation</td>
<td>No. of Staff (EFT)</td>
<td>Client to Worker Ratio</td>
<td>No of Clients Now/ Per Annum</td>
<td>Brokerage Funds? Main Usage?</td>
<td>Formal Housing Agreements in Place</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------</td>
<td>--------------------</td>
<td>----------------</td>
<td>-------------------------------------</td>
<td>--------------------</td>
<td>-----------------------------------------------</td>
<td>-------------------</td>
<td>------------------</td>
<td>----------------------</td>
<td>---------------------------</td>
<td>-----------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td><strong>Journey to Social Inclusion (J2SI) (Sacred Heart Mission)</strong></td>
<td>CH and RS (if CH)</td>
<td>Yes</td>
<td>Inner South and Inner Middle South</td>
<td>$3.8m over 3 years; Philanthropic and DHS 3 years</td>
<td>3 years</td>
<td>Yes, until end of 3 years</td>
<td>9-5pm Mon – Fri After hours partnership with 24/7 service provider</td>
<td>13 EFT includes managers</td>
<td>1.4</td>
<td>Now:40 Per Annum 40/3</td>
<td>Used for rent, removals, housing establishment, material aid and education</td>
<td>MOU with Office of Housing (public housing), 2 community housing house providers and THM (transitional)</td>
</tr>
<tr>
<td><strong>Homeless Outreach Program (Salvation Army Eastcare)</strong></td>
<td>CH but not RS</td>
<td>Yes</td>
<td>Cities of Monash and Manningham</td>
<td>$ not available HACC, SAAP, PDRSS, ACHA and Disability 3 years</td>
<td>3 months but flexible</td>
<td>Yes, average 4-6 weeks</td>
<td>9-5pm Mon – Fri</td>
<td>6 EFT</td>
<td>1:12 usually</td>
<td>Per Annum: 142 for all except HACC. HACC numbers not available.</td>
<td>No but can access HEF through THM.</td>
<td>Access to transitional housing through Eastcare Community, rooming house, REA***, informal agreements only</td>
</tr>
<tr>
<td><strong>Community Connections (Inner South Community Health)</strong></td>
<td>CH and RS; at risk</td>
<td>Yes</td>
<td>Port Phillip and Glen Eira</td>
<td>$211,000 DHS not available</td>
<td>Duration flexible</td>
<td>Yes, if required</td>
<td>8.30-5.30pm Mon – Fri</td>
<td>2.3 EFT</td>
<td>Not Available</td>
<td>Per Annum: 130</td>
<td>Flexible Care Funds. Rent arrears, material aid, removals</td>
<td>No housing agreements.</td>
</tr>
<tr>
<td><strong>Community Connections (Salvation Army Eastcare)</strong></td>
<td>CH and RS</td>
<td>Yes</td>
<td>Eastern Metro</td>
<td>$ not available HACC, ACHA 3 years</td>
<td>3 months but this is flexible.</td>
<td>Yes, up to 3 months or until linked into other services</td>
<td>9-5pm Mon – Fri</td>
<td>5 EFT</td>
<td>1:12 (usually)</td>
<td>Per Annum: 300</td>
<td>Flexible Care Funds. Used for rent arrears, establishment costs and health related material aid.</td>
<td>No housing agreements.</td>
</tr>
<tr>
<td>Program (Service Provider)</td>
<td>Primary Target Group CH* or RS**</td>
<td>Assertive Outreach</td>
<td>Catchment Area</td>
<td>Funding, Source and Agreement Length</td>
<td>Duration of Support</td>
<td>Post Housing Support? Duration Post Housing Support</td>
<td>Hours of Operation</td>
<td>No. of Staff (EFT)</td>
<td>Client to Worker Ratio</td>
<td>No of Clients Now/ Per Annum</td>
<td>Brokerage Funds? Main Usage?</td>
<td>Formal Housing Agreements in Place</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------</td>
<td>-------------------</td>
<td>----------------</td>
<td>-------------------------------------</td>
<td>---------------------</td>
<td>---------------------------------------------</td>
<td>-------------------</td>
<td>-------------------</td>
<td>------------------------</td>
<td>-----------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Community Connections (Access Care Southern, City of Kingston)</td>
<td>CH and RS</td>
<td>Yes</td>
<td>Kingston and Bayside</td>
<td>$196,000 HACC</td>
<td>25 weeks, but some times up to 2 years</td>
<td>Yes, up to 6 months if can’t link in elsewhere, but usually can’t get housing within support period</td>
<td>8.30-5.30pm Mon - Fri</td>
<td>1.8 EFT</td>
<td>1:10-15</td>
<td>Per Annum: 100-200</td>
<td>Yes, for rent arrears, establishment costs and removalists</td>
<td>Over 65 year olds public housing through broader City of Kingston council, but only 10 properties</td>
</tr>
</tbody>
</table>

*CH – Chronic Homeless  **RS – Rough Sleepers  ***REA – Real Estate Agent