

# Victoria's Homelessness and Rough Sleeping Action Plan

Program guidelines update August 2021– Assertive Outreach

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## Introduction

Victoria's Homelessness and Rough Sleeping Action Plan <https://dhhs.vic.gov.au/victorias-homelessness-and-rough-sleeping-action-plan> provides a framework for reducing the incidence and impact of rough sleeping in Victoria within the context of four key themes:

- intervening early to prevent homelessness
- providing stable accommodation as quickly as possible
- support to maintain stable accommodation
- providing an effective and responsive homelessness and support service system.

The preferred approach to resolving chronic rough sleeping and long-term homelessness is assertive outreach and a Housing First pathway. Housing First is based on the premise of housing people quickly without any requirements of being housing ready (such as having independent living skills or clinical support), but also providing ongoing support to maintain a tenancy.

Assertive outreach is an active and persistent approach by workers to find and engage with rough sleepers or homeless people where they sleep or frequent in order to establish a relationship of trust, and provide the

information and practical support necessary for them to transition from homelessness to stable housing and social reconnection.

## Victorian Auditor-General Office review

In 2020, the Victorian Auditor-Generals Office (VAGO) released the report on their audit of the Victorian Homelessness Rough Sleeping Action Plan (HRSAP) programs, undertaken over 2019-20. The report provided recommendations to the Department of Fairness, Families and Housing (DFFH) on where enhancements in the program could be made to improve the outcomes for people who engage with the HRSAP programs.

HRSAP guideline amendments aim to improve uniformity of some service components and provide stronger guidance for funded providers. The objective is to ensure consistent practice across agencies, to maximise positive client outcomes.

- This guideline update aims to improve compliance with requirements for
- assessing client vulnerability
- case and care planning
- use of flexible brokerage funding
- client feedback and entity evaluations

## Assertive outreach team objectives

The objective of assertive outreach is to seek out clients wherever they may be living and engage them with homelessness and support services. Rather than waiting for the client to request a service or for a referral, assertive outreach actively engages people experiencing entrenched forms of homelessness and who are disengaged with the social service system as a result of repeated system failures compounded by histories of trauma. Assertive outreach promotes and delivers service assistance to homeless individuals who have no other 'way in' to gaining assistance.

Assertive outreach teams will use persistent, street-based, and person-centred engagement to offer a continuum of integrated support that will:

- provide a pathway to long term housing and personal stability, with active support at all points of referral and transition
- be individually tailored, flexible and rapidly responsive in order to support personal, client-led recovery
- respond to individual histories and anticipate, monitor and respond to issues of concern
- achieve and maintain stability in housing by observing principles of Trauma Informed Care and Practice (TICP), cultural safety, and supportive housing.

## Assertive outreach outcomes

The service outcomes include:

- housing access, tenancy sustainment and related daily living skills
- improved participation in health services to improve health and wellbeing (including General Practitioners and other health related services)
- improved access to clinical mental health care and treatment
- connection to specialist services (e.g. Alcohol and Other Drugs (AOD), Aboriginal, culturally specific, financial counselling)

- connection with family and social networks and/or community
- improved daily living skills and participation in social activities
- connecting with occupational and educational activities and institutions (eg preparation for employment, study, Technical and Further Education, Neighbourhood Houses)
- increased capacity to achieve and sustain future housing stability
- settlement into long term or permanent housing with linkages to ongoing tailored social support including homelessness prevention services.

## Target group and eligibility for service

### Description of target group

The target group for assertive outreach is people who have experienced recent and recurring episodes of homelessness over a number of years and who are not currently being supported by homelessness services.

Typical client histories may include service barring or disengagement, single issue interventions inadequate for complex needs, lack of care coordination, insufficient settlement support in community, tenancy eviction and abandonment. A significant proportion of people sleeping rough are also caught at the intersection of cause and effect between chronic homelessness, mental illness and drug dependence. People to be assisted in this initiative are likely to:

- have a mental health problem or a mental illness (they may or may not currently receive treatment)
- have a drug or alcohol problem or dependency
- have a health problem or chronic illness
- have experienced (multiple) inter-personal violence and abuse such as childhood/sexual abuse, family violence, sexual abuse during adulthood and other forms of violence during periods of homelessness/rough sleeping
- have a lost connection with family
- be vulnerable to harm and exploitation from others
- engage in risk taking behaviours, including self-harm
- have involvement with the justice system.

### Eligibility

To be eligible for the services provided by assertive outreach teams, clients must have:

- experienced recent or past episodes of chronic homelessness including sleeping rough
- experienced homelessness that is symptomatic of complex needs including mental illness and persistent systems failure
- demonstrated links to, or a desire to establish links to, community and services in the local area.

## Service components

Assertive outreach teams will deliver the following service components:

### Mobile assessment

Assertive outreach teams will provide a targeted assessment of people sleeping rough or who are experiencing homelessness to help determine acuity of need, length of time spent sleeping rough or experiencing homelessness and risks and vulnerabilities. This ensures clients are supported holistically with services tailored to their needs.

The assessment of client vulnerability must be consistent within organisations. The initial assessment needs to be completed by using a formal assessment tool that measures a person's vulnerability, including their history of rough sleeping, physical health, mental health and risk factors impacting on their quality of life. Funded organisations are to ensure they adopt a consistent formal assessment tool and provide training to assertive housing outreach staff in the use of this tool.

Assertive housing teams will consider incorporating specialist assessments regarding primary health, alcohol and other drug and/or mental health as required.

In line with relevant legislation (e.g. *Privacy and Data Protection Act 2014* and *Health Records Act 2007*), information sharing and confidentiality requirement, information will be provided to other services that are involved or relevant to ensure coordination and monitoring of client accommodation and support outcomes.

#### **Organisation actions:**

- have a consistent formal, evidence-based assessment tool in place which measures a client's vulnerability as part of the Initial Assessment and Planning process
- use the tool to encourage consistency across their organisation and reduce the use professional judgement in determining vulnerability, as clients may receive inconsistent responses
- provide appropriate training to HRSAP staff in your organisation in the effective use of this tool
- identify and record the assessment tool with your DFFH local area contact.

## **Brief interventions, short-term support**

Brief interventions may comprise short term support to intervene immediately with people sleeping rough (particularly young people), reconnecting them with pre-existing support and housing options wherever possible, or targeting support to establish health and housing status and undertaking appropriate care planning for longer term rough sleepers.

## **Longer term case managed assertive outreach support**

A persistent, targeted, integrated case managed response for people sleeping rough through flexible contact hours sufficient to create engagement, build trust, addressing immediate homelessness and where possible, longer term housing sustainment. There will be variations in duration of engagement, intensity of support, and frequency of contact. However contact should be consistent and frequent enough to achieve a continuity of engagement that will support a move from rough sleeping.

The support offered will vary and may involve advocacy and liaison to assist people to access the right services, safety planning, immediate provision of accommodation and continuing to ongoing monitoring to ensure their situation is resolved.

## **Case planning**

A formal care/case plan should be completed for at least 90% of clients. It is understood there are some clients who will not initially engage or may take some time to engage with a worker. Health care planning can lead to improved health outcomes for people, so it is important for organisations to make sure staff are provided with the case plan tool and appropriate training to use the tool effectively.

#### **Organisation actions:**

- complete a formal care/case plan for at least 90 per cent of clients
- organisations to use case management tools on the Specialist Homelessness Information Platform (SHIP) or ensure the organisations own platform is compatible with SHIP for reporting purposes (this is outlined further under reporting)

- organisations to have staff training in the use of client management tools on SHIP or own case management platform
- in instances where the client does not agree to a case plan the worker must identify goals and actions taken to reach these.

## Case coordination, service navigation and referral

Although many people sleeping rough may want to focus on their housing outcomes, health outcomes are equally as important in helping a person maintain their housing.

Funded organisations are expected to have established robust relationships with health providers, including General Practitioners, mental health services and drug and alcohol services. There is an expectation that at least half the people engaged in longer term case management would have a health care plan completed by an external health professional.

Active referrals will be made to intensive or long-term case management such as supportive housing teams, NDIS packaged support or other individualised support and housing solutions.

Assertive outreach teams working in locations without supportive housing teams may continue to actively support clients until they have been assisted into housing. For example, outreach workers may provide tenancy establishment and initial tenancy maintenance support.

### Organisation actions:

- establish robust relationships with a range of health providers in the local area, know the referral process and how clients may be considered a priority for access
- ensure at least half of clients engaged in longer term case management have a health care plan completed by an external health professional.

## Flexible brokerage

Flexible brokerage funds will be flexibly and creatively used to help achieve clearly defined and measurable client outcomes. The use of funds may range from initial engagement purposes through to purchasing more intensive support services (such as AOD detox and/or rehabilitation), linked to longer term case plan objectives.

Flexible brokerage enhances the effectiveness of assertive outreach and coordinated case management teams by enabling agencies to flexibly, creatively and quickly improve client outcomes. Where existing specialist services are available, workers should first endeavour to access those through standard processes before determining it is necessary to pursue separate purchasing arrangements.

Flexible brokerage will be used by assertive outreach teams to respond to the needs of individuals engaged by the outreach teams. Their circumstances may vary and include:

- people requiring an effective and timely response to an immediate need including purchasing accommodation
- people equipped to support themselves who may need brief and targeted support to be diverted from becoming entrenched in the homelessness system
- people who require a greater level of support, linked to their case plan.

Examples of acceptable use of flexible brokerage include client vocational certification, or specialist services such as (but not limited to):

- alcohol and other drugs detox and rehabilitation
- purchase a private General Practitioner (GP) when access to a bulk billing GP has a long waiting list, or a psychologist when a person has used all Medicare-funded sessions in their mental health care plan
- dental services when there is limited access to free dental care
- pay for car registration or repairs where this will assist a person to gain employment or reunite with family

- staffing and accommodation where its provision is key to engagement and forms part of a pathway to permanent housing options.

Funds are only to be expended for client related expenditure and assistance. Brokerage cannot be used for:

- products or services that have not been identified in the client plan
- staff related activities
- available support services that are already accessible to the person through other funding sources
- any illegal purposes.

Organisations funded to operate both Assertive Outreach and Supportive Housing programs can use Assertive Outreach flexible funds for people who are moving from the Assertive Outreach program into the Supportive Housing program. However, providers must do so prior to closing the clients Assertive Outreach support period. This is to ensure compliance with reporting against the Assertive Outreach activity.

Flexible brokerage funds will be acquitted via a manual reporting tool provided by the department.

## Governance

The governance arrangements to oversee the operation of the support housing teams are critical to their effectiveness and sustainability. Coordination and collaboration underpin service provision and the lead support agency will be responsible for governance and service delivery.

A governance group will be formed between the core providers to oversee the service and partnership arrangement. The lead support agency will be responsible for bringing together partners engaged in service delivery.

It is expected that there will be well documented structures with clearly defined responsibilities and accountabilities for all partners, as well as mechanisms for communication, including identifying issues, problem solving and conflict resolution.

## Client feedback and service evaluation

Client feedback provides organisations with crucial information on service improvements, and what is working well in service delivery. Organisations will have clear and documented structures in to encourage client feedback and service evaluation. Services must demonstrate how clients are engaged in quality improvement, including through reporting on client feedback to DFFH.

Organisations are expected to inform clients of why feedback is important and how the person can provide feedback. Not all clients will be comfortable with a formal feedback form, services must have a range of feedback options, this could include having a person with a lived experience meet with a client to undertake feedback. An organisation's use of formal feedback should be recorded in the organisation's Homelessness Rough Sleeping Action Plan policy.

### Organisation actions:

- identify and document formal processes in place for service improvement
- identify and record the formal processes to enable clients to provide feedback
- review communication of this policy to clients prior to asking them to undertake an evaluation of the service they have received
- provide an update to DFFH Housing Accommodation and Support Services on a quarterly basis  
[HAAS@homes.vic.gov.au](mailto:HAAS@homes.vic.gov.au) on:

- feedback processes in place
- client feedback received
- changes to improve client feedback processes.

## Targets and progress reporting

The assertive outreach and flexible brokerage model in each location will provide:

- assertive outreach to people sleeping rough (actual targets are included in the service providers' Funding and Service Agreement with the Department of Families, Fairness and Housing (previously the Department of Health and Human Services))
- support for people sleeping rough to access and sustain long term accommodation (actual targets are included in the service providers' Funding and Service Agreement)
- rapid access to emergency accommodation for 100 per cent of people sleeping rough who request this (services are to record where this is not possible due to crisis and purchased accommodation not being available in their area)
- rapid access to health services for all people sleeping rough who undertake a health assessment
- rapid access to longer term case management and housing support for all people sleeping rough who are assessed as highly vulnerable.

Performance measures may be subject to negotiation between the department and the service provider.

The performance measures will be captured through client data and manual reporting, including through the Specialist Homelessness Information Platform (SHIP) or other client management system certified to collect data for the Specialist Homelessness Services Collection (SHSC), and other reporting as may be required for evaluation purposes.

### Organisation actions:

- ensure case plans are recorded on SHIP or organisations client management system certified to collect data for the SHSC
- provide quarterly reports to DFFH Housing Accommodation and Support Services to HAAS@homes.vic.gov.au on the number of active case plans, using the prescribed form from HaAS.