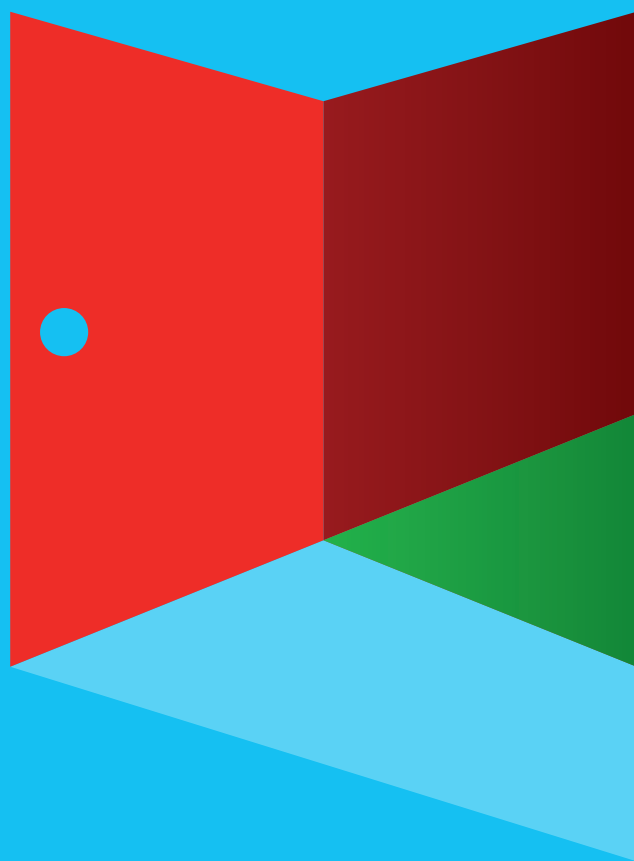


Opening Doors

Better access for homeless people to social housing
and support services in Victoria

Practice guide



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July 2008

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Introduction

What is Opening Doors?

When the Housing and Community Building Division within the Department of Human Services consulted with consumers about the homelessness services we provide, they told us that accessing services can be complicated and time consuming. Funded agencies agreed that the service system could be difficult for consumers—and even workers—to navigate.

In response to these concerns, the Housing and Community Building Division developed an area-based service coordination framework called Opening Doors—a practice and systems approach to provide timely and effective access to homelessness and social housing services to people seeking assistance. The framework was developed over 2005–06 in consultation and partnership with the community sector and piloted and reviewed in 2006–07. We incorporated what we learned from this testing phase into the final Opening Doors framework.

Opening Doors is for use by Housing and Community Building Division-funded homelessness assistance services¹ and social housing services. When the framework is fully implemented in these services, allied services such as health, mental health and drug and alcohol services can be invited to link with local homelessness and social housing networks.

Opening Doors practice

Opening Doors documents best practice service delivery for entry points and related support and housing services. Best practice is based on engaging with people who are homeless or at risk of homelessness.

Opening Doors articulates for the first time two critical roles in the homelessness service system:

- initial assessment and planning
- interim response.

In the Opening Doors model, initial assessment is undertaken for a whole local area by initial assessment workers located at designated homelessness entry points, backed up by service coordination among all SAAP, THM, HEF, affordable housing and allied services within a catchment area.

Historically, Housing Information and Referral (HIR) workers and other homelessness workers in settings (such as crisis services) undertook initial assessment and interim response. By describing and defining these activities, Opening Doors provides a formal framework to recognise and formalise these responses.

Local area service networks (LASNs)

Local area service networks are formed from the Housing and Community Building Division-funded homelessness assistance services in a local catchment area. Led by Department of Human Services regions, the local area service networks are responsible for implementing Opening Doors in each local catchment area.

The role of each local area service network is to:

- develop, implement and maintain Opening Doors in their particular geographic catchments
- build on consistency and quality of service delivery practice amongst member agencies
- coordinate referrals with allied services and services in other areas
- undertake data monitoring and client satisfaction review for the purposes of identifying gaps and trends in service provision
- make evidence-based recommendations to the Housing and Community Building Division about responses to service gaps (change in agency catchments/targets/allocation of funds/utilisation of funding).

About the *Practice guide*

This guide assists workers who undertake initial homelessness assessment to understand and implement the practice of Opening Doors. It includes information about using the initial assessment and referral tools, and will support each worker's own communication and allow for individual tailoring of the assessment conversation.

Other information about Opening Doors is found in the Opening Doors Framework (overview and policy context) and the Opening Doors Service coordination guide for local area service networks (detailed outline of network tasks).

This *Practice guide* also outlines the role of provider agencies (case-managed support services and social housing providers) in this practice.

Approach: engagement

First contact and initial assessment are opportunities to engage with a person seeking assistance. The person may have little reason to trust the service system, so we must work with whoever needs assistance, not just those with effective help-seeking behaviour.

The meaning of engagement

For the client:

- feeling believed and respected, that their individual circumstances have been understood, and that the worker will be useful.

For the worker:

- knowing enough of the client's circumstances and wishes to confidently advise them of their options and to advocate on their behalf.

Getting the real story

Engagement is essential because few people will disclose personal information to someone they do not trust. People often give information in a way that best protects them and/or that gets what they need, especially if they feel there is no alternative. The engagement approach creates an environment where a consumer can tell you what is important to them.

Practice tips–engagement

Treat people well: be courteous, friendly, welcoming.

If a consumer has dropped in and has to wait to see a worker, explain how long they will have to wait.

Conduct the conversation in private. Listen carefully. Collaborate and problem solve.

Acknowledge and respond appropriately to cultural and racial diversity, the range of sexual preferences, and to the individual's physical and intellectual abilities.

Ask only what you need to know, and do not press a question if a consumer gets upset. The experience of being treated with disrespect can make a consumer angry and less able to cope.

Do not assume you know better.

Be transparent—explain what you are doing and why. Be clear about what you can do.

Recognise the power imbalance. The person might not trust you immediately.

Entry Point Practice Stage 1: First contact

First contact is the point at which the service determines if the person needs initial assessment for homelessness assistance—are they in the right place?

Depending on each service’s particular arrangements, this first contact function may be performed by an appropriately skilled and supported receptionist, or directly, by the initial assessment worker.

First contact can be described in three steps:

1. Welcome

2. How can I help?

Is the person homeless or at risk of homelessness?

Is an interpreter needed?

3. Response

Provide housing information immediately.

OR

If the person needs to see or speak to a worker, explain:

- likely waiting time
- what the consumer can expect from the service (a quick check of eligibility for resources).

If in person, check basic comfort and safety needs:

- if they need food or drink
- if they have children to settle
- if they need to use a bathroom

OR

If the person does not need homelessness assistance, direct them to the appropriate service.

A consumer who already has an established relationship with a homelessness service provider should not need to ‘go back to square one’ by going through an entry point in order to access the necessary resources. For example, a consumer waiting in a motel for a transitional housing vacancy should not need to keep approaching an initial assessment worker about vacancies. See the section ‘Interim response’, below, for further details.

Practice tips—first contact

If the person has not come to the right service, direct them, as far as you can, to where they need to go.

Create a welcoming atmosphere through the layout and decoration of the reception area (for example, relevant posters, material available in community languages, waiting areas as comfortable as possible, toys available for accompanying children).

Entry Point Practice Stage 2: Initial assessment and planning

Each worker should tailor the assessment conversation to the person being assessed, using their own style of communication.

Needs and risks are assessed simultaneously, while building engagement with the consumer seeking assistance.

Initial assessments can take between half and one hour.

Initial assessment focuses on:

- assistance to maintain current housing (where appropriate)
- options for housing for the night
- other immediate homelessness related needs and risks, such as:
 - needs for food, shower/toiletries, transport and storage
 - indications of need for specialist support (including previous service use)
 - risks to the consumer's safety or to the safety of others
- options for medium and long-term housing.

Household size and make-up determines available and appropriate housing options, and is also an indicator of possible risk areas, for example, family violence or parenting support. This guide refers to 'the person' or 'the consumer', but this should be understood to include all household members (adults and children).

Assessing a person's options for immediate housing involves:

- what the person wants
- safety
- affordability
- length of stay required
- proximity to services and people essential for that person
- familiarity with the accommodation and the area.

Assessing for medium and long-term housing includes:

- capacity to secure and maintain private rental
- eligibility for public housing
- existing applications or debts.

Assessment depth is guided by the consumer's situation. The assessment conversation could be short or lengthy, depending on the consumer's state of mind, complexity of issues and risks, sense of crisis and prior contact with services.

The assessment is inevitably constrained by what the consumer is able and willing to talk about. Homelessness can be a shameful or humiliating experience, so respecting a consumer's privacy is a way to build trust. On the other hand, workers always have to balance their intention to engage with the consumer with their professional duty of care.

Specialist initial assessment

Specific target groups exist, for which particular approaches (and sometimes specialist initial assessments) are required. This depends on the service configuration and demand in local areas, but is likely to include Indigenous, family violence, youth and accompanying children.

Workers may find the consumer wants a referral to a specialist homelessness service with expertise in their particular target group. Provided a service with a support vacancy exists, this is generally the best option. However, when the consumer does not want to do this, or there is no referral option available, the 'Guide to specific target group issues' is provided as attachment 1.

Initial assessment services may employ the Department of Human Services Service Coordination Tool Templates (SCTT) to support the assessment process. The SCTT can be used to gauge the need for further specialist support and assist practitioners to screen for a number of needs including harmful health behaviours, health needs and psychosocial needs, and develop a care plan to allow for a coordinated approach to service delivery.

Entry point workers may also find it necessary to have secondary consultation back-up from specialist service providers to work as well as possible with the many target groups. For example, an entry point worker may ring a youth agency to talk in more depth about a particular situation that they felt they could have handled differently; or the LASN may have established a local model in which an entry point worker can call in a family violence worker to conduct a risk assessment at the entry point once family violence is identified.

Step-by-step initial assessment and planning

The initial assessment and planning process is broken down into steps so that it can be easily understood. In practice, the assessment of needs and risks will usually occur in a circular way. As a person feels understood and begins to trust that the worker will usefully assist them, they may reveal deeper support needs or underlying issues.

1. Introduction

Provide your name.

Explain your role and how you can assist.

Declare your duty of care.

Be transparent about your role—this helps to build trust.

Check: Does the person want your help?

Are they comfortable speaking to you? If possible, try to offer options about the gender, age and ethnicity of the worker.

2. Begin needs conversation

Encourage the consumer to explain their situation, and what they need, in their own words.

Determine household composition (including children) and names and ages. Are other dependents or people not present?

Check: Can the consumer deal with their housing issue right now?

Consider the consumer's coherency of speech and thoughts, level of emotional distress, energy level extremes (high or low), and nonverbal cues—for example, if they are very pale or very flushed in the face, distracted, particularly wild in their gestures or very lethargic, dressed oddly in clothing inappropriate for the weather.

Ask the consumer if there is anything more important to address right now.

- If YES, go to Step 4: Clarify needs and risks.
- If NO, continue with Step 3.

3. Is there potential for harm to self or others, or for harm from others?

Homeless people are at a much higher risk than the general population of experiencing violence, criminal involvement, exploitation, mental distress and deterioration of their physical health.

Reduce these risks by addressing housing needs.

Offer generalist and specialist support where required.

Make a collaborative safety plan with the consumer for known risks.

Workers at the entry point should distinguish the three levels of risk described in the Service coordination guide for prioritisation, and respond appropriately. These risks, and their appropriate supports, are in addition to the homelessness assistance that may be required. However, limited resources will often mean that the worker cannot offer an adequate response to the identified risks, and can only offer the option available. Clear, concise case notes are important for recording the choices made by the worker and the consumer, and the necessary follow-up work.

4. Clarify needs and risks

Check your understanding of the initial needs conversation.

Tease out the situation if it is not clear.

Do not pressure people to disclose information.

Explain that you are concerned about their safety and want to offer the best possible response to their needs.

Return to Step 3 as needed.

5. Rank needs

What is most important for the consumer?

What must be done first?

What must be done today?

A consumer's issues should be ranked, so that the most important can be addressed first. The client should make the decisions about the relative importance and urgency of issues.

Ranking needs and planning is used to address needs that cannot be met immediately.

Needs, risks and resources in initial assessment and planning

Needs and risks	Available resources	
	Consumer's resources	System resources
<p>Safe housing that night: options and risks (type of accommodation and area).</p> <p>Health: physical and mental (include disabilities).</p> <p>Risks of harm to self or others (include accompanying children)–suicide, violence, exploitation, overdose, physical exposure.</p> <p>Personal needs:</p> <ul style="list-style-type: none"> • food • clothing • access to bedding, shampoo, toothbrush and so on • baby formula • nappies and change facilities. • Retrieval and/or storage of belongings. • Pets: options if keeping with them or boarding. • Private rental: • debts • VCAT matters • listing on tenancy databases • references • ability to afford and seek public housing: • applications • eligibility for priority housing • previous tenancies • debts or other outstanding matters. 	<p>Financial—for example, next income payment.</p> <p>Informal supports: coping ability, knowledge of area, friends, family, community groups.</p> <p>Formal supports: other services currently or previously involved.</p> <p>Past experience: what has worked in the past?</p>	<p>Income support:</p> <ul style="list-style-type: none"> • advocacy with Centrelink (correct payment level and category) • crisis payment eligibility • ability to pay rent or debts. <p>Supported crisis accommodation, transitional housing.</p> <p>Purchased accommodation using HEF or other funds.</p> <p>Storage.</p> <p>Interpreter services.</p> <p>Administrative support—assistance with forms.</p> <p>Specialist supports—immediate assessment—CATT or triage; ambulance or emergency ward.</p> <p>Outreach support/further assessment—SAAP, RDNS, CCP, other?</p> <p>Overdose prevention programs.</p> <p>Bulk-billing GPs.</p> <p>Bond loan, private rental brokerage, transport or practical assistance.</p> <p>Housing establishment—HEF for removals or whitegoods, other material aid.</p> <p>Medical costs—prescriptions, methadone assistance.</p>

Practice tips–initial assessment and planning

Check in about basic needs–thirst, hunger, privacy and security of belongings. Many challenging behaviours are caused by unmet needs, or anxiety about how the client will be able to meet them.

Nonverbal communication is very important, and the worker should be sensitive to a consumer's ability to cope and their willingness to discuss certain issues.

Be clear about your duty of care when talking to clients about risks.

A consumer should only be asked to disclose information that is pertinent to the current assessment.

The consumer's own highest ranking need must be taken as the starting point, even if it does not seem the most urgent to the worker.

Initial assessment workers must have regular training opportunities, be backed up by specialist secondary consultation arrangements and timely, high quality supervision.

Entry Point Practice Stage 3: Interim response

Some interim response work will be required for consumers who require more than one contact, but cannot access case-managed support.

Interim response will occur either directly by the entry point service, by co-located support services or by active referrals to support agencies.

SAAP agencies may recognise interim response as the function normally described as ‘casual client work’.

Local area service network agreements will outline the particular local model for interim response, based on both the entry point agency and the housing and support agencies sharing responsibility for the consumer while they wait for long-term housing and/or case management support.

Interim response will usually be office and appointment based, but any capacity to provide an outreach service and/or a drop-in service would be valuable.

Interim response has a dual function of:

- assisting at-risk consumers to prevent homelessness
- providing short-term support to consumers assessed as requiring crisis or transitional housing and case-managed support, but cannot access these services for a range of reasons.

Key elements of interim response

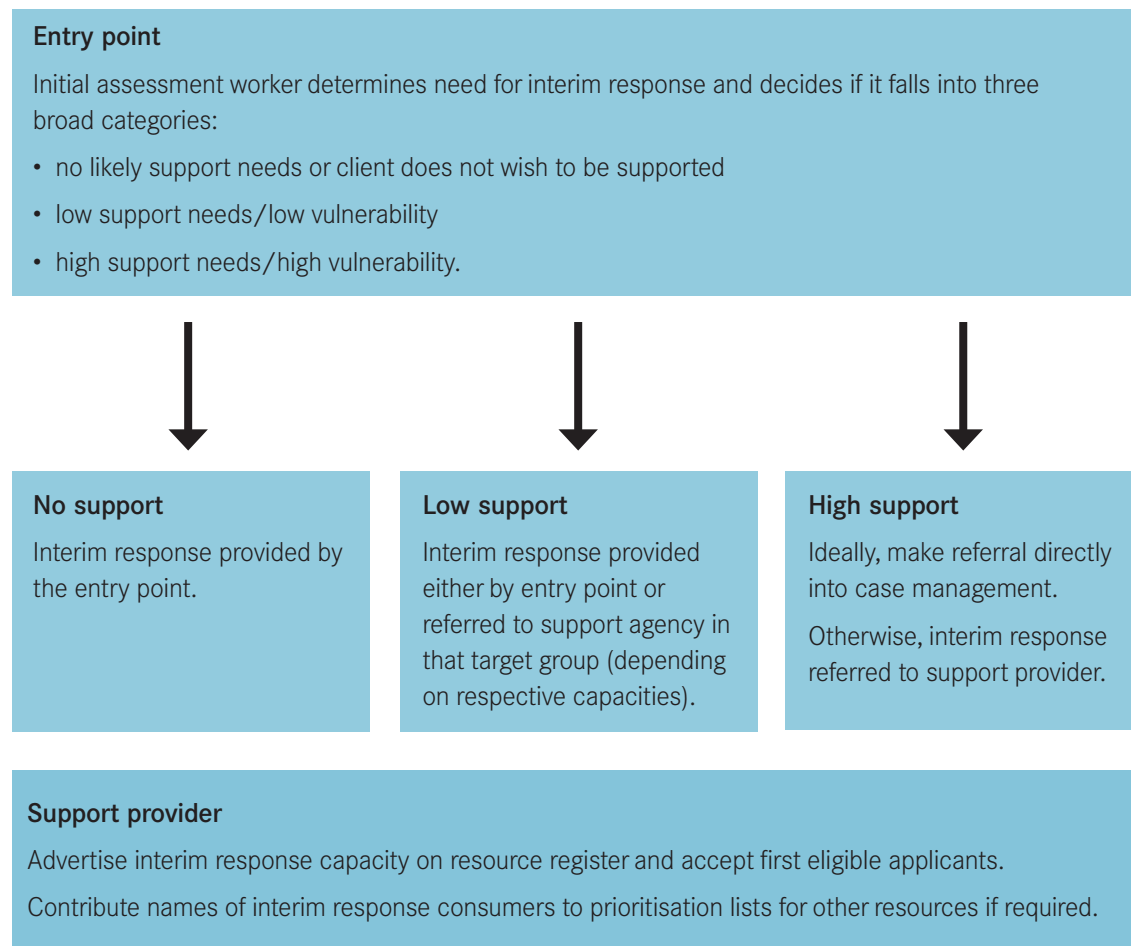
The development of a course of action to access services or prevent homelessness as required.

Active referral to appropriate housing, support and material aid services.

Direct services, typically including:

- placement in emergency short-term accommodation and subsequent exit planning, outreach and follow-up
- monitoring while the client waits for other services
- safety planning
- access to food, clothing, personal hygiene and so on
- assistance to secure and/or maintain crisis, transitional or private rental accommodation
- assistance with applications for priority access to public housing
- assistance to secure community-managed housing
- assistance to prevent homelessness occurring
- financial assistance for housing-related needs
- assistance with legal issues
- housing advice and information
- advocacy/liaison
- emotional support
- 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
- secondary consultation regarding housing issues
- waiting list management and prioritising clients for a service.

Recommended decision path for allocating interim response referrals



Practice tips–interim response

Clear communication is essential.

Be clear about roles and responsibilities.

Avoid asking the consumer to keep coming into the agency, especially daily, to check their options, because this can waste everyone's time and wear out their patience.

Keep appointment times and agreements, even if you are busy. If you cannot, try to contact the consumer, rather than assume they won't mind waiting or dropping in without being able to see you.

Consider which allied services may be able to help support the consumer.

Entry Point Practice Stage 4: Resource matching and referral

Resource matching is the development of a plan in collaboration with the consumer to provide the best possible response using the available, appropriate resources.

This process may be very short and quick, or more detailed, depending on the consumer's needs, risks and their ability to cope. It also depends on the housing and support resources available at that time.

Once needs and risks are identified and ranked, all consumers must be given the best possible response within the available resources. In many cases, this response will only partially meet the consumer's needs. Consequently, interim response is an essential aspect of initial assessment work, and it is further described in Section 3 Interim response. The entry point agency is responsible for coordinating the interim response work. Some aspects will be most efficiently done by the entry point agency itself, while other aspects can be brokered by active referrals.

Resource matching relies on the initial assessment worker's access to accurate information about resource availability within the homelessness service system. It is designed to reduce time wasted waiting to find out if a vacancy has been secured. This time can be better spent planning and acting to meet the consumer's needs. Best matching also eliminates secondary layers of initial assessment by shifting the burden of disclosure to the agency providing the resource.

Use of the resource register

The matching model eliminates the need for clients to complete multiple assessments/applications for housing and support. Once a resource has been secured, the provider can request the information they need, or conduct a deeper assessment as required—for example, for SAAP case management, as appropriate under the program guidelines.

The following tables outline the steps, roles and responsibilities needed to support efficient matching and referral.

Background work by local area service network

Step 1	<p>The local area agrees on the most equitable targeting of available resources.</p> <p>Resources include financial assistance, crisis accommodation, transitional housing, short and long-term support.</p> <p>These allocation quotas are regularly reviewed with particular regard to any identified service gaps or systematic exclusions.</p>
Step 2	<p>The local area agrees on the prioritisation criteria and processes which will be used by entry point services when more than one consumer is the best match for the available resource.</p> <p>These prioritisation systems are regularly reviewed with particular regard to any identified service gaps or systematic exclusions.</p>

Service delivery work

Step 3	Entry point agency	Referral agency (support, housing, HEF)
Identify available resources	<p>The entry point worker assesses what resources will be appropriate to the consumer's needs and risks.</p> <p>The entry point worker checks the resource register for availability.</p>	<p>All homelessness agencies within the catchment promptly and accurately advertise resource vacancies (either by website or other immediately available means).</p> <p>All special requirements, duty of care issues, or risk factors are advertised along with the vacancy.</p>
Identify best match	<p>The worker discusses the available resources with the consumer and provides expert advice about the best possible option.</p> <p>This may involve a three-way conversation between the entry point worker, the client and the resource provider about the finer details of the resource.</p> <p>Client names need not be exchanged at this point.</p>	<p>If many factors affect the resource match, the providing agency makes a worker available (ideally on mobile phone or direct line) to respond to referrals until the vacancy is filled.</p> <p>This allows for fine tuning to needs and safety planning.</p>
Secure resource	<p>Once the best match is identified, the worker contacts the provider to secure the resource.</p>	<p>The homelessness agency accepts the first eligible referral from the initial assessment worker.</p>
Arrange access to resource	<p>Once the referral is accepted, the entry point worker arranges access to the resource.</p> <p>For example, provision of HEF either directly or by protocol; providing contact details to enable support worker to meet with the client.</p> <p>A generic referral form is provided for use when appropriate to deliver client name, contact details and case summary in a written form.</p> <p>If a referral is inappropriate, the entry point agency supports the providing agency to secure a better match.</p>	<p>The providing agency accepts and works with the client.</p> <p>If there are any problems with the match, the client should not be disadvantaged.</p> <p>The providing agency seeks a better match for the client, with support from the entry point service as required.</p> <p>The providing agency communicates any feedback clearly and respectfully to the entry point service, so that future referrals can be more appropriate.</p>

Making referrals

Once a resource has been secured, the entry point worker may need to send a written referral form to the providing agency. Opening Doors provides a common referral form for homelessness assistance providers in order to streamline processes.

The referral summary should be tailored to fit both the client's situation and the provider agency's needs. Certain resource providers will need more information to make sure they can meet the consumer's needs.

The summary should usually include:

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

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.

The *Homelessness Assistance Program Guidelines* section on the use of HEF for purchased private accommodation should be followed when referring to private rooming houses, motels and caravan parks.

CMS: Add referral page

Client Contact - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media

Address http://localhost/cms/client_contact.asp?ClientID=1 Go Links

Home Enquiry Help

Client Management System

Print Save

Search Client details Add service Contact Add Referral Address history Notes \$ Assist Add Client

Add Referral

Client ID	Client Name	Preferred Name	Staff Member
1	OTHERNAME1 SURNAME1		help desk

Mobile Phone No.	Home Phone No.	Work Phone No.

Household members			ADD	EDIT	REMOVE
SURNAME	OTHER NAMES	RELATIONSHIP	D.O.B	AGE	EST.

Additional Contact Details

Contact Support Name	Home Phone No.	Address
	Work Phone No.	Email
Relationship	Mobile Phone No.	Organisation

Summary

remaining characters: 6997

Paid for 2 weeks - this is a test

Vacancy Details

Organisation referral sent to	Service
Verbal Consent <input type="checkbox"/> Written Consent <input type="checkbox"/>	Vacancy
Date Processed 11/05/2006	

Print Out Copy Now

CMS Homelessness Assistance Referral generated from client notes page

Date	Time	Staff Member	Note Type
08/01/2002	14:55	Sue Coleman (LEFT)	
Homelessness Assistance Referral			
Summary: Blah Blah Blah			
Referral To			
Agency Name:	Hanover Crisis Service		
Email Address:	hanovercrisis@hanover.net.au		
Fax Number:	9999 9999		
Service:	Youth		
Vacancy:	138 Jones Street Collingwood Vic 3077		
Referral From			
Agency Name:	Homeground Services		
Staff Member:	Jill		
Sent:	1/1/2006		
Phone Number:	0390969798		
Fax:	0390969999		
Client Contact Details			
Name:	John Smith		
Address:	101 Testing Place, Melbourne Vic 3000		
Home Phone:	9999 9999		
Work Phone:	9999 9999		
Mobile:	0438 999 999		
Email:	john.smith@dhs.vic.gov.au		
Additional Contact Details			
Organisation:			
Relationship:			
Name:			
Address:			
Home Phone:			
Work Phone:			
Mobile:			
Email:			
Household Member Details			
Name:	Joe Smith	Age: 16	Relationship: Brother

If a referral is made to a service provider other than SAAP or THM, you may need to use their referral form and process. Often this will be the referral form in the Department of Human Services Service coordination tool templates.

Practice tips—resource matching and referral

With clients

Deliver clear information in ways appropriate to the consumer's present coping ability.

Communicate realistically about what resources are currently available.

Provide your expert advice about other options and pathways into the system.

Be transparent about the process.

When completing referral form, ask the consumer what they want included.

With other agencies

Maintain local area relationships using regular agency visits, team meeting visits, worker exchanges, network involvement and co-location.

Build cross-regional relationships—at the very least between entry point services.

Remember that responsibility for clients is shared between entry point and provider agencies.

Respect the right of other agencies to set boundaries.

Entry Point Practice Stage 5: Data collection

The final stage is data collection. Data collection must be left to the end because it is based on what has happened in the consumer interview, rather than being simply for the sake of collecting as much data as possible.

Why collect data?

All organisations that receive Housing and Community Building Division homelessness assistance funding are required to report data for the Victorian Homelessness Data Collection as part of their Service Agreement.

The Victorian Homelessness Data Collection is based on broad information needs at the program level, and focuses on the clients who receive assistance and the types of assistance they receive. The data collection seeks to provide an evidence base for researchers, peak bodies, agencies and government to understand more about specific issues related to homelessness in Victoria. Information is needed about:

- the number of people assisted by the homelessness service system
- the forms of assistance being delivered to those people
- client pathways through the homelessness service system
- the geographic areas in which people received assistance
- resources (inputs) and outputs
- outcomes achieved for clients.

With these kinds of information, stakeholders can assess whether the homelessness service system meets broad policy objectives, identify new priorities for further research and development and plan for improved policies and service delivery responses.

When do I collect data?

The initial assessment and referral form in the client management system provided to transitional housing managers by the Housing and Community Building Division is designed so that information capture for the Victorian Homelessness Data Collection occurs during or immediately after the initial assessment and service provision stage. The assessment and engagement process may occur in person or over the phone. However, it is important that you ask for the client's consent to use their information during your conversation with them.

How do I collect data?

The Victorian Homelessness Data Collection is built into the client management software provided by the Housing and Community Building Division to Transitional Housing Managers (CMS) and the data collection software provided by the Australian Institute of Health and Welfare for the collection of SAAP client data (SMART). Agencies are required to record the information for each client record and send de-identified client data off to the institute. The items included in the data extract are coloured blue on CMS and brown in SMART. All other items are in black font.

Do I need to complete all the information?

The needs of the client and service provision to meet these needs are the first priority. The requirements of the data collection, while important, are secondary to this process, and each item in the data collection is designed to *reflect* practice, rather than *drive* practice. In other words, in most cases, the information required for the data collection is information the worker would need to know in order to deliver a service to the client. Most data items have a 'don't know' or 'client left without providing the information' option you can select if you have not collected a certain piece of information from a client.

CMS: Contact screen

Home Enquiry Help < Client Management System > Print Save

Search Client details AddServiceContact Address history Notes \$ Assist Add Client

Add Contact

Prior Contacts: [dropdown] Create New Referral from Existing Service Contact

Client ID	Service Contact Date	First Service Contact Date	Time	Client Name	Staff Member
1000	10/10/2006	13/06/1998	11:52	BUZZ LIGHTYEAR	Help Desk

Service Contact Setting **Office Location**

Appointment [dropdown] [dropdown]

Program [dropdown] **Service Contact Note Type**

Other Housing [dropdown] Contact Note [dropdown]

Needs and Role remaining characters: 7000

Response Principle remaining characters: 7000

Next Steps remaining characters: 7000

Main Reason for Seeking Assistance **Housing Type Immediately Before Service Contact**

Other Financial Difficulty [dropdown] Other institutional setting [dropdown]

Living Arrangements before Service Contact **Tenure Type Immediately Before Service Contact**

With relative(s)/friend(s) - temporary [dropdown] Rent-free accommodation [dropdown]

Assistance Needed/Provided/Referred

	Needed	Provided	Referred
Assistance to Access Housing			
Crisis/short term emergency accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term community housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term private rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/Service Type			
Housing advice and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy/liaison - OSH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy/liaison - private rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy/liaison - other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living skills/personal development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional support/other counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with VCAT hearings/other legal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally specific support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with immigrant issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance to obtain government benefit/pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Assistance/material aid (including HEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial counselling and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>		
Referral to Specialist Services			
Employment and training assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incest/sexual assault support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family violence support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family/relationship support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with problem gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/alcohol support or intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical disability services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual disability services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health/medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>		
Referral to Housing Support			
Crisis accommodation support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional Housing Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Tenancy Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Housing Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEF Assistance Details

Add HEF Assistance

View HEF Map

Additional Information

s1c [dropdown]

s2 [dropdown]

s3c [dropdown]

s4 [dropdown]

s5c [dropdown]

s6 THM - General [dropdown]

s7c [dropdown]

s8 [dropdown]

s9c [dropdown]

s10 [dropdown]

Client note details

Date	Time	Staff Member	Note Type						
08/01/2002	14:55								
Contact Date : 05/10/2006 Time 14:24 Staff : Help Desk Office Location : Venue 1 Contact Setting : Your Agency Program :HIR									
Needs and Risks: text entered to display here.									
Response Provided: Text entered to display here									
Next Steps: Text entered to display here									
Main Reason for seeking assistance : Time out from family/other situation Living Arrangements before Ser Cont : Living with Other unrelated persons Housing Type Imm before Ser Cont : House or Flat Tenure Type Imm before Ser Cont : Crisis Accommodation (SAAP/THM)									
Assistance to Access Housing (Needed, Provided and Referred): Assistance to access crisis/short term emergency accommodation #Need #Prov #Ref Assistance to access Public Housing #Need #Prov									
Support/Service Type (Needed, Provided and Referred): Housing advice and information #Need #Ref Financial counselling and support #Need #Prov									
Referral to Specialist Services (Needed and Provided): Parent Support #Need Pregnancy Support #Need									
HEF Assistance Details: <table border="0"> <tr> <td>Private rental Bonds</td> <td>Discr \$33.00</td> <td>Total \$150.00</td> </tr> <tr> <td>Short term emergency accommodation</td> <td>Discr \$0.00</td> <td>Total \$100.00</td> </tr> </table>				Private rental Bonds	Discr \$33.00	Total \$150.00	Short term emergency accommodation	Discr \$0.00	Total \$100.00
Private rental Bonds	Discr \$33.00	Total \$150.00							
Short term emergency accommodation	Discr \$0.00	Total \$100.00							
Additional Service Contact Information: This is the label name - This is the text from the dropdown list Take two Label Name - Text in the dropdown list									

Client confidentiality and client rights

Clients have several important rights in relation to the collection and reporting of their information.

They have the right to:

- be told about the Victorian Homelessness Data Collection, and how information will be used
- decide for themselves whether to give personal information
- be assured that they will get the same services, no matter what they decide
- have their privacy protected if they give personal information, by:
 - being able to talk in a private space
 - having their information kept confidential and only used by people who need the information
 - having any form containing their personal details kept secure.

Informed consent—what is it and why is it necessary?

Consent is a requirement of the Victorian Homelessness Data Collection. 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 the 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*. The Acts state that the information provider should be aware of the purpose for which the information is being collected and know who will have access to that information.

For the purposes of the Victorian Homelessness Data Collection, informed consent is a statement by a client that they agree to have information recorded and sent to the Australian Institute of Health and Welfare for analysis. However, the client should be given appropriate background information about why the information is recorded, how it will be used and who will have access to the information (see 'Gaining informed consent' below).

When to ask for consent

You 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 Victorian Homelessness Data Collection.

Allowing people to be clear about the service they have or will receive before asking consent alleviates any pressure the client may feel to consent to the use of their information.

Gaining informed consent

So that clients can make an informed decision about whether they will participate in the collection you should tell them:

- the reasons for the data collection (to assist the government in planning better services for clients)
- that their information does not contain their name—instead, an alpha code is used
- that their information will be sent to the Australian Institute of Health and Welfare for processing
- that reports contain only combined information from many clients and does not identify individuals.

It is very important that you assure people that they will not be identified in the data collection.

You may want to make it clear to the client that consent will be asked and recorded once, unless they change their mind. If they come back to the service more than six months later, they will be asked for consent again.

What form does consent take?

It is not necessary to obtain written consent—many agencies rely on verbal consent only. Other agencies have a more formal approach, and will require a written indication of consent.

The following wording would be appropriate for a written consent form, and this information should be conveyed when seeking verbal consent:

Your participation in the Victorian Homelessness Data Collection is very important to us.

Your information will be combined with information provided by other clients of this agency and from homelessness funded agencies in Victoria so that homelessness services can be improved.

You will not be identified in the data collection.

No report that identifies you will ever be made.

I agree to provide information for the Victorian Homelessness Data Collection.

.....

Signature

...../...../.....

Date

If informed consent is not obtained

It may not always be possible to discuss the collection with clients. For example, they may be distressed, under the influence of drugs or they may have left the agency before there has been time to raise the collection with them. In other cases, the client may refuse to provide information.

Even if consent has not been obtained, questions without the asterisk should still be completed. The questions that require informed consent have an asterisk (*) next to them in CMS and SMART.

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:
----------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------

Proposed information uses and disclosures

Referrals

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

Service type, for example: <ul style="list-style-type: none"> housing support drug and alcohol support. 	Name of agency	Type of information (including limits as applicable), for example: <ul style="list-style-type: none"> all relevant information housing situation only.

Victorian Homelessness Data Collection

Consent is sought for information about clients and the services they receive to be recorded by the agency and sent in a format that does not identify the client to the Australian Institute of Health and Welfare, for statistical reporting purposes.

Record of consumer consent

2(a) Verbal consent	2(b) Written consumer consent
<p>Worker use only</p> <p>Verbal consent can be used when it is not practicable to obtain written consent.</p> <p>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:</p> <p>Referrals</p> <p>Victorian Homelessness Data Collection</p> <p>Signed: (Worker)</p> <p>Date:/...../..... (dd/mm/yyyy)</p> <p>Worker name:</p> <p>Position:</p>	<p>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.</p> <p>Signed:</p> <p>Signed by Client or Authorised representative</p> <p>Date:/...../..... (dd/mm/yyyy)</p> <p>Name:</p> <p>Witnessed: (worker)</p> <p>Worker name</p> <p>Position:</p>

Practice tips–data collection

Tell the client:

- the data collection is very important to the agency and to homelessness programs to help plan for improved services for homeless clients in Victoria
- clients will not be identified in the data collection (names are not reported)
- clients do not have to take part in the data collection
- clients will not be discriminated against if they decide not to give their permission.

Practice in provider agencies

Local area service network member agencies that do not operate as an entry point are referred to as ‘provider agencies’ because they hold the resources—support, accommodation and brokerage—that are available to assist people seeking assistance.

Provider agencies bring their resources to the local area service network and participate in the negotiations around prioritisation and resource allocation for the local area. They advertise their resources on the resource register, clarifying any legitimate restrictions on the resource. They rely on entry points to undertake initial assessment and prioritisation of consumers in the local area based on these local agreements.

In some local areas, entry point agencies are also provider agencies. For example, the only SAAP service in a country town will very likely act both as entry point and provider agency. This agency coordinates with the other members of the local area service network, particularly around the resource register, prioritisation list and acceptance of referrals.

This section outlines the practice elements necessary to support these changes. Exact details will be negotiated in each LASN.

Provision of specialist initial assessments

Specialised services have expertise working with particular target groups and/or in the provision of specialised responses. Specialised services within the homelessness service system include:

- youth
- family violence
- Indigenous
- CALD
- accompanying children.

The local area service network decides which of these services need to be present at the entry points to deliver specialist initial assessments. For example, a youth specialist agency might roster workers at the entry points each afternoon or a family violence service might have an agreement that women assessed at the entry point as needing family violence specialist response are met there, and have their initial assessment and planning completed by a worker from the family violence service.

Specialist services also need to be available on a secondary consultation basis for initial assessment workers to support their work with the target group in initial assessment and planning.

Contributions to resource register

A key feature of the Opening Doors model is timely and accurate information available to initial assessment workers of homelessness assistance and social housing resources in a local area. The Housing and Community Building Division is developing an electronic resource register to support this.

Provider agencies will place notices of all resource vacancies as follows:

- crisis supported accommodation
- transitional housing
- support capacity and expertise
- long-term community housing
- financial assistance—HEF and other
- other resources in the area.

Detailed information about available resources assists initial assessment workers to decide on the most appropriate consumer for that resource and reduce the incidence of poorly matched referrals. This should also reduce waiting time, frustration and stress for consumers from missing out on a resource when referrals are rejected.

To better match clients to available resources, the entry points depend on provider agencies regularly updating all available resources on the resource register. When a resource/vacancy becomes available the provider agency is responsible for listing the eligibility criteria and the characteristics of available resources, including any limitations.

Eligibility details should include:

- age
- gender
- household type (single/family)
- number of children
- Details about the resources should include:
 - any neighbourhood fatigue considerations
 - location of property (near schools, hotels, health services and so on)
 - other characteristics as agreed by the local network.

For private accommodation providers (such as caravan parks, motels and rooming houses) follow the relevant section of the *Homelessness assistance guidelines* about the information that should be kept on each provider.

Acceptance of first referral

Provider agencies are expected to accept the first referral from the entry points. This referral is based on the details placed on the resource register by the provider agency.

The only exception to accepting the first referral is if the vacancy is for a shared property. Then, the provider agency may request that more than one client be referred for the vacancy to allow the current tenants a say about their new co-tenant. It is important to avoid building up client expectations that they are sure to get the vacancy and unsuccessful referrals for that vacancy also need to continue to receive assistance.

If referrals are poorly matched or clients are consistently not arriving for appointments, the provider agency should quickly take this up with the entry points to find solutions. This may need to be a discussion with the LASN if the issues are broader than can be solved between the two agencies.

Interim response

Under most local area service network models, interim response will be provided by both entry point and provider agencies.

See page 10 for details about interim response practice.

Provision of client details to prioritisation lists

Local area service networks should hold a prioritisation list in order to coordinate services to all consumers who have received initial assessment and planning in the catchment.

The list is usually managed by the entry points, but may be a joint responsibility of several local agencies.

The client management system (CMS) is the data software used at entry points and can generate a report of all clients currently waiting for resources. This report can be sorted by prioritisation level or any other characteristic (for example, target group, household size, location and so on).

Area-based prioritisation lists:

- make a commitment of further assistance to consumers who could not receive adequate resources at their first contact
- avoid consumers having to go from agency to agency seeking resources that are not available
- avoid consumers being referred for the same resource by multiple agencies
- keep all consumers 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.

During the interim response stage the provider agency is responsible for communicating any change in the client's situation that would alter the client's prioritisation status. For example, if a client was initially listed as a high priority for the next appropriate support and/or housing vacancy, but managed to secure independent housing because of interim response, an update of the client's changed situation would be provided to the manager of the prioritisation list.

Attachment 1: Guide to specific target group issues

This guide provides advice about likely issues for specific target groups, and is intended for use by workers carrying out initial assessment and interim response. The advice in this guide has been derived from specialist practitioners in each area.

Depending on local agreements and resource availability, entry points may judge that they need to call on a specialist service in their local area service network to carry out initial assessment or interim response, rather than do a particular assessment themselves. However, the entry point should always carry out at least the first contact stage (see page 4). To assist with initial assessment and to gauge the need for further specialist support the assessment worker may employ the Department of Human Services Service Coordination Tool Templates.

Accompanying children

Children are likely to experience:

- disruption to schooling, care and friendships
- grief about loss of their home (and possibly also their pets)
- confusion and apprehension about what will happen next.

They may also be a victim of or witness to violence.

Their parents may be so distracted by their housing crisis that they cannot attend to their needs. Workers should aim to support the adults as parents so that they can, in turn, better meet the needs of their children.

For pregnant women, it is important to prepare for future housing needs before the baby is born. Consequently, a pregnant woman cannot be considered as ‘just single’ or ‘one of a couple’. It is also important to consider the health care that she is receiving—has this been disrupted by her homelessness? Does she need more specialised health services than she has so far been able to access?

Check:

- concerns parents may have about their children
- how the parents may be coping with the needs of their children
- need to live in a particular area because of education, health, support networks
- other significant people in the child’s life
- past or present exposure to violence
- Family Court orders about custody
- Child Protection orders/involvement.

Cultural and linguistic diversity

Workers should be trained in the use of telephone and face-to-face interpreters. Agencies should ensure they have brief information available in community languages. Sometimes a friend or family member offers to interpret, but this may not be as good as using a trained interpreter and may actually be embarrassing and indiscreet.

Check:

- Would the person like to use an interpreter? Offer rather than wait for them to ask.
- Would they prefer male or female interpreter?

If the interpreter seems to be talking a lot to the person and very little to you, or vice versa, check that they are simply interpreting the conversation and not weighing in themselves with advice or observations.

Consider language barrier and accommodation subculture when referring to residential facilities. Discuss with both the client and the facility before matching.

Do they have any special dietary or religious observance needs?

Asylum seekers

Asylum seekers are extremely vulnerable and they:

- are likely to have experienced some kind of trauma (for example, war, torture, loss of family/friends, detention)
- may have associated mental health issues
- may be excluded from most federal support programs
- may be living with extreme uncertainty.

Fear can create compliant behaviour and/or lack of risk disclosure.

Check:

- CALD issues, as above

Whether they have:

- any referral and/or advice needed from asylum seeker organisations
- current supports (professional, family, community).

Enquire about the length of time they have spent in Australia:

- if newly arrived, if they need legal advice
- if a recent release from detention, if they need counselling
- if awaiting decision/appeal result and so on, if they need some community links
- whether they are facing repatriation
- whether they are a temporary protection visa holder

Enquire about their eligibility for income, Medicare, work rights and so on, depending on the stage in the process of seeking asylum:

- whether they have any income (they may be eligible for Red Cross income support)
- if they have any work rights or Medicare rights
- enquire about their country of origin, ethnicity and religion (don't assume)
- determine what languages they speak (they may have spent time in several countries)
- find out if they have any other family members to support.

Disability

People with a disability may be more vulnerable to discrimination and exploitation.

Some people with a disability will access mainstream and generalist services, because they are not eligible for disability-specific supports, or would prefer to use generalist services in preference to disability services.

It is important to gauge the best way to communicate with the client, for example, some people may have few verbal skills, while others may be nonverbal and will communicate through other means.

If you need further information or specialised support to complete the assessment you could contact the Disability Services Intake and Response team (located in each DHS region) and offer a point of contact for people with disability, families, carers or professionals seeking information.

Check:

- What are the preferred means of communication? For example, if the person is nonverbal, or if a person has a speech or hearing impediment, you could discuss the possibility of using the National Relay Service for any follow-up work to be completed over the phone: <http://www.relayservice.com.au/>
- Does the person require support to live independently? If so, are they eligible for funds through Disability Services and/or local government? For example, are they eligible for an individualised support package through Disability Services?
- What formal and informal supports are in place, or can be put into place?
- When arranging crisis accommodation, check to make sure the facility can meet the needs of the person's disability.
- When accessing long-term accommodation, are any housing modifications required?

Drug and alcohol

Some homeless people use drugs and alcohol heavily, particularly at times of crisis and when sleeping rough.

For initial assessment, consider if the person could be currently substance affected.

Ask the person, making clear you will not exclude them on that basis.

Look for nonverbal signals, for example, drowsiness, blurred speech, jerky movements, fast speech, aggression.

Check for any danger of overdose. If so, medical attention should be sought promptly.

It may be necessary to work in a more limited way (immediate crisis housing, food and safety issues only), and follow up when they are more able to cope with other homelessness issues.

Keep information simple.

Explain any rules about substance use at residential facilities before matching.

If matched to a residential facility, describe the substance affected person's appearance and behaviours in the referral. If known (and with the person's permission), detail the person's drug of choice to assist workers in managing behaviours and risks.

Check also:

- any concerns about current or past substance use, for example, unsafe use of needles, high usage of marijuana that takes up a lot of income
- issues affecting location of housing: places that need to be avoided or access to support services/ methadone chemist.

Gay, lesbian, bisexual, transgender, intersex (GLBTI)

Many GLBTI people are reluctant to talk about their sexual orientation for fear of misunderstanding or discrimination, but it can be a significant factor in their particular homelessness situation, needs and risks. Research indicates that many homeless young people have had to leave their family homes because of conflict over their sexuality.

Emphasise confidentiality. Especially consider privacy implications in rural areas or smaller cultural groups with less community anonymity.

Indicate your willingness to hear about difference.

Consider safety implications—especially for congregate care. Check the person’s vulnerability. Is there any history of harassment or abuse in public settings? Check with facility staff—safety risk depends on current resident mix.

Consider share household implications for young people.

If asking about relationships and personal supports, consider that these may be with same-sex partners and that people may wish to live with same-sex partners.

General health issues

Sleeping rough or in low quality rooming houses takes a high toll on people’s general health. Moving around also means people cannot maintain relationships with health care providers. Good referral connections to sympathetic primary health providers are important.

Check:

- access to follow-up health care
- access to medications
- availability of carer
- access to a GP.

Family violence

For many men, women and children, homelessness is caused by family violence. Generalist services see many men who have been excluded from the family home because of their violent behaviour. While many women and their children access specialist family violence services, others come directly to generalist services.

Stage 1 of the Family Violence Risk Assessment is provided in the tools and templates section of the Opening Doors Kit, and all housing and homelessness workers are offered training in risk assessment (refer to ‘Attachment 3: Risk assessment and risk management practice guide’ for further information).

Indigenous people

Many Indigenous people use generalist housing services in Victoria, although many also prefer to access housing through Indigenous-specific organisations. With respect to housing issues, Indigenous people are more likely to:

- have specific considerations because of family connections and obligations
- more likely to be distrustful of authority, government and paperwork
- more likely to take in homeless friends and family members.

While it is recommended that all initial assessment workers undertake Indigenous cultural awareness training, a couple of tips are provided here.

Check:

- preference for Indigenous-specific service
- whether the person has other family members to assist
- if private accommodation providers have racially discriminatory practices and attitudes that need to be considered when planning options
- if there are particular privacy considerations because of the closeness of many Indigenous community members (this may be a factor in the person coming into a generalist service rather than an Indigenous organisation).

Long-term homelessness

Research indicates that people who are homeless over a long term are likely to have repeated traumatic experiences and are more likely to have developed survival strategies for life without a home which actually act as barriers when they are in some types of accommodation. For instance, several consumers said that they could not have managed homelessness if they had not been using drugs or alcohol to dull the pain. Others might have developed a very aggressive demeanour to warn people off because they had no other way to keep safe.

Check	Explanation ²
How long have you had nowhere to stay?	Homelessness exposes people to the risk of violence, and to developing mental health and substance use issues.
Have you been homeless before?	Length of time or multiple episodes of homelessness increase the likelihood of person adapting to the homelessness subculture. The longer someone has been homeless, the more likely they are to have formed relationships and support networks with other homeless people. These social links are important for survival, even while potentially damaging. Consider that intensive, long-term support may be needed to help a person rebuild life in stable housing.
When did you first become homeless?	If under 18, consider that they may have experienced childhood trauma and/or may need practical assistance with developing their living skills. If appropriate, check if they have spent any time in state care.
Why did you first become homeless?	Research shows that the majority of homeless people with mental health or substance use actually developed after becoming homeless. Finding out the original reason (if possible and appropriate) can provide important clues for how to support the person back out of homelessness. For example, people who first become homeless due to mental health problems typically have the longest experience of homelessness due to the impact of stigma and consequent social isolation.

Mental health issues

The following prompts must be used cautiously, because they are intended to help further check the situation only when it seems that a person may have a serious psychiatric illness. It may be necessary to contact the local mental health service for guidance and or refer the client to a mental health service for an assessment.

Check:

- whether they have recently been an inpatient
- if they are prescribed any medication
- if they are seeing a doctor (psychologist, psychiatrist or GP)
- if they are seeing a mental health support worker—if so, if they would prefer to work mainly with them and get back-up housing advice)
- for possible risk of suicide or self-harm—speak to your supervisor straight away, try to keep the person with you or a colleague and arrange prompt assessment by trained worker.

Repeated self-harmers can be at high risk of harassment in group accommodation. These persons need a single room and extra support from a case manager.

Mental health first aid advises these five steps for providing assistance:³

- assess the risk of harm to person or others
- listen non-judgmentally
- give reassurance and information
- encourage the person to get appropriate professional help if needed
- encourage self-help strategies.

Release from correctional institution

Specific HIR and support services exist that work with prisoners on housing issues, but it is still common for juvenile justice and adult prisoners to require housing assistance soon after release.

Check:

- whether they need a certain area for parole/bail reporting/to avoid trouble
- for particular income issues because of altered Centrelink payments around time of release
- the status of public or community housing applications
- the status of public or community housing tenancies during period of imprisonment.

Release from hospital

Seek a discharge plan from the hospital (medication needs, vulnerability, clinical support).

Young people

Young people make up a high proportion of homelessness service clients and require specific practice approaches to successfully intervene early enough to prevent further deterioration of their circumstances and options. Consider how entering the homelessness service system, especially via multiple purchased short-term stays in caravans and rooming houses, may be one of the greatest risks a young person faces. However, also recognise the high incidence of violence and sexual assault experienced by homeless young people, and that this often occurs in the family home.

Check:

- when they first left home—if this is the first time, what it would take to be able to return
- if parents or guardians are aware that the young person has come to your service and if they know where they are (consider a missing person search)
- if they are interested in a youth refuge—explain any rules, including curfew and attitudes to substance use
- if this is not the first time the person has left home, determine their network of support and how they could use and strengthen it
- if they want to phone a parent, guardian or significant other (access to phoning—especially STD—may have been difficult)
- if they have eaten recently (petty cash or a cup of soup may be helpful)
- if they would prefer a specific youth homelessness service regarding legal, housing, financial and other support
- if they prefer another youth support service
- consider raising sexual health issues.

Attachment 2: Common terms and language used in Opening Doors

This glossary can assist with language and terminology for the implementation of Opening Doors, but is not a complete list. Nor is it a detailed description and/or the context. Further information can be found in the Opening Doors Framework, other parts of this *Service coordination guide and the Practice guide*.

Further definitions can be located in the SAAP Act and the *Victorian Homelessness Data Collection Data Dictionary*.

Accreditation	Formal accreditation is a standards-based recognition system with a clear focus on continuous quality improvement. It involves assessment against a predetermined set of standards and formal acknowledgement of achievement of expected performance against those standards through a recognition process. For further information see Homelessness Assistance Service Standards below.
Active referral	A process of referring clients to a service they need by contacting the relevant agency to confirm eligibility, appropriateness and their capacity to accept or assist the person. It means taking responsibility to ensure that a referral has been accepted before ending the service relationship with the person seeking assistance.
Aim of SAAP	The overall aim of SAAP is 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 to: <ul style="list-style-type: none"> • resolve crises • re-establish family links where appropriate • re-establish a capacity to live independently of SAAP.
Case management	In the Supported Accommodation Assistance Program (SAAP), this is a collaborative planning approach to the achievement of individual client outcomes. It includes intake assessment, and may also include appropriate referrals, provision of direct assistance and the use of mainstream services for each client, as appropriate. It may involve the development of a personal plan or support agreement developed in consultation with each client following assessment, and include linking clients with the range of support that they will require after leaving SAAP. Case management operates from the case manager's initial point of contact with the client to exit from a case-managed support period. It may also involve post-exit follow-up of clients.
Crisis supported accommodation	Short-term supported accommodation (average of six weeks) for people in immediate crisis of homelessness or family violence who require intensive support. Example includes youth refuges, family violence refuges and the major night shelters. Refer to the Housing and Community Building Division Homelessness guidelines for further detail.

Engagement in initial assessment	<p>In the homelessness service system, a primary purpose of initial assessment is to facilitate engagement as a foundation for successful service delivery. ‘Engagement’ is the activity required offering a professional relationship based on respect and care to people who may have little reason to trust the service system.</p> <p>For the client, successful engagement would involve feeling believed, accepted, that their individual circumstances had been understood and that the worker was attempting to help. For the worker, successful engagement would mean feeling they know enough of the client’s circumstances and wishes to confidently advise them of their options and to advocate on their behalf.</p>
Entry point/access point/front doors	<p>In the Opening Doors service coordination model, consolidated access points into the homelessness service system undertake initial assessment, prioritisation and resource allocation for all homelessness assistance services in the catchment. The access points provide improved timelines of assistance and pathways through the service system and out of homelessness.</p>
Family	<p>An adult or adults with dependent children and/or a woman who is pregnant, youths and adult siblings, and adults who identify as a family.</p>
Family violence	<p>Family violence is the repeated use of violent, threatening, coercive or controlling behaviour by an individual against family members, or someone with whom they have, or have had, an intimate relationship. Violent behaviour includes physical assaults and an array of power and control tactics used along a continuum in concert with one another, including direct or indirect threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation and behaviours which cause a person to live in fear.</p>
Family violence risk assessment	<p>The Victorian Government’s Integrated Approach to Family Violence initiative developed a family violence risk assessment framework for family violence services and other services that see women and their children experiencing family violence. Risk assessment involves risk identification, risk analysis and risk evaluation. Risk identification determines what, where, when, why and how something could happen; risk analysis attempt to understand the nature of a risk, and determine the resultant level of that risk; and risk evaluation compares the level of risk against criteria that determine the significance of the risk.</p>
First contact	<p>In the Opening Doors Framework, first contact is an initial screening for risk and service requirements and determines whether the individuals and families seeking assistance are homeless or at risk of homelessness.</p> <p>In a timely manner the worker gathers enough information from the client to determine what assistance is needed and whether the service is the appropriate provider. The worker may provide the client with housing information immediately or organise a time for the client to complete an initial assessment.</p>

Homelessness	<p>According to the definition in the Supported Accommodation Assistance Program Act, a person is homeless if they have inadequate access to safe and secure housing. A person is taken to have inadequate access to safe and secure housing if the only housing to which the person access:</p> <ul style="list-style-type: none"> • damages, or is likely to damage, the person's health • threatens the person's safety • marginalises the person through failing to provide access to adequate personal amenities or the economic and social supports that a home normally affords • places the person in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing. <p>The homelessness service system recognises the Chamberlain and MacKenzie 1992 definitions of homelessness:</p> <ul style="list-style-type: none"> • primary homelessness – people without conventional accommodation (living on the streets, in deserted buildings, parks and so on) • secondary homelessness – people moving between various forms of temporary shelter (friends, emergency accommodation, refuges, hostels and rooming/boarding houses) • tertiary homelessness – people living in single rooms in private boarding houses without their own bathroom, kitchen or security of tenure.
Homeless persons' support centres	<p>The Supported Accommodation Assistance programs provide funding for 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>
Homelessness Assistance Service Standards	<p>The Housing and Community Building Division developed the Homelessness Assistance Service Standards for agencies providing Housing and Community Building Division-funded homelessness services. They are a set of common standards and guiding principles for homelessness assistance services in a range of settings, designed to enhance service responsiveness, consistency and awareness of clients' rights within the homelessness service system. See also Accreditation.</p>
Homelessness Service System Development Projects (HSSDP)	<p>HSSDPs were established through the Victorian Homelessness Strategy in Eastern Metropolitan Region, Hume Region, Inner Metropolitan Melbourne and the Outer South to test new service configurations and infrastructure initiatives, including service coordination, common assessment and referral approaches and homelessness assistance entry points.</p>
Housing Pathways (Joined-up) Initiatives	<p>Through the Victorian Homelessness Strategy, the Housing and Community Building Division established a range of cross-program/ government targeted support and housing initiatives assisting with the prevention of homelessness and early intervention for people at risk of homelessness with complex needs.</p>

<p>Initial assessment</p>	<p>In the Opening Doors Framework, initial assessment provides an immediate response and an entry point to the homelessness services system or access to information and assistance to obtain services outside the system. It refers to an assessment of client housing and support needs, and the development of a course of action for a client and/or system to address those needs. The process of initial assessment is a ‘conversation’, in which building trust with the consumer is essential to providing quality outcomes.</p> <p>An initial assessment should only collect information about a client’s current circumstances and needs. It does not refer to the more detailed, comprehensive assessments which are part of an ongoing, longer-term case management approach. Initial assessment also involves sensitivity to the person’s coping ability, which may change according to the situation or the time.</p> <p>Initial assessment determines:</p> <ul style="list-style-type: none"> • the most immediate homelessness-related needs and risks • options for safe housing for the night • basic needs for food, hygiene, transport • indications of need for specialist support • risks to clients’ safety or to the safety of others.
<p>Interim response</p>	<p>The Opening Doors service coordination model formalised the role of interim response as a critical response in the homelessness service system. Historically, other names for this work include ‘follow-up’, ‘holding’, ‘short-term intervention’ and ‘case coordination’.</p> <p>Interim response has a dual function of:</p> <ul style="list-style-type: none"> • remaining engaged with individual/households who have been assessed and are awaiting housing and/or support and to monitor their situation for any changes <p>and/or</p> <ul style="list-style-type: none"> • assisting at-risk consumers to prevent homelessness. <p>Key elements typically include:</p> <ul style="list-style-type: none"> • the development of a course of action to access services or prevent homelessness as required • active referral to appropriate housing, support and material aid services • 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 • secondary consultation regarding housing issues • waiting list management and prioritising clients for a service.

<p>Direct services</p>	<p>These include:</p> <ul style="list-style-type: none"> • placement in emergency short-term accommodation and subsequent exit planning, outreach and follow-up • monitoring while the client is waiting for other services • safety planning • access to food, clothing, personal hygiene • assistance to secure and/or maintain crisis, transition or private rental accommodation • assistance with application for priority access to public housing • assistance to prevent homelessness occurring • financial assistance for housing related needs • assistance with legal issues • housing advice and information • advocacy/liaison • emotional support • staying in contact with people while they are waiting for an ongoing resource (housing and/or support), which may include contact over the phone, face-to-face meetings, assistance to complete an application for the segmented waiting list, advice to secure private rental, referrals to allied services. <p>There may be variations in duration of engagement, intensity of support and frequency of contact.</p> <p>Interim response is linked to Homelessness Assistance Service Standard 2.3 Effective referrals.</p>
<p>Prioritisation</p>	<p>Prioritisation is a tool that manages demand and best matches resources to need. Because of scarcity of resources in the homelessness service sector, prioritisation must remain linked to unmet demand, but can still concentrate on the best matching of resources to need. In the positive sense, effective prioritisation should mean that a person receives a service that is best matched to their individual circumstances. In the negative sense, prioritisation may be used to ‘keep back the tide’ of a demand that feels overwhelming. Prioritisation also needs to be considered in the context of service exclusion practices as general exclusions can be used to narrow the number of people to whom the service responds.</p> <p>Criteria used in competitive allocation of resources (support or accommodation):</p> <ul style="list-style-type: none"> • level of risk—people at greatest risk should be prioritised for a particular resource felt to reduce this risk • appropriateness—the person whose needs best match the characteristics of the available resource should be prioritised

Prioritisation (cont.)	<ul style="list-style-type: none"> • service exclusion practices must not be built into prioritisation policies • prioritisation policies must be transparent for clients and other agencies.
Provider agency/service	Agencies that deliver Housing and Community Building Division-funded homelessness assistance services of support, crisis housing, transitional housing, supported accommodation (crisis accommodation and refuges) and HEF are referred to in the Opening Doors local area service network as ‘provider agencies’.
Referral	See Active referral.
Resource register	<p>In Opening Doors a resource register is a tool for use by the local area service network that allows all local provider agencies to promptly and accurately advertise resource vacancies, including:</p> <ul style="list-style-type: none"> • financial assistance–HEF or other • crisis supported accommodation • transitional housing • support capacity and expertise • local resources. <p>Each advertisement includes a description of the eligibility criteria matched to the resource. A resource register allows for an efficient and timely allocation of resources where the initial assessment worker can directly match the person with the assistance currently available.</p>
Risk assessment	Risk assessment is a preliminary assessment of key risk factors, such as whether the person is a risk to themselves, dependents, other householders the public, or at risk from others. It is a process where specific client information is gathered and analysed, enabling prediction about the likelihood of future risks to safety occurring. Risk assessment also enhances decision making regarding prioritisation and allocation of resources and expertise in specific cases.
Specialist services	<p>One that provides expertise in working with a particular target group and/or the provision of specialised responses. These services may or may not provide homelessness services. Specialised services within the homelessness service system include:</p> <ul style="list-style-type: none"> • youth • family violence • Indigenous • children’s resource support workers • mental health.

Specialist services (cont.)	<p>Specialised services outside the homelessness service system that are most likely to be drawn on by homelessness services include:</p> <ul style="list-style-type: none"> • asylum seekers • drug and alcohol • cultural and linguistic diversity • gay, lesbian, bisexual, transgender intersex • mental health • ChildFIRST.
Transitional housing	<p>The Housing and Community Building Division funds community transitional housing providers to provide and manage safe medium-term accommodation for individuals and families who are homeless and most in need of support, to assist them to resolve homelessness. Transitional housing is usually linked to transition support provided through the Supported Accommodation Assistance Program, and equips the client to sustain a long-term tenancy.</p>
Transition support	<p>In the Supported Accommodation Assistance Program, transition support is the provision of a range of supports to people who are homeless and in crisis or in transition from crisis, to assist them towards independence. Transition support is medium-term support provided either with transitional housing or on an outreach basis that assist clients to address the range of issues that are impacting on their ability to access and maintain long-term housing. Key elements typically include:</p> <ul style="list-style-type: none"> • intake • detailed ongoing assessment of housing and support needs • case planning and exit planning • coordination of services • monitoring, review and evaluation • secondary consultation • 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.
Telephone information and referral	<p>In the Supported Accommodation Assistance Program, telephone information and referral is the provision of information, referral and limited counselling for people who are homeless or experiencing family violence, generally through telephone services.</p>

Acknowledgement and contributors to this glossary:

- pilot local area service networks
- Department of Human Services Opening Doors project leaders in the North West Metropolitan Region, Sarah Langmore and Mark Knauer.

Definitions were adapted from several documents, including:

- Code of Practice for Specialist Family Violence Services for Women and Children *Enhancing the safety of women and children in Victoria*
- Family Violence Risk Assessment and Risk Management, Supporting an integrated family violence service system
- Homeless Assistance Programs, *Guidelines and Conditions of Funding, 2006-2009*, version 2 September 2007
- *Homelessness Assistance Service Activities Draft Definitions*, September 2007
- Inner Metropolitan Homelessness Project working Group *Draft Definitions*, April 2005
- *Supported Accommodation Assistance Act 1994*
- *Victorian Homelessness Data Collection Date Dictionary*, June 2007.

Attachment 3: Family Violence Risk assessment and risk management practice guide

Assessment 1: Identifying family violence

This is the first level of assessment and risk management for family violence. It is an extract from a three part framework for risk assessment and risk management for family violence developed by the Victorian Government in consultation with the family violence and allied service sectors.

Entry Point workers will receive training in this family violence risk assessment and risk management practice, as will homelessness case managers.

Introduction

The Common Risk Assessment and Risk Management Framework (the framework)⁴ and the Risk Assessment and Risk Management Practice Guides (Identifying Family Violence, Preliminary Assessment and Comprehensive Assessment) are intended to lead and support practitioners through risk assessment and risk management processes to promote consistency of service delivery across an integrated family violence system.

This guide, the *Identifying family violence practice guide*, assists mainstream professionals who, during the course of their work, may come into contact with people they believe are victims of family violence. The guide provides these professionals with possible indicators of family violence, direction regarding the approach to take when trying to identify family violence, as well as direct questions to ask clients.

The two other practice guides (Preliminary Assessment and Comprehensive Assessment) that accompany the family violence risk assessment framework and this guide provide direction for undertaking a risk assessment once the presence of family violence has been determined. The risk assessments outlined in these practice guides combine three elements to determine the level of risk:

- the victim's own assessment of their level of risk
- a list of empirical risk indicators
- the practitioner's professional judgment.

The evidence to date suggests that the most accurate risk assessment is composed of these three elements.

Throughout this document, the terms 'victim' and 'perpetrator' are used to describe the person who experiences violence or the survivor of violence, and the person who uses violence, respectively. However, it is important that the reader substitutes these terms with those they are personally or organisationally comfortable with. Family violence primarily occurs between intimate partners, and is usually perpetrated by men toward women and children. Therefore, victims are referred to as women and children and men are referred to as perpetrators in this document.

Violence occurring between other family members must be assessed on a case-by-case basis, and it is recommended that secondary consultation is sought from an organisation that has appropriate expertise with the relevant issues.

The risk assessment process must be holistic and take into account the safety and needs of all family members. That is, the person presenting as the victim cannot be viewed in isolation from the context of the relationship, and the safety and needs of other members of the household must be considered. In any family violence situation where children are present, they must be considered to be victims, and the assessment process must respond to their unique needs and requirements.

Perpetrators of family violence must also be considered in the assessment process, and their relationships with the victims must be a central consideration of the assessment and safety response. Victims need to have their relationship with the perpetrator acknowledged and understood. Seeking to understand the victim in isolation from the relationship places the victim in a situation where they may feel misunderstood and ashamed of their continuing attachment and relationship with what is usually a very significant person in their life.

Communication that demonstrates collaboration and respect, is accepting of diversity, is strengths-based and rights-focused creates a sound platform for assessment to occur. Assessment that is conducted via a conversational approach based on a partnership between the potential victim (in the context of the relationship or family) and the assessor should naturally conclude in the development of risk management plans that are collaborative, and place the victim at the centre of an integrated response.

This guide is designed to guide mainstream professionals (those professionals who do not specialise in family violence responses) about detecting family violence and making an appropriate referral. Professionals in mainstream services may need to determine whether it is appropriate for them to use the risk assessment trigger questions to determine the presence of family violence, or if they have the skills to undertake the preliminary risk assessment. This decision should be based on the qualifications of the practitioner and their experience in assessing risk and working with victims of family violence.

Determining which assessment to use

Individual organisations should determine which assessment is appropriate for their staff to use, and this should then be incorporated into agency policy. The following advice is provided to guide this decision making:

Assessment 1: Identifying family violence. This should be used by staff and professionals who occasionally come into contact with victims of family violence throughout the course of their client contact (for example, teachers, nurses, doctors).

Assessment 2: The preliminary assessment. This is primarily for use by professionals who more regularly come into contact with victims of family violence, but are not specifically trained in a human services profession, such as welfare, social work, psychology, counselling or family therapy. This assessment requires some safety planning and referral, and is designed for use by court staff and police (police document their assessment using the L17). Other professionals who may consider using this assessment approach include community legal services, community health centres, maternal and child health nurses and disability and housing services.

Assessment 3: The comprehensive assessment. This is designed specifically for use by specialist services working with women and children who are victims of family violence. This assessment requires enhanced client engagement skills and also requires a more detailed safety planning and case management response. Professionals who use this type of assessment generally have a qualification in welfare, social work, psychology, counselling or family therapy or significant experience in the family violence field, as well as some expertise in conducting complex assessments.

Data collection

Component 5 of the family violence risk assessment framework discusses the importance of consistent data collection processes for the purposes of:

- gaining an understanding regarding the nature, scope and prevalence of reported family violence in Victoria
- identifying specific groups that seem to be under-represented in those accessing services and put in place measures to improve access for these groups
- identifying groups that appear to be over-represented and target prevention activities at these groups
- ensuring that service providers are accountable for the services they provide
- understanding the avenues through which victims access the family violence service system more appropriate planning for future service delivery.

Consistent information must be gathered by all agencies involved in the delivery of an integrated response to family violence (through both the preliminary and the comprehensive assessments). Therefore, the following information, at a minimum, should be collected whenever an identifying family violence assessment occurs.

- name (including any known aliases), date of birth, country of birth and cultural identity, address and contact details of victim
- name (including any known aliases), date of birth, country of birth and cultural identity, address and contact details of perpetrator
- name (including any known aliases), date of birth, country of birth and cultural identity, address and contact details of any children in the family home
- name, date of birth, country of birth and cultural identity, address and contact details of any other adult in the family home
- whether any of the people involved in the family violence (victims or perpetrator) are Aboriginal or Torres Strait Islander
- the victim and any children's relationship to the perpetrator.

Once assessments are completed, the results and outcome should be recorded.

Assessment 1: Identifying family violence

Mainstream services for the purposes of this guide are defined as services that work with members of the community, but are not specialist family violence service providers, police or court staff (for example, general practitioners, schools, nurses, community legal centres, maternal and child health nurses). These professionals may, at times, need to have a conversation with their client to determine whether family violence is present. In determining this, it is important that, as the starting point, rapport is developed with the individual so that they feel comfortable, safe and able to respond to the questions that will be asked.

This section provides guidance for agencies and staff members who feel their clients may be at risk of family violence, but need support to determine if this is the case. Mainstream services, where there is sufficient training and staff expertise, should be encouraged to conduct a more thorough risk assessment for family violence using the preliminary assessment.

Possible indicators of family violence

The following list presents possible indicators of family violence. If several these indicators are present, mainstream services should use the trigger questions below to guide a conversation with their client about their current circumstances.

Possible indicators of family violence in adults include:⁵

- the victim:
 - appearing nervous, ashamed or evasive
 - describing their partner as controlling or prone to anger
 - seeming uncomfortable or anxious in the presence of their partner
 - being accompanied by their partner, who does most of the talking
 - giving an unconvincing explanation of any injuries
 - having recently separated or divorced
 - being reluctant to follow advice
- anxiety, panic attacks, stress and/or depression
- stress-related illness
- drug abuse including dependency on tranquillisers and alcohol
- chronic headaches, asthma, vague aches and pains
- abdominal pain, chronic diarrhoea
- complaints of sexual dysfunction
- joint pain, muscle pain
- sleeping and eating disorders
- suicide attempts, psychiatric illness
- gynaecological problems, miscarriages, chronic pelvic pain
- physical signs:
 - bruising on the chest and abdomen
 - multiple injuries
 - minor cuts
 - injuries during pregnancy
 - ruptured eardrums
 - delay in seeking medical attention
 - patterns of repeated injury.

These signs and symptoms are not by themselves diagnostic of family violence. However, in some situations and combinations, the indicators may raise a suspicion of family violence. In this event, it is appropriate to ask the person about possible family violence.

Children can also be victims of physical, sexual or emotional abuse or neglect by family members. Some of the indicators of these types of abuse are listed below. Indicators can manifest as either physical or behavioural signs.

Indicators of possible physical abuse in children include:⁶

- bruises, burns, sprains, dislocations, bites, cuts
- fractured bones, especially in an infant where a fracture is unlikely to occur accidentally
- poisoning
- internal injuries
- showing wariness or distrust of adults
- wearing long sleeved clothes on hot days (to hide bruising or other injury)
- demonstrating fear of parents and of going home
- becoming fearful when other children cry or shout
- being excessively friendly to strangers
- being very passive and compliant.

Indicators of possible sexual abuse in children include:⁷

- the child telling someone that sexual abuse has occurred
- complaining of headaches or stomach pains
- experiencing problems with schoolwork
- displaying sexual behaviour or knowledge which is unusual for the child's age
- showing behaviour such as frequent rocking, sucking and biting
- experiencing difficulties in sleeping
- having difficulties in relating to adults and peers.

Indicators of possible emotional abuse in children include:⁸

- displaying low self-esteem
- tending to be withdrawn, passive, tearful
- displaying aggressive or demanding behaviour
- being highly anxious
- showing delayed speech
- acting like a much younger child—for example, soiling, wetting pants
- displaying difficulties in relating to adults and peers.

Children residing in a household environment that is characterised by violence may experience neglect because the non-violent parent is too traumatised to properly address their needs (see Sections 6.2.2 and 6.2.6.1 in the Family Violence Crisis Risk Assessment Framework). Neglect occurs because of acts of omission, rather than acts of commission. Indicators of possible neglect in children include:⁹

- frequent hunger
- malnutrition
- poor hygiene
- inappropriate clothing for example, summer clothes in winter
- left unsupervised for long periods

- medical needs not attended to
- abandoned by parents
- stealing food
- staying at school outside school hours
- often being tired, falling asleep in class
- abusing alcohol or drugs
- displaying aggressive behaviour
- not getting on well with peers.

These indicators can suggest that child abuse or neglect may be present. They should be used in conjunction with other information available about the child's situation and questioning of the child itself to determine the presence of child abuse or neglect.

Identifying the violence

Questions relating to possible family violence should be prefaced with an explanatory introduction which sets the context for such personal probing. This might be along the lines of: 'I am a little concerned about you because (list family violence indicators that are present) and would just like to ask you some questions about how things are at home. Is that okay with you?'

The following questions were adapted from questions used by Queensland Health¹⁰ that have been shown to be useful in determining the presence of family violence.¹¹ The questions are direct in nature because research indicates that victims are more likely to accurately answer direct questions.¹²

Are you ever afraid of someone in your family or household? If so, who?

Has someone in your family or household ever put you down, humiliated you or tried to control what you can or cannot do?

Has someone in your family or household ever threatened to hurt you?

Has someone in your family or household ever pushed, hit, kicked, punched or otherwise hurt you?

Are you worried about your children (or someone else in your family or your household)?

Would you like help with any of this now?

If concerns are held for children, questioning should be appropriate to the developmental stage of the child. If infants are suspected of being at risk from family violence because of the presence of abuse or neglect indicators, it is important that a thorough assessment occur. Research informs us that the infant years are a critical period in terms of brain development and infants who are ‘incubated in terror’ are more likely to develop in a way that is maladaptive and has consequences that are unlikely to be reversed (see Section 6.2.2 in the Family Violence Crisis Risk Assessment Framework for further information). The thorough assessment should occur with the mother (or non-abusive parent), and a referral to a service with expertise in infant development or Child Protection may be appropriate.

Primary school-aged children can be asked more directly about their circumstances if family violence is suspected because of the presence of the indicators described above. Questions need to be age-appropriate, and the following are a guide only:

Tell me about the good things at home.

Are there things at home you wish you could change?

What don’t you like about home?

Tell me about the ways mum/dad look after you?

What happens in your house if people have an argument?

Do you worry about your mum/dad/siblings for any reason?

Young people who present as possible victims of family violence need to be responded to in an age-appropriate manner. A mix of the questions above (for adults and children) may be suitable. It is very important with young people to establish, if able, the name of the suspected perpetrator, because young women in particular may experience violence in their family of origin and/or from a partner outside of the home.

Questions should not be asked one by one in ‘survey style’. Rather, the questions should provide trigger points for a conversation about possible violence in the family home. Each question should be explored in detail if a response is given that is ambiguous. For example, ‘Can you tell me more about that?’ or ‘Could you explain that a little more for me?’ could be asked to clarify responses. Questioning does not need to be confined only to the above six questions, and further information can be elicited through further inquiry. For example, if family violence is detected, it may be appropriate to ask: ‘How is the violence affecting you?’

It is important that mainstream professionals using these trigger questions have some awareness of the nature of family violence, because some questions may require explanation. For example, the question which asks ‘Has someone in your family or household ever put you down, humiliated you or tried to control what you can do?’ may need elaboration. ‘Control you’ in the context of family violence may mean controlling what a person wears, who they can talk to, where they can go and what access they have to money or the car. Section 6.2 of the Family Violence Crisis Risk Assessment Framework provides information to underpin a common understanding of family violence across the service networks and should be used in conjunction with this guide.

When family violence is not identified

If responses to the trigger questions indicate that family violence is not present, this must be respected. It may be that the client is in a family violence situation, but is not yet ready to disclose, or is not comfortable disclosing to the person who is asking them about it. A 'no' response can also mean that the person is not currently in a family violence situation.

The person should be thanked for answering the questions and informed about available help should they ever find themselves in such a situation.

When family violence is identified

If responses to the trigger questions indicate that the individual needs assistance and support because of family violence, then consideration must be given to contacting the police to ensure the victim's safety, or to a specialist family violence service for comprehensive assessment and support. Both the police and the specialist family violence service can conduct a more detailed risk and safety assessment, and can then develop an appropriate risk management strategy. It is important that mainstream services are aware of family violence response options within their local area, or at a minimum, have contact details for the Women's Domestic Violence Crisis Service of Victoria which operates a 24-hour helpline for women and their children who are victims of family violence (1800 015 188). (The response options for mainstream services in the identification of family violence form provides a space where contact details for local referral options can be stored and easily accessed. See end of this guide.)

Where a professional forms the belief that a crime has been committed, any evidence, such as weapons, or torn or blood-stained clothing, should be carefully set aside, where possible, and police should be contacted. Staff must make notes in relation to their conversation with and observations of the victim as soon as possible, because this information may also assist police in the investigation of any crimes.

Aboriginal or Torres Strait Islander victims must be offered a clear choice about referral options that includes referral to an Aboriginal-specific family violence service (if possible) or to a non-Aboriginal family violence service. At times, it may be hard for Aboriginal victims to access support services through their community and their safety will be more easily assured through a non-Aboriginal service system response.

The specific needs of victims from culturally and linguistically diverse backgrounds (CALD), and victims with a disability, must also be considered. Secondary consultation with appropriate organisations, such as the Immigrant Women's Domestic Violence Service (for victims from CALD backgrounds) or disability service providers in the area (for victims with a disability) may assist in sourcing the most appropriate referral options.

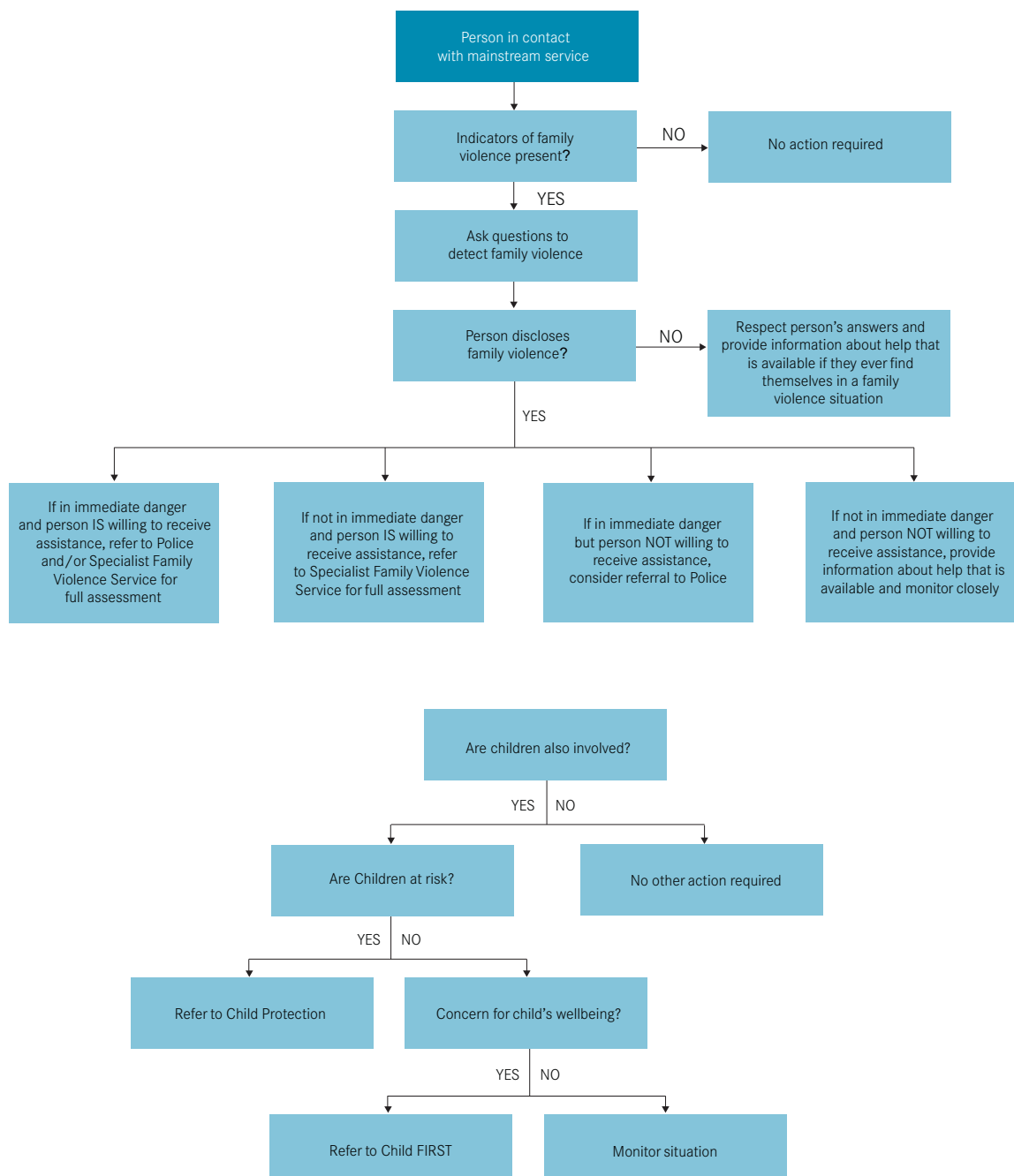
If family violence is detected through this process, but there is no immediate threat, or the victim indicates they do not want assistance, consideration should still be given to referral to a specialist family violence service for detailed assessment, support and monitoring. Arrangements should also be made between the mainstream professional and the client for ongoing contact and monitoring, because it is important that the professional continue to engage with the victim and provide encouragement to them to accept an appropriate referral to support them to become safe.

If family violence is detected, the victim should be asked about any children or other adults who may also be involved. Questions for consideration may include (as above) 'Are you worried about the children?', 'How is this impacting on the children?' or 'Is there anyone else in the family who is experiencing or witnessing what you are?' If it is identified that children are residing in a family where violence is occurring, the professional needs to determine an appropriate course of action based on policy and procedure within their organisation and consideration of the rights of the children. If children are considered to be unsafe

and at risk of physical, emotional or other types of harm, then a referral to Child Protection is appropriate. If concerns are held for the wellbeing of children in the present and future, contact could be made with the local ChildFIRST agency to discuss appropriate response/options. If other adults are found to be involved as victims, for example women with a disability or elderly adults, consideration should be given to contacting the police or the Office of the Public Advocate for further investigation of these concerns.

A flowchart illustrating response options for mainstream services in the identification of family violence when working with adult victims and children is shown in the figure below.

Response options for mainstream services in the identification of family violence



Local referral pathways

Contact numbers for my local area referral pathways are included here:

[illegible]

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- ¹ The Supported Accommodation Assistance Program (SAAP), the Transitional Housing Management (THM) Program and the Housing Establishment Fund (HEF).
 - ² Based on research by Chris Chamberlain, Guy Johnson and Jacqui Theobald 2007, *Homelessness in Melbourne: Confronting the Challenge*. http://www.salvation-army.org.au/SALV/NEWSRELEASE/PC_61560.html
 - ³ Orygen Research Centre at University of Melbourne, Department of Psychiatry: Mental Health First Aid Guidelines, <http://www.mhfa.com.au/Guidelines.shtml>
 - ⁴ Department for Victorian Communities 2007, Common Risk Assessment and Risk Management Framework for Family Violence in Victoria.
 - ⁵ Victorian Community Council Against Violence (undated). *Identifying and responding to family violence: a guide for general practitioners in the Grampians Region of Victoria*. Council Against Violence: Victoria.
 - ⁶ Office for Children. What is child abuse? Viewed at: http://www.office-for-children.vic.gov.au/child_protection/library/publications/protection/, accessed October 2006.
 - ⁷ Ibid.
 - ⁸ Ibid.
 - ⁹ Ibid.
 - ¹⁰ Queensland Health Domestic Violence Initiative Screening Tool: <http://www.health.qld.gov.au/violence/domestic/dvpubs/DVIForm.PDF>, accessed October 2006.
 - ¹¹ Queensland Health 2001, Initiative to combat the health impact of domestic violence against women: Stage 2 report. Queensland Government: Queensland: <http://www.health.qld.gov.au/violence/domestic/dvi/publications.asp>, accessed October 2006.
 - ¹² Standards New Zealand 2006, Screening, risk assessment and intervention for family violence including child abuse and neglect. Standards New Zealand: Wellington. Viewed at: <http://www.police.govt.nz/resources/2006/nzs-8006-2006/nzs-8006-2006.pdf>, accessed August 2006.

