Victoria's Homelessness and Rough Sleeping Action Plan

Program guidelines updated August 2021- Supportive Housing Teams

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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.

Supportive housing teams consist of staff with a range of complementary skills and relevant disciplines, who coordinate with assertive outreach teams to provide wrap around support to maintain tenancies once rough sleepers or homeless people have access to housing.

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

Supportive housing teams objectives

The objective of supportive housing teams is to provide intensive support to people making the transition from chronic homelessness and rough sleeping to support their placement in longer term housing and to assist them to maintain their housing. To be effective, longer term support needs to address people's unique experience of homelessness and the individual health and wellbeing factors that have hampered previous attempts to resolve to their homelessness.

The major components of a supportive housing service are:

- active and persistent engagement
- help to establish a home, developing living skills and providing tenancy support
- direct provision of clinical support, including mental health and drug and alcohol support
- connection to and navigation of, mainstream health and other support services
- development of community connections
- integrated case management tailored to individuals' circumstances with the ability to increase or decrease levels of support in response to changing circumstances.

Support provided by supportive housing teams will be broad in scope, ranging from support to establish a home and community connections through to facilitating clinical interventions that address primary and mental health issues. Non-housing support should be well integrated with housing activities, thereby assisting tenancy sustainment. To assist with this, risks to the tenancy should be identified early on and health issues stabilised.

Services provided by supportive housing teams will vary in intensity and type, depending on the needs and wishes of the client. Teams will have the ability to adapt supports as each client's needs change and respond to risks as they emerge. This means that at different times clients may be able to live in the community with minimal staff assistance, while at others they need more intensive supports.

It is expected that the need for services delivered by the teams will decrease over time as clients make progress in their recovery and have their needs met by community and mainstream services.

Supportive housing teams outcomes

The service outcomes for clients of supportive housing services 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 supportive housing services are 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 problems 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 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 supportive housing 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.

Supportive housing teams are expected to support clients with a connection to the local target area specified in their funding and service agreement. Clients may be supported to access housing that is located outside of the immediate target area if it's relevant to their needs. Supportive housing teams must ensure that support can continue to be delivered to this location.

Supportive housing teams will accept referrals from rough sleeping action plan services in other locations as far as practical.

Service components

Supportive housing teams will deliver or co-ordinate the provision of the following service elements:

First contact assessment

Supportive housing 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 supportive housing outreach staff in the use of this tool.

Supportive 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.

Tenancy establishment and maintenance

Assistance to establish clients in their new home through helping with practical tasks, sourcing household necessities, and supporting development of skills and knowledge required to maintain the tenancy.

Brief interventions and 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 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

People sleeping rough may experience poor physical and mental health.

Funded organisations must have established robust relationships with health providers including community health services, General Practitioners, mental health services and alcohol and other drug 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 and linkages will be made to intensive or longer term programs addressing the wide variety of support needs clients may have. Supportive housing teams will also support former rough sleepers and homeless people to navigate mainstream community services including the National Disability Insurance Scheme (NDIS), education and employment, primary health and legal assistance services.

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.

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.

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In accordance with the Victorian clinical governance policy framework https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Delivering-high-quality-healthcare-Victorian-clinical-governance-policy, the governance arrangements will ensure:

- consumer participation: increasing awareness and understanding of the consumer perspective, and designing systems and processes to enhance their participation
- clinical effectiveness: continuous improvement of the safety and appropriateness of clinical care through the introduction, use, monitoring and evaluation of evidence-based best practice
- effective workforce: all staff must have the appropriate skills and experience required to fulfil their roles and responsibilities within the organisation
- risk management: all services must have in place a broad-based risk management system that integrates the management of organisational, financial, occupational health and safety, plant equipment and clinical risk.[1].

The governance arrangement will also provide:

- leadership in the development of cross-sector collaboration and interdisciplinary team approaches to the delivery of integrated service delivery
- a clear commitment by the executive management of the core partner organisations to the development, implementation and ongoing management of the program
- the establishment of an operational working group to oversee the day to day management and ongoing development of the service
- a relationship with the Department Families, Fairness and Housing's local Area.

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

[1] https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Delivering-high-quality-healthcare-Victorian-clinical-governance-policy

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

Targets and progress reporting

Supportive housing teams will provide varying levels of support based on client need to sustain their housing. .

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).

Targets 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 and kept up-to-date on SHIP or the organisation's client management system certified to collect data for the SHSC