

North&West Metropolitan Homelessness Network

Service System Practice Manual

Version 3: December 2012

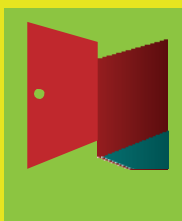


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Part 1:

**North & West
Metropolitan
Homelessness
Network:
Service System
Context**

Section 1: Introduction

1.1 Purpose of the Manual

This manual outlines the agreed arrangements for access to, and coordination of, the North & West Metropolitan Homelessness Network in the metropolitan areas of the Department of Human Service's (DHS) Northern and Western Divisions. This area covers the DHS areas of: Hume/Moreland, Western metropolitan, North East metropolitan and Brimbank/Melton.

This manual is designed for staff of homelessness assistance services funded through the Department of Human Services (DHS) in these areas.

The purpose of this manual is to document the various policies, guidelines and practice issues that pertain to the coordinated operation of the North & West Metropolitan Homelessness Network. The North & West Metropolitan Homelessness Network is coordinated by two homelessness Local Area Service Networks (LASNs). The LASNs are the mechanism by which the Network manages its resources.

The service system arrangements outlined in this manual have been developed by LASNs, covering these areas, to operationalise the *Opening Doors Framework*. (See Section 1.2 for a description of the *Opening Doors Framework* and Section 3 for information on the LASNs.) Implementation of these arrangements occurred from December 2009.

In December 2012 the decision was made to split North & West Homelessness LASN into a Northern LASN and Western LASN, in order to reflect the newly established DHS Divisional boundaries. The LASNs continue to monitor and develop coordinated approaches to service system operation. As the LASNs further develop their shared practice and procedures sections of this manual will be added to and/or replaced.

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

This manual also sits within the context of the *Department of Human Service's Service Standards*¹ and the *Homelessness Assistance Guidelines and Conditions of Funding*, which guide the delivery of homelessness and housing services.

¹Or the One DHS Standards that provide common standards for provision of human services from July 2012.

This manual incorporates four parts:

- Part 1: An overview of the general principles outlined in the *Opening Doors Framework* documents, the homelessness service system and its area based context;
- Part 2: A summary of the service elements that constitute the homelessness service system in these areas, with a focus on those developed by the LASNs;
- Part 3: Practice and procedural applications for the coordinated work of LASN agencies;
- Part 4: Specific tools, forms, protocols and guidelines to be used in practice.

The focus of the manual is on the intersections and coordination between the homelessness services of the North & West Metropolitan Homelessness Network. It highlights those principles that are consistent across the sector and documents consistent practice that flows from these principles. The manual does not describe individual agency practices and procedures that sit outside the operation of a coordinated LASN response.

1.2 Service system coordination policy context: Opening Doors

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

Clients consulted during the development of the VHS identified that accessing the service system at that time could be complicated, confusing and time consuming. In response, the VHS identified the need for a common assessment and referral approach across homelessness services as one strategy for improving the accessibility of the service system, the consistency of service provision and to facilitate an integrated service system response for clients.

The homelessness service system in 2002 was complex, with over 400 entry points to homelessness resources in Victoria. These entry points were attached to a multiplicity of agencies that provided a range of different services for people who are homeless, each with access to a discrete set of resources.

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

With this in mind, in 2005 the Department of Human Services (DHS) Housing and Community Building Division initiated the *Victorian Statewide Homelessness Assessment and Referral Framework* (SHARF), which was piloted in five sites across Victoria, between 2006 and 2009, including three catchments in the North and West Metropolitan Region: Brimbank/Melton, Yarra/CBD and Moreland/Hume. Learnings from the pilot LASNs informed the development and implementation of the *Opening Doors: Better access for homeless people to social housing and support services in Victoria - Framework* (July 2008, Department of Human Services).

Opening Doors is a framework of principles and practices that guides client assessment, referral, resource allocation and coordination across the Victorian homelessness service system. Its broad objective is to produce more timely, coordinated and effective access to the service system for clients who are homeless or at risk of homelessness and to provide a more coordinated, client centred response approach homelessness service system responses to these clients.

The *Opening Doors Framework* incorporates the following features:

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

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

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

The *Opening Doors Framework* articulates the need for fewer, clearly identifiable access/entry points to the service system and for the development of a service system response that can 'hold' the client and assist the client to navigate the service system. The North West Homelessness LASN nominated the creation of eight access points to the homelessness service system: five locally based access points, two family violence specific access points and one youth specific access point. Further accessibility to the service system is enabled by establishment of three access point outposts, telephone access and by assertive outreach on behalf of some LASN agencies.

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

The access points manage prioritisation lists identifying all those individuals/households who are awaiting access to homelessness resources. The prioritisation lists identify assessed level and type of need and provide demographic information about those awaiting resources.

The LASNs also maintain a resource register of all accommodation and support service vacancies available from all member services of the LASN.

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

A core component of these reforms is the widespread adoption of a strengths-based approach to the engagement, assessment and support of clients within the homelessness sector - recognising that every individual has their own strengths and has the right to self determination about their future.

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

The *Opening Doors Framework* introduces, as one response to the current level of demand, the formalisation of a shared responsibility for provision of ‘Interim Response’, provision short term assistance to those individuals/households unable to access the resources that they require. This new service model is undertaken on two levels:

- Interim Response 1: telephone ‘checking in’ with those individuals/households on the prioritisation list, identified as being most vulnerable, and
- Interim Response 2, time limited, task focussed diversionary support or crisis intervention for individuals/households on the prioritisation list. The LASN trialled provision of Interim Response 2 in three catchments throughout 2011/12; developing and refining the model throughout this period. From 1 December 2012 the LASN directed 5% of support capacity to provision of Interim Response 2 across all catchments.

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

The LASNs have a key role in building this trust, through the establishment of open and constructive processes.

The features of the coordinated homelessness service system developed by the LASN include:

- **Accessibility**

- Clear entry points to the homelessness service system through the identification of five local access point services and three outposts (including a pilot outpost in an Aboriginal Community Controlled Organisation), two family violence specific entry points and one youth specific access point.
- Responsiveness at all points of contact: individuals/households presenting at LASN agencies are assisted to access the access point services.
- Establishment of Supported Referral Services: homelessness support services providing assertive outreach to people who are culturally and/or geographically isolated and/or are not yet ready to seek the assistance of an access point directly (Section 7.3).
- Identification of a range of specialist services, including Aboriginal services, taking direct referrals and providing a link for clients to the broader homelessness service system.
- Cross referral arrangements with statewide access point services (Women's Domestic Violence Crisis Service and St Kilda Crisis Contact Centre) and access point services in other regions.
- Cross referral arrangements with the two Integrated Family Violence entry point services in the region (Women's Health West and Berry Street).

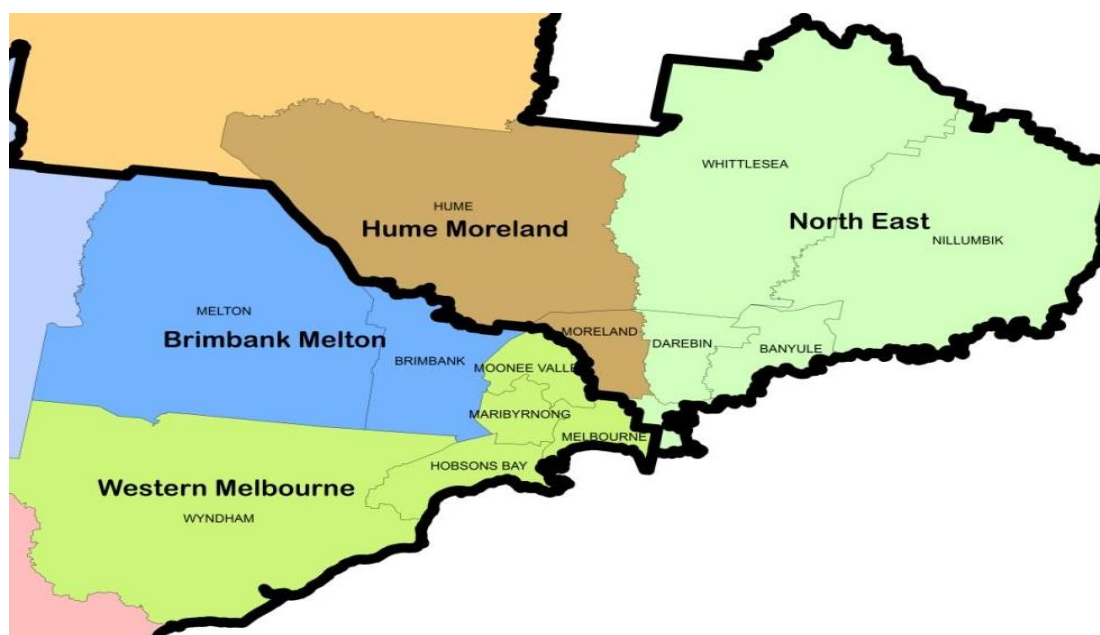
- **Assessment and Referral**

- Implementation of a consistent approach to initial screening and assessment, undertaken at access point services, combined with short term planning, risk assessment and prioritisation for resources.
- Comprehensive assessment to inform case planning with a client is undertaken by homelessness support services after an individual/household has been referred for assistance. This ensures that clients only have to provide in depth details about their situation at the point at which they are working with a worker who has capacity to assist in addressing any issues raised.
- Service vacancies/resources are logged by services on a shared Resource Register utilising a shared prioritisation framework.
- Referral to resources including support and housing is determined by the needs of the clients. Access point staff utilise an agreed prioritisation grid to assist their assessment, incorporating consideration of support and housing need and relative personal vulnerability.
- Referrals to homelessness service system resources are made by the access point services. Access point staff 'best match' those awaiting assistance to a resource vacancy by prioritising those most in need of that particular resource.

- Support providers accept the first eligible referral made by access point services against logged vacancies to ensure timely access to resources.
- **Service system coordination**
 - Sharing of skills and expertise across services.
 - Development of improved service system responses.
 - Shared service system responses to client need.
 - The LASNs monitor and formulate responses to changing needs.
 - LASN agencies share responsibility for service provision to clients and commitment to effective communication between services in the sector.

Section 2: Operating context

2.1 North & West Metropolitan Homelessness Network



The North & West Metropolitan Homelessness Network covers 14 Local Government Areas (LGAs) sitting in four Department of Human Service areas. Four of these LGAs represent four of Melbourne's five fastest growing growth corridors: Whittlesea, Hume, Melton and Wyndham. Eleven of the 14 most disadvantaged LGAs in Melbourne are in the NWMR. 32% of the population reside in these four growth corridor LGAs, which are expected to grow by 55% in the next 12 years.

2.1.1 Demographic information

The areas covered by the North & West Homelessness Network incorporate what is probably the most diverse population in Victoria:

- The combined population of the areas is: 1,525,119 (30% of Victoria);
- Children 0 - 17 years of age are 22% of the area's population (333,535);
- 7,287 Aboriginal/Torres Strait Islander people live in these areas (1/4 of the state's and ½ of Metropolitan Melbourne's Aboriginal population);
- 20% of population born in non English Speaking countries (Victoria 13.3%);
- Half of the refugees arriving in Victoria settle in these areas;
- 10.6% of households in these areas have housing costs greater than 40% of income; and
- Only 10.2% of rental housing is considered affordable (compared with 21.3% across Victoria).

2.2 North & West Metropolitan Homelessness Network: Service System

The North & West Metropolitan Homelessness Network is both multi-faceted and diverse in its responses to people who are homeless or at risk of homelessness. The homelessness service system coordinated by the Network comprises approximately 50 organisations managing over 200 separate homelessness programs, funded to provide assistance to people who are homeless or at risk of homelessness. These programs are all funded through the Department of Human Services with State and joint State/Commonwealth homelessness funding. Services may work with a specific target group, provide a specialised response or may provide a generalist response to people who are homeless or at risk of homelessness.

Homelessness programs are funded to assist people who are homeless or at risk of homelessness to find long term stable accommodation and to address any issues contributing to the stability of their housing situation. Homelessness programs are funded to provide short to medium term s.

Services are primarily funded as Specialist Homelessness Services (homelessness support services, formerly known as Supported Accommodation Assistance Program Services) and Transitional Housing Management (THM) services. **See Part 2 for a description of the funded key service types.**

2.2.1 Specialist homelessness services

Homelessness support services provide a range of case management support programs, including: crisis accommodation and support, transitional support, telephone information & referral, family reconciliation, intensive case management and homeless persons support centres.

The Supported Accommodation Assistance Act (SAA Act) 1994, describes people who are homeless as one of the most powerless and marginalised groups in society. Specialist homelessness services are therefore funded not only to assist individuals/households to access appropriate, stable housing but to address disadvantage and assist them to resolve any issues contributing to their housing situation.

The Act identifies the aim of this support as:

‘To provide transitional supported accommodation and related support services, in order to help people who are homeless to achieve the maximum possible degree of self-reliance and independence. Within this aim the goals are:

- (a) To resolve crisis;
- (a) To re-establish family links where appropriate; and
- (a) To re-establish capacity to live independently of homelessness support.

Responses to their needs should aim to empower them and to maximise their independence. These responses should be provided in a way that respects their dignity as individuals, enhances their self-esteem, is sensitive to their social and economic circumstances, and respects their cultural backgrounds and their beliefs’. (SAA Act; 1994:1-2)

2.2.2 Transitional housing management (THM) services

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

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

- **Initial assessment & planning (IA&P)**- providing assessment of housing and support need, housing information and referral services and, where appropriate, advocacy for households in housing crisis. This includes the management of prioritisation lists of people awaiting access to homelessness resources and referral to homelessness resources.
- **Interim Response 1** - telephone 'checking in' with those people awaiting access to homelessness resources identified as being most vulnerable.
- **Transitional Housing** - provision of medium-term accommodation in which residents enter into an occupancy agreement of a determined period and are subject to the provisions of the Residential Tenancies Act (RTA). THM properties are either owned or leased by the Director of Housing and are allocated to THM agencies.
- **Housing Establishment Fund (HEF)** - provision of financial assistance to households in housing crisis. HEF provides funding to community-based agencies to support people to either access or maintain their accommodation in the private rental market, and also to secure purchased accommodation for people in crisis who are homeless or at risk of homelessness. HEF is provided in conjunction with short term planning negotiated with IA&P staff.

2.2.3 Other programs

A number of pilot programs were funded through the National Partnership Agreement on Homelessness and Victorian Rooming House Taskforce. These programs have generally been funded until 2013 and have been established to meet the objectives of the *National Partnership Agreement on Homelessness*.

In 2012 short term funding was provided to a range of projects aimed at piloting innovative approaches to addressing the priorities of the *Victorian Homelessness Action Plan*.

2.3 Need for homelessness assistance

Estimations of homelessness identify that approximately 32% of those people who are homeless in Victoria are located in the areas covered by the Network:

- The Census 2006 shows that 28.1% of those identified through the Census as homeless in Victoria are in located in these areas;
- Office of Housing new applications for 'priority segments' of public housing in 2008/9 indicate the 35.8% of applicants were in these areas; and
- 31.6% of Commonwealth Rent Assistance recipients paying more than 30% of their income in rent in 2007 were in these areas.

This is borne out by the experience of the homelessness service system:

- In 2011/12, **4,414** new households presented to access point services seeking homelessness assistance.
- From July 2010 - June 2011:
 - Initial assessment & planning services assisted 17,179 households (54,845 contacts);
 - Homelessness support agencies in the NWMR assisted 7,609 clients with 3,976 accompanying children through 12,470 support periods; and
 - 1,697 households were accommodated in transitional housing.

The need for homelessness services far exceeds capacity in the NWMR. The 2010/11 Victorian Homelessness Data Collection data above suggests that:

- just over half of those people presenting to access point services will receive case managed support; and
- just over a quarter of homelessness support clients will be accommodated in transitional housing.

The current reality presents a different picture:

- As of 15 June 2012, there were 3,833 households were awaiting homelessness support and/or transitional housing in the NWMR (this represents 7,298 individuals of whom 2,955 are children).
- From December 2009 approximately 300 new households presented to the homelessness service system seeking assistance each month. In September 2011, this rose to 428 households/individuals presenting to the homelessness service system for the first time. Consistently since then over 400 households present to the five local access points for the first time each month.
- Each month there are approximately 130 vacancies for transitional support, 100 vacancies for Interim Response 2 and 35 transitional housing vacancies.

Section 3: Local Area Service Networks (LASNs)

3.1 Background

Opening Doors encourages the cooperation and coordination of all homelessness services within a local area. The operation of *Opening Doors* in local areas is managed and overseen by Local Area Service Networks (LASNs) across the State, which are made up of the following:

- DHS regional office management and staff
- all homelessness agencies funded as Specialist Homelessness services, Transitional Housing Management (THM) services and the Social Housing Advocacy and Support Program (SHASP)
- the regional homelessness network coordinator/s
- a representative from the Integrated Family Violence Partnership.

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

Originally two LASNs were established: the Northern Homelessness Sub-regional LASN (with a membership of 34 agencies, incorporating over 100 programs) and the Western Homelessness Sub-regional LASN (24 member agencies, incorporating over 50 programs).

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

In December 2012 the LASN members voted to once again split into a Northern LASN and a Western LASN, in order to reflect the newly implemented DHS Divisional boundaries. The LASN members agreed to retain the benefits of having established relationships and a shared understanding across the LASN agencies, by continuing to work together on strategic issues.

3.2 LASN purpose

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

- the promotion of collaborative and cooperative arrangements between member agencies and other service sectors, including specialist agencies
- meeting regularly to share information and undertake key tasks of the LASN
- the maintenance of a real-time local area resource register
- overseeing the ongoing implementation of *Opening Doors* and ensure ongoing adherence to the principles of *Opening Doors*: fine tuning service models, responding to practice/operational issues
- assessing the effectiveness of the homelessness service system for clients and addressing any issues that arise
- working systemically to make recommendations to DHS about appropriate responses to identified gaps i.e. change in agency catchments/targets/allocation of funds/utilisation of funding
- providing a formal DHS and allied sector forum for information sharing and consultation with the homelessness sector
- undertaking networking on behalf of member agencies with allied services to assist in the provision of appropriate referrals and co case management across service systems
- reviewing and improving on practice - to provide a forum for sharing of specialist and localised knowledge amongst member agencies
- building on consistency of practice amongst member agencies
- identifying and collecting data to assist in LASN planning and development
- developing a systemic approach to client feedback and participation
- lobbying and advocating on behalf of clients of the service system
- developing mechanisms for member agencies to report regularly and transparently to the LASN through mechanisms such as collection and presentation of data
- undertaking reviews
- identifying and responding to emerging demand; and
- providing a forum for ongoing relationship management, including dispute resolution.

Since September 2011 the LASN has been managed by the homelessness sector. The DHS regional office attends as a partner in the LASN. The LASNs continue to be the primary formal mechanism for consultation and information sharing between the Department of Human Services and the homelessness service system.

3.3 Monitoring and Development

3.3.1 Service system improvement mechanisms

One of the most positive elements of a coordinated service system is the establishment of shared mechanisms to progress issues and innovations. The LASN, its sub groups and linked sector forums have provided fruitful opportunities for raising, sharing and progressing concerns and developments. Each of these groups works in coordination with the others.

Innovation and Improvement Log

The LASNs and DHS each have a role of dealing with issues that arise about the service system model and in sharing information about innovative practice. The LASNs have established an Innovation and Improvement Log as one mechanism for identifying and tracking further service system development required. The Innovation and Improvement Log pro forma, enables LASN member agencies, consumers and allied providers to record identified systemic issues for further development and/or resolution, and for sharing of innovation practice/strategies. Innovation and Improvement Log items are forwarded to the North West Homelessness Sector Steering Group for consideration and progressing. (See Part 4: Section 16, for a copy of the *Innovation and Improvement Log pro forma*.)

LASN agencies are encouraged to discuss specific issues and problems that arise and attempt to resolve these issues on an agency-to-agency basis, following their organisational grievance procedures if necessary. Issues are only referred to the PAG if they are of a systemic nature.

North West Homelessness Sector Steering Group

The North West Homelessness Sector Steering Group is a group of LASN members, with DHS representation (if available), which monitors the LASNs' Strategic Plan, North West Homelessness Network workplan, convenes and coordinates LASN meetings and manages the LASN infrastructure funding.

Consumer Feedback Group

This LASN working group was formed consider issues relating to consumer participation and feedback practices for the LASN, such as:

- identifying good practice in relation to consumer feedback and participation;
- building consistency in LASN approaches to consumer feedback and participation;
- establishing mechanisms to channel consumer feedback into LASN developmental work.

The Consumer Feedback Group has undertaken client focus groups on behalf of the LASN, developed a Client Participation Guide that draws on inclusive practice across LASN services, delivered a Client Inclusive Practice workshop in partnership with the Australian Housing and Urban Research Institute, undertaken an annual survey of consumers across all programs and established a register of consumers interested in further participation opportunities.

Support Working Group

The North/West Homelessness Support Services Network is a forum for all homelessness support funded service providers in the Network. Its membership is drawn from staff of LASN member agencies who: have experience in providing services to people experiencing, skills in planning, advocacy and problem solving, and an understanding of the *Opening Doors Framework* and the coordinated service system model.

Its main aim is to provide a regular forum for support services to table and discuss strategic and operational issues specific to homelessness support providers in the NWMR.

The group provides:

- a formal forum/mechanism to gather advice, feedback and recommendations to be forwarded to DHS;
- a forum to collectively develop and share common themes/practices as they apply to homelessness support services (eg common/shared language on the Resource Register);
- opportunities to share and develop collective wisdom and good models of practice across the region; and
- feedback and updates to the LASN on items pertaining specifically to the coordinated service system arrangements.

3.3.2 Other coordination mechanisms:

The following mechanisms operate independently of the LASN but intersect with the LASN in progressing issues of shared concern:

North West Homelessness Network (NWHN)

The NWHN is one of eight regional networks across Victoria funded to bring services together to share information, identify common needs and gaps in service provision, and establish close working relationships to promote and assist the best possible response to homelessness within a regional context. Core members are homelessness and family violence agencies funded as Specialist Homelessness Services.

Regional Homelessness Networks provide an opportunity for all Homelessness Assistance Service provider organisations to come together at the regional level in order to improve the responses to people experiencing homelessness in their local communities. Five key functions underpin the operation of the Network: consultation, planning & needs identification, community education/advocacy, development & training and coordination & linkages.

There is a Network Coordinators for the northern metropolitan area and one for the western metropolitan area who undertake the Network activities. The workplans for the Network Coordinators are created and monitored by the North West Homelessness Sector Steering Group.

In 2012 the LASN agreed to combine the strategic plans of the LASNs and Network into one strategic plan, monitored by the LASNs, overseen by North West Homelessness Sector Steering Group and resourced by the Homelessness Network Coordinators.

DHS/Access Point/THM meetings

DHS / THM / Access Point meetings are convened by DHS to:

- provide a forum for discussion of strategic and operational issues in relation to the Transitional Housing Management (THM) and Access Point services.
- provide advice and feedback to DHS, about the operation of THM and Access Point services
- discuss operational issues with a view to developing increasingly consistent approaches and understandings across THM and Access Points
- make recommendations to the LASNs on matters pertaining to the operation of THM / Access Points.

The DHS/THM / Access Point group is not an executive or a decision making body of the LASNs but will make recommendations to the LASNs for consideration.

Integrated Family Violence Mechanisms

Integrated Family Violence mechanisms operate across the two northern metropolitan areas and the two western metropolitan areas.

An Integrated Family Violence System (IFVS) has been operating in Victoria since 2005/6. The IFVS recognises the need for leadership and coordination from government, working closely with sector agencies, to build a stronger system that will reduce family violence over the longer term. The reform relies on strong partnerships between Victoria Police, Human Services, Justice Responses and the family violence service sector.

Key initiatives/programs funded through DHS to provide the IFVS are:

- Case management and intensive case management for women experiencing family violence
- Outreach support for women and children experiencing family violence
- Access to Private Rental Program
- Emergency after hours accommodation for women and children escaping family violence
- Secure refuge responses
- Domestic Violence Victoria
- Domestic Violence Resource Centre
- Statewide services: Women's Domestic Violence Crisis Service; Immigrant Women's Domestic Violence Service; Aboriginal Family Violence Prevention & Legal Service and Victorian Women with Disabilities Network
- Women's & children's counselling
- Regional Integration Coordinators
- Case management and intensive case management for men who use violence against women and children
- Emergency accommodation for men who use violence and are excluded from the home
- Men's behaviour change
- No To Violence and Men's Referral Service.

The Integrated Family Violence Services are provided principally to women and children who:

- are experiencing an immediate crisis,
- are recovering from experiences of violence or abuse, and
- are at risk of being unsafe in the family environment.

The objectives of Integrated Family Violence Services for women and children are:

- To increase safety and wellbeing for women and children;
- To acknowledge and support women to have control over their lives.

The following principles underpin the integrated approach to family violence services for women and children throughout Victoria.

- The safety and wellbeing of women and children is paramount.
- It is the responsibility of the community not the victim to hold men who use violence accountable.
- The approach to family violence is underpinned by a common understanding of the gendered nature of family violence. All funded family violence services must incorporate a gendered analysis and approach to addressing family violence.
- The individual needs of children and the nexus between family violence and child abuse must be recognised.
- A consistent and coordinated approach to women and children should be provided, irrespective of the agency with which they first make contact or the geographic location.
- Flexible services are required to respond to the needs of individual women and individual children whose experiences of violence may differ.
- Intervention strategies with women should be based on an empowerment model, actively supporting each victim's right to self-determination.
- Appropriate and sensitive service responses must be available to all women and children including; Women and children from culturally and linguistically diverse backgrounds. Women and children with disabilities and Women with complex needs.

The following partnership arrangements support the Integrated Family Violence System in these areas:

- The North & West Metropolitan Integrated Family Violence Forum: provides a strategic forum that focuses on advocacy through information sharing and communication and takes action on key topics common to family violence. This group is informed by:
 - the Northern Integrated Family Violence Network; and
 - the Western Integrated Family Violence Committee and their action plans.

This process ensures a strong regional collaborative voice around the identified key priorities arising from the integrated family violence reforms that will inform the state-wide advisory committee with a view to influencing the development of policy change.

The membership includes key representatives from sub-regional integrated family violence governance structure and this includes the Regional Integration Coordinator (RIC) as well as members from Police, Department of Human Services and Department of Justice.

See Integrated Family Violence Governance Structure at the end of this Section.

Lodjbra

Lodjbra is a sector driven network with a membership drawn primarily from homelessness funded Aboriginal services, with participation from DHS and the NWHN Coordinators. Lodjbra members meet bi-monthly with the aims of:

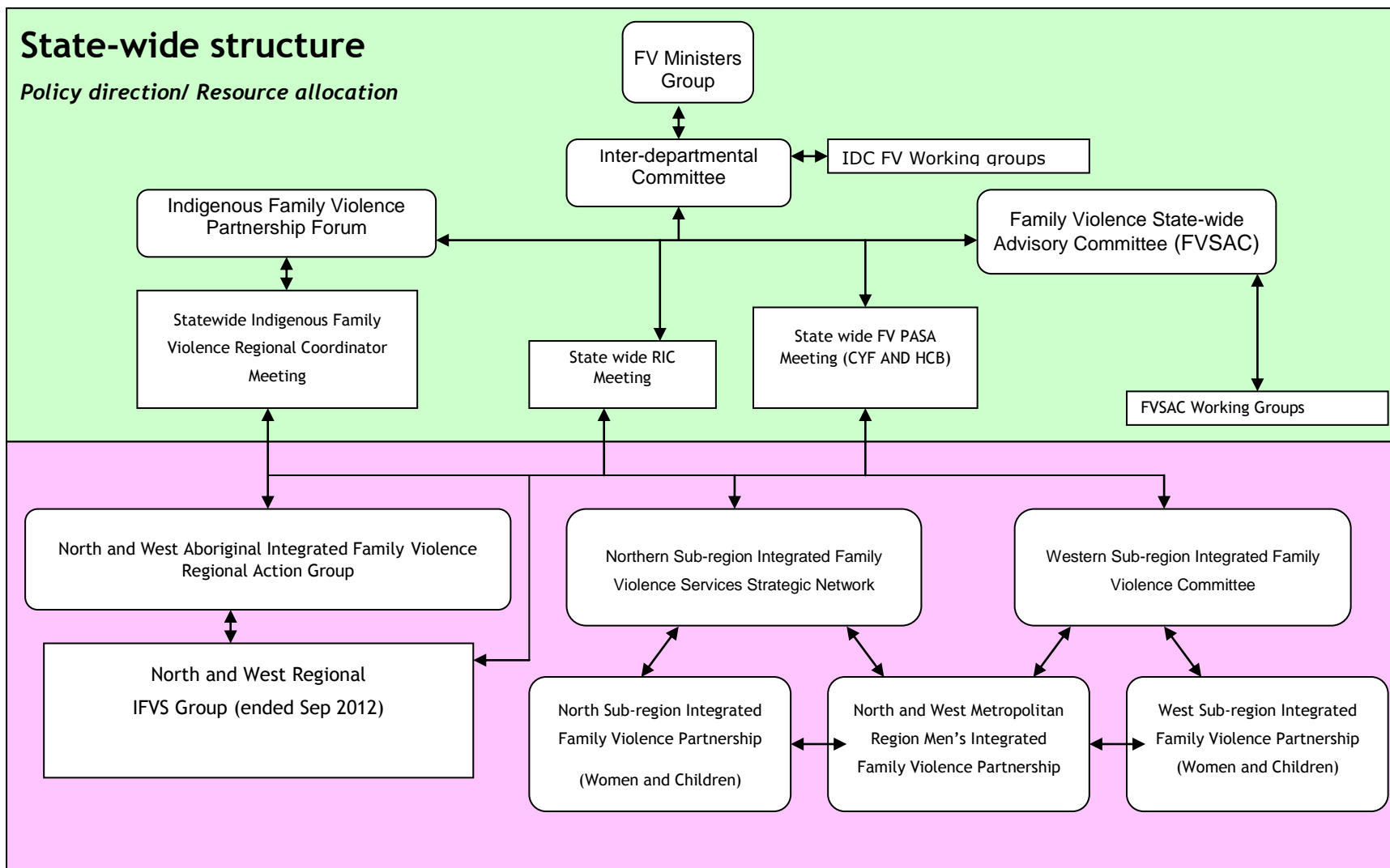
1. Raising awareness;
2. Providing ongoing communication;
3. Representing the needs of Aboriginal peoples' support agencies;
4. Raising and discussing issues in regard to the structural barriers that contribute to Aboriginal disadvantage and homelessness in the region;
5. Advocating for greater equality / equity of access for Aboriginal peoples to resources;
6. Providing workers with a forum to discuss service system reform initiatives and their impacts on Indigenous people and Indigenous homelessness;
7. Advocating to the broader homelessness service system, allied services sector, governments and community groups in order to raise awareness of their social and ethical responsibilities to Indigenous people who are homeless;
8. Highlighting the fact that racism and discrimination are still very much real issues for Aboriginal peoples;
9. Undertaking research / data collection and using our own data to advocate on issues;
10. Identifying training needs of regional Indigenous and mainstream homelessness/support services;
11. Inviting members from other service sectors working with Indigenous people to come along and share information on their programs;
12. Raising awareness in regards to the diversity of Aboriginal peoples and culture;
13. Actively promoting self determination for Aboriginal peoples and organisations; and
14. Providing a venue whereby the DHS and others can consult to establish needs of Aboriginal people who are homeless or at risk of becoming homeless.

3.3.3 Data

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

The LASN continues to monitor available data on need for homelessness resources and on service system capacity, drawing on: Initial Assessment & Planning data, prioritisation list data, Resource Register vacancy reports and Specialist Homelessness Services Collection data. Occasionally the LASNs run a snapshot data collection to investigate particular issues.

State wide and Regional Integrated Family Violence Governance structure



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Section 4: Clients of the homelessness service system

4.1 Eligibility

Homelessness services are funded to provide assistance to anyone who is homeless or at risk of homelessness. (See definitions below).

Participation in homelessness programs is completely voluntary.

4.2 Definitions of homelessness:

Two definitions are used by homelessness services to define homelessness:

a) The Supported Accommodation Assistance Act (1994) identifies that a person is homeless:

if he or she has inadequate access to safe and secure housing.... if the only housing to which the person has access:

- (a) damages, or is likely to damage, the person's health; or*
- (b) threatens the person's safety; or*
- (c) marginalises the person through failing to provide access to:*
 - (i) adequate personal amenities; or*
 - (ii) the economic and social supports that a home normally affords; or*
- (d) Places the person in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing.*

The Act stipulates that this definition includes people who are in crisis and at imminent risk of becoming homeless and people who are experiencing family violence and are at imminent risk of becoming homeless.

b) Developed by two Australian researchers, Chamberlain and Mackenzie (1992) categorises homelessness into three broad areas. These are:

- **Primary homelessness:** People without conventional accommodation, such as rough sleepers, squatters etc.
- **Secondary homelessness:** People who frequently move between temporary accommodation, emergency shelters sleeping on couches etc.
- **Tertiary homelessness:** People who have insecure tenure and who may be staying long term in boarding houses where they do not have private bathroom or kitchen facilities.

4.3 Primary reasons for seeking homelessness assistance

The primary reasons people access homelessness services in these areas are:

- Family violence (twice as many people identified family violence as the primary reason for seeking assistance as any other reason - 35% of support clients and 4% of THM clients)
- Eviction (18% - THM) (NWMR Victorian Homelessness Data Collection reports 2010/11)
- In the NWMR in 2009/10:
 - 69% of support and 55% of THM clients were women
 - 32% of support and 21% of THM clients are 15-24 years of age
 - 26% of support and 30% of THM clients were between 25 and 34 years of age
 - 6% of support and 3% of THM clients are Aboriginal and/or Torres Strait Islanders
 - 58% of support clients and 50% of THM clients are single people
 - 33% are of support clients and 30% of THM clients single people with accompanying children.

4.4 Consent

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

Individuals/households seeking homelessness assistance are asked for informed consent (verbally or in writing) to the transfer of information across the homelessness service system. Consent can be provided to transfer of information across all relevant services or only to specified services.

Consent is updated every six months. Homelessness support providers may seek further consent to sharing of information with allied service providers where this is useful in the context of a case plan.

4.5 Consumer Participation

Since 2010 the LASN has worked on strengthening consumer participation across the service system in order to ensure that client voices are represented in homelessness services and LASN planning and development. This work has included:

- Three consumer focus groups exploring the ways in which consumers would like to be involved in homelessness service delivery and their experience of the coordinated homelessness service system.
- Development of a *Client Participation Guide* that documents and shares consumer participation strategies that are currently in place across the region, so as to assist the homelessness service system to achieve good client participation practices that take into account relevant practice settings and service standards.

- Development of a strategy for ongoing consumer participation in regional service system development - including provision of a consumer survey and creation of a register of consumers interested in further opportunities for participation.

4.5.1 Inclusive Practice Principles

The Consumer Feedback Group developed the following Practice Principles for inclusive practice:

1. The regional homelessness service system values consumers and recognises that it is their right to be self-determining and involved in service delivery.
2. Although fulsome consumer participation strategies may be difficult to implement, homelessness services are committed to making a start towards improved client participation.
3. Opportunities to be involved in homelessness services are available and accessible to all consumers.
4. Homelessness services offer a variety of ways for consumers to be involved.
5. Consumer participation strategies are purposeful and meaningful for clients and the service; tokenistic activities may be discouraging for consumers and the staff alike.
6. Consumers are actively encouraged and supported to be involved in homelessness services, and are assured that their participation and feedback is confidential and will not affect their access to any part of the service system.
7. Homelessness agencies feed back to consumers the outcomes of their involvement.
8. Informal feedback is heard and addressed.
9. Opportunities for consumer involvement are ongoing and regularly reviewed.
10. Homelessness services share their consumer participation strategies and learnings, to the benefit of other service providers and the regional service system.

This consumer participation work is coordinated by the LASN Consumer Feedback Group and is ongoing. (See also Section 3.3.1)

4.6 Consumer rights and advocacy

4.6.1. Consumer Charter

A Consumer charter for community-managed housing and homelessness services guides consumer rights and responsibilities. These rights include the right to:

- Assistance during a crisis or to prevent a crisis;
- Be considered for accommodation and housing based on fair policies;
- Receive help finding and staying in suitable housing on a long-term basis;
- Feel safe;
- Be free from discrimination;
- Respect for culture;
- Respect, dignity and privacy;
- Make choices that will affect their future;
- Participate in decision making processes of organisations providing services to individuals/households.

4.6.2 Peer Education Support Program (PESP)

The Peer Education Support Program (PESP) is a volunteer program that provides people who have experienced homelessness an opportunity to have a powerful voice in decisions that have a direct impact on their lives.

PESP provides members with training, skills and experience in consumer advocacy and homelessness sector policy, including submissions to government, presentations, media interviews, consultations and focus groups with people experiencing homelessness, and more.

PESP can be contacted through the Council to Homeless Persons on 9419 8699.

4.6.3 The Homelessness Advocacy Service (HAS)

HAS is a service to assist clients who have experienced a problem with a Government funded homelessness support or accommodation services. HAS will provide clients with advice on their rights and on how to make a complaint and will provide assistance to progress and resolve complaints.

Free Call 1800 066 256

Email has@chp.org.au

Part 2:

Homelessness Service System Elements

Section 5: Service types

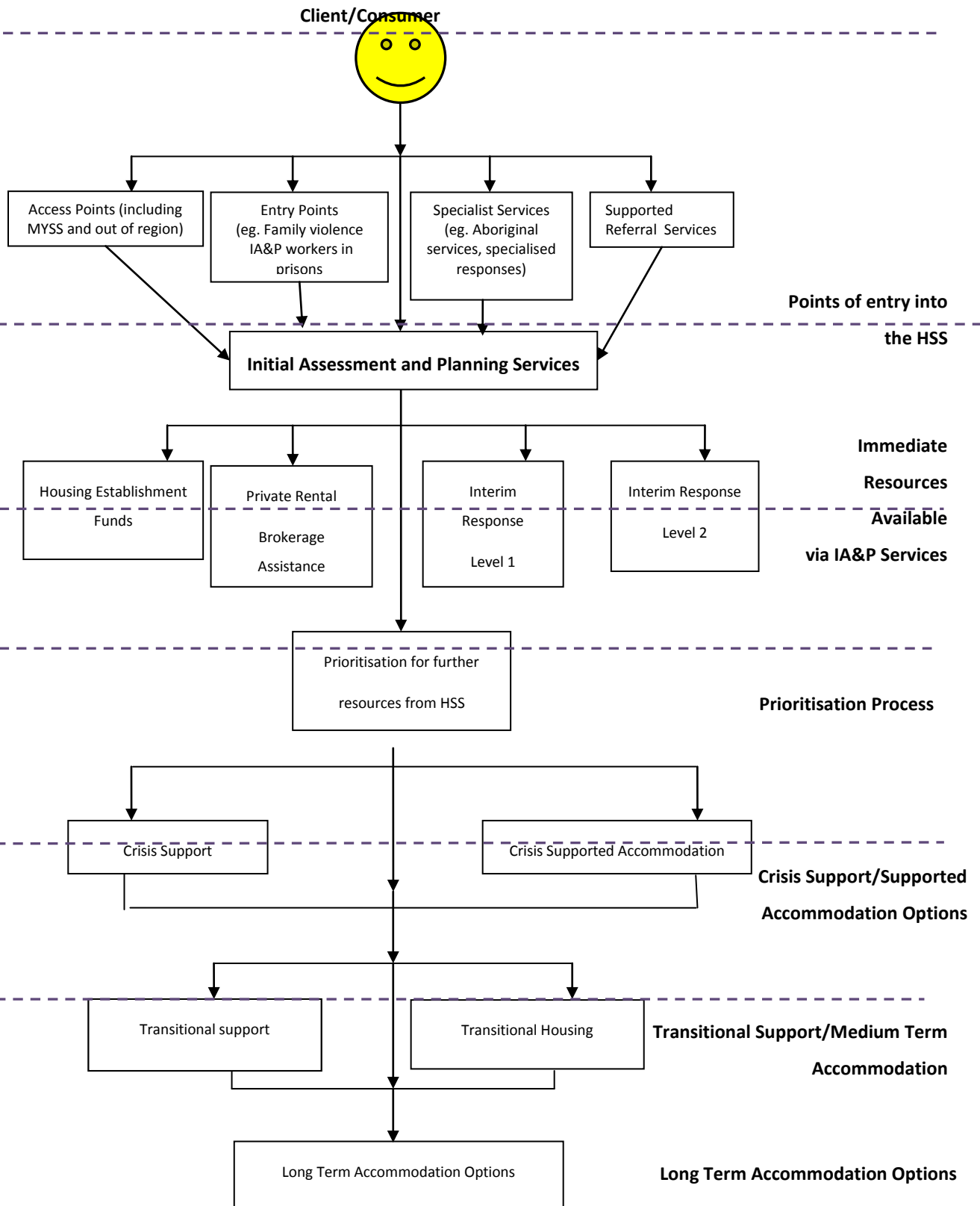
Funded service types	Service responses
<u>Support models</u>	
Crisis support and accommodation	<p>Crisis support - Provision of short term support (average of six weeks) for people in immediate crisis who require intensive support to stabilise their situation in order determine further options for assistance.</p> <p>Crisis supported accommodation (CSA) - Provision of short term supported accommodation (funded for an average stay of six weeks) for people in immediate crisis who require intensive support to stabilise their situation in order to determine further options. In some cases services have capacity to provide some post exit support. Examples of CSAs include youth refuges, women's refuges and the major night shelters. Recent data shows residents of CSAs are supported for an average of 13 weeks.</p>
Transitional support	<p>Transitional support - Provision of a range of supports to people who are homeless and in crisis or in transition from crisis, to assist them towards independence. Services are generally funded to provide support on an outreach basis for an average of 13 weeks. Recent data shows that support is provided for an average of 31 weeks.</p> <p>Interim response 2 - Interim Response Level 2 (IR 2) is a short-term support model that is focused on completing discrete, imperative tasks with the client. IR 2 is intended to divert clients away from the homelessness service system where appropriate (Diversion) or contain acute crises until more appropriate resources become available (Crisis Intervention). Assistance is provided for periods up to six weeks and is negotiated one assist at a time.</p> <p>Family violence outreach services - Services targeted to women and children currently experiencing family violence perpetrated by an intimate partner, other family member or carer. Services include: intake (initial assessment & planning, information, referral and support to women and their children); crisis response (over the telephone or immediate face to face crisis support, 24/7); outreach support/case management; intensive case management; secondary consultation; family violence court support; private rental assistance and counselling.</p>

	<p>Family reconciliation and mediation - delivery of family reconciliation responses with a focus on young people who are newly homeless or at risk of becoming homeless due to family and relationship breakdown.</p> <p>Intensive case management - Intensive support (of approximately six months) to effectively assist people who are homelessness and who have high and complex needs to stabilise their personal circumstances and develop pathways out of homelessness.</p>
	<p>Supported Referral Services - homelessness crisis or transitional support services that actively outreach to people who may be geographically and/or culturally isolated and who may not yet feel ready to contact an access point service. These services offer, in addition to case managed support, short term engagement to either assist clients to divert from the homelessness service system or to provide active and supported referral to the relevant access point for those clients seeking access to homelessness services</p>
	<p>Specialist support services - The LASN has named a range of specialist homelessness services which are services that have developed in response to specific client need. These services accept direct referrals for their case managed support responses and will refer clients to access point services for access to broader homelessness resources. See Section 7.4 for more detailed information about specialist services, which include six Aboriginal homelessness services and a number of services with links to the corrections and mental health systems. These are services that can be defined as:</p> <ul style="list-style-type: none"> • having a specialist focus or being a ‘one of a kind’ service • having a broad catchment area (regional or statewide) • being closely linked to other service systems and/or having clear, direct referral pathways to the service for a specifically defined target group.
	<p>Telephone information & referral - Services providing information, referral and limited counselling for people who are homeless, generally through telephone services. Services include: Women’s Domestic Violence Crisis Service, Melbourne Youth Support Service and St Kilda Crisis Contact Centre.</p>

	<p>Homeless Persons Support Centres - Support, or day centres for people who are homeless; providing meals, living skills, counselling or personal care. Services often also provide facilities for the linked delivery of support by other services or programs.</p>
<p><u>Transitional housing management services</u></p>	<p>Access point responses:</p> <p>Initial assessment and planning - undertaking general assessments (either in person or over the phone) of an individual or households' housing and support needs and personal vulnerability. Support options are discussed with clients and, where possible, immediate assistance of a limited nature is provided.</p> <p>Prioritisation, best-matching and referral to the resources of the HSS -maintaining prioritised lists of all households in need of further assistance from the local HSS. As accommodation or support becomes available, clients are best-matched and referred to each vacancy.</p> <p>Interim response 1 - Telephone contact with those on the prioritisation list, with the aim of monitoring a client's situation whilst they await access to support or housing, clarifying their situation and adjusting prioritisation for resources as necessary. Ideally contact would be weekly or fortnightly for those on the prioritisation list determined as most vulnerable but provision is negotiated with the client based on their need and is determined by capacity of the service undertaking IR 1.</p> <p>Transitional housing management responses:</p> <p>Transitional Housing - provision of medium-term accommodation in which residents enter into an occupancy agreement of a determined period and are subject to the provisions of the Residential Tenancies Act (RTA). Transitional housing properties are either owned or leased by the Director of Housing. These properties give clients a stable base from which to work with a support provider to improve their overall wellbeing and pursue permanent housing options.</p>

<p><u>Brokerage funds</u></p>	<p>Housing Establishment Funds - Brokerage funding to enable financial assistance to households in housing crisis. HEF is provided to community-based agencies to support people to either access or maintain their accommodation in the private rental market, and also to secure purchased accommodation for people in crisis who are homeless or at risk of homelessness. HEF is held by access point services primarily to respond to households in crisis, and by support services, primarily to assist individuals/households to exit to stable, long term housing.</p> <p>Private rental brokerage - funds to assist households to establish or re-establish in the private rental market.</p>
<p><u>Step forward models</u></p>	<p>Longer term support and accommodation services for young people engaged in education, employment and training. Services include: Ladder Hoddle Street, Step Ahead Lion Garden, Step Ahead Youth Precinct, Hope Street Melton and Hope Street Whittlesea.</p>
<p><u>Service support</u></p>	<p>Services funded to undertake capacity building activities to enhance the work of homelessness services. Services include: North West Homelessness Network Coordinators, Children's Resource Coordinators, Family Reconciliation and Mediation Program.</p>

Section 6: Pathways



Section 7: HSS elements developed through the Opening Doors Framework

7.1 Creation of access point services

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

The following are **functions** of the five nominated access point services, undertaken by Initial Assessment and Planning (IA&P) workers.

Tasks include:

- engagement with clients and initial screening
- undertaking initial assessments, including risk assessment
- referral to early intervention responses and active referrals outside the homelessness service system as required
- provision of a level of crisis intervention through allocation of Housing Establishment Funds, referral to emergency accommodation and planning with individuals/households who are currently homeless
- providing housing information and assistance
- short term planning to address immediate homelessness, reduce risk of homelessness and identify options for further assistance
- best matching of services to client need and assessment of need utilising the Prioritisation Grid
- prioritisation, including the management of the prioritisation list
- referral/allocation to resources in the catchments: support and housing resources to clients (e.g. crisis accommodation and support, transitional housing and support, specialist services, SHASP)
- provision of Interim Response Level One ('checking in' / telephone monitoring) within capacity.

The following are **features** of access points:

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

The named access points are:

- HomeGround Services Inc - Yarra and the CBD
- North East Housing Services - Nillumbik, Darebin, Whittlesea and Banyule
- Glenroy Hub/VincentCare Community Housing - Hume and Moreland
- Yarra Community Housing - Melbourne, Moonee Valley, Werribee, Maribyrnong and Hobsons Bay
- SASHS Western Network - Brimbank and Melton
- Melbourne Youth Support Service - for young people
- Women's Health West Family Violence Services - women and children experiencing family violence in the western catchment of the region
- Berry Street Family Violence Services - women and children experiencing family violence in the northern catchment of the region.

7.2 Homelessness support services

There are approximately 200 specialist homelessness programs coordinated by the LASN. These services are predominately funded through the National Affordable Housing Agreement between the Commonwealth and State Governments with the aim of assisting people who are homeless achieve the maximum possible degree of self-reliance and independence, through the provision of case managed support.

The following are functions of the case management support providers:

- engagement with clients
- intake
- detailed ongoing comprehensive assessment of housing and support needs
- case planning and exit planning
- coordination of services with allied service providers
- secondary consultation
- direct services which typically include:
 - information and advice
 - assistance to access transitional housing
 - assistance to access a range of longer term housing and support including applications for priority access to public housing and assistance to access private rental
 - emotional support
 - obtaining income support
 - family reconciliation
 - financial assistance for housing related needs
 - referral to specialist services such as drug and alcohol, gambling, mental health, disability, health
 - advocacy
 - mediation
 - counselling
 - building relationships with community services and supporting clients to establish effective support networks in their community
 - participating in integrated support planning with other agencies and community services
 - handover process with clients to new support providers when clients are moving between services
 - feedback to access point services when the client exits the service.

Features of case management support include:

- Assistance is offered to clients within a variety of contexts such as crisis outreach support services, refuges, crisis supported accommodation services and transitional support services.
- Assistance is offered for various lengths of time, based on the needs of the clients and the funding arrangements of particular services.
- Case managed support in crisis support and crisis supported accommodation services is funded for an average of six weeks with a high ratio of staff to clients (generally 1 worker: 6 individual clients or 5.5 households when assisting families).
- Transitional support is funded for an **average** of thirteen weeks with a higher number of clients supported by each worker (1 worker: 12 clients when supporting individuals and 1 worker: 7.5 households when assisting families). Transitional support is generally provided on an outreach basis: clients may be residing in temporary situations (e.g. a rooming house), exiting crisis accommodation (e.g. refuge), or in transitional housing. Support may be offered from an office base, the client's residence or an agreed venue.
- Interim Response 2 (IR 2) is funded for an average of four weeks. Agencies submit the minimum number of new IR 2 clients that they will assist each week and agency targets are calculated accordingly.
- Services providing case management support place notices of all resource vacancies on the Resource Register, including the specific details of the available resources, to assist the IA&P workers from access point services to make appropriate allocations.

The LASNs have not markedly changed the role of homelessness support providers in the homelessness service system. The primary changes for homelessness support services have been:

- Inclusion of information about service and their vacancies on the Resource Register, including eligibility criteria and characteristics of available resources.
- Support providers accept the first eligible referral from the nominated access point(s).
- Provision of feedback to access point services if the situation changes for a client who is awaiting access to further homelessness resources through the prioritisation processes. This is done through faxing through the Post Referral Feedback Form.
- Changes to the use and management of HEF, including advertising the availability of HEF monthly on the Resource Register to enable access by those homelessness support providers not in receipt of HEF. (See Section 7.7 for more detail on HEF arrangements.)
- The creation of three new support functions to enhance access to the service system for clients and to better direct limited homelessness support capacity: Supported Referral Services, Specialist Services and Interim Response 2. (See Sections 7.3 - 7.5)

7.2.1 LASN statements on support practice

The LASN has provided direction on the practices of support services in assisting clients to access housing (June 2010) and in avoiding discriminatory and exclusionary practices (September 2010):

Role of support services in assisting clients to find housing:

The Supported Accommodation Assistance Act identifies that practical assistance and support provided by homelessness support services may include assisting people to *maintain or access safe, sustainable housing* and/or, other related needs, including:

- achieving a healthy lifestyle (by referral to health services, assisting with personal hygiene, food and nutrition, or helping in finding recreational opportunities)
- emotional support, parenting or relationship development, life skills and cultural or religious needs
- obtaining income support, legal advice, education, training and employment
- *obtaining appropriate long term accommodations (by assisting with Segmented Waiting List applications, helping the person to negotiate in the private rental market, to re-locate or to re-establish)*
- debt repayment agreements with utility or housing providers (by helping the person negotiate these agreements). ²
- assist clients to retain or re-establish connection to community.

The Homelessness Assistance Program Guidelines state:

Homelessness assistance services are responsible for ensuring that individual clients and families are provided with assistance to access long term housing through the private rental market where appropriate including:

- Assisting clients to make applications for private rental accommodation;
- Providing letters of support where required³;
- Providing an advocacy role on client's behalf to real estate agents;
- Assisting clients to make application for Bond Assistance where appropriate; and
- Providing financial assistance through the provision of HEF. ⁴

Summary

Assisting clients to access long term housing options is a clear component of the homelessness support role. THM services can assist with access to emergency accommodation for people who are homeless and can provide a level of housing information and referral to those people who are not receiving assistance from the broader homelessness service systems. THM services may be in a position to provide a level of secondary consultation about submission of early housing applications. THM services can also assist with referrals to transitional housing.

² Homelessness Assistance Service Standards, Section 3.3.7

³ Whilst the Guidelines indicate that support services will complete support letters for private rental where required, it is acknowledged that it is up to the discretion of agency staff to determine whether this is appropriate.

⁴ Homelessness Assistance Program Guidelines and Conditions of Funding, 2006 – 2009, 4.5.1

Avoidance of exclusionary/discriminatory practice

The *Opening Doors Framework* identifies that:

Agencies sometimes exclude or 'ban' people from services for a range of behaviours that agencies and workers find difficult, challenging, uncooperative or noncompliant.

Challenging behaviours are often either a result of homelessness, or an obstacle to securing safe housing. They arise from several factors, including emotional and physical stress, mental health issues, substance use and acquired brain injury. Challenging or noncompliant behaviours can make a person extremely difficult to help. Yet these are the very people at the highest risk of further harm if excluded from assistance. They remain trapped in homelessness, developing more complex support needs and further antisocial behaviours in order to survive.

Working with challenging or noncompliant behaviours is one of the most difficult aspects of homelessness assistance. It requires specialist skills, training, perseverance, excellent supervision, access to secondary consultation support and, as complex needs projects show, highly effective case coordination. Without underestimating the real difficulties posed by duty of care to other clients, staff and the community, it is essential that services and workers do not systematically exclude people with challenging behaviours.⁵

The LASN agreed in September 2010 to adopt the following good practices, as outlined in the *Opening Doors Service Coordination Guide*⁶.

Violent or aggressive behaviour - actual or feared

Consumers who behave aggressively towards workers have sometimes been banned from an agency or local area. Worker/agency perceptions of consumer behaviour and intention vary widely - one may be able to cope with the sort of behaviour that another could not tolerate.

A cross-target agency working with a woman leaving a violent partner may refuse to work with the male partner as they assess that his presence in the agency poses a risk to the woman. However, if there is no other homelessness service in that area, the man must travel for assistance or go without.

An agency that provides shared housing may refuse to house a person who poses a risk of violence to other consumers. The perception of risk may be very broad, such as all people with a mental health diagnosis or all people with a serious drug or alcohol issue, or may be based on past experience with that person.

Good Practice Signpost: All homelessness workers, particularly at Access Points, need to be trained in managing aggressive behaviour and need to have access to high quality supervision. Give people the benefit of the doubt and base decisions on actual events rather than possible problems.

⁵ (Opening Doors Framework, p. 4)

⁶ Opening Doors Service Coordination Guide:
Attachment 10: Unacceptable and discriminatory exclusion practices

Intoxication

People who are intoxicated (alcohol or drug) might be evicted or asked to leave housing, especially shared housing such as refuges and crisis accommodation, and may be banned from coming into some agencies. This is usually because of an assessment of increased risk of violence. Sometimes it is more a value judgement by workers, for instance that the person should be trying harder to abstain from using drugs and alcohol. Some people with mental illness may be caught up in this exclusion if their behaviour is perceived to be due to intoxication.

Good Practice Signpost: Intoxication is a common situation in the homeless population, especially before people settle into housing, so agencies need to have policies that include rather than exclude people in this condition as far as possible. If a person is intoxicated to the extent that they cannot manage the interview, they should be followed up when they are sober.

Criminal behaviour such as drug dealing, assault, theft

People might be evicted from shared accommodation if they commit crimes. Others may be excluded if they have a criminal record, especially of sex offences against children.

Good Practice Signpost: It should not be general practice to ask a person their criminal record. If there are known risk factors, safety planning should take them into account. Where shared accommodation is not suitable, other options need to be sought. Evictions should only be for breaches of the Residential Tenancies Act.

Specific target groups

An agency may add an extra condition to access for a highly sought after resource. This is often in the belief that it will mean a better outcome from the use of that resource. For example, an agency will only nominate young people who are still at school into their youth designated THM properties although this is the only THM property available. Young people who are out of school may only have access to the lower quality accommodation options of caravan parks or rooming houses.

Good Practice Signpost: Local Area Service Networks decisions on resource targeting must be based on increasing rather than constraining access. Resource targeting needs to be based on evidence and take care not to leave another part of the client group without an option.

Being from outside the area

Proof of a 'link to the region' has sometimes been important when assessing for resource eligibility in the belief that local resources should be targeted to local people, and/or that people have a greater risk of failing if they are housed in unfamiliar surroundings. However, many homeless people have no connection to any particular area and others may be looking for a new place to make a fresh start away from old trouble.

Good Practice Signpost: Provide a service regardless of area of origin and, when possible, check which other agencies may already be working with the consumer so that work isn't doubled up or confused.

LASN Decision April 2011: The LASN agreed that assistance provided is based on the area in which a client wants to be assisted. Services are funded to operate within specific catchments but not to provide services only to clients from within those catchments. Clients can identify geographic areas in which they have links and this is a component of ‘best match’ but does not limit eligibility for service.

Failure to accept support

This can also be called ‘failure to engage’. It can be made a condition of being housed that the person agrees to work with a support agency and that they continue to do so. This is because better outcomes are generally achieved by supported tenants and, sometimes, because supported tenants are usually ‘better behaved’ tenants.

Good Practice Signpost: *Effort needs to be made to understand why someone is refusing support as they may have very good reasons that can be addressed. It is also everyone’s right not to have a support worker even if this seems unwise to others. Local Area Service Networks and agencies need to consider ways of offering housing options to homeless people who do not want the accompanying support.*

Unwilling to work on their support issues

Similarly to the above, a person may be excluded from homelessness assistance accommodation if they do not demonstrate their willingness to address the problems that the assessing agency believes has caused their homelessness. This is sometimes described as not being ‘housing ready.’

Good Practice Signpost: *Many homeless people may fall into this category but they are all eligible for services. It is certainly true that some people are more amenable, personally likeable and ready to change but this cannot be the basis for choosing or refusing.*

Support needs assessed as too high

Agencies may refuse to support a person whose needs they assess as so high that they feel unable to work effectively with them. This may also be due to a feeling that the person is more rightly a consumer of another system - mental health, drug and alcohol, etc.

Good Practice Signpost: *Homelessness workers may have to initiate co-case management with relevant support providers so that the consumer can receive a fuller range of the services they require and so that the homelessness worker can concentrate on the housing aspects of the consumer’s needs and risks. Local Area Service Networks can assist by developing protocols with commonly overlapping services.*

7.3 Supported Referral Services

The *Opening Doors* arrangements incorporate the identification of a small number of clearly identifiable access points to the homelessness service system. To contribute to the accessibility of the service system across such a large geographic area, the LASN determined that a number of homelessness support services, which assertively outreach to clients, will operate as a first point of contact for people who may be geographically and/or culturally isolated and who may not yet feel ready to contact an access point service. These services, identified as Supported Referral Services, offer short term engagement to either assist clients to divert from the homelessness service system or in order to provide an active and supported referral service to the relevant access point for those clients seeking access to homelessness services.

The LASN developed two criteria to be used to determine whether a homelessness support service would be a supported referral service for clients:

1. **Isolation** - where the homelessness support service currently provides assistance to clients who are geographically or culturally isolated, and
2. **Assertive Outreach** - where the homelessness support services, due to current pathways or specificity of target group, responds to people before they enter the homeless service system by assertively outreaching to people who are homeless.

Homelessness support services nominated by the LASN to be Supported Referral Services continue to register their case management support vacancies on the resource register and receive referrals from the access points for these support vacancies.

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

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

The **features** of Supported Referral Services are:

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

See Section 8.3 for a list of LASN Supported Referral Services.

7.4 Specialist services

The range of programs available to people who are homeless or at risk of homelessness in the NWMR include a number of specialist homelessness services that have developed in response to specific client need or with a specialist program focus. These services provide a highly valuable role within the homelessness service system in the Region.

7.4.1 Description

These are services that can be defined as:

- having a specialist focus or being a ‘one of a kind’ service;
- having a broad catchment area (regional or statewide);
- being closely linked to other service systems and/or having clear, direct referral pathways to the service for a specifically defined target group.

This role is closely aligned to, but not the same as the role of the Supported Referral Services named by the LASN. Consequently numbers of these services are also Supported Referral Services, providing assertive outreach, and assistance to clients to make contact with the access point services, in the Region.

In each case these services will primarily take direct referrals rather than receive referrals exclusively from the access point services in the Region.

These services are identified as ‘allied’ for the purposes of the Resource Register. Consistent with regional arrangements, each of these services will register on the NWMR LASN Resource Register outlining the eligibility for their services.

These services log vacancies on the Resource Register in order to ensure their data is collated for reporting purposes. Specialist services also have the option of taking direct referrals (and therefore not naming an ‘access/entry point’) or taking direct referrals and logging some vacancies on the Register that a named access point/s can refer to.

Numbers of these services also provide secondary consultation for other homelessness services.

If specialist homelessness services are assisting clients who wish to access further resources of the homelessness service system (such as transitional housing or case managed support) the service can forward an assessment to the relevant access point service as a precursor to inclusion of the client on the prioritisation list for resources. (See Section

See Section 8.4 for a list of LASN Specialist Services.

7.5 Interim Response

The *Opening Doors Framework* requires that LASNs incorporate a formal and coordinated interim response capacity into their homelessness service system. Interim response is a strategy to provide service continuity to people seeking assistance when there are no resources, or only inadequate resources, available. LASNs are required to share responsibility for clients needing this type of assistance.⁷

The term 'interim response' formalises and makes systemic the provision of short term case management undertaken prior to implementation of *Opening Doors* by most homelessness support services.⁸

The main functions of interim response are: remaining engaged with the individual/households who have been assessed and are awaiting housing and/or support and monitoring their situation for any changes and/or assisting at-risk clients to prevent homelessness.⁹

A 2009 review of Interim Response further refined the definition of interim response by identifying two levels of response: Interim Response 1 and 2. Building on this, the LASN has targeted interim response in the following ways:

- **Checking in** with service users on the prioritisation list to let them know they are still on the list and to determine whether their circumstances have changed (Interim Response 1)
- **Diversion** - short term assistance to help a client maintain current housing or access housing and so prevent the need to enter the homelessness service system (Interim Response level 2)
- **Crisis intervention** to provide assistance to clients to avoid an escalation of their crisis whilst awaiting access to support/housing (Interim Response level 2)

7.5.1 Interim Response 1 (IR 1)

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

Interim Response 1 is currently undertaken by all access point services, dependent on capacity and by a number of youth support providers operating in the western areas.

⁷ *Opening Doors Framework* (DHS, July 2008)

⁸ Pre implementation data shows that nearly 50% of all clients assisted by the homelessness service system in the North West Metropolitan Region were assisted for more than one day and less than two weeks.

⁹ *Opening Doors Interim Response Review, Final Report*, April 2009, p.3

Interim Response 1 is a telephone based response. Access point providers do not have capacity to provide Interim Response 1 to all individuals/households on the prioritisation list but prioritise those identified as most vulnerable. When access point providers are short staffed or demand for IA&P assistance is unusually high, staffing resources are directed away from Interim Response 1 to provision of direct IA&P assistance.

7.5.2 Interim response 2 (IR 2)

Interim Response Level 2 (IR 2) is a short-term support model that focuses on completing discrete, imperative tasks in partnership with clients of the homelessness service system. IR 2 is intended to either divert clients away from the homelessness service system where appropriate (Diversion) or contain acute crises until more appropriate resources become available (Crisis Intervention).

The LASNs' IR 2 model was developed in recognition of the disparity between the demand for homelessness assistance and capacity of the homelessness service system to respond to this demand. IR 2 is designed to increase the numbers of people that can be meaningfully assisted by the homelessness service system, and prevent the escalation of need by providing timely assistance.

Working groups and organisations piloting provision of IR 2 for the LASN have developed the following Practice Guidelines to support implementation of IR 2 by the LASNs.

IR 2 is only undertaken by those services that are able to dedicate enough resources to its provision that it can constitute a discrete service element within the agency. This helps to ensure that the IR 2 model is robust, targeted and specialised. IR 2 is provided as part of a coordinated homelessness service system response and is based on effective communication and coordination between access point services and IR 2 providers in responding to client need.

IR 2 is provided for a discrete task area, as identified by worker and client, during an initial assessment at an access point service. As the types of activities undertaken in diversion or crisis intervention are often similar (even though their aims are distinct), IR 2 pilot providers undertake both response types.

IR 2 is flexibly provided, dependent upon the type of assistance required by the client. It may be office or outreach based, specialist or generalist, and of a varied length of time. It is also a timely model with the capacity for immediacy of response, particularly for those clients who require crisis intervention.

IR 2 is task based. The number of contacts and time spent with clients are negotiable in order to ensure the completion of the tasks identified by the Access Point. A single IR 2 support period should not extend beyond six weeks.

IR 2 is distinct from case management responses. This may be achieved by out-posting an IR 2 worker at an access point, designating one worker to provide IR 2 or providing IR 2 at a certain times. Provision of IR 2 may lead to identification of a broader range of assistance that would benefit the client. This information is forwarded back to the access point service in case future assistance becomes available for the client.

Nature of the Response

1. IR 2 is provided as part of a coordinated homelessness service system response and relies upon regular communication and coordination between access point services and IR 2 providers working together at the catchment level.
2. IR 2 is provided for a discrete task area, which has been identified by IA&P staff member and the client during an initial assessment at an access point service. IR 2 focuses on immediate, short-term goals which will have immediate impact on a client's situation. It is provided in the absence of capacity for holistic case management, or where a client may be purposefully assisted by a response of limited time and intensity.
3. An IR 2 response is used to divert clients away from the homelessness service system, where appropriate (Diversion), or contain clients' acute crises until more appropriate resources become available (Crisis Intervention).
4. Referral to IR 2 can be one element of initial planning work undertaken by IA&P staff. This planning may include identification of clients' short-term goals or needs, and the allocation of resources, such as HEF to meet these needs.
5. Clients who are assessed as being eligible for IR 2 vacancies are offered this assistance. It is up to the client whether or not they wish to be referred for IR 2 assistance.
6. Where possible, IR 2 is provided in one contact between a client and support provider, and over no more than six contacts. The number of contacts is negotiated with the client throughout the support period.
7. Provision of IR 2 may lead to identification of a broader range of homelessness assistance that would benefit the client. This information is forwarded back to the Access Point service so that the client can remain on the prioritisation list for additional assistance.

Capacity

The LASN has committed to allocation of 5% of support capacity to IR 2.

8. In March 2012 the LASN made a decision to direct 5% of all support capacity to provision of IR 2. In August 2012 the LASN endorsed these Practice Guidelines on the basis that regionwide provision of IR 2 is evaluated between January and June 2013.
9. IR 2 is undertaken by those services funded to deliver crisis and transitional support in the LASN, which are able to dedicate enough resources to its provision, that it constitutes a discrete element of their service. This is to ensure that the IR 2 model is robust, targeted and specialised. Learnings from the IR 2 pilot suggest that a team of 4-5 staff could manage four new IR 2 clients per week.
10. Other LASN services have the option of nominating to undertake IR 2.

11. IR 2 is provided within the existing operational hours of the support provider.
12. Before delivering IR 2, providers specify the weekly capacity (in terms of new IR 2 clients supported per week) that is to be directed to provision of the response, to facilitate approximate prioritising for this response at access point services.
13. Provision of IR 2 across each catchment is negotiated between the relevant access point provider and the IR 2 providers in that catchment. This process will ensure:
 - an appropriate spread of target group responses;
 - a balance between diversion and crisis intervention; and
 - a spread of IR 2 availability through the week.
14. Demand data suggests approximately twenty per cent of IR 2 capacity is directed to clients needing a diversionary response. The remaining eighty per cent of IR 2 capacity constitutes crisis responses.
15. DHS negotiates service targets with IR 2 providers in order to reflect the level of capacity that is directed to undertaking IR 2. The average duration of support negotiated for IR 2 assists is four weeks. The target is calculated by multiplying by the number of new IR 2 assists each week multiplied by 13 (the number of 4 week assists in 52 weeks) to establish an annual target.

Models

16. There are several models for provision of IR 2:
 - a. **Provision of crisis intervention - co location with access point service**
 Support service makes a worker available at the access point at certain times during the week. The worker is then available to respond to clients in need of crisis intervention by either visiting clients HEF'ed into emergency accommodation or providing appointments at the access point. Workers can undertake IR 1 (telephone checking in with those individuals/households on the prioritisation list) when not required for crisis intervention.
 - b. **Provision of crisis intervention - not co-located with an access point service**
 The support service makes a worker available for any crisis support during the period of time designated by the agency. The worker would be available to pick up referrals immediately and to provide outreach based support - particularly to individuals/households provided with financial assistance to obtain emergency accommodation.
 - c. **Co-location with access point service for initial appointment**
 Support service makes a worker available at the access point service at certain times during the week. IA&P staff can then pre-book IR 2 clients for designated appointment times. Follow up appointments can be at the access point, outreach based or at the support service. IR 2 workers can assist with IR 1 when not required for appointments (telephone checking in with individuals/households on the prioritisation list).

This model provides a level of continuity for individuals/households who have already found their way to the access point and avoids them having to find their way to another service. This model lends itself primarily to assistance with diversion from the homelessness service system and for crisis intervention not requiring an outreach capacity in the first instance.

d. Outreach based

Support services receive referral and contact client within 24 hours to arrange a location to meet that suits the client. This is useful when assisting a client to access private rental or orientate to a local area, when actively supporting clients to access allied services or when visiting clients in emergency accommodation.

e. Support service based for the first appointment

Support service offers a number of appointments each week at the service. This model is productive if the support provided requires access to telephones and computers i.e support will involve writing support letters and completing applications. Ideally office based IR 2 would be provided at the access point and would not be offered in isolation of outreach based or co-located assistance as it limits client choice in the type and location of support.

17. IR 2 remains distinct from case management responses. When configuring the staff group support services may opt to:

- designate one worker as an IR 2 worker,
- rotate IR 2 referrals amongst staff; or
- roster staff on to particular days/hours each week, for IR 2.

Responsibilities of Initial Assessment and Planning (IA&P) Services

Assessment and prioritisation

18. IA&P staff members know how much IR 2 capacity is available in their catchment each week. This enables staff to anticipate how many clients and which type of client issues will be prioritised for referral to IR 2.
19. It will not be possible to provide IR 2 to all clients on the prioritisation list, and it is not practical to waitlist clients for this response. IR 2 is targeted to those people for whom diversion or crisis intervention is purposeful and timely.
20. If, during initial assessment/planning processes, or subsequent contacts with the access point service, the client or client and worker identify a task/level of short term assistance that would assist the client to divert from homelessness, or would reduce their level of crisis, the option of an IR 2 referral will be discussed with the client immediately. If a referral can not be made directly to IR 2 the IA&P worker will provide a copy of the *Short term assistance information sheet* describing the possibility of a referral to IR 2.
21. IR 2 is described to clients as 'short term assistance' to complete specific, pertinent tasks. The aim of IR 2 support and the specific task(s) for which the client requires assistance will be explained (in order to ensure that IR 2 is targeted and contained) and clients will be advised when an IR 2 worker will be contacting them. The IA&P worker will also explain the roles of the access point service and the IR 2 provider, in order to ensure continuity for clients and reiterates that information passed between the access point and support service will remain confidential.
22. The client will be provided with a copy of the *Short term assistance information sheet* (see Part 4, Section 16: Forms and Tools). The IA&P worker will review the description of IR 2 that is included in the *Information sheet*. Learnings from the IR 2 pilot suggest that it is very important to reiterate that IR 2 is provided when no other support option is available and that it may be only one-off assistance.
23. When the worker and client have negotiated a key IR 2 task the task is written on the client's copy of the *Short term assistance information sheet* and the client signs their agreement to a referral.

Referral

24. The task(s) to be completed during the IR 2 support period, and whether the assist is for crisis intervention or diversion, will be noted in the referral to the provider. The IA&P worker will identify any short term planning goals/arrangements negotiated with the client.
25. The IA&P worker will fax/email the standard IA&P referral form to the support provider with the IR 2 fax cover sheet (see Part 4, Section 16: Forms and Tools) and a copy of the client's *Short term assistance information sheet*.

Feedback and handover processes

26. Following receipt of a post-referral feedback form, IA&P staff will update a client's SHIP assessment, to document the IR 2 tasks that have been completed and any new information that affects the client's prioritisation for further resources.

Responsibilities of the Support Provider

Logging vacancies

27. Each week the *number of vacancies for new clients* or *available hours for new clients* will be logged on the resource register by each support provider. This capacity will only reduce from that initially identified by the provider agency as a result of exceptional circumstances in that agency. The agency will advise the Access Point service of any such circumstance.
28. IR 2 and case management vacancies need to be logged as separate resource types on the resource register ('Interim Response' and 'Crisis Support' or 'Transitional Support' respectively). This will assist referrals and data collection.

Provision of assistance

29. Support services not co-located with the access point service, confirm receipt of a referral with a faxed/emailed IR 2 referral confirmation.
30. In order to ensure continuity for clients, the staff member providing IR 2 explains their agency's relationship to the referring access point service (in the context of the coordinated homelessness service system) and the short-term, task-focused nature of the IR 2 response.
31. IR 2 providers have the capacity for immediacy of response, particularly for those clients who require crisis intervention. The IR 2 provider will contact the client within 24 hours of receiving a referral. Ideally those services providing crisis intervention will co-locate with the access point service in order to provide a timely response. Co-located crisis intervention workers can assist with provision of IR 1 (telephone checking in with those clients on the prioritisation list) when not actively providing crisis intervention responses.
32. An IR 2 provider not co-located at the access point may begin their assistance by phoning the client to introduce themselves, reiterate their role and organise a suitable venue to meet.
33. IR 2 is flexibly provided, dependent upon the type of assistance required by the client. It can be office or outreach based, specialist or generalist, and may involve between one and six meetings with the client.
34. IR 2 is task based. The number of contacts and time spent with clients are negotiable in order to ensure the completion of the tasks identified by the access point service; however a single IR 2 support period should not extend beyond six weeks. A client is initially referred for one appointment. Further appointments are negotiated with the client one appointment at a time, as needed.
35. The need for the client to remain on the prioritisation list for additional homelessness assistance will be negotiated with the client throughout the IR 2 support period.
36. Provision of IR 2 to young people is informed by the document 'Interim Response Two: Working with Young People,' which was developed by the Regional Youth Homelessness Consultative Committee.

Feedback and handover processes

37. IR 2 providers will use the 'Post-referral feedback form' and IR 2 fax cover (Attachment 4a) sheet to communicate with the relevant Access Point service. This form should be used to inform the Access Point of the tasks that have been achieved during IR 2, identify any additional tasks that would significantly assist the client or new information that directly affects the client's prioritisation for additional resources.
38. If a client is referred to case-managed transitional or crisis support whilst receiving IR 2, and if it is relevant to do so, the IR 2 provider undertakes a brief handover process with the new support provider.

Data collection

39. For the purposes of the new Specialist Homelessness Services Data Collection (SHSC), once the IR 2 task(s) have been completed, the support provider will designate that the reason support of the client ended is 'maximum support period met.'
40. IR 2 providers will collect quarterly information about the number of new IR 2 clients supported per quarter in the Specialist Homelessness Data Collection. (See 'Guide to Creating a Housing Prioritisation Profile' including use of the prioritisation grid to record Interim Response 1 and 2 clients supported by homelessness support services - Part 4, Section 16; Forms and Tools.)

Practice Examples

Diversion

For people whose experience of homelessness can be prevented or ended through an IR 2 response.

The aim of this response is to divert clients away from the homelessness

Crisis Intervention

For people whose living situation can be made safer or more stable through an IR 2 response.

The aim of this response is to contain acute crises until additional homelessness

Potential Task Areas

Referral to allied services

- Supported referral to a variety of services that respond to a client's identified needs;
- Undertaking integrated planning with allied services;
- An IR 2 support may end with referrals to allied services that may be able to provide ongoing/specialised assistance to the client;
- Following up on appointments made by IA&P workers.

Support with financial or employment issues

- Actively supporting client to access income support, job networks or employment. This may involve organising and attending appointments with the client;
- Facilitating access to material aid or brokerage;
- Liaising with financial providers to assist in negotiating altered payment terms for debt;
- Providing budgeting support and active referral to financial counsellors.

Communication and Information provision

- Liaison with real estate agents, public housing offices, creditors, schools, Child First, child protection, Centrelink, police or lawyers in order to assist a client to negotiate access to services or to negotiate new arrangements that will assist the client to avoid homelessness or reduce their state of crisis.

Independent living skills

- Orienting a client to a new area;
- Facilitating better community linkages;
- Checking-in with clients in emergency accommodation;
- Linking individuals/households in with living skills programs.

Strategies to Contain IR 2 from Case Managed Responses

One of the challenges that interim response providers encountered in the *Opening Doors* pilot was maintaining the distinction between IR 2 and case managed responses. The separateness of these two support types is important in order to ensure that clients' expectations aren't mislead, to maximise the usefulness of the task-based model, and to avoid compromising the region's best-matching system or transitional support capacity. The following strategies are in place to assist in containing the length and intensity of support provided to their clients:

- IA&P workers and IR 2 providers use consistent language to describe IR2 to clients.
- IR 2 is described to clients as 'short term assistance to do (specific task).'
- Clients agree that this short term assistance will be helpful to them before the referral is made.
- Each client referred to IR 2 receives a copy of the *Short term assistance information sheet*, which documents the task(s) with which they will be assisted.
- IR 2 and case management vacancies are logged separately on the resource register (as 'Interim Response' and 'Crisis Support' or 'Transitional Support' respectively).
- IR 2 is negotiated with the client one assist at a time.
- IR 2 providers only work with the client on the specific task(s) noted on the referral. If other urgent needs become apparent, these should be documented on the post-referral feedback form, so that the Access Point can prioritise the client for additional resources as appropriate.
- Access Point services will only re-refer a client for IR 2 support when the repeat client is best-matched to an IR 2 vacancy.
- Access Point services and IR 2 providers ensure that all new staff members with IR 2 responsibilities are appropriately trained to deliver this response.
- Access Point services, IR 2 providers and Community Programs - Housing meet quarterly to discuss and develop the pilot model.

IR 2 providers could also do the following in order to contain IR 2 assists:

- Create an IR 2 role, so that one staff member can develop expertise in this type of response.
- Limit the provision of IR 2 to specific days or times.

7.5.3 Interim response with young people

Young people form a significant and diverse group of clients within the homelessness service system. It is important to tailor practice approaches to ensure that the system is accessible to young people and responds appropriately to their needs. Given that the current waiting times for appropriate housing and support can be lengthy, Interim Response (IR) is an important means through which individuals may be diverted away from the homelessness service system, or, if particularly vulnerable, assisted into a living situation which can be safely maintained until other resources become available. In 2010, the Regional Youth Homelessness Consultative Committee developed the following practice guidelines to address the particular needs of young people who are awaiting housing or support.

Every IR 2 response should aim to increase a young person's capacity to live positively and independently of the homelessness service system. There should be an emphasis on:

- ensuring the safety and security of the young person;
- assisting the young person to strengthen positive connections to family, friends, community or meaningful activity; and
- working with the young person to improve their ability to access a variety of support services.

In addition to the general IR specifications, the following apply to working with young people,

- IR should be undertaken with youth-centred flexibility. This could mean that IR 1 providers persist in efforts to contact the young person, or that IR 2 providers communicate with a young person in the manner which is most convenient to that young person (such as using SMS to confirm appointments).
- Given their particular vulnerability, it is hoped that everyone on the prioritisation list who is sixteen to twenty years old will receive IR 1 or 2.
- The same staff member should work with a young person for the duration of their IR support period.
- The health and safety of the young person, as well as the strength of their links to significant others and meaningful activity, should be discussed during every interaction.
- IR 2 should be outreach-based, unless the young person desires office-based support.

7.6 Transitional housing management

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

- linked but separately managed tenancy management and support provision
- tenancy management, rental and arrears dispute management, complaints management
- property management, responsive maintenance and repairs, disability modification requirements, fire safety, vacancy management
- ensuring that housing occupants are afforded appropriate rights in accordance with the Residential Tenancies Act
- develop and maintenance between the tenancy administrators and support providers to any property identifying roles, responsibilities and expectations.

The primary changes for the THM program in these areas have been the establishment of the access point role (as outlined in Section 7.1) and changes to the allocation processes for transitional housing. THM services have also directed significant energy to the creation of consistent and shared practice approaches, including those relating to distribution and management of HEF. These are outlined in Section 7.7.

A two year pilot approach to the allocation of transitional housing, and to support of transitional housing tenants has been implemented from 5 December 2011 and is outlined below.

7.6.1 Access to transitional housing pilot: Key features

- The pilot arrangements involve access for clients to transitional housing through the same prioritisation and best-matching processes that currently guide the allocation of homelessness support resources.
- Any household wishing to access transitional housing will need to receive an assessment from a homelessness access point service or family violence entry point service in order to be placed on the prioritisation list for access to transitional housing.
- Transitional housing stock is allocated according to target group ratios based on relative need across target groups.
- The *NWMR Housing and Support Partnership Agreement* creates a consistent and shared approach to the support of tenants in transitional housing. This document outlines the respective roles of housing and support workers in assisting transitional housing tenants. This document is supported by a pamphlet for prospective tenants of transitional housing that reinforces the partnered housing and support roles (see Part 4: Section 16: Tools and forms).
- In recognition of the partnership between homelessness access point services and family violence entry point services, the region's family violence entry point services are involved in the allocation of transitional properties that are targeted to all women and children experiencing family violence.
- Portions of transitional housing stock are reserved for clients of specialist homelessness services and crisis supported accommodation (CSA) services, in order to allow for streamlined pathways for clients of these services to the resources of the homelessness service system, as per the *Opening Doors Framework*.

7.6.2 Access and support arrangements for transitional housing

Allocation of properties

- Any individual or family wishing to access transitional housing will need to receive an assessment by a homelessness access point service or family violence entry point service and be included in the prioritisation list for access to homelessness resources.
- Tenancy management services and access point services will work in partnership to determine most allocations of transitional housing, utilising the processes for prioritisation and best-matching of clients that are currently in place for referrals to other resources of the homelessness service system, and according to demand-based targets.
- As part of this best-matching process, meeting demand-based targets and responding to those clients most in need will be prioritised over the suitability of certain property features. Exceptions are: where high security features are in place (which lend themselves to family violence targeted properties), where property specifications would be injurious to the prospective tenant, or where a property is subject to neighbourhood fatigue.
- In recognition of the increasingly partnered response between homelessness access points and family violence entry points, the region's two Family Violence Entry Point services will work with THM services to determine tenants of family violence targeted properties. This is to ensure that women presenting to the service system at both family violence and generalist homelessness access points have equitable access to the resources of both components of the homelessness service system.
- Clients of services formally endorsed by the LASN as 'specialist homelessness services, other - referral pathways from other service systems' and 'specialist services, other - unique role' have been allocated access to a small pool of transitional properties. Specialist services appropriately take some direct referrals from outside of homelessness Access Point services. Specialist services often work with minority and marginalised client groups who have experienced great difficulty in accessing more mainstream services in the past. Specialist service providers can fax a client's assessments to the relevant access point for inclusion on the prioritisation list.
- Crisis supported accommodation (CSA) services in the region with the capacity to provide longer term support to their clients have been allocated direct referral access to 10% of properties in the region in which to house clients exiting the more intensive crisis facilities.
- To assist in the creation of pathways through the homelessness service system, a further 10% of transitional housing stock has been allocated to clients exiting CSAs across the state.
- Transitional housing tenancies may continue to be shared between two unrelated young people, where property features and clients' best interests permit. In this instance, both tenants will be supported by the same service.

Targeting of properties

- Properties are allocated to various client groups in proportion to demand for homelessness assistance by those clients groups or in accordance with the level of priority assigned to meeting the needs of particularly vulnerable client groups, as identified by data analysis and sector consultation:
 - funded target groups: single men, single women, families, young people, indigenous people, people experiencing family violence; and
 - identified priority client groups: people exiting CSA services from anywhere across the state, clients of specialist services, clients in medium housing need.
- Demand-based distributions were determined firstly at a regional level. Some adjustments were subsequently made through consideration of catchment based data and consultation between DHS and individual THM services in order to accommodate demographic variances in clients serviced by each THM. DHS will monitor available data in order to ensure that the percentage of properties that are allocated to each client group is reflective of the level of need in that client group.

Support to tenants of transitional housing

- All transitional housing tenants will be supported by an accredited support provider. Non-homelessness services may continue to lead the case-managed support of clients in transitional housing. Support to transitional housing tenants will be provided in accordance with the *NWMR Housing and Support Partnership Agreement*.
- This document details the respective roles and responsibilities of tenancy managers, support providers and tenants in working together to ensure the success of each transitional housing tenancy.
- Any service seeking to provide support to tenants in transitional housing is required to comply with this document.

Pilot arrangements

- These arrangements will be piloted for two years to December 2013.
- Due to the slow turnover of transitional housing tenancies, implementation of the pilot access arrangements is occurring as transitional housing properties become available. The *Housing and Support Partnership Agreement* came into effect from the pilot commencement date.
- During the pilot period, THM services are collecting a standardised data set relating to the demand-based allocation of transitional housing, submitted to DHS twice yearly.
- DHS will consult with THM services and homelessness support services twice yearly in order to monitor and adjust pilot arrangements as is necessary and appropriate.

7.7 Housing Establishment Funds

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

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

HEF can be use for:

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

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

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

7.7.1 HEF administration

Location

- HEF should continue to be primarily located at access points to enable a timely crisis intervention and diversion response.
- HEF will be allocated across all homelessness support providers wishing to retain HEF.¹⁰
- Those support services retaining or receiving HEF will focus on utilising HEF to assist clients to exit to stable, long term housing.

¹⁰ The LASN was asked not to undertake any re-allocation of HEF prior to the release of findings from a statewide HEF review conducted in 2010/11.

- Agencies not in receipt of HEF can approach those LASN agencies that hold HEF for access to HEF on behalf of clients.

Reporting

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

Management of HEF surplus

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

7.7.2 HEF practice principles and guidelines

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

HEF and planning with clients

- HEF is a tool to assist clients to remain in housing or to access housing options and should be allocated in the context of a broader plan, developed with the client.
- HEF allocations will be outcomes focussed, rather than limit based, with a sufficient allocation to achieve an appropriate outcome.
- Co-contribution is adopted as a good practice approach to use of HEF in planning with clients.
- HEF should be used flexibly in response to specific client need, within identified priority areas.
- Services will seek to provide HEF assistance as required to clients at the service at which they present in order to increase the timeliness of the service system response and reduce the need for resource intensive 'shopping around'.
- When it is not possible to meet an individual client's need, service providers will attempt to be flexible and work collaboratively in the use of HEF to overcome any funding shortfalls. This approach will limit the impact of funding levels on the service system's capacity to provide appropriate levels of assistance.

Repeat use

- Repeat allocation of HEF is acceptable if considered appropriate through assessment. Repeat requests for HEF should be considered as a 'flag' for referral to Interim Response 1 or 2 or case managed support.

Limits

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

Loans

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

Supporting clients exiting the homelessness service system

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

Purchase of appropriate emergency accommodation

- Unless clearly requested by a client, HEF only be used for the purchase of accommodation deemed appropriate by the homelessness service system and as identified through the Rooming House Taskforce report (Recommendation 18).

Part 3:

Practice Manual

Section 8: Accessing the homelessness service system

8.1 Introduction

The LASNs have established accessibility to the service system through:

- the identification of access points
- creation of access point outposts
- formalising a capacity for telephone assessments for those people for whom physically presenting at an access point service presents challenges (limited by service relative demand on services)
- establishment of Supported Referral Services
- formalised cross referral arrangements between access point services, Integrated Family Violence entry points and statewide access point services
- the identification of 'specialist services' providing specialised responses, generally with strong referral links to allied service systems
- a communication strategy including development of client cards, posters and information for allied service identifying a coordinated homelessness service system in the region.

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

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

The nominated access points are the designated physical 'face' of the system of service provision, taking responsibility for many of the tasks and features of the LASN model relating to initial contact, assessment and referral. Support providers take responsibility for the short and longer term case managed support - together providing the best response that the combined resources can offer.

8.2 Access point services

Individuals or households who are in need of homelessness assistance should contact one of the region's five access point services for assessment, emergency assistance, prioritisation and referral (as is appropriate and available). Women and children requiring a specialist family violence response can also contact these access point services, or the region's Integrated Family Violence Entry Point services and young people can also access Melbourne Youth Support Service (MYSS).

Access Type	Services	Phone Number	Address
1. Access point services			
North	North East Housing Service	9479 0700	52-56 Mary Street, Preston
	HomeGround Services	9288 9611 / 1800 048 325	68 Oxford Street, Collingwood
	<i>HomeGround Outpost</i>		<i>Victorian Aboriginal Health Service, Preston</i>
	Glenroy Hub	9304 0100	80 Wheatsheaf Road, Glenroy
West	Yarra Community Housing	9689 2777	112-122 Victoria Street, Footscray
	<i>Outpost: Werribee</i>	<i>9742 6452</i>	<i>19 Duncans Road, Werribee</i>
	SASHS Western	9312 5424	6/147 Harvester Road, Sunshine
	<i>Outpost: Melton</i>	<i>9747 7200</i>	<i>232 High Street, Melton</i>
2. Integrated Family Violence Entry Points			
North	Berry Street Family Violence Services	9450 4700	
West	Women's Health West Family Violence Services	9689 9588	
3. Statewide access points			
Family violence specific	Women's Domestic Violence Crisis Service	9322 3555 / 1800 015 188	
Youth specific	Melbourne Youth Support Service	9614 3688	19 King Street, Melbourne

8.2 After Hours Service and Statewide 1800

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

The 1800 number is **1800 825 955**.

8.3 Supported Referral Services

Supported Referral Services provide an assertive outreach response to people who may be culturally or geographically isolated (see Section 7.3 for a description) and include:

North	Crossroads Sunbury
	Plenty Valley Community Health Service
	Hanover CBD Assertive Outreach Service
	MCM – Young Women’s Crisis Service, assertive outreach component
	WISHIN
	ACSO
	Merri Outreach Support Service
	St Marys House of Welcome
	Berry Street Transitional Youth Support Service
	Catchment Family Reconciliation Program

West	Latitude Altona
	Iramoo
	Latitude Essendon
	Maribyrnong Youth Accommodation Program/New Hope Foundation
	MCM – Western Region Accommodation Program (WRAP)
	MCM Young Women’s Crisis Service –Assertive Outreach component
	MCM – Adult and Families Homelessness Service
	Uniting Care Werribee

8.4 Aboriginal and other Specialist services

Individuals/clients can present directly to LASN specialist services if they are seeking assistance from that service. Specialist services will forward client assessments to the relevant access point for those clients seeking access to broader homelessness resources. See Section 7.4 for a description of these services.

LASN specialist services are:

Aboriginal services

Marg Tucker Hostel for Girls

Bert Williams Aboriginal Youth Service

Case management service for Indigenous men who use violence

WT Onus and George Wright Shelter for the Homeless - Aboriginal Hostels Ltd

Indigenous Tenancies at Risk program - Aborigines Advancement League

Victorian Aboriginal Childcare Agency

Other - referral pathways from other service systems

Brosnan Youth Services

ACSO McCormack Post Release Service

Melbourne Citymission Young, Pregnant and Parenting Program

Flat Out

The Salvation Army Adult Services - OASIS

The Salvation Army Adult Services - SANS

St Vincent de Paul IYSS

Wombat Housing & Support Service Single's Program

Street to Home

Norwood

NEAMI

Other - *unique role*

Caroline Chisholm

Bethlehem Community

McAuley Community Services for Women - Regina Coeli Program

Ozanam Community Centre

Mathew Talbot Soup Van

St Marys House of Welcome

Wintringham

Section 9: Initial Assessment & Planning

9.1 Introduction

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

- **Initial assessment** - undertaken at an access point with the focus on determination of need, identification of short term assistance required and best matching to available resources;
- **Comprehensive case management assessment** - a more comprehensive assessment undertaken by a support provider once an individual/family has been referred for assistance. This assessment informs the development of a holistic case/support plan.

9.2 Initial Assessment

Initial assessment is a skilled activity that establishes the needs of an individual or household and the ways in which homelessness services can assist. Workers describe the process of assessment as a 'conversation', where building trust is essential to providing quality outcomes. Clear communication, honesty about availability of resources and explaining why certain information is sought, are important for building this trust.

Initial assessment occurs at the access point service. Only information required for an effective referral is collected. The *Opening Doors* initial assessment framework incorporates consideration of:

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

Good practice initial assessment covers:

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

9.2.1 Planning

The IA&P response includes short term planning to assist the client to maintain or access stable housing. Activities include:

- risk assessment and immediate responses to identified crisis
- provision of information on housing and support options
- assistance to clients to negotiate with housing providers, landlords, Centrelink
- development of a short term plan to address short term housing needs and identify long term housing options
- where possible, active referral to a range of community support and information services
- delivery of crisis interventions where required
- assessment of requests for financial assistance and provide financial assistance via HEF within the context of the negotiated plan.

9.3 Informed consent

All LASN agencies participate in the Specialist Homelessness Services Collection (SHSC), collecting de-identified data about client need and issues. This data is shared at the LASNs to inform LASN development and planning in response to client need. The SHSC procedure for informed consent is adopted for information transfer across all LASN services.

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

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

Sharing or communicating client information to organisations or individuals outside a particular organisation (eg. Information collected in one agency may be used in referral to another) is referred to in the Victorian Health Records Act as 'disclosure.' Individuals have the right to control how their information is disclosed and for what purposes.

9.3.1 Consent practices

Initial consent to transfer of client information across LASN agencies is collected at the access point service by Initial Assessment & Planning (IA&P) workers. (See Part 4, Section 16: Forms and Tools for the Client Consent Form.) IA&P workers explain the type of information being collected, the purpose for its use and the services to which it may be shared.

Clients have the option of identifying what information can be passed on and to whom. Clients may identify agencies to be excluded from consent. This will be recorded on the access point client record.

Consent may be collected in person. In this case the attached form is completed (See Part 4, Section 16: Forms and Tools for the IA&P Assessment Tool that includes a consent form) and signed by the client. Consent can also be collected verbally (in the case of telephone assessment and when updating information). Verbal consent is noted on the client consent form.

Workers should ask for the client's consent to the use of their information at the end of the initial conversation with the client, which includes: consent for referrals and consent for the SHSC.

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

Consent is provided for a period of six months at which time it should be renewed with the client. IA&P staff will advise during an assessment that a worker will contact a client again prior to a referral to inform them that a referral is to be made and to which agency. IA&P staff will also advise those who are being referred to the prioritisation list that consent lasts for six months and that, if no service has been provided in the meantime, IA&P staff will re-contact in six months to update the assessment and consent. If it is not possible to contact the client after three attempts at this point, their assessment will become 'inactive'. An inactive assessment can be re-activated at any stage if the client makes further contact.

When consent is collected relevant information can be shared across LASN agencies to assist them in providing the most appropriate responses to the client. The consent form is circulated with an access point referral and remains current in the referring agency during the six month period.

Support agencies may need to undertake a further consent process to seek the client's consent to a transfer of information outside the homelessness service system, for example to Centrelink, Office of Housing, solicitors.

9.4 Assessing Risk and Vulnerability in Initial Assessment

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

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

9.4.1 Risk and Vulnerability Assessment and Safety Planning

IA&P workers incorporate a consideration of 'vulnerability' within risk assessments. Vulnerability relates to an individual's capacity to cope with risks posed to their wellbeing. As an example, a person with a mental illness, or a young person, may be more vulnerable to exploitation in certain settings.

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

Access point and family violence entry point providers are developing a common approach to risk assessment and safety planning in relation to family violence. This work has commenced with the development of a cross referral protocol, flow charts for assisting women and children experiencing family violence and the development of common risk assessment questions.

The table on the following page describes different levels of risk and possible appropriate responses.

Level of Risk

Level of Risk	Appropriate Support	Action
HIGH Person needs immediate specialist support	Ambulance, police (e.g. protection from threat of violence), CAT team, Triage, Overdose Prevention Programs, Child Protection	Get a second opinion (supervisor) Contact appropriate service for assistance
MEDIUM Person is vulnerable and would benefit from follow-up assessment within the next 48 hours	Homelessness outreach worker, other specialist outreach service (e.g. Alcohol Other Drugs, Royal District Nursing Services Homeless Persons Program, Mental Health Outreach) Interim Response 2	Offer to organise an outreach visit within the next two days
LOW Person is at risk due to their homelessness	Mainstream or homelessness support services	Advise person of available support services and offer referral or information

9.5 Initial Assessment and Referral Mechanisms

The *Opening Doors* initial assessment form has been incorporated in to the Special Homelessness Services Collection software (SHIP) provided to Transitional Housing Management (THM) services. It includes standard information fields and a capability to incorporate case notes and narrative descriptions.

Copies of the IA&P Assessment Tool and Referral Tools can be found in Part 4: Section 16: Forms and Tools.

A ‘word’ version of the form is utilised by non-THM access point services, such as MYSS, and by LASN specialist and Aboriginal services.

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

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

Section 10: Prioritisation

10.1 Introduction

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

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

Effective prioritisation should mean that a person receives a service that is best matched to their individual circumstances. Prioritisation also needs to be considered in the context of service exclusion practices as exclusions can be used to narrow the number of people to whom the service responds (see also Section 7.2.1).

10.2 Prioritisation Principles

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

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

The *Opening Doors Service Coordination Guide* provides guidelines for prioritisation and describes the interrelated criteria of:

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

The *Opening Doors* prioritisation framework identifies criteria for assessing housing and support needs. The LASN has agreed to add another area for assessment and use in prioritisation, adding an assessment of relative ‘personal vulnerabilities’ of clients.

Prioritisation for a specific resource takes into account all members of a household, including accompanying children. Specialist expertise may be sought to better understand the needs and circumstances of particular client groups.

10.3 Prioritisation Framework

10.3.1 Assessing housing need

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

10.3.2 Assessing support need

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

10.3.3 Level of Personal Vulnerability

A person’s level of vulnerability depends on their individual capacity to cope with risks posed to their wellbeing. As an example, a person with a particular mental illness may have increased vulnerability in that they would be more susceptible to exploitation by other residents in a congregate setting. Intimately connected to an assessment of risks and vulnerabilities is the identification of a persons strengths and supports.

Factors such as a close supporting family, the ability to access and utilise a range of professional supports and resources will influence the way homelessness will affect an individual and will change the amount and type of support required.

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

10.3.4 Prioritisation of Housing Need

Level of housing need	Current Accommodation	Other housing options
High	<p>Client experiencing primary homelessness (sleeping rough, on trains, in car, squatting).</p> <p>Client, living in a family violence situation at immediate risk of injury to self and/or children (possibly with Child Protection Order to leave violent partner or have children removed)</p>	<p>Client has no other reasonable accommodation options:</p> <ul style="list-style-type: none"> • Client cannot access HEF <p>and/or</p> <ul style="list-style-type: none"> • Accommodation cannot be sourced due to multiple bans from accommodation providers <p>and/or</p> <ul style="list-style-type: none"> • Accommodation cannot be established because the health or wellbeing of the client would be seriously compromised in HEF purchased accommodation, for example: <ul style="list-style-type: none"> ➢ Client has recently suffered physical attack within a rooming house setting, and it could be reasonably assessed that further accommodation in a similar setting would increase the clients experience of trauma ➢ Client experiencing sever health problems could reasonably be expected to be worsened by rooming house accommodation, but does not require hospitalisation ➢ Client assessed as particularly vulnerable to exploitation or violence in a rooming house environment-for example, frail aged and families
Medium	<p>Client in current temporary accommodation assessed as detrimental to clients wellbeing:</p> <ul style="list-style-type: none"> • Temporary HEF-funded accommodation, assessed as unsuitable for client, as a stop-gap measure while awaiting crisis vacancy <p>or</p> <ul style="list-style-type: none"> • Temporary accommodation with friends or family, with negative impact on client <p>or</p> <ul style="list-style-type: none"> • Client facing imminent discharge from institution (hospital, psychiatric inpatient unit, prison). 	<p>Client has no other more appropriate accommodation options available:</p> <ul style="list-style-type: none"> • Client not able to access HEF from any source <p>or</p> <ul style="list-style-type: none"> • Client can access HEF, but the available HEF-funded accommodation options are likely to be detrimental to client's wellbeing.
Low	<ul style="list-style-type: none"> • Client in current temporary accommodation, ending soon <p>or</p> <ul style="list-style-type: none"> • Client currently has no accommodation, but is able to access suitable accommodation 	<p>Client has other suitable accommodation options available:</p> <ul style="list-style-type: none"> • With family or friends; and/or • Client eligible for HEF, and HEF-funded accommodation is deemed suitable for the short term

10.3.5 Prioritisation of Support Need

Level of support need	Stated and/or observed support needs	Professional support available
High	<ul style="list-style-type: none"> • Client has one or more significant support needs currently having a major impact on clients functioning and/or wellbeing <p>and/or</p> <ul style="list-style-type: none"> • Client has multiple or complex support needs requiring intensive assistance <p>and/or</p> <ul style="list-style-type: none"> • There is significant risk of harm to client or others, due to: <ul style="list-style-type: none"> ➤ Major physical or mental health issues ➤ Vulnerability to violence (including domestic violence), exploitation or abuse from others ➤ Potential for self-harm/suicide risk. 	<p>Client currently has no active support in place:</p> <ul style="list-style-type: none"> • Previous support links may have broken down • Client may be resisting support <p>or</p> <ul style="list-style-type: none"> • Client has some support in place, but the support relationship is tenuous or likely to break down in the near future.
Medium	Client has one or more significant support needs.	At least one support worker actively providing ongoing support to client. Level of support may be insufficient.
Low	Client has minor support needs.	<ul style="list-style-type: none"> • Appropriate supports in place <p>or</p> <ul style="list-style-type: none"> • No supports in place • Client has not stated need for support

10.3.6 Prioritisation of Personal Vulnerability

Level of personal vulnerability	
High	<ul style="list-style-type: none">• There is significant risk of harm to individual/household by self or others; and/or• There is a significant risk of standover and abuse in congregate settings; and/or• Individual/household is experiencing a level of crisis significant enough to impact on their capacity to manage independently; and/or• Household/individual has no access to supports.
Medium	<ul style="list-style-type: none">• Individual/household faces no immediate and significant risks, however, if the situation is unlikely to improve, the individual/household's capacity to cope in the current situation will be impacted and their needs will be likely to escalate; and/or• Household/individual does not have access to additional supports.
Low	<ul style="list-style-type: none">• Individual/household exhibits good copings skills; not negatively impacted by others; and/or• Individual/household may have access to additional supports.

10.4 Prioritising among people with similar level of need/risk

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

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

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

10.5 Prioritisation Lists

Prioritisation lists for resources are held and managed by the access point services. Anyone assessed as being in need of the resources of the homelessness service system in a particular area are included on the prioritisation list for that catchment.

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

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

10.5.1 Inclusion of clients referred from LASN specialist and Aboriginal homelessness services on the prioritisation list

If specialist homelessness services are assisting clients who wish to access further resources of the homelessness service system (such as transitional housing or case managed support) the service will need to forward an assessment to the relevant access point service as a precursor to inclusion of the client on the prioritisation list for resources.

Process

1. Specialist homelessness provider completes the standard *Opening Doors* assessment form with the client (attached).
2. Specialist homelessness provider faxes through the assessment to the relevant access point.
3. Specialist homelessness provider telephones the relevant access point to advise that an assessment form has been faxed through. The access point provider can advise about the likely availability of the assistance being sought.
4. The client is provided with a copy of the 'What happens next' pamphlet (see Part 4: Section 16: 'What happens next' pamphlet).
5. The specialist homelessness provider and client use the 'Post Referral Feedback Form' to advise the access point service of any changes to the client's contact details or situation (See Part 4: Section 16: Post Referral Feedback Form).

10.5.2 Inclusion of clients referred by IA&P workers in prisons on the prioritisation lists

The assessment and referral process for pre-release access to homelessness resources comprises the following:

1. As part of the reception/orientation into prison process, Corrections staff will identify prisoners on short-term sentences who have current public or social housing tenancies. Those who do are referred to the Prison Exit IA&P worker to arrange for rental payments in accord with H&CB policy. Tenancies may be extended for up to six months for public and long-term social housing tenancies and up to three months for transitional housing.
2. Prisoners identified as suitable for Link Out, WISP or Konnect assistance, are referred to the appropriate program for assistance up to four months prior to release. Prisoners assessed as ineligible for these programs are referred to the Prison Exit IA&P worker for assistance with access to homelessness service system resources and/or other housing options through Entry Points and long term social/ public housing. This should occur up to three months prior to release or immediately for prisoners on short sentences.
3. Initial assessment undertaken by the Prison Exit IA&P worker will include completing Access Point referral forms focussing on pre and post release circumstances. The forms are then forwarded as hard copy by fax to the Access Point services most appropriate to the locational, housing, support and social needs of people exiting prison. Referrals are received by Access Point services and held for prioritising at an appropriate time - generally determined by final confirmation of a person's release from prison, ideally two weeks prior to that date.
4. Referrals are generally made to Access Point services three months prior to an estimated release date which is based on the Earliest Eligibility Date, confirmed parole date, or sentence lapse date where parole has been denied.
5. Prison Exit IA&P workers follow up with either Prison Programs staff or caseworkers regarding pending exit dates, and will be responsible for notifying the referral Access Point/s as early as possible prior to exit. At this point prioritisation can occur for appropriate resources.
6. Where a prisoner does not have appropriate accommodation on the day of release, the Prison Exit IA&P worker is responsible for assisting with access to accommodation options, with follow up to ensure that the Access Point services receiving referrals are aware of current accommodation details of referred clients and have begun the prioritisation process for access to housing and/or support resources.
7. Prison Exit IA&P workers will fax completed IAP Referral forms to nominated Access Point services during business hours.

8. Access Point services will accept referrals and will consider estimated or confirmed release dates for prioritising accordingly. By providing confirmed release dates as early as possible, Access point services can plan for prioritising to appropriate resources close to release dates. Any earlier is not practical given the significantly high demand for resources.
9. Access Point services must note that post release clients may not have photo identification at the time of initial contact. Confirmation of identity is arranged through the Prison Exit IA&P workers as a notice accompanying referral documentation on the relevant prison letter head and signed by a prison official. This is now Public Housing policy for the purpose of receiving applications for access to public housing.
10. Where Access Point services are unable to provide housing and support resources, they may offer an interim response (eg. HEF assistance to access short term accommodation options see section 6.5). Ideally such responses should be arranged by the Prison Exit IA&P workers prior to exit.
11. Prison Exit IA&P workers should provide all exiting prisoners, regardless of release status (parole or straight release), with detailed instructions on how, when and where to find access point services. Maps including public transport routes will be useful.

See *Opening Doors Protocol for Local Area Service Networks & Entry Points* for further information (Part 4: Section 15).

Section 11: Logging vacancies on the Resource Register

11.1 Introduction

Available homelessness resources are identified through the LASN Resource Register. The organisation providing the resource is responsible for ‘logging’ its availability on the Resource Register. Support providers will generally log vacancies as crisis support, crisis accommodation, medium term supported accommodation, transitional support, interim response and will record HEF levels monthly on the Resource Register. There are specific resource categories for programs such as those funded through Creating Connections and Accommodation Options for Families.

A small component of the work undertaken by Supported Referral Services will not be logged on the Resource Register. These services provide assertive outreach, which includes a level of support to people who are geographically and/or culturally isolated to assist them to either divert from the homelessness service system or to contact an access point if they are seeking support or transitional housing within the homelessness service system (see also Section 7.3).

These services log their case managed support vacancies on the Resource Register and are collecting data on the number of people they are assisting in addition to those they are assisting through case managed support. This data will inform future LASN deliberations about the effectiveness of this response.

Similarly the LASN specialist services will primarily take direct referrals but will generally log their vacancies on the Resource Register as a data tool. Numbers of these agencies also offer secondary consultation to other homelessness providers and will identify this on the Resource Register.

Women’s refuge providers should log vacancies on the “Family Violence” LASN component of the Resource Register.

As a core component of the *Opening Doors Framework* is acceptance by support providers of the ‘first eligible referral’ the information provided in the ‘conditions’ is critical to the ‘best matching’ of a client to an advertised vacancy by access point staff.

A very important component of publishing a vacancy is defining the conditions attached to that vacancy. Conditions may vary each time a vacancy is logged and may relate to: the type and intensity of support capacity available, priority target groups, matching of a client’s situation to those of other clients in an accommodation service. This is to maximise the number of appropriate referrals and so avoid an individual or household being referred to and from multiple agencies.

It is the responsibility of a support agency to ensure that a support vacancy is appropriately described on the resource register and the responsibility of the access points to refer clients who are 'best matched' to the described vacancy.

See Part 4: Section 16 for Resource Register Prompt Sheet.

11.2 Resource Register Frequently Asked Questions

1. Question: When should a vacancy be 'unpublished'?

Answer:

A vacancy should be 'unpublished' by a support agency as soon as a referral has been made by the access point to avoid any further referrals to the vacancy.

In the case of referrals to shared tenancies, the support provider should update the 'special conditions' against the vacancy, showing 'referral pending' if a referral has been made but the matching to the vacancy is still to occur.

2. Question: How do we log outreach based support vacancies on the resource register?

Answer:

Most homelessness support is funded as 'transitional support'. Transitional support refers to case managed support provided to people who are homeless or at risk of homelessness whether they are currently accommodated in transitional housing or being supported on an outreach basis.

In this case the term 'transitional' refers to the nature of the support which is provided to assist people to transition from their immediate crisis to stable, long term housing. Transitional support services are funded to support people who are homeless or at risk of homelessness for an **average** of 13 weeks and each transitional support worker is funded to work with an average of twelve single adults or 7.5 families at any one time.

3. Question: Can different programs within an agency cross refer to each other without going through an access point?

Answer:

All homelessness funded interim response, crisis and transitional support vacancies should be logged on the Resource Register. Only the nominated access points can refer to these vacancies. This ensures that all those people eligible for the support being offered are considered when prioritising a referral to the vacancy.

All LASN agencies were asked to nominate the access point/s to their service in late 2009. Only those formally identified access points can refer into logged vacancies. Organisations can opt to change their access point/s in negotiation with their Program and Service Advisor and the relevant access points.

There are some programs in the region that are advertised on the Resource Register that support agencies can access directly. These are programs that are provided to clients who already have a homelessness

support worker, such as the Creating Connections Private Rental Brokerage Program and Creating Connections Housing & Homelessness/Living Skills program.

4. Question: How can I assist the access points with their referral processes if the organisation has named multiple access points?

Answer:

Agencies had the option of choosing multiple access points into their services if the service covers more than one catchment or the service operates on a statewide level. Naming multiple access points is a useful way of ensuring that vacancies are available to as many potential clients as possible. Therefore the LASN has adopted the following approach:

When an agency with multiple access points logs a vacancy they should include an email address in the 'contacts' for the vacancy. The first access point preparing to find a suitable client for the vacancy will email the support agency and the other access point/s to identify that they are about to prioritise for the vacancy. This way the other access point/s knows not to attempt to make a referral.

5. Question: Can my organisation identify in a vacancy that any clients referred must have links to a geographic catchment?

Answer:

No, the *Opening Doors Framework* identifies that clients can choose the area in which they are seeking to access services. One of the impacts of homelessness for many people is a loss of connection to specific communities. One of the aims of homelessness assistance is assisting people to re-establish links with community.

IA&P staff at the access point services will consider a client's links to an area as one of the factors when 'best matching' to a vacancy, but lack of links to an area will not be a barrier to referral.

6. What information should be included in a logged vacancy?

Answer:

Special conditions section:

A very important component of publishing a vacancy is defining the conditions attached to that vacancy. Conditions may vary each time a vacancy is logged and may relate to: the type and intensity of support capacity available, priority target groups, matching of a client's situation to those of other clients in an accommodation service.

Level of need section

This section identifies the support agency's capacity/expertise in working with clients with low, medium or high levels of support need. These definitions should be consistent with the prioritisation grid (Section 10).

Contact details section

The vacancy should include the contact details for the agency so that the access point can easily forward a referral to the agency. Ideally this would be a general agency number or email address (an email address is essential if there are multiple access points to the vacancy). Access point services have experienced delays in making referrals when contacting a specific worker on their mobile.

Avoidance of exclusionary information

Some organisations are including requirements in the 'special conditions' that should form part of the worker engagement processes and discussions with a new client, rather than form part of the referral criteria. For instance, the requirement to attend a weekly case meeting with a worker is something to be negotiated with a client during case planning negotiation processes - this is not a determiner of access to services.

Section 12: Resource allocation

The matching of client need to housing and support vacancies by the IA&P worker ensures equity of access to resources, increases the likelihood that clients will be referred to the services best suited to their needs and ensures the best utilisation of homelessness resources.

12.1 Allocation of support resources

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

	Access Point agency	Support Provider (support, housing, HEF)
Identify available resources	The IA&P worker assesses what resources will be appropriate to the client's needs and risks. The IA&P worker checks the Resource Register for availability. Identification is contingent on provider agencies logging on the Resource Register details of the resource vacancy on the day the resource is available.	All homelessness agencies within the catchment promptly and accurately advertise resources on the resource register. All special requirements, duty of care issues, or risk factors are advertised along with the vacancy. The support provider is responsible for detailing the specifics of the vacancy/resource.
Identify best match	<p>The IA&P team leader/Prioritisation Coordinator will determine whom on the prioritisation list 'best matches' the available resource and will contact that person to confirm that they are still in need of the resource and to advise that a referral will be made.</p> <p>In the case of a resource with multiple access points, the IA&P worker emails both the support provider and the other access point/s to advise that a match is being sought for the vacancy.</p> <p>The worker discusses the available resources with the client and provides expert advice about the best possible option.</p> <p>This may involve a three-way conversation between the IA&P worker, the client and the service provider about the finer details of the resource. Client names need not be exchanged at this point.</p> <p>In an attempt to improve the timeliness of referrals the client 'best matched' to a vacancy is given 24 hours to contact the access point to confirm that they wish to be referred to the vacancy.</p>	If many factors affect the resource match, the service provider makes a worker available to discuss with the IA&P worker the specifics of the resource vacancy. This allows for fine tuning to needs and safety planning.

Secure resource	Once the best match is identified, the worker contacts the provider to secure the resource.	<p>The support agency accepts the first eligible referral from the IA&P worker.</p> <p>The support agency ‘unpublishes’ the vacancy as soon as a referral is made.</p>
Arrange access to resource	Once the referral is accepted, the IA&P worker arranges access to the resource. For example, providing contact details to enable support worker to meet with the client. A generic IA&P referral form is provided for use when appropriate to deliver client name, contact details and case summary in a written form.	<p>The support agency accepts and works with the client. If there are any problems with the match, the client should not be disadvantaged. The providing agency seeks a better match for the client, with support from the access point service as required. The providing agency communicates any feedback clearly and respectfully to the access point service.</p> <p>The support agency faxes through the Referral confirmation fax form confirming contact with the client and advising whether the client wishes to remain on the prioritisation list for access to further resources.</p>
Arrange access to further resources	The referring access point service will receive updates from support agencies on changes to the situation of clients awaiting further resources of the homelessness service system.	<p>Support agencies will provide further feedback (using the Post Referral Feedback Form) to the referring access point on any changes to the current situation of a client seeking access to further homelessness service system resources.</p> <p>Support provider may forward an updated assessment form to another access point if the client wishes to be assisted in another catchment.</p>

12.2 Allocation of Interim Response 2

1. Before commencing provision of IR 2, homelessness services specify the capacity that is to be directed to the provision of IR 2 each week, to facilitate approximate prioritising for this response at access point services.
2. Each week the *number of vacancies for new clients or available hours for new clients* will be logged on the resource register by each support provider. IR 2 and case management vacancies need to be logged as separate resource types on the resource register (as ‘Interim Response’ and ‘Transitional Support’ respectively) in order to assist referrals and data collection.
3. It will not be possible to provide IR 2 to all clients on the prioritisation list, and it is not practical to queue clients for this response. IR 2 will be targeted to those people for whom diversion or crisis intervention is purposeful and timely. IA&P staff will negotiate with a client their need for IR 2 during assessment.

4. The aims of each client's IR 2 response will be defined during initial assessment at the access point service, in order to ensure that IR 2 is targeted and contained. The required task/s identified during assessment will be recorded in the referral to the IR 2 provider.
5. IR 2 providers will use the 'Post-referral feedback form' to communicate with the relevant access point service. This form should be used to inform the access point service of the tasks that have been achieved during IR 2 or of new information that directly affects the client's prioritisation for additional resources.
6. If a client is referred to additional support whilst receiving IR 2, and if it is relevant to do so, the IR 2 provider will undertake a handover process with the new support provider.
7. IR 2 providers and the access point service in each catchment will meet as necessary to refine local arrangements.

12.3 Allocation of transitional housing

Current arrangements for the allocation of transitional housing are in pilot across the region. These arrangements have been designed to create consistent, equitable and transparent access to transitional housing for people in need of homelessness assistance.

Transitional housing stock is allocated to various client groups in proportion to local demand for homelessness assistance by those clients groups, or in accordance with the level of priority assigned to meeting the needs of particularly vulnerable client groups (as identified by data analysis and sector consultation). The percentage of stock that is allocated to each client group in each catchment is set annually by DHS in consultation with the relevant THM service. Prioritisation and best-matching principles are also applied to the allocation of each property.

Portions of the region's transitional housing stock have been reserved for the following funded target groups:

- Single women
- Single men
- Families
- Young people
- People identifying as Aborigines or Torres Strait Islanders
- People experiencing family violence.

Stock has also been reserved for the following client groups, whose access is an identified regional priority:

- People exiting CSA services from anywhere across the state
- Clients of LASN specialist services.

Standard allocation process

1. Any client wishing to access transitional housing in an area has an assessment lodged with the relevant access point for the area in which they would like to reside. The client is therefore included on that area's prioritisation list for access to all relevant pools of transitional housing.
2. If the client has previously been referred to homelessness support, the supporting agency forwards the 'Post-referral Feedback Form' to the Access Point to advise:
 - That the client is seeking access to transitional housing; and
 - Whether the supporting agency would be able to support the client throughout a transitional housing tenancy and in accordance with the NWMR Housing & Support Partnership Agreement.
3. When a property is soon to become vacant, the tenancy manager informs the IA&P staff member responsible for prioritisation and allocation of resources. Taking into account how the THM is tracking against demand-based allocation targets and some property features (including high security provisions, neighbourhood fatigue, or other features that would be injurious to a prospective tenant),

the tenancy manager suggests which client groups should be prioritised for referral to the upcoming transitional housing vacancy.

4. So as to ensure that referral and sign-up can occur as swiftly as possible, IA&P uses the prioritisation list to best-match a client before the property becomes vacant tenantable, taking into consideration:
 - the advice of the tenancy manager
 - regional prioritisation principles; and
 - whether a client is already engaged with a support provider (whilst it is desirable that a prospective tenant has an established relationship with a support provider, referrals to transitional housing and support may occur concurrently).
5. IA&P advise the client and support provider of the available property.
6. Once the property becomes vacant tenantable, tenancy management staff contact the preferred client and their support provider to arrange sign-up.

In situations where a client is simultaneously referred to transitional support and housing, sign up will not occur until the client has had the opportunity to meet with their support provider.

7. For data collection purposes, transitional housing vacancies are published on the resource register by tenancy management services when the property becomes vacant tenantable, and are unpublished once a referral has been made. In most situations this means that the vacancy is published and immediately unpublished, as IA&P will have already identified the client who is to be referred to the vacancy.
8. Once sign up is complete, the client is removed from the prioritisation list and tenancy manager completes the Access to Transitional Housing Pilot data collection spreadsheet. This spreadsheet is submitted to DHS twice yearly for collation.

Allocation process for properties targeted to people experiencing family violence

In recognition of the increasingly partnered response between homelessness access points and family violence entry points, the region's two Family Violence Entry Point services will work with THM services to determine tenants of family violence targeted properties. This partnered approach will provide an opportunity for access point and entry point services to share information about their respective prioritisation approaches.

Agreement was reached at the DHS/Access Point/THM meeting of 10th October 2011 that the following process will apply during the pilot:

1. Steps 1, 2 and 3 of the standard allocations process are undertaken
2. The THM tenancy team will identify that a family violence targeted property is available and will advise both the relevant IA&P team and the Family Violence Entry Point (see contact details below).
3. The IA&P team and Family Violence Entry Point will each identify the individual/household that they consider is 'best matched' to the available property.
4. Within 48 hours a representative of the IA&P team and the Family Violence Entry Point will meet or

have a telephone conversation to prioritise access to the property.

5. If agreement can not be reached during this meeting/conversation, the decision will be escalated in the IA&P service.
6. These arrangements will be monitored at DHS/Access Point/THM meetings.
7. Steps 5-8 of the standard allocation process are undertaken.

Berry Street Family Violence Services	Coordinator, Intake & Response Ph: 9450 4700 Email: dvintake@berrystreet.org.au
Women's Health West	Intake Coordinator Ph: 9689 9588 Email: hang@whwest.org.au CALD FV Housing Worker 9689 9588 Email: phuong@whwest.org.au

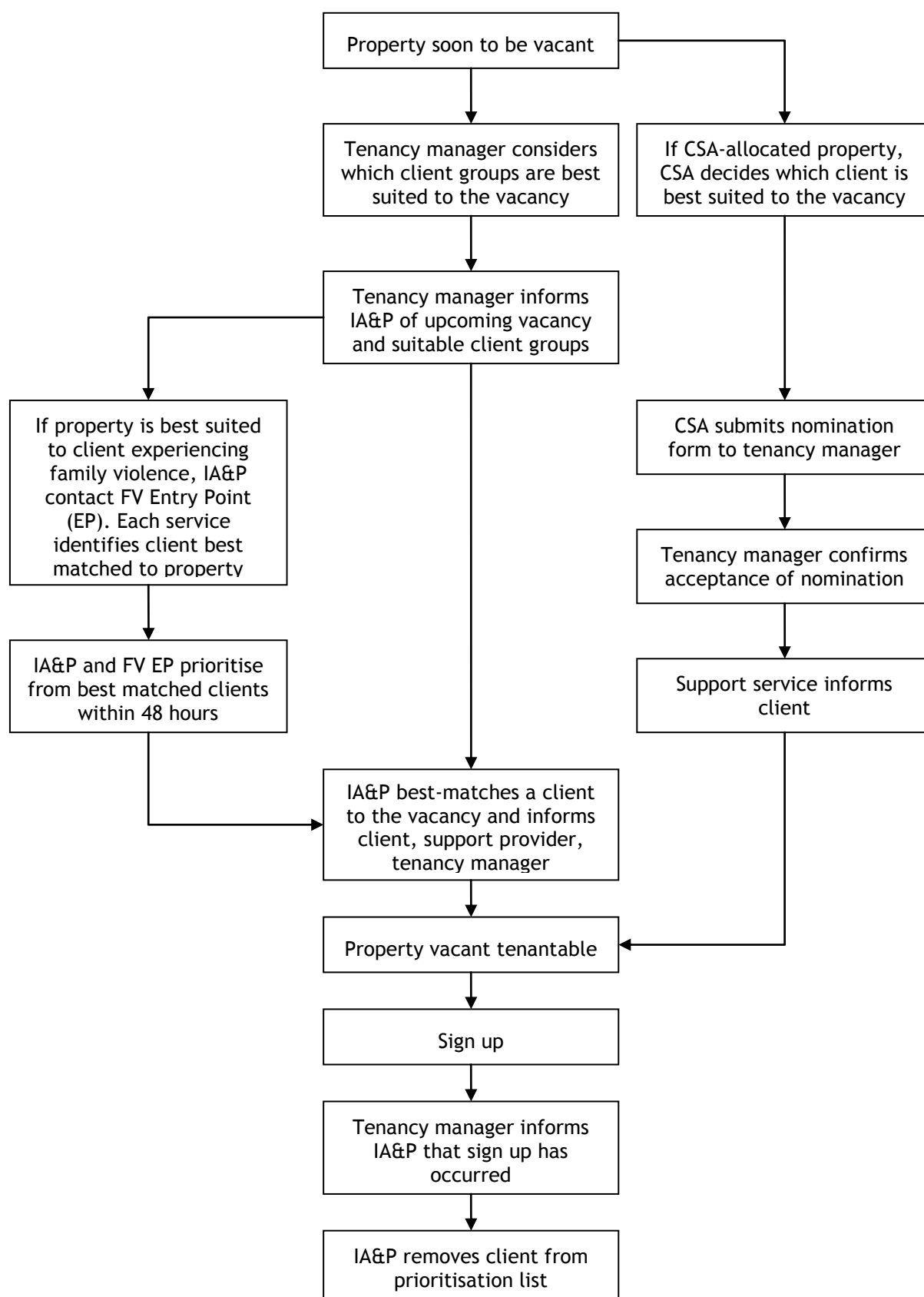
Allocation process for properties targeted to people exiting regional CSA services.

In order to allow for strengthened pathways through the homelessness service system, some CSA services directly allocate transitional housing vacancies to current clients that they are able support throughout a tenancy.

The number of properties in this pool is not sufficient to accommodate all clients of CSA services for whom transitional housing is an appropriate exit option. Therefore, where transitional housing is identified as an appropriate exit option for a client of these services, the client's assessment must be held at the access point service for the catchment in which the client wishes to reside. This will ensure that the client is included on that catchment's prioritisation list for access to all relevant transitional housing pools.

1. Steps 1 and 2 of the standard allocations process are undertaken.
2. When a CSA-allocated property becomes vacant, the CSA service uses internal processes to choose a current client to be referred to the vacancy. If the service is unable to identify a client that they will be able to support for the duration of the tenancy within 10 working days, the vacancy is allocated according to the standard allocation process.
3. The service sends the nominating form to the tenancy manager.
4. Steps 5-8 of the standard allocation process are undertaken.

Process for Allocation of Transitional Housing



12.4 Cross catchment allocation of HEF by THM services

The Access Point providers in the NWMR have developed the following principles and practice for cross catchment allocation of HEF:

Principles

- Services will seek to provide HEF assistance as required to clients at the service at which they present. Receipt of a service is not dependent on the presence of or address on a client's health care card.
- Access point providers are aware that HEF is not equitably distributed across services nor necessarily in proportion to demand. When it is not possible to meet an individual client's need, service providers will attempt to be flexible and work collaboratively in the use of HEF to overcome any funding shortfalls. This approach will limit the impact of funding levels on the service system's capacity to provide appropriate levels of assistance.
- HEF is a tool to assist clients to remain in housing or to access housing options and should be allocated in the context of a broader plan, developed with the client.
- HEF allocations will be outcomes focussed, rather than limit based, with a sufficient allocation to achieve an appropriate outcome.
- Co-contribution is adopted as a good practice approach to use of HEF in planning with clients.

Practice

- A HEF assessment will be provided by the Access Point service at which a person/household presents, regardless of the address recorded on their Health Care Card.
- If a client presents at an access point outside their usual area of residence the Initial Assessment & Planning worker will:
 - enquire why the client is seeking assistance outside the catchment;
 - enquire whether or not the client requires assistance to access services in their preferred catchment;
 - talk to the client about the benefits of a conversation between the two access point providers to determine a shared capacity to respond to the client's immediate needs and advise that contact will be made with the access point provider in the client's usual catchment;
 - contact the access point in the client's usual catchment to enquire whether they have any capacity to assist with HEF and whether there is a plan already in place with the client. (See attached list of contacts for HEF discussions.)

- If the catchment Access Point approves, negotiate the level of HEF assistance to be provided, make plans with the client about 'next steps' and seek a reimbursement from the catchment access point.
- If the catchment access point is not contactable, and the client/household requires emergency accommodation, provide the client with one night's (or weekend) HEFed accommodation. Provide the client the option of re-presenting to either access point service the next day but encourage the client to return to the access point in their catchment where appropriate. Where possible, fax a CMS assessment form, incorporating a summary of action taken, to the catchment access point.
- If emergency accommodation is not required wait until contact has been made with the catchment access point prior to making a HEF allocation.
- Where an agency no longer has the capacity to provide HEF assistance but the client is eligible for HEF assistance the agency will contact another access point at a Coordinator/Team Leader level to seek HEF assistance.
- Access point services will not refer a client either in person or by telephone to another access point without prior approval at a Coordinator level (other than as outlined above).
- Access point services will only provide HEF reimbursements for HEF provided to individuals/households whose Health Care Card address is outside the boundary of the service providing HEF, following a conversation with the other access point concerned and where there is documented confirmation of the reimbursement approval as well as an agreed plan between the services as to 'next steps'.
- Access point providers will endeavour to provide the level of assistance required for each client rather than referring clients on to other agencies for 'top up' HEF. Where an access point service does not have capacity to meet a HEF request in full, staff will seek additional funding from other providers.

NWMR Access Point Practice Principles

Endorsed 18 October 2010

Updated 10 October 2011

Access Point contact details for HEF discussions:

Organisation name and intake phone number	Contact
<p>SASHS Western Network 6/147 Harvester Road, Sunshine Phone: 9312 5424 Areas Covered: Brimbank, Melton</p> <p>Or SASHS Western Network Melton Shire of Melton Civic Centre 232 High Street, Melton Phone: 9747 7200 Operating Hours: Wednesdays from 1pm – 5pm, Tuesday, Thursday and Friday from 9am to 5pm. Areas Covered: the municipality of Melton</p>	<p>IA&P Coordinator (Peter Harmer) Ph: <u>9312 4216</u> Email: peter.harmer@aus.salvationarmy.org</p>
<p>Yarra Community Housing/Metrowest 112-122 Victoria Street, Footscray Phone: 9689 2777 Areas Covered: Wyndham, Moonee Valley, Maribyrnong, Hobson's Bay, Melbourne, Flemington, Port Melbourne</p> <p>Or Yarra Community Housing: Werribee 19 Duncans Road, Werribee Phone: 9742 6452 Operating Hours: Monday to Friday from 9am to 5pm Areas Covered: the municipality of Werribee</p>	<ol style="list-style-type: none"> 1. IAP Team Leader (Christine Stapleton) Ph: <u>9689 2961</u> or <u>0411 417 222</u> email: christine@ych.org.au 2. IAP Senior Worker (Fiona O'Loughlin) Ph: <u>9948 0061</u> Email: fiona@ych.org.au
<p>Glenroy Hub 80 Wheatsheaf Road, Glenroy Phone: 9304 0100 Areas Covered: Moreland, Hume</p>	<ol style="list-style-type: none"> 1. Team Leader IA & P (Antoinette Russo) - Ph: <u>9304 0100</u> or <u>0407 538 766</u> Email: Antoinette.russo@vincentcare.org.au 2. Operations Coordinator (Robyn Springall) – Ph: <u>9304 0100</u> or <u>0407 346 982</u> Email: robyn.springall@vincentcare.org.au 3. Manager (Tony Clarke) Ph: <u>9304 0100</u> or <u>0407 669 872</u> Email: tony.clarke@vincentcare.org.au
<p>North East Housing Services 52-56 Mary Street, Preston Phone: 9479 0700 Areas Covered: Whittlesea, Nillumbik, Darebin, Banyule</p>	<ol style="list-style-type: none"> 1. IAP general access Ph: <u>9479-0700</u> Fax: 9470-4400 2. IAP Team Leader Michelle Casamento Ph: <u>9479-0705</u> or Mob: <u>0422870241</u> michellec@nehs.org.au 3. IAP Senior Worker (Prioritisation List) Tanya McColl Ph: <u>9479-0725</u> Email: tanyam@nehs.org.au
<p>HomeGround 68 Oxford Street, Collingwood Phone: 9288 9611 or 1800 048 325 Areas Covered: Yarra, CBD</p>	<ol style="list-style-type: none"> 1. IAP coordinators: Leila Keating Ph: 9288 9619 Email: leilak@homeground.org.au 2. Emma Baxter Ph: 9288 9616 Email: emmab@homeground.org.au
<p>Women's Housing Ltd</p>	<p>Lindy Parker, - lindyp@womenshousing.com.au ph: 9412 6868 or 0414 241 995</p>

Section 13: Referral

13.1 Process of referral

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

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

In the NWMR the following sub headings have been added to each of the three areas above:

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

The client should always be asked how much detail should be included in the referral, and specifically if there is anything they do not want to be passed on (see Section 9.3 on informed consent).

Only the minimum necessary information should be exchanged at the point of referral.

The IA&P Prioritisation List Coordinator faxes or emails the IA&P Referral Form (generated through SHIP) to the relevant service. Ideally the worker will also telephone the service to advise of the referral.

13.2 Acceptance of first referral

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

If referrals are poorly matched or clients are consistently not arriving for appointments, the provider agency should quickly take this up with the access point service to find solutions. Similarly, if access point providers are finding that the first eligible referral is regularly being knocked back then they should address this first with the agency concerned. If a successful resolution is not reached, the matter should be referred to the North West Homelessness Sector Steering Group (see Section 3.3.1).

13.3 Process for referral

1. Support agency logs details of their service vacancy on the Resource Register
2. Access point staff matches client to advertised vacancy
3. Access point staff contacts client to advise that they are about to make the referral and to provide some information about the support agency
4. Access point staff email any other access points to the resource to advise that they are seeking a client to refer to the vacancy
5. Access point staff faxes the referral to the support agency, including client consent
6. Access point phones agency to advise that a referral is on its way
7. Agency 'un-publishes' vacancy on the Resource Register
8. Support agency contacts client as soon as possible and within 48 hours at the most
9. Support agency sends 'confirmation of receipt of referral' fax to the access point service when client contact has occurred
10. Support agency advises access point whether the client wishes to remain on the prioritisation list for access to other resources.

Section 14: Support Provision

14.1 Feedback mechanisms

- a) **On receipt of referral** - the support agency 'unpublishes' the vacancy and contacts the client to arrange a first meeting.
- b) **Following first contact with client** - Support agency faxes a 'Confirmation of receipt of referral form' to the access point confirming that initial contact has occurred and advising whether or not the client wishes to remain on the prioritisation list.

A client who has been referred to a support agency may be seeking access to further resources of the homelessness service system. For instance, they may be receiving support but require access to transitional housing. They may be accommodated in a refuge but require transitional support and accommodation on exit. In this case the client's assessment will remain in the prioritisation list.

- c) **Providing updated information** - The support agency should advise the referring access point if anything changes for the client that is likely to impact on their prioritisation for these resources (by faxing or emailing the attached Post Referral Client Feedback and Consent forms to the access point).

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

- d) **Referral to another region** - A client may also wish to access the resources of another catchment. In this case the support agency should update the initial assessment and forward it to the relevant access point for the area the client wishes to access. The support agency should also advise the initial access point whether or not the client wishes to remain on their prioritisation list.

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

(See Part 4, Section 16 for a copy of the Post Referral Client Feedback Form and accompanying client consent form and Part 4, Section 15 for the Cross Regional Referral Guidelines.)

14.2 Case Management Assessment

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

Part 4:

**Tools, forms
protocols &
guidelines**

Section 15: Protocols & guidelines

Table of Protocols and Guidelines

1. LASN Terms of Reference
2. Innovation and Improvement Process and Guideline
3. Housing and Support Partnership Agreement
4. North West Homelessness Sector Steering Group Terms of Reference
5. Cross Regional Referral Guidelines
6. Prison Exits Protocol

Insert *LASN Terms of Reference*

Innovation and Improvement Process and Guidelines

1. Purpose

This Innovation and Improvement Process and Guidelines have been developed by the North West Homelessness Local Area Network (LASN) to assist the LASN to focus on continual improvement of the homelessness service system by:

- providing a mechanism that assists the LASN to identify and resolve systemic issues arising in the service system,
- providing a mechanism to record opportunities for practice and structural improvements raised by LASN member agencies and external stakeholders in relation to the functioning of the homelessness service system,
- assisting the LASN to identify and promote areas of innovation within the homelessness service system
- outlining the steps to be taken to ensure that innovations and improvements identified are referred to the appropriate forum for consideration/action,
- assisting the LASN to develop a consistent approach to policy and practice by providing the LASN with regular reports about the range of issues raised and the responses made to them.

LASN members are encouraged to utilise the LASN Improvement and Innovation Log to identify current innovation in homelessness practice that have broader systemic applicability with a view to sharing skills, knowledge and promoting good practice.

2. Accountability

The LASN is accountable for monitoring the development and implementation of coordinated homelessness service system arrangements. The Improvement and Innovation Log provides the LASN with one mechanism to monitor and develop these coordinated homelessness service system arrangements.

This mechanism exists to support systemic development of the LASN and sits outside agency to agency concerns and departmental negotiations with member agencies.

The North West Homelessness Sector Steering Group is allocated authority by the LASN to monitor and progress issues referred to the Innovation and Improvement Log. The North West Homelessness Sector Steering Group will refer issues to the LASN, Department of Human Services, the Access Point/THM meetings and/or the Support Working Group as appropriate.

3. Guidelines

a) Proposals for innovation/improvements can be logged by:

- LASN member services;
- External stakeholders;
- Consumers.

b) Process for logging improvements/innovations

LASN member agencies address practice issues directly with each other in the first instance. Agency to agency issues that can not be resolved at this issue can be referred to the appropriate Department of Human Service's Program and Service Advisors.

Proposed systemic/structural improvements should be forwarded to the LASN Chair on the attached Innovation and Improvement Log pro forma (see Section of LASN forms that follows). The pro forma requires inclusion of a proposed outcome to the issue under consideration.

If external stakeholders approach LASN member agencies with identified systemic issues for consideration by the LASN, they can be given a copy of the Innovation and Improvement Processes and Guidelines so that their suggestions can be formally logged.

c) Process for promoting innovation and responding to issues:

The North West Homelessness Sector Steering Group will coordinate resolution or progression of Improvement and Innovation Log items. This might include: referral to the LASN for consideration, convening a meeting, clarifying DHS guidelines, clarifying aspects of the North and West Metro Homelessness Network Homelessness Service System Manual or referring the matter to one of the LASN sub groups for discussion.

30 November 2012

**Insert *Housing and Support Partnership
Agreement***

Insert *North West Homelessness Sector*
Steering Group Terms of Reference

Insert *Cross Regional Referral Guidelines*

Insert *Prison Exits Protocol*

Section 16: Forms and Tools

Table of Forms and Tools

1. Post referral feedback form
2. Client consent to share information
3. Referral confirmation fax sheet
4. Interim response 2 forms:
 - a) IR 2 fax/referral cover sheet
 - b) General information on short term assistance - for clients
 - c) Information for clients being referred for short term assistance
 - d) Feedback sheet
5. Initial Assessment & Planning Tool
6. Initial Assessment & Planning Referral Tool
7. Innovation and Improvement Log Pro Forma
8. Resource Register Prompt Sheet
9. Tenant Information Pamphlet
10. 'What happens next' pamphlet
11. Guide to Creating a Housing Prioritisation Profile
12. Resource Register Agency Managers' Manual

POST REFERRAL CLIENT FEEDBACK FORM

Support agency name:

General Criteria

Client Name:

D.O.B:

Date of referral to support agency:

Date of feedback:

Worker's Name and contact details:

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

Is client requesting transfer of assessment to another access point: Yes/No

If yes, which one: _____

Does client wish to remain on prioritisation list at referring access point service Yes/No

For completion by access point:

SHIP updated: (date)

Date assessment transferred to another access point service, if required:

Client Consent to Share Information Form

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

Name:
Date of birth: (dd/mm/yyyy)
Sex:
Alpha code:

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

Name of agency

Type of information (including limits as applicable), for example:
• all relevant information
• housing situation only.

2(a) Verbal consent

2(b) Written Consumer Consent

Worker Use Only

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

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

Referrals ☐

Victorian Homelessness Data Collection ☐

Signed (worker).....

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

Worker Name:.....

Position:.....

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

Signed

Signed by ☐ Client or ☐ Authorised representative

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

Name:.....

Witnessed(worker).....

Worker Name.....

Position:.....



FACSIMILE

TO:

ORGANISATION:

FAX NUMBER:

PHONE NUMBER:

PAGES DATE: URGENT: CONFIDENTIAL:

FROM:

TITLE:

FAX NUMBER:

PHONE NUMBER:

Confirmation of receipt of referral

Client Name:

Date contact made with client:

Does client wish to remain on the prioritisation list for:

Support: Yes/No

Transitional housing: Yes/No

IR 2 Forms

Attached are some forms that support the work of IR 2:

1. **IR 2 referral fax/email cover sheet** - cover sheet to be faxed/emailed to the support provider with the IA&P assessment form and appropriate short term assistance form below.
2. **Short term assistance information sheet for clients who might be referred to IR 2 for assistance in the future** - a copy of given to a client who is likely to be prioritised for IR 2. Copy is then faxed/emailed to a support provider if a referral is made.
3. **Short term assistance information sheet for clients if referred to a support provider at the time of assessment** - copy given to the client and one faxed/emailed to the support provider if the IR 2 appointment will occur at the support service
4. **Feedback sheet** - to be faxed/emailed to the access point service at the end of an IR 2 period of assistance.



FACSIMILE

TO:

ORGANISATION:

FAX NUMBER:

PHONE NUMBER:

Pages:

Date:

Urgent:

Confidential:

FROM:

TITLE:

FAX NUMBER:

PHONE NUMBER:

IR 2 Referral

Client Name: _____

Client contact details: _____

Client is on the prioritisation list awaiting support: Yes/No

Client is on the prioritisation list awaiting housing: Yes/No

Copy of the IA&P referral and client short term assistance form are attached.



General information on short term assistance

What is short term assistance?

There are many more people needing assistance from the homelessness service system than the system can support at any one time. To help provide assistance to as many people as possible, short term assistance is provided by homelessness services to people who are waiting for housing and/or support.

Short term assistance is brief assistance (one or two appointments) to help you to maintain housing if you are at risk of becoming homeless or to help you to manage one or two of the things going on in your life in the short term so that things are not as difficult for you while you are waiting for the housing and/or support that you need.

Short term assistance may be provided at this office or at a place arranged by you with a support worker.

With your permission, this service will seek to refer you for short term assistance with:

What happens next?

If there are any vacancies for short term assistance, this service will forward your details to the available service. We will call to let you know that we are making a referral and to check that it would still be useful for you. Your short term assistance worker will ring you within 24 hours to make a time to meet with you.

Once that service has assisted you with the task above, they will contact us to let us know whether or not you would like to remain on the prioritisation list for support and housing.

We will contact you at least once every six months to see how you're going and if your situation and needs have changed. We encourage you to contact us if you need further information, or would like to speak to a housing worker.

If anything changes for you before housing or support is available, please contact us on this phone number:

Client name: _____

Client signature: _____

Worker name: _____

Access point service: _____

Date: / /



Information for people who have been referred for short term assistance

You have been referred to _____
for short term assistance.

A worker from this service will be calling you within the next few days to arrange a time to meet with you to assist you with:

What is short term assistance?

There are many more people needing assistance from the homelessness service system than the system can support at any one time. To help provide assistance to as many people as possible, short term assistance is provided by homelessness services to people who are waiting for housing and/or support.

Short term assistance is brief assistance (one or two appointments) to help you to maintain housing if you are at risk of becoming homeless or to help you to manage one or two of the things going on in your life in the short term so that things are not as difficult for you while you are waiting for the housing and/or support that you need.

What happens next?

Once the service has assisted you with the task above, they will contact us to let us know whether or not you would like to remain on the prioritisation list for support and housing.

We will contact you at least once every six months to see how you're going and if your situation and needs have changed. We encourage you to contact us if you need further information, or would like to speak to a housing worker.

If anything changes for you before housing or support is available, please contact us on this phone number: _____

Client name: _____

Client signature: _____

IA&P Worker name: _____

Access point service: _____

Date: / /



FACSIMILE

TO:

ORGANISATION:

FAX NUMBER:

PHONE NUMBER:

PAGES: Date: Urgent: Confidential:
FROM:

TITLE:

FAX NUMBER:

PHONE NUMBER:

IR 2 assistance complete

Client Name:

Tasks completed:

Does client wish to remain on the prioritisation list for:

IR 2: Yes/No If yes, for what tasks:

Support: Yes/No

Transitional housing: Yes/No

Please attach the *Post Referral Client Feedback Form* to provide any updated information such as changes to contact details, possible changes to prioritisation.



Initial Assessment & Planning Tool

Agency Information

Agency Name:

Staff Member:

Date:

Client Contact Details

Client Name:

Preferred Name/Alias:

Address:

Date of Birth:

Gender:

Phone No:

Mobile No:

Can a worker call you on this number and leave a message? ☐ Y ☐ N

Alternative Contact Details:

Country of Birth:

Indigenous Status:

Source of Income:

Labour Force Status:

Student Status:

Date of assessment

Is an Interpreter required: ☐ Y ☐ N

If yes, please provide further information:

Household members

Other Names	Surname	Relationship	Gender	DOB <small>enter year only if estimate</small>	Cultural Identity
--------------------	----------------	---------------------	---------------	---	------------------------------

Summary

Needs and Risks

Response Provided (include housing assistance provided or planned and supports needed, provided or arranged)

Housing Allocated

Support Allocated

Next Steps

Target Group (Family Violence, Young People, Indigenous, Families, Single Adults)

Priority Status

Housing Need

Support Need

Assessment of Personal Vulnerabilities

Status of Interim Response

Consent

Client consent to share information

To record freely given informed client consent to share their information with a specific agency/ies for a specific purpose

Name:

Date of Birth:

Sex:

Section 1: Proposed Information Uses and Disclosures

1.1 Referrals

The following service(s) are recommended. It is also recommended that relevant information is forwarded to the agency(s) that provide these services, in order that consumers receive the best possible care.

Service Type Eg. - Housing support - Drug & Alcohol support	Name of Agency	Type of information (including limits as applicable) Eg. - All relevant information - Housing situation only

Section 2: Record of Consumer Consent

2(a) Verbal consent

Worker Use Only

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

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

Referrals ☐

Signed
(Worker)

Date:

Worker name:

Position:

2(b) Written Consumer Consent

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

Signed

.....
Signed by ☐ Client or ☐ Authorised representative

Date:.....

Name:

Witnessed:
(worker)

Worker name:

Position:

Informed of privacy/confidentiality & storage of personal information ☐ Y ☐ N
Provided with hard copy of clients rights and confidentiality ☐ Y ☐ N



Initial Assessment & Planning Referral Tool

Referral To

Agency Name:
Staff Member:
Email address:
Fax Number:
Service:
Vacancy:

Referral From

Agency Name: <<w_organisation>>
Staff Member: <<w_firstname>> <<w_lastname>>
Phone Number: <<w_phone>>
Fax Number: <<w_fax>>
Email Address: <<w_email>>
Date Referred: <<today>>

Client Contact Details

Client Name: <<p_firstname>> <<p_lastname>>
Preferred Name/Alias:
Address: <<p_street1>> <<p_street2>> <<p_suburb>> <<p_state>> <<p_postcode>>
Date of Birth: <<p_dob>> or <<p_dobestimate>>
Gender: <<p_gender>>
Phone No:
Mobile No:

Can a worker call you on this number and leave a message? ☐ Y ☐ N

Alternative Contact Details:

Country of Birth: <<p_cob>>
Indigenous Status: <<p_indigenous>>
Source of Income:
Labour Force Status:
Student Status:
Date of assessment
Is an Interpreter required: ☐ Y ☐ N
If yes, please provide further information:

Household members⁺

Other Names	Surname	Relationship	Gender	DOB	enter year only if estimate	Cultural Identity
-------------	---------	--------------	--------	-----	-----------------------------------	----------------------

Summary

Needs and Risks

Response Provided (include housing assistance provided or planned and supports needed, provided or arranged)

Housing Allocated

Support Allocated

Next Steps

Target Group (Family Violence, Young People, Indigenous, Families, Single Adults)

Priority Status

Housing Need

Support Need

Assessment of Personal Vulnerabilities

Status of Interim Response

Consent

Client consent to share information

To record freely given informed client consent to share their information with a specific agency/ies for a specific purpose

Name: <<p_firstname>> <<p_lastname>>

Date of Birth: <<p_dob>>

Sex: <<p_gender>>

Section 1: Proposed Information Uses and Disclosures

1.1 Referrals

The following service(s) are recommended. It is also recommended that relevant information is forwarded to the agency(s) that provide these services, in order that consumers receive the best possible care.

Service Type Eg. - Housing support - Drug & Alcohol support	Name of Agency	Type of information (including limits as applicable) Eg. - All relevant information - Housing situation only

Section 2: Record of Consumer Consent

2(a) Verbal consent

Worker Use Only

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

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

Referrals ☐

Signed

.....
(Worker)

Date <<today>>

Worker name:
<<w_firstname>> <<w_lastname>>

Position: <<w_position>>

2(b) Written Consumer Consent

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

Signed

.....
Signed by ☐ Client or ☐ Authorised representative

Date <<today>>

Name: <<p_firstname>>
<<p_lastname>>

Witnessed:
(worker)

Worker name: <<w_firstname>>
<<w_lastname>>

Position: <<w_position>>

Informed of privacy/confidentiality & storage of personal information ☐ Y ☐ N

Provided with hard copy of clients rights and confidentiality ☐ Y ☐ N

INNOVATION AND IMPROVEMENT LOG PRO FORMA

*The following suggestions/issues have been raised by(LASN member) from
.....(AgencyProgram) and emailed to the LASN Chair on.....(Date).*

Date	Innovation/Improvement	Proposed Outcome	Outcome [to be completed by the North West Homelessness Sector Steering Group]

Resource Register Prompt Sheet

This document provides prompts on the most useful ways to publish vacancies on the Resource Register and addresses inconsistent and inappropriate practices identified through the Practice Advisory Group and Community Programs - Housing. Additional information about how best to use the Resource Register can be found in the Resource Register Training Manual or the regional service system practice manual.

Section	Purpose	Suggested Practice
Resource ID	This is the unique resource identifier.	<ul style="list-style-type: none"> • Access points to note the resource ID in the referral in order to ensure that the correct resource is unpublished and multiple referrals are not made.
Resource Type	This section shows the type of service that is available. This information is important when searching for published vacancies.	<ul style="list-style-type: none"> • Crisis Supported Accommodation is best advertised under 'Housing-CSA.' • IR 2 should be advertised under 'Interim Response.' Only those agencies formally providing IR 2 should log vacancies in the Interim Response 2 category. • Transitional Housing vacancies are advertised for data collection purposes and to assist the IA&P arm of the THM service to prioritise for each transitional housing vacancy. Allocation to transitional housing vacancies is undertaken by the IA&P team, in consultation with the tenancy team of each THM service. By the time a transitional housing vacancy has been advertised an individual or household from the prioritisation list will already have been allocated the property.
Published From	This section shows the LASN from which date the vacancy was published.	
Published To	This section shows the number of LASNs to which the resource was published.	<ul style="list-style-type: none"> • Unless the publishing service accepts referrals directly from across the state, vacancies should only be published to NWMR access points. Clients from other regions will still be considered for these vacancies as per the <i>Cross-Regional Referral Guidelines</i>.

Section	Purpose	Suggested Practice
Priority Level	This section identifies the support agency's capacity or specialisation in working with clients with varying levels of support need. Definitions of need are defined by the prioritisation grid.	<ul style="list-style-type: none"> • Except for some specialist programs, homelessness services are not funded to work with clients with a specific level of need or complexity. • From time to time, factors such as staff turnover may compromise the capacity of services to work with clients with high and complex needs. In this instance a service may advertise a vacancy as 'medium' or 'low.' The meaning of these terms should be consistent with the LASN prioritisation grid.
Conditions	This section is used to define the conditions that are attached to a vacancy. Conditions may vary each time a vacancy is logged and may relate to the type and intensity of support available, service operating area, funded target groups, or the matching of a client's situation to those of other clients in an accommodation service.	<ul style="list-style-type: none"> • Although homelessness services are funded to provide services within a particular area, having links to that area is not a criterion for eligibility. If a service has a very specific catchment, they could specify this catchment (for eg: 'Service operates in Melton') and the access point will consider clients who are willing to be supported in that area. The LASN has agreed that it is not appropriate to require that a potential client already has links to the area in which they wish to be assisted. • The parameters of each resource type will be explained to a client before they are referred to a vacancy. The specific frequency and nature of support should be negotiated with a client once the support relationship has commenced. • The presence of a mental illness/AOD issue or the previous use of aggressive behaviour does not affect an individual's eligibility for homelessness assistance. If the service does not have the capacity to support a client with complex and unmanaged support needs, this should be stated in a way that reflects the service's current constraint, rather than excluding clients. For example: 'This congregate accommodation setting does not currently have capacity to support clients who actively use illicit substances.'

Section	Purpose	Suggested Practice
Date Published	<p>This section shows the date on which the resource was most recently published.</p> <p>Services manually update this section each time a resource is published.</p>	<ul style="list-style-type: none"> • Update this section each time the vacancy is published. • If a service has an ongoing vacancy (for example, secondary consult), this can be noted in the conditions section. • If a referral hasn't been received within one week of being published, consider reducing the conditions attached to the resource or contacting the access point to discuss the vacancy.
Resource Contact Details	<p>This section shows the essential contact details for the service that is publishing the vacancy. This section allows the access point to easily identify and refer to relevant resources.</p>	<ul style="list-style-type: none"> • At a minimum, the contact details section should include the service name and contact number. It is ideal to provide service or program contact details, rather than those of a specific staff member, so that Access Point staff can forward a referral to any staff member. • An email address also needs to be included if the service has multiple access points, so that all access points can be informed when a client has been referred to the vacancy. This avoids multiple clients being referred to the vacancy. As youth refuges now accept referrals from any NWMR Access Point, it is imperative that these services include an email address in this section.

Good Practice Examples

Resource ID	Resource Type	Published From	Published To	Priority Level	Conditions	Date Published	Resource Contact Details	Action
1111	Transitional Support	North and West Metropolitan	1	Any	Families' service. Funded to work with clients in Moreland.	05/03/2012	Service Name Service Phone Number	View details
2222	Transitional Support	North and West Metropolitan	1	Medium	Service for single men. Service does not currently have capacity to support clients with unmanaged mental health issues.	05/03/2012	Service Name Service Phone Number	View details
3333	Interim Response	North and West Metropolitan	1	Any	IR2 vacancy for young person. Appointment available at YCH on 10/3/2012 at 2.00pm.	05/03/2012	Service Name Service Phone Number	View details

Resource ID	Resource Type	Published From	Published To	Suburb / Town	Property Type	Number of Bedrooms	Conditions	Date Published	Resource Contact Details	Action
4444	Crisis Supported Accommodation	North and West Metropolitan	1	Sunshine	Refuge	8	Youth Service.	05/03/2012	Service Name Service Phone Service Email	View details
5555	Transitional Housing	North and West Metropolitan	1	Footscray	Unit	2	Targeted towards young person or family. Unit accessed via stairs.	05/03/2012	Service Name	View details

Insert ***Tenant Information Pamphlet*** who people who are
prospective tenants of transitional housing

Insert '**What happens next' pamphlet** for people who have received an assessment at an access point and who have been included on the prioritisation list for access to homelessness support and/or accommodation

Insert ***Guide to Creating a Housing Prioritisation
Profile***

Insert ***Resource Register Agency Managers' Manual***