Position paper on the Victorian Homelessness Action Plan Reform Project:

A Framework for Ending Homelessness

chp

council
to homeless
persons

Contents

List of abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
CHP	Council to Homeless Persons
DHS	Victorian Government Department of Human Services
HUD	United States Government Department of Housing and Urban Development
J2SI	Journey to Social Inclusion
JSA	Job Services Australia
NAEH	National Alliance to End Homelessness
NHSC	National Housing Supply Council
SAAP	Supported Accommodation Assistance Program
SHIP	Specialist Homelessness Information Platform
SHS	Specialist homelessness sector
VHAP	Victorian Homelessness Action Plan

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Executive summary

Being 'at home' is about more than having a roof over your head. It's also about being included in your community.

Homelessness services in Victoria work to provide: access to safe, secure and affordable housing; the support needed to help people overcome the barriers to keeping a home; and connections to the physical, personal and community resources that foster a sense of belonging.

Victoria's specialist homelessness sector (SHS) is facing significant challenges and change. Demand is increasing, affordable housing is scarce and a number of reforms across the community sector are already affecting both homelessness services and people experiencing homelessness. Despite these limitations and challenges, people working across the SHS develop creative responses, find scarce resources and connect vulnerable people to the services they require. However, they are working within a system that constrains their ability to deliver the assistance that households need.

Through the Victorian Homelessness Action Plan (VHAP) (Department of Human Services [DHS] 2011) the Victorian Government has embarked upon a significant reform of homelessness service delivery to be implemented in 2014-15.

CHP believes that the goal of this reform should be to develop a service system to end homelessness. This paper outlines such a system, as the sector seeks to work with government to develop a framework to direct the efforts of homelessness services in Victoria. The paper brings together the evidence from Australian and international research, and from practice wisdom, to identify the service approaches that end homelessness for individuals and families. It has been informed by consultation with 115 people from 80 services within the Victorian SHS, allied sectors and consumers of homelessness services

CHP's consultations affirmed that secure, appropriate and affordable homes provide a platform for individual and community wellbeing. Specialist homelessness services (SHS) are required in an integrated community services system. SHS are required to help people who are experiencing or at risk of homelessness to gain and sustain a home that is affordable and suitable to their needs.

CHP believes a reformed Victorian homelessness service system should be built to achieve the two overarching outcomes of *housing gained* and *a home sustained*. The evidence suggests that this can be achieved through the following service elements:

- Streamlined access – to make sure people can find the assistance they need when they need it
- Targeted prevention – to stop households losing their homes in the first place

- Crisis responses – to respond to immediate needs when people are homeless or about to become homeless
- Rapid re-housing - to get people back into housing fast and build the supports they need to stay housed
- Permanent supportive housing – to secure long-term affordable housing for people who have experienced chronic homelessness
- Mobilisation of mainstream services – to ensure intervention as soon as possible. To identify pathways to support so that homelessness is prevented from occurring and recurring.

These service elements are interlinked, and together form a service *system* designed to end homelessness. Implementing only some elements of this system will compromise its overall effectiveness and the outcomes that can be achieved.

In order for reform to be successful, the transition process is critical. Homelessness services have established strong local networks to deliver the services that consumers need. However establishing and maintaining these relationships in the absence of supporting institutional structures is difficult. CHP's consultations identified that rapid change through re-tendering would disrupt existing local networks, contributions in kind, and the effective practices already in place.

A number of the key service elements outlined in this paper are already operating in the current service system. Where these service elements are already occurring they should be broadened; where they are undertaken with some groups they should be expanded; and where they are done intermittently (and are proving successful) when resources permit they should be regularised as practice. Service system reform should be planned, funded and staged so that it builds on the effective service elements that are already in place.

While the homelessness service system can be reformed to more effectively respond to homelessness, the approaches identified will not alone end homelessness in Victoria. Poverty and housing affordability give rise to and sustain peoples' experience of homelessness. To end homelessness, strategies that alleviate poverty and increase the supply of affordable housing are need to work in concert with the approaches outlined above.

Key recommendations for smooth transition to a new service system are provided at the end of each section of this paper and are summarised below.

Summary of recommendations

Recommendations for an outcomes framework.

In order to establish an outcomes framework, CHP recommends that the State Government:

1.1   Work with consumers, the SHS, and the available evidence to develop an outcomes framework. This framework will identify measures of success at consumer, service, sector and population levels with the overarching system outcomes of getting housing and keeping a home.

1.2   Identify outcome measures within SHIP (Specialist Homelessness Information Platform) and provide resources to improve data collection and utilisation in order to begin to routinely measure outcomes.

1.3   Establish a sector working group to develop an appropriate funding model to support outcomes for different cohorts.

Recommendations for streamlined access

In order to improve streamlined access, CHP recommends that the State Government:

2.1   Continue to fund services that provide practical assistance, such as meal programs and shower services. Ensure these services have the resources both to engage people experiencing, or at risk of, homelessness, and to effectively link them to a homelessness access point.

2.2   Fund homelessness access point services to co-locate with, or provide outreach to, mainstream and universal services used by people experiencing, or at risk of, homelessness i.e. schools, health centres, hospitals

2.3   Provide additional resources to the major access points to manage demand and ensure that vacancies are matched to people in need as soon as they arise.

Recommendations for targeted homelessness prevention

In order to prevent homelessness, CHP recommends that the State Government:

2.4   Build on and expand existing programs to sustain tenancies both in social and private rental housing.

2.5   Combine housing funds and leaving care plans to provide a housing guarantee for young people leaving care up to the age of 25.

Recommendations for short and medium term accommodation

CHP recommends that the State Government:

2.6   Continue to fund current crisis accommodation and refuge services, ensuring that they are linked to programs that secure long-term housing.

2.7   Transfer 50 transitional housing properties a year over four years to a Permanent Supportive Housing program, retaining intensive tenancy management to trial this approach.

2.8   Once alternative housing responses, such as rapid re-housing and Permanent Supportive Housing, have been established, evaluate the effectiveness of the Transitional Housing in comparison to these other housing programs Based on the outcomes of the THM program evaluation, transition this program to the most effective model over time.

Recommendations for rapid re-housing

CHP recommends that the State Government:

2.9   Establish a rapid re-housing program that includes time-limited housing subsidies for up to 18 months, in order to secure private rents at no more than 30per cent per cent of household income.

Recommendations for permanent supportive housing

CHP recommends that the State Government:

2.10   Establish a Permanent Supportive Housing program, using a combination of newly constructed dwellings and the transfer of dwellings currently in the Transitional Housing portfolio (see Rec 2.7).

2.11   Adjust time limits related to homelessness support to allow for ongoing housing-focussed support to people with complex needs who have experienced long-term homelessness.

Recommendations for improving mainstream service responses

CHP recommends that the State Government:

2.12   Continue the Inter-Departmental Committee on Homelessness and task it with developing a government framework for ending homelessness with shared aims, objectives and targets for each element of the service system. Include mechanisms to report on housing situation on exit from institutional settings such as hospitals, correctional facilities and care arrangements.

2.13   Fund homelessness services to provide a regular program of outreach to universal services, likely to come into contact with people experiencing homelessness eg. Schools, hospitals, police.

2.14   Develop data monitoring systems to track the success of homelessness prevention initiatives across service systems and ensure that prevention approaches remain responsive to local demand and emergent needs.

Recommendations for transition to a service system to end homelessness

CHP recommends that the State Government:

3.1   Build upon existing Local Area Service Networks to establish local area planning alliances to identify service need based on local data, implement service developments consistent with the Government's framework and identify service gaps. Over time provide progressive additional grant rounds to address service gaps.

3.2   Use existing research, demand modeling and undertake sector consultation to develop a workforce capability framework and workforce development strategy for the SHS. Develop workforce capacity-building resources associated with new service elements and continue to assist organisations to provide ongoing training to staff.

3.3   Develop and invest in an affordable housing strategy that increases the supply of safe secure and affordable housing.

Introduction

Being 'at home' is about more than having a roof over your head. It's also about being included in your community. Homelessness services in Victoria work to provide access to safe, secure and affordable housing, and to provide the support to help people to overcome the barriers to keeping a home, with the physical, personal and community resources that foster a sense of belonging.

Victoria's specialist homelessness sector (SHS) is facing significant challenges and change. Demand is increasing, affordable housing is scarce and a number of reforms across the community sector are already affecting both homelessness services and people experiencing homelessness.

From May to July 2013, CHP held eight consultations with homelessness service providers across Victoria about the Victorian Homelessness Action Plan (VHAP), changes to community services and the role of the SHS. These consultations included 115 people from 80 services across the state. The outcomes of these consultations, as well as findings from international research and local evidence, are reflected throughout this paper.

Homelessness in Victoria

The Australian 2011 census tells us that there are at least 22,000 people experiencing homelessness on any given night in Victoria. From 2006-2011, the rate of homelessness increased by 20 per cent (ABS, 2011). A proportion of this increase was due to growth in the number of people recorded as living in supported accommodation, that is, individuals who are receiving help and support to end their homelessness. However over this period Victoria also saw an increase in the proportion of people rough sleeping, living in boarding houses and in severely overcrowded dwellings.

Aboriginal and Torres Strait Islander Victorians experience homelessness at a rate four times higher than non- Victorians and face many of the same service challenges as others experiencing homelessness. A history of dispossession, racism and structural disadvantage compounds the issues faced by people adding to the complexity of ending homelessness for Aboriginal and Torres Strait Islander people.

According to the Specialist Homelessness Services Collection financial difficulties and family violence are the most common reasons that people seek homelessness assistance (AIHW 2012, p.5). A number of interpersonal and health issues also contribute to individual experiences of housing instability.

Johnson, Gronda and Coutts (2008) have identified five typical pathways into homelessness. These pathways - housing crisis, family breakdown, substance abuse,

mental health and youth to adult - show that the experience of homelessness has various causes and characteristics, affects people differently over the life course and has different impacts depending on its duration.

The Victorian SHS

In Victoria, the SHS comprises over 150 organisations that deliver approximately 500 programs. The SHS provide initial assessment and planning, a variety of support models that may be attached to accommodation or provided on an outreach basis and housing brokerage.

Households experiencing homelessness are varied. They range from households with a short-term financial crisis, to   exceptionally marginalised individuals with multiple and complex needs.

The work of the SHS is about providing a home. It goes beyond securing housing, and extends to connecting households back into the community, build the skills to improve their financial situation and the resilience and service knowledge that can help to get through a crisis. This is often longer term work to see lasting change in people's lives.

Through voluntary work, in-kind contributions, leveraging other funding sources and collaborative practice within and beyond the sector, organisations responding to homelessness add significant capacity to their funded homelessness services.

In 2012-2013, 92,462 Victorians accessed services through the SHS. This equates to one in every 62 Victorians (AIHW 2013). However, the sector is not able to assist every household that needs support. In 2012-13, Victorian homelessness services recorded 16,635 instances of unmet demand. For those people who did receive assistance from the SHS, almost 16 per cent of support periods ended because consumers disengaged or lost contact with the service (AIHW 2013).

Unmet demand is particularly high when it comes to accommodation. While a third of people seeking accommodation were identified as needing long-term housing, just eight per cent were able to be assisted with this need.

Demand for homelessness services currently exceeds the sector's capacity to respond. This demand, combined with historical and inflexible funding models, means that services and practitioners operate in a system that constrains their ability to deliver the long-term, lasting interventions that households really need. Instead, many specialist homelessness services are funded to provide crisis and transitional responses to homelessness. These responses do not adequately address the varying needs of people who have experienced homelessness for different lengths of time.

Despite these challenges, homelessness services do end homelessness and provide critical support to individuals and households in need. People working across the SHS

develop creative responses, find scarce resources and connect vulnerable people to the services they need through persistence and networks they have established.

The foundation of a home

A stable home provides the foundation for participation, in the community, in employment and in education. In contrast, homelessness makes participation harder. and Through crises or longer term problems, people are left with few individual or community resources on which to draw.

The experience of homelessness can be a traumatic one, and the longer it persists, the more existing problems are exacerbated and new problems develop (Chamberlain et al 2007). For families and children, homelessness can cause disrupted schooling and lead to poor educational attainment (Kirkman et al 2009, Productivity commission 2013 p. 20). For individuals, homelessness can lead to the onset of a multitude of health, mental health and substance misuse issues (Chamberlain et al 2007).

Preventing homelessness in the first place, by saving tenancies or getting people back into housing quickly, is the best way to prevent the ongoing cost of homelessness, both individual and societal.

Housing affordability

Across Australia there is a chronic shortage of housing that is affordable to low income households. The National Housing Supply Council (NHSC) estimates that there is a current shortage of 600,000 rental dwellings that are affordable and available to households in the lower half of income distribution (NHSC 2012). In Melbourne, the shortfall amounts to 32,000 properties.

The shortage is most acute and severe for households in the lowest 20 per cent of income distributions. In Victoria, just 10 per cent of all rental lettings in Melbourne are affordable to households on a low income. For single people receiving Newstart and single parenting payments, the number of affordable properties falls to 0.3per cent and 2.2per cent respectively (Department of Human Services [DHS] 2013). There is no guarantee that these properties are let to low income households. Many are occupied by higher income households 'renting down' (Wulff et al 2011).

The shortage of affordable rental housing places pressure on public housing waiting lists. Single people and single parent households make up the majority of the 37,000 people currently waiting for public housing in Victoria (DHS 2012, p.20).

In the context of diminishing affordable housing options, more people are seeking assistance from the SHS to alleviate their homelessness. .

The crisis in crisis accommodation

Homelessness services, and indeed homelessness policy, is caught in a vicious cycle. Because of the shortage of affordable housing outlined above, households in crisis and transitional housing have few housing options, and are staying in crisis accommodation for much longer periods of time than is intended or desirable. The consequence is that there are even larger numbers of households in need, who never make it in to crisis accommodation and are instead provided 'emergency accommodation' in sub-standard rooming houses and caravan parks, often without follow-up or ongoing support.

Unfortunately this housing instability has detrimental effects in other areas of life, sustaining and exacerbating the crisis, and causing the household to continue to need support for much longer than may otherwise be necessary.

The service system should be in a position to deliver the resources required to rapidly move households out of crisis and in to long-term housing, freeing up available crisis accommodation and providing families and individuals with a stable home.

VHAP system reform project

VHAP (DHS 2011) outlines a reform plan for SHS built around early intervention and prevention for cohorts who have experienced homelessness for different periods of time. CHP understands that the system reform project will:

- map the distribution of homelessness services
- review the efficacy of current interventions
- forecast demand for homelessness assistance

The findings will inform the development of an outcomes-based funding model and framework for the delivery of homelessness services. The VHAP indicates that the reformed homelessness service system will be implemented in 2014-15.

The VHAP system reform project intersects with a number of other reforms occurring across the Victorian community sector. These include the National Disability Insurance Scheme, the Victorian Government's Service Sector Reform Project, the Department of Human Services' Services Connect Model, the development of a new social housing framework, and the restructuring of psychiatric disability and rehabilitation support services and alcohol and other drug services.

The purpose of this paper is to outline CHP's vision for reform of the SHS by bringing together research, practice knowledge and the views of those working within the SHS to outline a service system that effectively intervenes to prevent and end homelessness.

The remainder of CHP's position paper outlines the role and outcomes of the SHS, the key service elements for ending homelessness and how we can transition to a service system that has ending homelessness as its central aim.

Part one: Moving towards an outcomes model

By focusing efforts on gaining and sustaining a home, the specialist homelessness sector will be better placed to end experiences of homelessness for good.

Outcomes are the impacts on individual lives that are brought about by a particular program or intervention. Many specialist homelessness services routinely monitor the impacts of their efforts and use this information to drive practice developments (Baulderstone and Talbot 2004). However, across Australia, existing reporting and funding systems focus on the completion of outputs rather than outcomes or impacts (Bauderstone, Button and Earle 2012).

This section of CHP's position paper will consider ways to identify and monitor the outcomes of the work of the SHS, as well as the benefits and challenges of measuring outcomes across human services.

Why measure outcomes?

By focusing on achieving outcomes - rather than completing processes or delivering outputs – practitioners, services and sectors can have confidence that their work is helping to improve consumers' lives.

Focusing on outcomes preferences results over process, and allows services to 'do what it takes' for consumers, without having to try to make those interventions fit into a funded service type. It allows services the flexibility to innovate.

Internationally, sector and community-wide outcomes models are used to track overall reductions in the incidence of homelessness (US) and the contribution of homelessness services to achieving social goals (UK). In these models, service-level data is consistently collected, aggregated and analysed in order to drive local service improvements.

The sweeping use of the term 'outcomes' across the human services sector, without specifying what these 'outcomes' look like hampers the usefulness of the concept. Particularly when reforming services, we must be clear about what change in circumstances services are seeking to achieve and the outcomes consumers identify for themselves.

Picturing outcomes across the human services sector

Attributing outcomes to any particular intervention is difficult, as success across the human services sector requires a partnered approach. There are a range of specialist skills, resources and knowledge that contribute to individual and community wellbeing, and which individuals may draw upon to support their wellbeing.

Outcomes will only be achieved if human services work together to enhance the wellbeing of vulnerable households, even though each has a specific focus. The following diagram provides a conceptualisation of the role of the SHS in relation to other human services and their respective outcomes.

Figure 1: The role of the SHS in relation to other human services
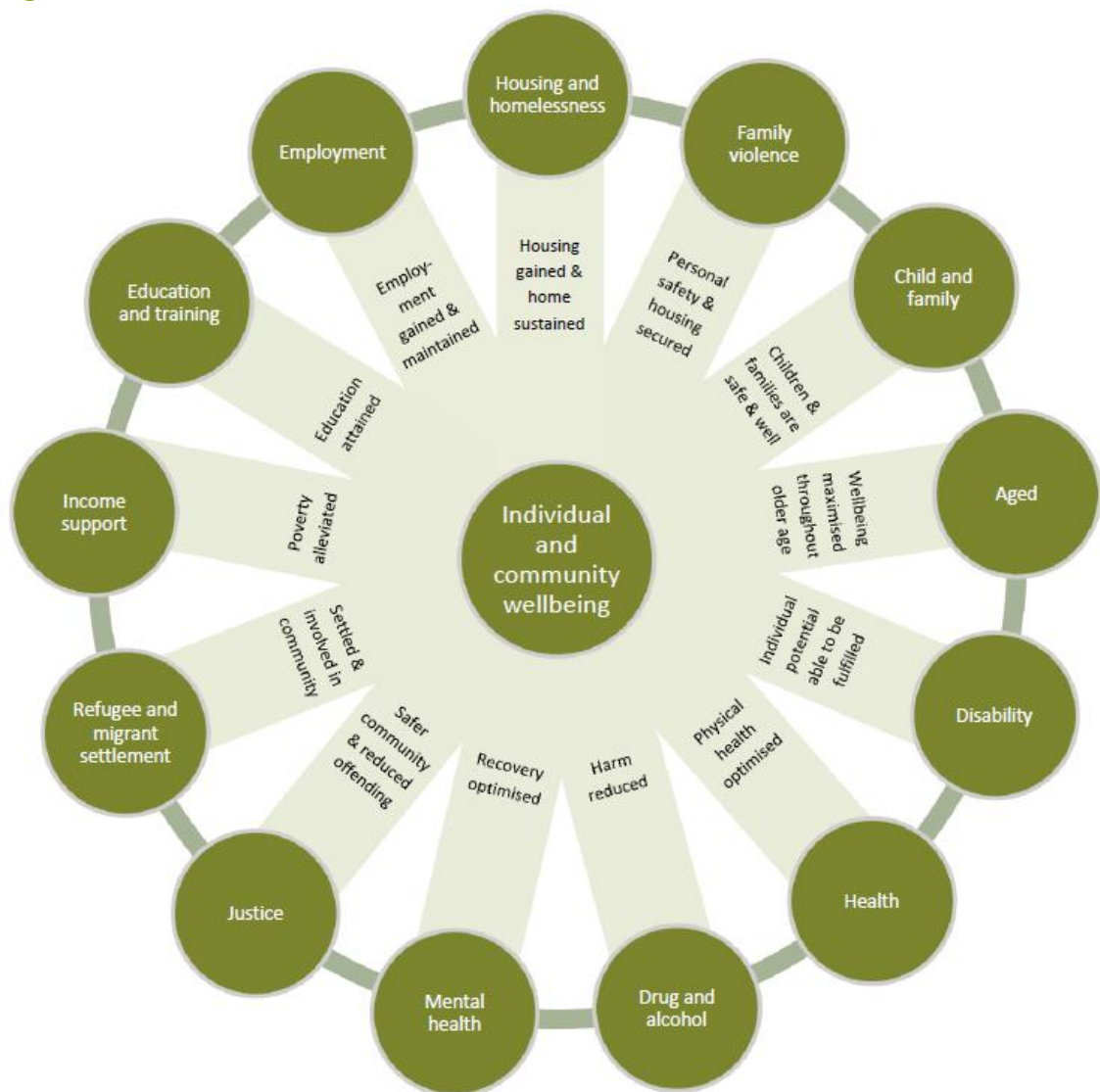
This diagram is not intended to be exhaustive. Rather, it shows that effective practice is an interdependent endeavor and the ability to measure the outcomes of the SHS and indeed any of the human services, is influenced by other elements of the human service system. The role of allied services in ending homelessness will be discussed in the second section of this paper.

What are the outcomes for the SHS? Getting housing and keeping a home

Secure, appropriate and affordable homes provide a platform for individual and community wellbeing. In an integrated community services system, the primary role of the SHS is to help people who are experiencing or at risk of homelessness to gain and sustain a home that is affordable and suitable to their needs.

CHP's sector consultations revealed widespread support for the two overarching outcomes which guide the specialist work of the homelessness sector; *housing gained* and *housing sustained.*

These two overarching outcomes arise from a study into the services that make a real difference for people experiencing homelessness (Gronda, Ware and Vitis 2011). The project found that there are two distinct processes involved in preventing and ending experiences of homelessness: getting housing and keeping housing (Gronda, Ware and Vitis, 2011, p.1).

Housing gained refers to the point at which a consumer begins a secure tenancy in housing that is affordable and suitable. Affordability is defined as costing no more than 30 per cent of household income for people in the lowest 40 per cent of income distribution (Disney 2007).

While any form of shelter might be considered an improvement on rough sleeping, housing must meet minimum community standards of security and amenity in order to be considered suitable. Accommodation that falls within the statistical definition of homelessness (ABS 2012) is not suitable. Consumer choice is also a key factor in housing suitability (Gronda et al 2011, p.62). Consumers need to be involved in choosing the type and location of housing if it is going to become their home.

Housing sustained refers to remaining housed in a property that meets the standards discussed above. This outcome is relevant both to people who are at risk of a first experience of homelessness, and those who have previously experienced homelessness. This measure refers to ending homelessness for good. In order to reflect the outcomes produced by the SHSS, CHP recommends a variant of this outcome in 'sustaining a home'.

During CHP's consultations, sector stakeholders held varying perspectives about how *housing sustained* could be measured in practice. A number of activities such as appropriate healthcare, increased capacity to engage in employment, participation in education, activity that engages people in their community and establishes supportive

social networks contribute to a household's ability and resources to keep a home into the future.

Consultation participants suggested that the length of time taken to achieve this outcome must take into account the length of a consumer's experience of homelessness and the extent and complexity of household needs. It is evident that in order to achieve real housing outcomes for people with very different housing histories, a nuanced outcomes framework is required.

From initial consultation with Aboriginal homelessness services CHP believes that outcomes must be embedded within a community development framework. The complexities of socio-economic disadvantage, and structural dispossession faced by Aboriginal peoples requires more than a homelessness response and should seek to improve overall community wellbeing. Specific consultation with Aboriginal service providers and communities is required to develop an appropriate outcomes framework for these services.

A fuller outcomes framework

There are many processes and activities that contribute to gaining housing and sustaining a home. Considered alone, measures of housing establishment and sustainment cannot fully capture the efforts and successes of each element that makes up a system to end homelessness, or the myriad of work that might go into setting up a single tenancy. It's for this reason that sector outcomes should be measured at three levels: consumer, service and population. The figure below provides an example of each of these types of outcomes, and the relationship between them.

Figure 2: The relationship between consumer, service, sector and population outcomes

The figure below outlines the support role of each sector in relation to someone experiencing both homelessness and mental health issues.
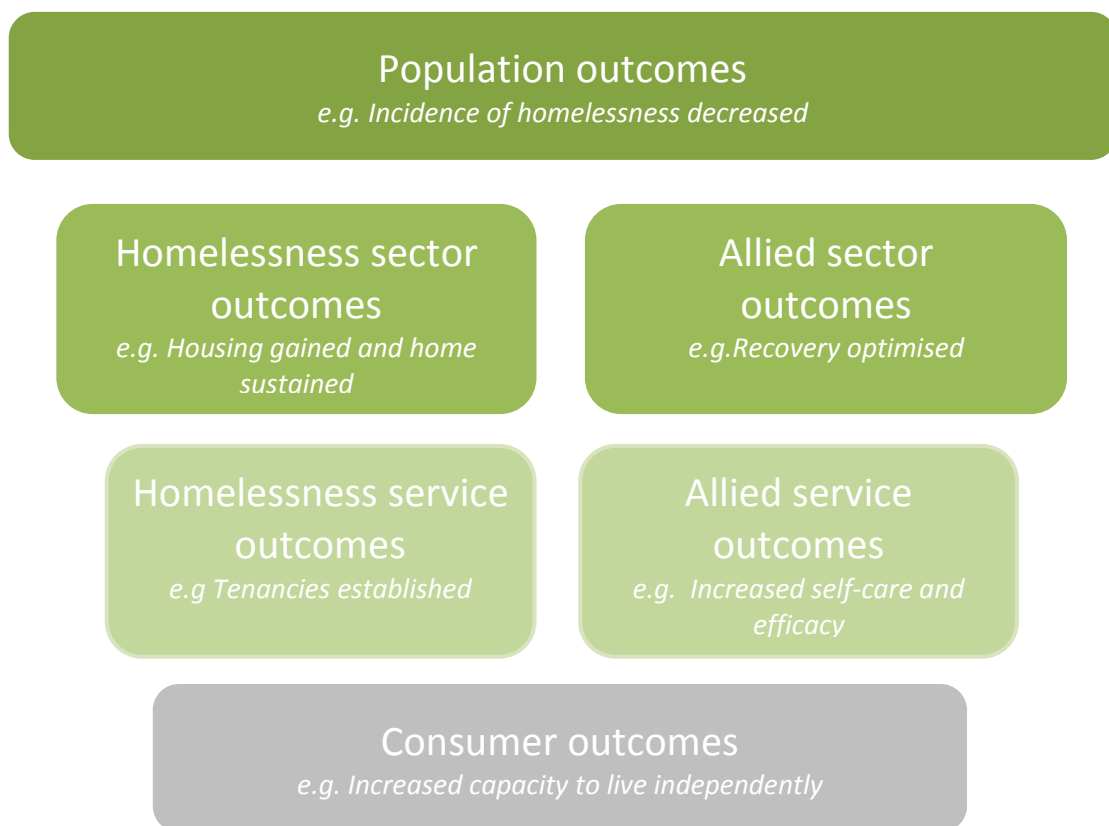
Outcomes can be measured at each of these levels, through goals expressed by the consumer and changes in consumers' circumstances, services' achievements in establishing household tenancies and making sure these are sustained, and the overall incidence of homelessness at a population level.

In this ideal model, each outcome encapsulates the successes of its sub-components. For example, data collected on the changes in consumers' circumstances would be collated to measure the success of a homelessness service, based on that service's particular objectives. In turn, homelessness sector outcomes would be measured by the overall number of tenancies gained and sustained and by aggregating the outcomes achieved by each service that makes up a system to end homelessness.

The model above also recognises that homelessness services work in partnership with allied sectors, both to achieve outcomes with individual consumers, and to build wellbeing at a population level. Although it's not realistic to attribute success at consumer or population levels to any single, specialist intervention, by articulating the respective roles of each sector and facilitating partnered practice, common goals can be achieved.

As highlighted above, attributing outcomes to a particular service intervention is fraught and we do not yet have a clear and shared understanding of how to identify and measure the outcomes of the work of the SHS. There is much work to be done to understand and develop each level of outcome measures.

Gronda et al (2011) caution that the existing empirical evidence relating to various homelessness interventions should not limit the types of practices that are used to prevent and end experiences of homelessness. Research needs to sit alongside practice expertise and consumer perspectives in order to capture a fuller perspective of real world practices that help people to gain and sustain a home. It will be necessary for Government to work with the SHS and consumers over time, to develop a full picture of the outcomes that could guide work at service sector levels. This process should ensure that the identified outcome measures are informed by evidence and practice expertise.

Barriers to an effective outcomes model

At both service and systems levels, there are a number of barriers to conceptualising and implementing outcomes-focused practice. For example, there are many and varied perspectives about the indicators that contribute to the success of homelessness services (Baulderstone et al 2012). Further, during CHP's consultations, some participants found it challenging to conceive of their role in relation to gaining and sustaining housing, because current practice is so focused on crisis and transitional responses to homelessness and in the absence of housing supply.

With regard to putting outcomes into practice, a scoping study of outcome measurement across the Supported Accommodation and Assistance Program (SAAP) (Baulderstone et al 2004, p.vii) concluded that outcome measurement is achievable, but the following five conditions are necessary for it to be implemented successfully:

'Firstly, agency commitment is required. Secondly, that outcome measurement is only feasible and practical where it is properly integrated with the case management process. Thirdly, that outcome measurement needs to be properly integrated

with the development of information systems which support data input and report generation. Fourthly that key stakeholders understand the purpose(s) and limitations of outcome measurement. Fifthly, that training and support is provided during implementation.'

CHP's recent sector consultations underscored that both government and the SHS are a long way from reaching each of these conditions. In particular, participants consistently noted that current data collection mechanisms are not easily integrated into practice and this has held back improvement in the data collection culture.

While practitioners recognise the importance of data collection, they have told CHP that current systems are onerous, that services aren't adequately resourced to evaluate service outcomes and it is usually impossible to communicate data across the various services and systems that may be working with a household. Data collection system enhancements and resourcing the aggregation of data at a regional level will help to make outcomes-focused practice possible.

The implementation of outcomes-based funding across Job Services Australia (JSA) provides a number of lessons that are relevant to the SHS. The Productivity Commission (2002 p.3.12) has noted that 'incentive payments based on simple performance outcomes may lead to taking on those job seekers most likely to achieve payable outcomes.' The JSA experience has shown that outcomes-based funding, while good in theory, tends to drive services towards the easy to serve, when those experiencing homelessness, particularly long-term homelessness, are often the hardest.

Implementing an outcomes approach across the SHS

Many homelessness services already make use of case management tools and data collection systems in order to monitor the impact of their efforts. It is possible for the SHS to move to outcomes-oriented practice. However, the success of the approach is dependent upon a well-designed outcomes framework, systems to support data collection and practice change, and a service system that is structured and resourced to achieve real improvements in consumers' living situations.

A process over time is required to build the outcomes architecture and culture. Indeed many participants in CHP's consultations felt that if an outcomes-based funding framework was imposed over the current service system and housing options, it would inevitably fail.

Recommendations for an outcomes framework.

In order to establish an outcomes framework, CHP recommends that the State Government:

1.1   Work with consumers, the SHS, and the available evidence to develop an outcomes framework. This framework will identify measures of success at consumer, service, sector and population levels with the overarching system outcomes of getting housing and keeping a home.

1.2   Identify outcome measures within SHIP and provide resources to improve data collection and utilization in order to begin to routinely measure outcomes.

1.3   Establish a sector working group to develop an appropriate funding model to support outcomes for different cohorts.

Part two: System design

The different service elements available, and the way those elements fit together is central to whether people can navigate that system in order to get the assistance they need.

As noted by the Victorian Homelessness Action Plan (VHAP) the current service system is designed and funded to manage the crisis of homelessness. The current service system is constrained in its ability to provide services that prevent or end homelessness, due to the rigid requirements for program outputs and pressures to meet existing demand. During CHP's consultations, homelessness services felt strongly that current service and funding models aren't flexible enough to be responsive or effective in relation to consumer needs. Support periods are too rigid, brokerage is too limited in funding and scope, and eligibility is too tightly targeted.

In our consultations CHP found that program guidelines were often circumvented by providers seeking the best outcomes for consumers. This can mean extending support periods beyond the funded period, or logging a person in and out of a client management system in order to balance the data. Not only does this affect the usefulness and accuracy of homelessness data, it is not the most efficient use of limited resources.

Governments and organisations develop better, more responsive and effective systems, policies and programs when consumers are involved in their design. The importance of consumer participation is recognised across the spectrum of community services and has long been a fundamental element of health and mental health care systems. As a result, consumers have been influential in shaping Australian health systems; in diabetes, HIV, birthing practices and clinical and disability support in the mental health sector. In the design and implementation of a new system to address homelessness it is vital consumers have the opportunity to fully participate at all levels from decision-making and service and system development, through to case planning and direct service delivery.

A positive example is the development of a new national mental health consumer organisation to inform the delivery of the federal National Mental Health Reform. As the Australian Government Department of Health notes on its website, *"the participation of people with lived experience of mental illness is central to informing mental health reform"*. The new organisation will ensure that the consumer voice contributes to more responsive and accountable mental health reform, and such a voice would lend strength to the reform of homelessness services in Victoria.

Refocusing the service system on preventing and ending homelessness and away from a purely reactive, crisis-relief focused model, makes sense both for individuals and families experiencing homelessness, as well as economically. It should be the goal of the VHAP reform process.

CHP has undertaken a review of Australian and international literature to identify the key service elements that are central to both *preventing* and *ending* homelessness. These elements are described in the following section, and are underpinned by a service response that builds respectful relationships with consumers through persistent, reliable and practical support (Gronda 2009).

The service elements that have been demonstrated to end homelessness require a specialist homelessness focus working together with generalist services that have access to appropriate expertise and resources. Many of the skills and practices outlined are currently used within the Victorian SHS sector and are delivered by a workforce committed to engaging with this marginalised group from within a holistic casework practice model.

The following diagram outlines pathways through a service system that is made up of these effective service elements.

Figure 3   Key elements of a service system to end homelessness
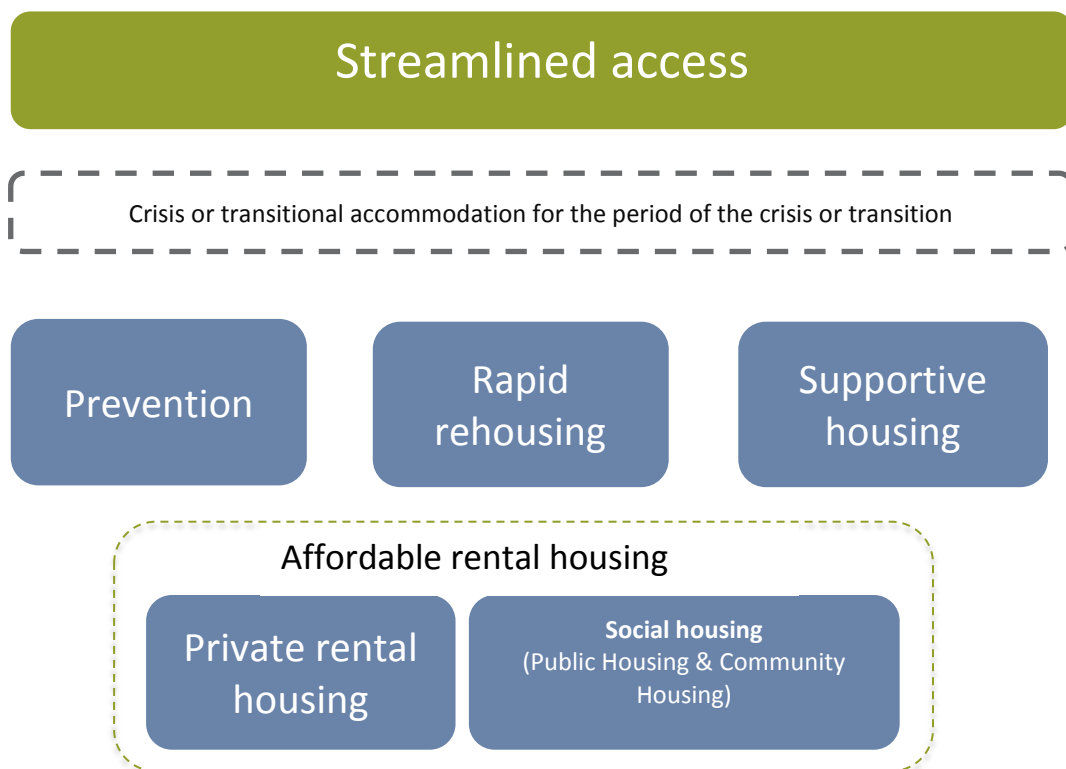
The diagram above outlines the key elements of a service system to end homelessness. However, there is a tension between ensuring that individuals and families can access consistent services across the state, and providing services that are responsive to local or cohort-specific needs. Local data should inform the process of adapting the service system to the need in each area. Rural and regional services face particular difficulties due to the geographic location of available services, and system design in these areas must account for these challenges.

Length of experience of homelessness and lifestage, will influence which service elements are appropriate for different people and the length of time assistance may be needed. This system is designed to be flexible to accommodate these different needs.

It is important to note that this paper describes the service elements that are critical to the success of particular interventions. Implementing one element, without the supporting pieces compromises the effectiveness of the model and hence reduces the outcomes that can be expected.
Further, CHP strongly recommends that consumers should be involved in the development and ongoing review of homelessness services and the service system.

Streamlined access

The way that people access and engage with homelessness services affects their housing outcomes and the efficiency of the specialist homelessness sector.

This part of the paper examines the best ways for the SHS to reach people experiencing or at risk of homelessness and to offer an initial response to their needs.

Local and international research shows that difficulties in accessing homelessness and broader community services may lead to, and lengthen, experiences of homelessness. In particular, a person's first experience of the homelessness service system can shape their future service usage (Black and Gronda 2011, p.22, 27).

Many people experiencing homelessness will only seek, and repeatedly access, services that they perceive to be welcoming, respectful and helpful in meeting their immediate needs (Wen, Hudak and Hwang 2007; Hoffman and Coffey 2008; O'Toole et al. 2007, as cited in Black and Gronda 2011, p.27-28). Similarly, the Victorian Statewide Assessment and Referral in Homelessness Services Project (Thomson Goodall Associates, 2011, p.39) found that:

'Unless 'somebody' or some service accepts responsibility for ensuring that a client is actively supported at his/her first point of contact…the high level of bouncing between services, and the distress this causes, will continue.'

A positive experience at the first point of contact is especially important for young people, who are hesitant about seeking formal assistance and tend to lack knowledge about, and experience in accessing, homelessness services (Gronda and Foster, 2009). Older people experiencing homelessness for the first time face unique challenges.

Other groups of people also face specific challenges when attempting to access and engage with homelessness services. For example, people with significant mental health issues, problematic substance use or those experiencing chronic or long-term homelessness often experience social or service exclusion (Chamberlain and Johnson 2011; Gronda et al. 2011). The accessibility of services for women and children escaping family violence is related to the need for security and immediacy of response (NSW Women's Refuge Working Party 2003, as cited in Black and Gronda 2011, p.36). Aboriginal people have reported both practical and cultural barriers in accessing

homelessness assistance (Catherine Holmes Consulting 2010; Birdsall-Jones et al. 2010; Hovane 2007, as cited in Black and Gronda 2011, p.33).

While it is clear that access arrangements influence individual experiences of homelessness, they also impact upon the efficiency, effectiveness and equity of the specialist homelessness sector. In 2001, the Victorian Statewide Assessment and Referral in Homelessness Services Project (Thomson Goodall Associates p.44) found that 'any door' approaches - where any homelessness service assesses, engages or refers clients according to the services' own eligibility requirements or knowledge of alternative service responses - result in 'duplicative, unproductive use of service time and resources.' Any door access models also sustain a fragmented service system (Black and Gronda 2011).

In recognition of the critical role that access arrangements play in facilitating equitable, engaging and consistent homelessness service delivery, from 2008 homelessness services across Victoria began operating according to the Opening Doors Framework (DHS, 2008). The creation of local access point services, consistent assessment, referral and prioritization frameworks, and LASNs are key elements of the Opening Doors reforms.

Although the evaluation of the implementation of Opening Doors is not publicly available, it is already apparent that a streamlined approach offers benefits for consumers and service providers alike (Department of Housing and Urban Development 2010). Participants in CHP's sector consultations were generally supportive of Opening Doors, but felt frustrated that under-resourcing at access points and LASNs together with a client management system that is not designed for access-point settings, had reduced the overall consistency and efficacy of the model.

What works: Streamlined access

'Streamlined access' refers to clear pathways and consistent assessment and referral practices for people to access the assistance they need to prevent or end experiences of homelessness. Streamlined access emerges as best practice from local and international experience and research, which shows that effective homelessness responses are underpinned by active engagement and accessibility strategies (Gronda and Foster 2009; Gronda, Ware and Vitis 2011, p.51).

Streamlined access comprises a range of service elements and practice approaches, including:

- clear and visible information about how to access homelessness assistance

- an emphasis on engagement

- access points that have both centre-based and outreach capacity, and are tailored to local circumstances and cohort-specific needs

- resources to respond quickly and provide practical assistance

- consistent use of assessment, prioritisation, referral and data collection tools and

- service coordination and shared understanding of roles and responses across the SHS and mainstream services.

The following practice and service elements are essential to ensure that all people at risk of, or experiencing, homelessness can access the specialist supports that they need.

Clear and visible information about how to access homelessness assistance

In order to receive the right intervention at the earliest point in time, people experiencing or at risk of homelessness need to know how to get help. Knowledge of local homelessness interventions is also important for 'first to know' services such as schools, GP's, police or Centrelink, which play an important role in identifying and addressing the risk of homelessness.

Consumers of Victorian homelessness services want 'widespread, appropriate, and current information about service availability, eligibility and criteria,' and support the idea of a central information service that is provided online or over the phone (Thomson Goodall Associates 2001, p.25). It is critical that such services are highly visible throughout the community sector, and easily identifiable by people experiencing crisis and instability.

Internationally, information about specialist homelessness sectors tends to be provided through a combination of phone, web and local services. For women and children experiencing family violence, it is important that information and advice are available 24 hours a day (Black and Gronda 2011, p.50).

While Victoria currently has a state-wide 1800 number to help people to make contact with their nearest access point, information about these services can be difficult to find online, and many consumers still report finding access points through word of mouth (North West Local Area Service Network 2013).

An emphasis on engagement

Engagement is about consumers and service providers actively working together to assess and meet the consumer's needs. Active engagement strategies are a key feature of effective homelessness services (Gronda et al. 2011, p.51).

Engagement occurs at both practitioner and service levels (Gronda et al 2011). That is, genuine engagement relies on both interpersonal connections and enabling

environments. The relationship between consumers and workers is a critical factor in maintaining an individual's involvement in services, as well as determining the effectiveness of those services (Stanhope 2008, as cited in Black and Gronda 2011, p.29). This evidence was supported throughout CHP's consultations, particularly by consumers.

While effective case management with people experiencing homelessness is characterised by a persistent, reliable, intimate and respectful relationship that delivers comprehensive and practical support (Gronda 2009), interpersonal connection is also important at the point of access. For example, consumers consulted during the development of the Victorian Homelessness Strategy were concerned when assessments were conducted in an intrusive or insensitive manner (Thomson Goodall and Associates 2001, p.18). Much of the Victorian SHS delivers services in a respectful way, however workers facing increased demand with few response options are often under particular strain. It is important that system design and resourcing supports positive engagement, and that workforce development emphasises these skills.

At a service level, practical assistance can become a vehicle for engagement. Services like drop-in or meal programs have low barriers to entry (meaning that they are accessible to everyone), place few demands on consumers and provide practical and immediate assistance. These services are well placed to facilitate engagement with other human services as needed.

More research is needed to identify the critical factors that facilitate interpersonal engagement when a person first accesses a homelessness service. However, there is emerging evidence that consumer involvement can enhance the initial engagement process (Karabanow and Clement 2004, p.103, as cited in Foster and Gronda 2009, p.30; Gronda et al 2011, p.51). For example, in a service for people with a severe mental illness, peers were better able to convey positive regard, understanding and acceptance to consumers than other professionals. The involvement of peers encouraged people to continue accessing the service and reportedly improved their motivation levels (Sells et al. 2006, as cited in Gronda et al. 2011, p.53).

At a service level, engagement is facilitated by:

- low service barriers or inclusive eligibility criteria (Black and Gronda 2011, p.26)

- providing practical assistance to meet immediate needs (Black and Gronda 2011, p.28).

Access points that have both centre-based and outreach capacity, and are tailored to local circumstances and cohort-specific needs

There are a number of design considerations that influence the accessibility of the SHS. High visibility, proximity to public transport, co-location with other relevant services and the capacity to assist both people who drop in and people who make an appointment are critical to the success of centre-based services (Black and Gronda 2011, p.57-58). Extended opening hours and a welcoming environment are also considered good practice in the design of centre-based entry points. Telephone and internet-based information services need to be well publicised and have broad coverage.

Gronda and Foster's (2009) synthesis of effective youth-focused homelessness practice shows that young people experience homelessness and engage with homelessness services in ways that are different to people of other ages. For example, young people experiencing, or at risk of, homelessness seek out home-like spaces (Gronda and Foster 2009). Centre-based access points can improve youth accessibility by maximizing privacy while avoiding sterile surroundings. Young people also tend to have poor knowledge of the SHS, so co-locating with mainstream services where young people are already engaged will further strengthen accessibility for this group (Gronda and Foster 2009).

Balancing locally adapted responses with statewide practices may also help to maximise the accessibility of the SHS. Service relationships are required at a local level in order to respond to emergent consumer needs and to maximize cooperation between the local complement of services. (Thomson Goodall Associates 2001 p.20). At the same time, macro-level consistency helps consumers to move between regions, enables equitable access to assistance and allows the SHS to measure and benchmark service usage and consumer outcomes.

Finally, services that are provided on an outreach basis enhance accessibility for people who are socially or geographically isolated, or who are hesitant to enter formal service settings. Assertive outreach forms part of a continuum of specialist care for particularly vulnerable consumers (AHURI 2013), and will be detailed in the section on permanent supportive housing.

DHS is currently working on integrated access to child and family, disability, youth justice and public housing services through single entry points in a number of trial sites for the Services Connect project. This approach is intended to reduce complexity for consumers, and facilitate access to a more complete service response and reflects many of the ideas outlined above. Minister Wooldridge has also announced the Sector Reform Council to lead co-design of Services Connect as core business across the human services in Victoria. It is important that Services Connect works in partnership with the specialist homelessness sector, and is able to refer to this safety net, for specialist assistance with housing needs where required. Maintaining clearly identifiable access points, as well as outreach services is critical to engaging vulnerable

consumers, who are likely to have had negative or ineffectual experiences with a range of government and community services across their lifetime, and are unlikely to again approach more generic support services.

Resources to respond quickly and provide practical assistance

Across the world, the most commonly identified barrier to accessing homelessness assistance is a lack of capacity (Black and Gronda 2011, p.22). When service demand exceeds capacity, access points are forced to restrict the type or level of assistance that is provided to households. This means that consumers may wait indefinitely to receive appropriate assistance or may receive assistance that doesn't really meet their needs (Burt et al. 2010).

Homelessness access point services offer critical opportunities for prevention and diversion. Having enough resources to meet local demand means that access points can better engage with people experiencing or at risk of homelessness, and offer diversionary or preventative responses before their situation worsens. Appropriate resourcing at access points also helps to ensure that quality services are offered consistently and equitably across the state.

As noted above, the ability to provide practical assistance at the first point of contact also improves engagement between consumers and service providers. A study from the US found that 'the process of help-seeking is often overwhelmed by the need for meeting daily subsistence needs' (O'Toole et al. 2007, as cited in Black and Gronda 2011 p.28). This means that consumers who are hesitant or don't know how to access specialist service systems may still access emergency relief, meals programs or needle exchanges. Many of these services are delivered by or in conjunction with the SHS and provide a valuable site for access to SHS services. Where they are not, aligning such services with access to the SHS (by outreaching to these services from access points, or providing supported for people to get to an access point) provides a powerful opportunity to engage with people experiencing or at risk of homelessness.

Consistent use of assessment, prioritisation, referral and data collection tools

During the Victorian Homelessness Strategy consultations, Thomson Goodall Associates (2001) found that using different assessment tools and referral processes across specialist homelessness services resulted in considerable frustration and confusion among staff members. It also meant that consumers might have to sit through a number of invasive assessments only to be told that the service couldn't help, or that their referral to another service had been rejected. The Opening Doors reforms of 2008 made significant efforts to reduce assessment duplication and inequitable resource allocation across the SHS through the implementation of housing-focused assessment and prioritisation models. Homelessness access points have developed specific skills and knowledge in the assessment and prioritisation of homelessness need.

In the long-term, accessibility is also enhanced by consistent data collection in access point services, and across the SHS. When information about consumers' demographics, housing history, needs and referral pathways is collected consistently, local service networks and people who provide, fund or develop homelessness services are able to identify opportunities for systemic and local adaptation, to ensure that the front end of the service system remains responsive over time.

Having dedicated services that provide access to the resources of the SHS improves consistency in assessment, prioritisation and data collection, and can help to ensure that people are referred to the most appropriate housing response from the start (assuming of course that reforms increase the amount and range of housing responses available). Doing so allows services and the staff working within them to develop specialist assessment skills and a comprehensive understanding of response options in both the local and broader community service sectors (Thomson Goodall Associates 2001, Black and Gronda 2011; National Alliance to End Homelessness 2011).

An exception to this principle is in the case of specialist support providers that have a high level of expertise relating to engaging, assessing and working with a very particular target group (Department of Housing and Urban Development 2010) for example Indigenous specific service providers. Opening Doors has created such a system in Victoria where generalist and targeted homelessness access points coexist and use their specialist understanding of homelessness risk and housing responses to facilitate streamlined access to the SHS.

Service coordination and shared understanding of roles across the SHS and mainstream services

The success of streamlined access approaches is dependent upon strong service relationships between homelessness access points and the variety of services to which a consumer may be referred. This is because the person with whom a consumer first engages, is unlikely to be the same person that directly assists them to establish or sustain their tenancy and address the issues that lead to housing instability.

For referrals to be accepted and effective, access points, support providers and consumers should have a shared understanding of each consumer's priority needs, and the interventions that are likely to address them (Department of Housing and Urban Development 2010).

Under the Opening Doors framework, LASNs were intended to facilitate consistent and coordinated practice between homelessness access points and support providers (DHS 2008). Due to funding changes, LASN arrangements currently vary across Victoria. Local homelessness service networks of some form are vital, as they enable coordinated practice and strategic improvements both within the SHS and between the SHS and allied community sectors.

The role of mainstream services in preventing and ending homelessness is explored in more detail later in this paper.

Recommendations for streamlined access:
In order to improve streamlined access, CHP recommends that the State Government:

2.1   Continue to fund services that provide practical assistance, such as meal programs and shower services. Ensure these services have the resources both to engage people experiencing or at risk of homelessness, and to effectively link them to a homelessness access point.

2.2   Fund homelessness access point services to co-locate with, or provide outreach to, mainstream and universal services utilised by people experiencing, or at risk of, homelessness.

2.3   Provide additional resources to the major access points to manage demand and ensure that vacancies are matched to people in need as soon as they arise.

Issues for consideration

- The current system of dedicated homelessness access point services and the homelessness and family violence 1800 telephone numbers provides a strong foundation for improving access.

- Increasingly people are searching for assistance online. It is possible to improve the online and physical visibility of homelessness access point services by optimising search engine results, creating a consistent brand mark (like the interpreter symbol) to be displayed by these services, and educating first-to-know agencies about state-wide and local homelessness response options.

- Engagement at the first point of contact is critical for effective services. Training for workers within the SHS and beyond should emphasise skills for engagement.

Preventing homelessness

The terms early intervention and prevention are often used interchangeably for interventions at varying points in time. In homelessness services this can range from family support work with families in housing, right through to interventions after households have become homeless.

Much of the literature characterises prevention in the context of a medical model. Through this lens, primary prevention stops new cases occurring; secondary prevention intervenes in early stages to reduce the impact and tertiary prevention intervenes to lessen the impact or consequences (Burt et al 2005, Busch-Geertsema & Fitzpartick, 2008, Culhane et al 2011 p.297).

This section of the discussion paper focuses on primary prevention, that is, activities that stop new cases of homelessness occurring. Following Culhane et al (2011) this section focusses narrowly on households at imminent risk of homelessness, rather than on population-wide prevention measures which are discussed later in this paper. It covers areas where the risk of homelessness is imminent, yet it is possible to prevent the experience of homelessness and divert entry into the homelessness service system beyond the initial access point. This includes households with 'at risk' tenancies for rent arrears, noise complaints or other inter-tenant disputes. It also covers households where notices have been issued to the tenant by the landlord or where a notice could have, but has not yet been, legally issued. It also covers homelessness prevention for people leaving a range of custodial settings and these areas are closely linked to the responses of mainstream services discussed later in this paper.

Primary prevention activities for households 'at risk' of homelessness but where homelessness is not imminent are discussed in more detail in the section on mainstream responses. These responses include services to address financial difficulties, family relationship issues, health or mental health issues. Longer term housing support to prevent recurring homelessness for households who have previously experienced long-term homelessness (i.e. Tertiary Prevention) are addressed in the section on permanent supportive housing.

It must be noted that while it is possible to identify risk factors for homelessness, it is extremely difficult to predict which individuals and households displaying those risk factors will actually experience homelessness. A US study that used 20 indicators to identify households at risk, correctly predicted homelessness just 66 per cent of the time (quoted in Shinn et al 2005). Even where initiatives are targeted using sophisticated techniques, some individuals receiving a service would never have become homeless. This is not a reason *not* to invest in homelessness prevention but rather to highlight the difficulties in this area, and the need to be realistic in the trade-

offs between targeting upstream and the associated expenditure on a broader target group.

Despite the difficulty in targeting prevention activities, investment in earlier interventions can have other benefits for those households and may save in more costly interventions in the future. These interventions can relieve some of the negative impacts of poverty and increase household wellbeing. For example, while a household in rent arrears will not always become homeless, the full repayment of those arrears will take financial pressure off other areas of expenditure and allow them to engage in the activities (education, employment) which will help support resilience in the future.

A note on primary prevention: poverty and affordable housing

While this chapter is primarily concerned with service interventions to prevent and end homelessness for specific groups, interventions limited to targeted or high risk groups alone will not solve the population level drivers of homelessness: poverty and housing affordability. A population/high-risk framework (Apicello, 2010) for prevention of homelessness that includes both targeted measures and population wide efforts to alleviate poverty and improve access to affordable housing must be central to prevention efforts. For many households, the provision of affordable housing will be sufficient to prevent their homelessness (Shinn et al, 2005, p.8-9).

A state-wide strategy to increase the supply of housing that is affordable to low income households should stand alongside targeted prevention measures in a comprehensive prevention framework.

At a state level, these initiatives should include:
- planning regulations that support the provision of affordable housing, such as inclusionary zoning, particularly for government land
- measures to improve security of tenure within the private rental market
- a clear stream of capital funding to increase the supply of housing targeted at households with complex needs.

Understanding pathways

In order to prevent homelessness it is important to understand the factors and experiences that proceed and contribute to homelessness. Johnson, Gronda and Coutts(2008) have identified key pathways into homelessness including: mental health, substance misuse, housing crisis, family violence and youth to adult. Each of these pathways has distinct features and different temporal experiences and consequences, with households experiencing family violence, housing crisis and some youth having shorter term experiences of homelessness than those on the other pathways.

Mallet et al (2009) have also mapped specific pathways for young people experiencing homelessness with some distinct and overlapping features, including family violence, personal and parental substance misuse, anxiety and depression and 'adventure'.

High rates of homelessness have been identified for people exiting custodial care, particularly prisons (Baldry et al 2003, Schetzer & StreetCare, 2013) and out of home care for young people (Johnson et al 2010, Fowler 2009)

It is important to remember that while we can identify a number of clear pathways into homelessness, experiencing any one of these factors is not a determinant of homelessness (Montgomery et al 2013 p.62). Indeed, initial findings from the Journeys Home longitudinal research into homelessness have found that movements in and out of homelessness can be very fluid, with 40 per cent of the sample experiencing homelessness at some time in the first six months of the survey, but only 24 per cent at the time of the interview (Chigavazira et al 2013).

This emphasises the need for an explicit understanding of, and rationale for, the trade-offs in targeting specific homelessness interventions. The table below highlights the difficulty in identifying those at risk based on the prevalence of a particular risk factor in the broader population

Figure 4: Estimated prevalence of homelessness risk factors in the general population*

Risk factors	Estimated prevalence in Victoria per annum	Number of people who cited this as their main reason for seeking Victorian SHS assistance (AIHW) per annum	Number of people who cited this as a contributing factor to their service need (AIHW) per annum
Family violence	≈60,829[1]	17,950	21,854
Psychotic illness	≈ 15,883[2]	1,021 mental health issues	Mental health + Drug and alcohol
Anxiety, depression, substance abuse etc	≈750,000[3]	561 substance misuse	8,176
Renters in housing stress after rent assistance	101,275[4]	2,091 Housing affordability stress 8,739 Housing crisis	22,592 (assistance to maintain a tenancy)
Financial stress	301,517[5]	9,978 Financial difficulties	14,989 (financial information)
Young people leaving out of home care	400 a year	131 Leaving foster care or other child safety arrangements	
Exiting prison	≈8500 exiting in Victoria[6]	826 Transition from custodial arrangements	

*Prevalence of risk factors is indicative only

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[1] Recorded family incidents (Victoria Police 2013)

[2] 63,533 people a year Australia wide (Morgon et al 2011). Figure assumes equal distribution through the population with 25 per cent in Victoria

3 Approximately 3 million people a year Australia-wide(AIHW 2012b). Figure assumes equal distribution through the population with 25 per cent in Victoria

[4] (SCRGSP 2013)

[5]Households in the lowest 20 to 30 per cent of income who experienced at least one indicator of financial stress in the last 12 months (ABS 2011)

[6] 50,000 people exit prison each year Australia wide (Martire & Larney 2009) Victorian prison population is 17 per cent of all prisoners (ABS 2013). Figure assumes 17 per cent of all releases are in Victoria.

What works in preventing homelessness

While research on the pathways into homelessness give an insight in to where to target prevention assistance, there is less available evidence about what those interventions should be.

Two major reviews of homelessness prevention programs in the US (Burt et al, 2005) and UK (Pawson et al, 2007) have documented programs that have contributed to the reduction in homelessness in these countries.

In the UK prevention programs have contributed to a 50 per cent decline in the number of households registered as homeless in the UK between 2003 and 2006 (Pawson et al, 2007, p.8).

Despite the housing and economic crisis in the US in recent years, homelessness declined one per cent between 2009 and 2012 (National Alliance to End Homelessness, 2012). This decline has been attributed to efforts to end chronic homelessness and more recent initiatives to prevent homelessness and end it quickly when it has occurred.

Establishing the counter factual question, that is, who will become homeless without assistance, is extremely difficult. Demonstrable reductions in homelessness have been associated with the following activities:

Saving existing tenancies

Activities to save existing tenancies include: paying the full amount of rent arrears that have put the tenancy at risk, devising 'early warning systems' with landlords to identify tenancies at risk, assistance in negotiating and mediating tenancy issues with the landlord and legal assistance with representation when tenancy disputes proceed to court (Burt et al 2005 p.xvii , Pawson et al 2007 p.45-63).

Planned resettlement

Where a private tenancy cannot be saved, either through arrears repayment or landlord negotiation, programs for planned resettlement can assist households to search for, and secure, alternative housing.

Planned resettlement activities include: assistance to search for and secure housing in the private rental market; making incentive payments to landlords; building relationships with landlords to secure properties; and offering 'make good' deposits for property damage (above and beyond the bond) (Pawson et al 2007p. 65-78).

Housing focused support for tenancy sustainment

Linked with both saving existing tenancies and establishing successful new tenancies is the provision of housing focused support. This involves assistance with budgeting, financial planning and debt management, and linking households to resources and

mainstream services available in their local community (Department of Community and Local Government 2006, p.6; Pawson et al 2007 p.145).

Family reconciliation/re-establishment of family support

These programs focus on family mediation, either with immediate family or extended family, to mediate the causes of housing breakdown particularly for young people (Pawson et al 2007, p.79-104). The Reconnect Program is a good Australian example of such an approach that has proved effective (RPR Consulting, 2003).

The key strengths of this approach are improving the possibility of family reconciliation and a young person's return home, and strengthening social and family relationships and networks, which creates a lifelong preventative factor against homelessness (Pawson et al 2007, p.10, RPR Consulting, 2003 p.8)

Exit planning from institutional settings and follow up support

Exiting from any kind of institution - corrections, out of home care, residential mental health - requires planning for discharge and follow up support. However opportunities and resources for this planning vary depending on the type of institution, access to particular programs and the time spent in the facility. In CHP's consultations, it was suggested that mainstream service systems, particularly where case management is already established, should have core responsibility for preventing homelessness for people in these instances.

Leaving hospital: secure and safe accommodation for people exiting hospital, whether for a physical or mental illness is critical to recovery. Unfortunately in CHP's consultations we heard of instances where people had been discharged from hospital into sub-standard rooming house accommodation, which exacerbated their health condition. Post-hospital accommodation and nursing care, such as The Cottage at St Vincent's Hospital in Melbourne, has been shown to improve health and reduce hospital readmission (Compass Consulting Services quoted in Weiland & Moore 2009).

Research from the UK recommends a more systematic approach where protocols between hospitals and local services are established, admission procedures include questions to elicit information about housing status and supporting information systems (Homeless Link and St Mungo's 2012, p.8). The Hospital Admission Risk Program, which identifies individuals at risk of repeat emergency room utilisation, or repeat hospitalisation, seeks to improve many of these processes in Victoria (Metropolitan Health and Aged Care Services Division 2006, Peterson 2013).

Leaving prison: Most programs for people exiting prison are aimed at reducing recidivism and thus programs are evaluated on preventing recidivism, rather than preventing homelessness. Research by Baldry et al (2003), however, highlighted that homelessness and a lack of stable housing is associated with increased likelihood of reoffending and should therefore be a key part of prison exit programs. These are often known as through care models of custody that identify issues upon entry into

prison and ensure that plans to secure housing post release are in place. The Link Out program in Victoria is an example of this kind of through care.

In an evaluation of the *Transitional Housing Management - Corrections Housing Pathways Initiative*, Batholomew et al (2004) identified elements required for effective transition programs. These included:

- early and relevant assessment
- targeting of resources towards those with highest need
- 'floating' care through programs and from prison to the community,
- flexibility to identify and accommodate the particular concerns of specific high needs sub-groups' (such as those with mental health or intellectual disabilities) (Bartholomew et al 2004 p. 28)

However, gaps remain in the correctional service system for people who have lost housing while on remand or during short sentences, or who have been homeless on entry to remand and subsequently not sentenced.

Leaving care: Local and international studies into young people leaving care, highlight early care leaving and multiple moves while in care, as influencing the likelihood that a young person will experience homelessness after leaving care (Johnson et al 2010, Fowler et al 2009). Homelessness prevention for young people leaving care starts with a positive experience in the care placement (Bromfield et al 2005 p44-45).

Where this hasn't been possible, there are some examples of successful programs to prevent homelessness for this group. One successful example is the Lighthouse Youth Service program in the United States (Gronda and Foster 2009). The specific features of the program included: choice of accommodation in the private market and the ability to live there after the program's conclusion; initial responsibility for the full costs of the property covered by the program, alternative supervised housing options to provide 'time-out', a life skills curriculum and intensive case work.

In the United Kingdom, the State's statutory responsibility to young people leaving care is significant and a pathways plan, with attached funding to support the young person's goals in accommodation, education and employment is developed for each care leaver. This pathways plan is supported by a range of housing options for young people including: supported lodgings, supported housing, foyers, independent accommodation and floating support (National Care Advisory Service, 2009). The success of current leaving care plans in Victoria is limited by the lack of appropriate housing options for young people.

Safe at home measures

The single biggest reason that people access homelessness services in Victoria is family violence (AIHW, 2012). While some people who have experienced violence may need and want to leave their previous home, there are a range of safety measures that can be taken to make it safe for the woman who has experienced violence to remain at home, after removing the user of violence.

Programs that assist women to stay in their homes, through legal assistance, increased police responses, short-term support and property modifications have demonstrated substantial reductions in homelessness in the UK (Pawson et al 2007 p105-116). Safe at home measures can also be used in conjunction with other measures to prevent homelessness, such increasing household income, or planned resettlement, where remaining in the home long term may not be financially sustainable (Spinney 2012). Family violence reforms in Victoria are showing similar positive results, however increased reporting and police responsiveness is contributing to a high level of demand for family violence services that has not been matched by increased resources.

Access

As highlighted in the *Streamlined Access* section of this paper, outreach services are critical to reaching people experiencing homelessness. Outreach by SHS, or co-location with services that are likely to come into contact with households at imminent risk of homelessness, can facilitate access to assistance prior to households becoming homeless (Pawson et al 2007). Examples of these services in Victoria include Community Health Services, Centrelink, Emergency Relief Services and Community Information Services, Homes and Community Care programs and community facilities such as libraries.

Feedback mechanisms

Monitoring and reviewing interventions with different types of households is critical to identify and maintain effective approaches. Key features of both US and UK programs involved consistent data collection and analysis. These systems are used to understand demographics and demand for homelessness services, target prevention strategies and monitor and review progress at an individual agency, local authority or a regional service level.

Recommendations for targeted homelessness prevention

In order to prevent homelessness, CHP recommends that the State Government:

2.4   Build on and expand existing programs to sustain tenancies both in social and private rental housing

2.5   Combine housing funds and leaving care plans to provide a housing guarantee for young people leaving care up to the age of 25

Issues for consideration

- Family mediation and reconciliation programs for young people continue to be effective.

- Improved hospital intake and assessment procedures to assess homelessness risk, and collection of data on hospital discharge may help to identify points of intervention.

- Through care programs that address accommodation options and outreach by Initial Assessment and Planning workers to courts and correctional facilities can improve housing pathways particularly for those on remand.

- Family violence has a comprehensive risk assessment that can be further expanded to other service systems to help asses and minimise and address the risk of family violence

- Rapid Rehousing Programs could be used to resettle households at imminent risk of homelessness.

- Developing ways to track the success of homelessness prevention initiatives across service systems is critical to refining these services.

A time limited response?

Currently the majority of interventions across the SHS are time-limited as part of a staged approach to ending homelessness.

The service system is designed so that individuals and households progress from a short stay in emergency accommodation, to transitional housing (including transitional support) and finally to permanent or long-term housing. However the lack of affordable housing options, both in the social housing system or the private rental market have contributed to, and limited, the effectiveness of this trajectory.

Emerging evidence suggests that the staged approach keeps households in turmoil for longer and makes it harder to establish the links that keep people housed. CHP strongly supports a Housing First approach to ending homelessness. Housing First focuses on moving people into safe and secure housing as quickly as possible in order to minimise both the individual harms and the social costs of homelessness. This approach is in contrast to staged housing models that move people experiencing homelessness through a series of time-limited housing options, such as emergency or transitional housing, before a permanent home is secured (Waegemakers Schiff and Rook 2012).

Crisis and emergency accommodation

Targeting prevention efforts and measuring their impact is an inexact science. While focusing efforts on prevention is a smart investment in the service system, it's important to acknowledge that despite our best efforts, prevention will not always work.

Currently crisis accommodation services for families, adults and young people are at capacity. In Victoria 30 per cent of people seeking crisis accommodation services are turned away (AIHW s2.8). Homelessness service access points regularly make use of private rooming houses, hotels and motels as emergency accommodation, as there are no other options available.

Private rooming houses, where all facilities are shared offer a poor quality accommodation option with very weak protections for consumers. They offer no additional supports to assist people in resolving their housing crisis or contributing issues. Placing vulnerable households in private rooming houses may prevent rough sleeping but does not end a person's or family's experience of homelessness.

Crisis accommodation facilities have a critical role to play as a time-limited intervention to provide immediate shelter, and support individuals and families into longer term housing options. For people with substance misuse and/or mental health issues, crisis accommodation can be a critical point of engagement for support services.

For young people, the recent investment in the Enhanced Youth Refuge model links refuge accommodation to case management and other assistance to secure ongoing and sustainable housing. This model of support within the crisis system warrants further investigation.

What works in crisis accommodation?

Affordable and safe short-term accommodation linked to:

- Housing focussed support
- Permanent supportive housing and rapid rehousing programs
- Drug and alcohol treatment options
- Mental health services
- Primary health care
- Employment and training

The current bottleneck in crisis accommodation facilities is exacerbated by the lack of affordable housing options.

Maintaining existing crisis services, and developing long-term affordable housing options, through social housing, rapid rehousing and rapid rehousing or permanent supportive housing options can help take the pressure off crisis services.

Transitional Housing

The Transitional Housing Program (THM) was established in 1997, intended as a medium-term housing option, linked to but not dependent on, the provision of support to address issues that had contributed to homelessness and to assist transition into other housing options. Over time, the lack of longer term housing options, either in the private rental market or in social housing, have meant that households remain in transitional housing longer than is intended. This section addresses the accommodation and support element of the THM program only; the Initial Assessment and Planning functions of the THM Program are covered in the section above on access.

What works in transitional housing?

Anecdotal reports suggest that transitional housing is more effective for some groups, in particular: young people, households whose homelessness has been caused by financial crisis and women experiencing family violence (Thompson Goodall Associates, 2009 p.20). However there is little research evidence about the effectiveness of the overall the THM Program.

In the current housing climate, Transitional Housing in Victoria plays a critical role in providing accommodation in a housing market with few other housing options. Transitional support, provided by support agencies, also delivers critical assistance to households who have otherwise fallen through the gaps in the human services system.

There are a number of ways that the properties, and transitional support, could be used to fill the gaps in crisis accommodation and linked to other programs focused on delivering long term housing. However, as noted above, there is some evidence that short term tenancies linked to support are effective for certain groups. CHP suggests that following the introduction of a dedicated Rapid Rehousing Program and a Permanent Supportive Housing program, the THM program is evaluated to determine its effectiveness and its optimal role in relation to these programs.

What works: Youth foyers

Foyer models represent a mid-point between staged and housing first models. This approach recognises that most young people experiencing, or at risk of, homelessness will not have sustained an independent home previously. This model also acknowledges that the transition from youth to adult independence can critically shape an individual's wellbeing and housing experiences across the life course (Gaetz and Scott 2012).

Youth foyers emerged in France and the model is now established across the UK, US, Canada and Australia. Foyers provide semi-independent and affordable housing for young people who have experienced or are at risk of homelessness. Foyer accommodation may be congregate, semi-detached or dispersed, and is generally provided for a period of up to three years (Gaetz and Scott 2012). During that time, young people have access to a range of services and programs designed to enhance their wellbeing and long-term housing and employment outcomes. While staying in the foyer, young people are expected to participate in education or employment.

A recent development in the model has seen youth foyers located on educational campuses to provide accommodation for young people who want to study but cannot live at home. In Victoria, the first of such foyers opened in mid-2013. Another two are expected to be operational across Victoria by early 2016.

Despite some promising indicators, to date there is a lack of evidence regarding program retention and the sustainability of post-foyer accommodation (Barker et al 2012; Gronda 2009 as cited in DHS 2010, p.6).

Recommendations for short and medium term accommodation options.
CHP recommends that the State Government:

2.6   Continue to fund current crisis accommodation and refuge services, ensuring that they are linked to programs that secure long term housing.

2.7   Transfer 50 transitional housing properties a year over four years to a Permanent Supportive Housing program, retaining intensive tenancy management to trial this approach.

2.8   Once alternative housing responses, such as Rapid Re-housing and Permanent Supportive Housing have been established, evaluate the effectiveness of the Transitional Housing in comparison to these other housing programs Based on the outcomes of the THM program evaluation, transition this program to the most effective model over time.

Issues for consideration

- Evaluating the Enhanced Youth Refuge model could provide further insight into ways in which to enhance the crisis accommodation model

- Guidelines that prohibit the use of Housing Establishment Fund (HEF) for unregistered rooming house providers would ensure that government funds were used only for registered operators.

- Monitoring the number of households referred to private rooming houses and length of stay would assist to improve understanding of the use of this accommodation type within the SHS.

Rapid re-housing

By ending homelessness quickly, services can prevent many of the problems associated with homelessness from becoming exacerbated, and reduce the impact of homelessness on individuals and families.

The longer individuals or households experience homelessness, the harder it is to end their homelessness as existing health and financial conditions worsen and the connections and supports that help people sustain housing fall away. Homelessness services should be oriented to end people's homelessness as quickly as possible, not just because the experience of homelessness is a destructive one for families and individuals, but because the longer it persists, the harder it is to end.

This section of the paper discusses interventions for households who are newly homeless, and for whom this may be their first experience or who have a history of intermittent homelessness but have maintained a tenancy in the past. It is the idea of 'acting quickly' to stabilise, and to get and keep people housed.

What works?

There is international and emerging Australian evidence that rapid re-housing programs are effective in ending homelessness for many households. These programs help households to find and secure housing, either in the social or private rental market. It then assists them to address any issues that may put that tenancy at risk.

Rapid re-housing programs operate in the knowledge that most households experiencing homelessness have been housed before, and have the skills and capacity to manage independent housing (NEAH 2009). Predominantly focused on family homelessness, but increasingly being extended to other groups, these programs have greatly reduced homelessness in many communities in the US. In some communities, family homelessness has been reduced by 40 per cent (NEAH 2010 p1). One program in Hennepin County found that of 1,714 families assisted, 85 per cent remained stably housed at the two-year follow-up point (Shinn 2005 p17). Internationally the trend is to shift away from a transitional housing model that focusses on 'housing readiness' towards housing people permanently and providing the supports needed to sustain that housing around them.

 Rapid re-housing programs have been successful in the United States in a number of different cities and housing markets. Many of the challenges in securing private tenancies for low-income households and those experiencing homeless are the same in the US and Australia, including landlord preferences, extremely low incomes and tight rental markets.

Australian research suggests that private rental support programs in Australia are effective in assisting households to secure, but not maintain, tenancies in the private market (Jacobs et al 2006). However the programs evaluated do not have many of the key features of rapid rehousing programs. In addition this study did not evaluate more recent and intensive assistance for households in the private rental market. The research identified key gaps in these programs including supporting living skills and budgeting, and eligibility restrictions.

The Accommodation Options for Families (AOF) program in Victoria is a local example of a rapid rehousing model. Between July 2010 and September 2011, four services involved in the AOF program assisted 175 families. These households had a high number of housing moves in the 12 months prior to entering the program. Following the AOF intervention, 65 per cent were in housing with medium to long term tenure and 26 per cent were in transitional housing (HomeGround et al 2012). Similarly, private rental brokerage programs for women experiencing domestic violence and young people have been successful in securing tenancies for households who had previously experienced homelessness.

What are the key features of a rapid re-housing model? (NAEH 2009)

Targeted – programs are targeted to households who are recently homeless and have held a tenancy in the past. These may be households who have multiple needs and issues that have contributed to their experience of homelessness, or households who need less intensive support to maintain a tenancy.

Fast – the focus is on 'rapid' not immediate rehousing. Depending on the local market this can take days or weeks, but the emphasis is getting households into permanent housing as the first priority of support, not on making households 'housing ready'.

Securing housing – programs provide assistance to secure a tenancy for the household. This includes proactive relationship-building with local landlords to identify properties, negotiation and incentives to landlords to take part, such as increased bonds, and guaranteed rent repayment.

Rent subsidies – the provision of flexible rent subsidies to make the property affordable for the household is central to these programs. Rapid re-housing guidelines in the US provide up to 18 months of rent subsidies, including the payment of up to six months of rent arrears (HUD 2013), however many programs achieve success with much less. Other studies have highlighted the importance of affordable housing or rent subsidies in ending and preventing family homelessness with homelessness ended for 80 per cent of families with the use of rent subsidies alone (Shinn et al, 2005, p.8-9).

Assistance to retain a home – the provision of support is a necessary but temporary part of the program. The aim of this support is to address the key issues that have led

to housing breakdown in the past, and establish links to mainstream services where there is an ongoing support need.

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Recommendations for rapid re-housing.

2.9   Establish a rapid re-housing program that includes time limited housing subsidies for up to 18 months, in order to secure private rents at no more than 30per cent of household income.

Issues for consideration
- Developing service partnerships with mainstream services to secure ongoing support would assist to sustain that tenancies established under a rapid rehousing program.

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Permanent supportive housing

By bringing together sustainable housing and flexible support, particularly vulnerable community members can maintain a home for life.

Permanent supportive housing refers to permanent, independent and affordable housing that is accompanied by a suite of services, matched to each consumer's needs and preferences. Permanent supportive housing is generally targeted to people experiencing chronic homelessness, who may also have serious mental or physical health issues or substance addictions. The following elements are central to the success of permanent supportive housing approaches:

- targeted to people with significant health issues and housing challenges

- proactive engagement

- permanent and affordable housing

- a choice in housing options

- immediate access to permanent housing

- voluntary engagement with individualised supports and

- housing focused support for tenancy sustainment.

This chapter will look at the evidence surrounding permanent supportive housing for particularly vulnerable individuals. Permanent Supportive Housing is focused on single adults. Australian models within the Aged Care system combine housing and support for older people who have long term experiences of homelessness, and play a similar and critical role to address the premature ageing that accompanies long term homelessness.

What is Permanent supportive housing?
In Australia and abroad, there are numerous programs aimed at ending chronic homelessness and addressing the intersections between serious health issues and housing instability. Since the Housing First model emerged across the US and Canada in the early 1990s, a growing body of evidence has shown that complex health issues needn't be a barrier to a stable home. In fact, it is easier and more cost effective to manage complex health issues when you've already got a proper place to call home.

Like rapid re-housing, permanent supportive housing is premised on a Housing First philosophy.

International evidence confirms that permanent supportive housing reduces participants' use of institutional and emergency services, and is likely to generate an overall saving to governments in the medium to long term (Goering et al 2012). Recent Australian research (Baldry, Dowse, McCausland and Clarence 2012) has shown that over the life course, institutional costs associated with crisis and criminal justice responses for an individual who experiences homelessness and mental illness or cognitive disability can easily exceed a million dollars per person. The authors conclude,

'[The absence of] secure housing and support for an individual to maintain a tenancy appears a key factor in higher criminal justice and emergency services costs.'

Permanent supportive housing approaches also reduce the mental, physical and social harms that accompany chronic homelessness.

What works in permanent supportive housing?
Key features of permanent supportive housing approaches are outlined below.

Targeted to people with significant health issues and housing challenges
Permanent supportive housing is targeted to people who are likely to have intensive and ongoing support needs that would otherwise affect their ability to remain stably housed. There are a variety of indicators that this may be the case. Research on homelessness shelter utilisation in the US suggests that people who access emergency accommodation on an episodic or long-term basis represent a small proportion of people experiencing homelessness and do so because

'They have health-related barriers which, combined with insufficient residential support from the community treatment system and their very low incomes, make it difficult for them to avoid occasional homelessness.' (Culhane and Metraux 1998, p.114)

Numerous Australian studies confirm the relationship between long-term or repeat periods of homelessness and chronic health issues (Chamberlain and Johnson 2011; Johnson and Chamberlain 2012; Johnson, Parkinson, Tseng and Kuehnle 2011). For example, initial results from the University of Melbourne's longitudinal study, Journeys Home, show that 'the deeper the experience of homelessness, the worse the respondent's physical health' (Chigavazira, et al. 2013, p.4).

Existing data indicates that there are a number of people in Victoria who have had similarly protracted experiences of homelessness and profound health issues. On census night in 2011 there were at least 1,092 people living in improvised dwellings, tents or sleeping rough in Victoria. Moreover, five per cent of all people experiencing homelessness in Victoria required assistance with one or more core activities; self-care, mobility or communication (ABS 2012).[7]

Proactive engagement

Assertive outreach is commonly used to engage people sleeping rough in permanent supportive housing programs (Phillips and Parsell 2012). This involves proactively engaging with highly vulnerable people in public places with the intention of permanently ending their homelessness. Street to Home programs in Brisbane, Sydney and Melbourne have used a vulnerability index in order to focus assertive engagement to people with the most critical health needs (Johnson and Chamberlain 2012; Philips and Parsell 2012).

Teams of outreach workers then build rapport with consumers and assist them to access permanent housing and specialist health supports. This approach is intentional and persistent rather than coercive (Philips and Parsell 2012). It recognises that people experiencing chronic homelessness may hesitate to engage with government or community services due to previous negative experiences; a range of human services have typically under-served people experiencing chronic homelessness during their lifetime (see, for example, Baldry et al 2012).

Multidisciplinary health outreach teams may also undertake street-based outreach. A meta-analysis of Assertive Community Treatment for people experiencing homelessness and severe mental illness found that the approach increases housing stability and reduces the severity of psychiatric symptoms (Coldwell and Bender 2007).

Permanent and affordable housing

As discussed throughout this paper, the availability of affordable and secure housing is central to ending experiences of homelessness.

Moreover, Phillips and Parsell (2012) have found that, in order for CBD-based assertive outreach programs to meet their objective of ending homelessness among rough sleepers:

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[7] Due to the brevity of the census survey that is completed by people sleeping rough, or staying in a squat or improvised dwelling, most people experiencing chronic homelessness do not answer questions about core functioning (ABS 2012 p.25). As a result, it is reasonable to expect that the ABS figures represent an undercount of people who are sleeping rough and also have significant support needs.

'Clear pathways for timely access to appropriate, stable and affordable housing for all services users must be integral to the assertive housing outreach model.'

Indeed, assertive outreach programs in Darwin, Brisbane and Sydney have found that the numbers of people assisted into permanent housing is constrained first and foremost by a lack of suitable properties (Phillips and Parsell 2012, p.2-3). Securing permanent accommodation also presents a significant challenge in the Melbourne Street to Home program (Johnson and Chamberlain 2013, pp.22-23).

Given that housing is a central component of any supportive housing program, a number of strategies are necessary to secure housing that is both affordable and permanent. Strategies include the construction of new dwellings, identifying a targeted number of social housing dwellings for this group, and/or securing long-term rental subsidies and tenancy agreements, either through a private lease or head lease arrangement. It's important that rental subsidies maintain pace with rental increases, in order to ensure that housing is affordable for the long-term (Gronda, Ware and Vitis 2012).

Immediate access to permanent housing

Across the world, housing first models have demonstrated consistently high housing retention rates in comparison to staged or transitional housing and support models (Johnson, Parkinson and Parsell 2012, p.8). This is demonstrated in figure 4, below.[8] Participation in psychiatric and physical health care is not a necessary pre-condition to ending chronic homelessness. However, the comparative success of housing first has not been consistently proven for people with substance addictions (Kertesz, et al 2009, as cited in Johnson, Parkinson and Parsell 2012, p.10).

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[8] See also Padgett, Gulcur and Tsemberis 2006, and Sodowski, Kee, Vanderweele and Buchanan 2009, as cited in Johnson et al 2012, p.9.

Figure 5: A comparison of supportive housing programs by location, target group and housing retention rate[9]

Program	Target group	Housing outcomes	Reference
Pathways to Housing, New York	Rough sleepers with a history of homelessness over the past six months, who also had a severe mental illness. Most participants also had a diagnosis or history of alcohol or substance abuse disorders.	Over two years, participants had spent an average of 80per cent of their time stably housed. A control group (in a continuum of care or staged housing and treatment model) spent an average of 30per cent of the time stably housed.	Tsemberis, Gulcur and Nakae 2004.
At Home / Chez Soi, Canada	Adults who were rough sleeping or precariously housed, and had a mental illness with or without a co-existing substance use disorder.	After 12 months, participants had spent an average of 73per cent of their time in stable housing. A control group spent 30per cent of their time in stable housing.	Goering et al 2012
Journey to Social Inclusion (J2SI), Melbourne	Adults who had slept rough continuously for more than 12 months and/or had been in and out of homelessness for at least three years.	After two years, 86per cent of program participants were in independent housing, compared to 53per cent of control group participants.	Johnson, Kuehnle, Parkinson and Tseng 2012.
Street to Home, Melbourne	People experiencing homelessness who are assessed as most likely to die within five years if they did not find housing and support.	After 12 months, 77 per cent of program participants were in independent, secure accommodation.	Johnson and Chamberlain 2012; Johnson and Chamberlain 2013.

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[9] J2SI and Melbourne Street to home differ from other supportive housing approaches because the attached supports are time-limited and housing is not ring-fenced for participants. Rather, program staff assist participants to access a range of permanent and independent housing options, which most often turn out to be in the social housing sector.

A choice of housing options

While securing affordable housing is central to this model, choice in housing type and location is one of several factors also associated with overall housing stability (Gronda et al 2011; Tsemberis et al 2004). Supportive Housing programs have found that when consumers are engaged in identifying housing that meets their needs they are more likely to remain there.

In contrast, London's Rough Sleepers Initiative focused on moving people from chronic homelessness into shelter, often hostels. The program evaluation shows that 41 per cent of participants eventually returned to rough sleeping. Participants often cited concerns about drug use and violence in shared accommodation as the reason for this decision (Randall and Brown 2002 as cited in Gronda at al 2012, p.59). In contrast, Results from Toronto's Street to Home Program also show that people are more likely to move and less likely to reduce their emergency service or substance use when living in shared arrangements (Falvo 2010, as cited in Gronda et al 2011 p.60).

Voluntary engagement with individualised supports

In Permanent Supportive Housing programs, engagement in support is not a pre-condition for access to permanent housing. However services proactively seek to engage with consumers to access the range of services that are known to increase housing stability and improve individual wellbeing, as directed by the consumer. For many people who have experienced chronic homelessness, this includes services aimed at improving mental and physical health, minimising the harms associated with substance use and promoting economic and social participation.

Optimising health and social inclusion following chronic homelessness is likely to be a long-term endeavor as effective assessment and engagement take time (Gronda et al 2011). Melbourne's J2SI program has shown that having secured permanent housing, participants' patterns of service usage tend to change over time (Johnson et al 2012). Hence, supports that are individualised, flexible and offered over the long-term will probably have the best chance of promoting housing stability and individual wellbeing.

Tenancy management and housing focussed support for tenancy sustainment

Even permanent and affordable tenancies can be precarious, particularly during the establishment phase as the move to a stable home can represent a significant shift in social roles and daily routines for people who have experienced chronic homelessness (Gronda et al 2011, p.92). It is no surprise that during the first six months of J2SI, the largest proportion of case management time was directed to housing access and stabilisation activities (Parkinson 2012). As Johnson, Parkinson and Parsell (2012, p.16) have noted, providing housing to an individual who experiences chronic addictions and mental illnesses presents tenancy issues that require ongoing monitoring and support.

Both property managers and support providers have a role in working with tenants to achieve housing stability. This can involve:

- placing minimal demands on the way that tenants use the private space and interact with other residents or the community, to allow for gradual adjustment

- providing information and mediation in tenancy matters

- undertaking contingency planning and tenancy risk-management strategies (Gronda et al 2011)

- supporting the development of skills for independent living, such as budgeting.[10]

Recommendations for supportive housing.

CHP recommends that the State Government:

2.10   Establish a Permanent Supportive Housing program, using a combination of newly constructed dwellings and the transfer of dwellings currently in the Transitional Housing portfolio. (see Rec 2.7)

2.11   Adjust targets related to homelessness support to allow for ongoing housing focused support as needed to people with complex needs who have experienced long-term homelessness.

Issues for consideration
- research or pilot programs should be considered to investigate models of housing and support that help to sustain tenancies for people who have a substance addiction and have experienced chronic homelessness.

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[10]For a discussion of the limited evidence base surrounding the efficacy of such programs, see Barker, Humphries, McArthur and Thomson 2012, p.18.

The role of mainstream services

Mainstream and generic services should play a critical role in identifying issues that contribute to people's homelessness at the earliest stages possible. They also have a critical role in addressing these issues. Mainstream services can both prevent homelessness from occurring, and help to keep people housed.

The new service approach outlined in the Victorian Homelessness Action Plan seeks a service system that helps to build 'capacity, resilience and self-management' (Victorian Government 2011 p.13). This aim is underpinned by the capacity of mainstream service systems to respond to the particular needs of people at risk of or experiencing homelessness.

In this section, 'mainstream services' are defined as services which base eligibility on criteria other than homelessness or risk of homelessness (Burt 2006). These services can be separated into two groups:

- those which provide targeted assistance to individuals and households with specific needs, like family violence services, mental health, drug and alcohol, child protection, family services and employment services

- universal services, such as schools, training, Centrelink, police and healthcare.

A recent Tasmanian study by Duff et al (2011) found that informal community supports are essential to stable recovery and housing security for young people with a mental health issue. These are informal supports based in the community, and this research highlights the importance of broad based universal services and activities and investments that support community connectedness.

Most citizens will interact with a variety of mainstream services at some stage in their life. For example a person renting from a private landlord may also have contact with a General Practitioner, the hospital system, employment services, the local primary school and Centrelink. How closely knit and responsive these services are, determines the level of security provided by our social safety net against homelessness. All mainstream services can contribute to a prevention, diversion or housing stabilisation function.

They can also help mitigate the negative experiences of homelessness by providing a supportive service within their area of expertise. For example, schools can support students experiencing homelessness by transferring educational records, and the school's proportion of Educational Maintenance Allowance where students have to move. Schools can also provide a place on campus where a student can keep school

materials and personal items if they are in insecure housing (Department of Education and Early Childhood Development, 2009)

Mainstream services, in particular universal services, assist large numbers of people, many of whom will not be at risk of or experiencing homelessness at any given time. This means that their expertise is not in working with people who are experiencing homelessness and many find it difficult to adapt their services to meet the additional needs of these individuals. Specialist services that can adapt to the needs of the consumer are critical, particularly as to date, efforts to 'mainstream' homelessness services have not been effective. Recent reforms in the aged care sector, where an additional funding supplement is provided to services that assist people who have previously experienced long term homelessness, will provide a litmus test of the willingness of mainstream service providers to meet the needs of people who have experienced homelessness.

While ending homelessness may not be the core responsibility of mainstream services, ending homelessness is everybody's business. Mainstream services need to be equipped with the resources and capacity to identify people at risk, know what kind of support is available and how their role can complement that support.

This section addresses the question of how the broad social safety net that is the 'immunisation' against homelessness can be improved. This section also considers how mainstream services can respond better to the specific needs of people experiencing homelessness, and the early warning signs to help prevent homelessness.

Service barriers

A large review of access to mainstream services by people experiencing homelessness in seven communities in the US has identified three types of barriers: structural, capability and eligibility (Burt et al, 2005)

Structural barriers are about the way in which a program is structured and implemented, rather than eligibility criteria. Examples of structural barriers include operating hours and physical location of services, identification and application requirements and the way staff respond and interact with people.

Capability barriers refers to the resources a program has to be able to respond not only to people experiencing homelessness but the population overall. The lack of available public and community housing is a capability barrier in the current service system. Black and Gronda's synthesis on access to homelessness services (2009) noted that lack of capacity was the most commonly identified barrier to homelessness assistance.

As highlighted in the prevention chapter, the potential demand for a range of human services is far higher than the available services. From CHP's consultations,

organisational demand and capacity poses an enormous barrier to people accessing appropriate services in a timely way.

Eligibility barriers refer to the requirements of particular programs and services. The above research is based on programs in the US and thus refers to restricted access to many social services which are more widely available in Australia, like income support and healthcare. However many targeted services, such as mental health, drug and alcohol and family services do restrict eligibility in order to target those most in need and manage demand. This targeting however tends to exclude, or discourage people experiencing homelessness from accessing the service they require because of long waiting lists or requirements to remain in regular contact. In addition sometimes people who have experienced trauma, or who are in crisis, display behaviors that are experienced as challenging or unacceptable. This can result in service exclusion for the most vulnerable.

These barriers are further exacerbated by a lack of:

- expertise within mainstream services about the specific needs of people experiencing homelessness and how best to assist them

- incentives for mainstream services to dedicate resources to people experiencing homelessness – particularly when they service a large and diverse population in the first instance

- accountability as mainstream services are not responsible for addressing the housing needs of people experiencing homelessness.

What works: Improving the response of mainstream services

In order to overcome the service barriers outlined above, the research literature suggests a mix of service models and systems integration (Atkinson et al 2007, Burt et al 2005, Burt & Spellman 2007, Centre for Social Inclusion 2005, Fine et al 2000, Panell & Parry 1999). Many service responses to prevent homelessness are covered in the prevention section of this paper. This section will address the system mechanisms that engage and support mainstream services to respond to the needs of people experiencing homelessness.

It is worth noting that there is little research evidence of service integration improving outcomes for consumers (Katherine Gale Consulting, 2003, p.14). However, in CHP's consultations with the homelessness sector, services advised that a lack of system integration leaves individual workers investing substantial time and energy in overcoming systemic barriers for consumers. Consumers similarly identified a complex service system that was difficult to navigate. CHP understands that the evaluation of the Opening Doors reforms demonstrated benefits to consumers of more integrated and coordinated service system.

A number of strategies to improve both service and system coordination are outlined in the literature.

Service integration which targeted the consumer included:

- multi-agency work through the use of special case teams

- co-location of services, either multiple services at a single site or co-location of homelessness services at mainstream services

- outreach services - either by mainstream services to people experiencing homelessness in order to better provide services to these consumers, or by homelessness services to mainstream services to improve local service linkages.

Systems integration is targeted at the agency level and includes options such as:

- collaborative service planning and funding mechanisms that encourage collaborative service planning

- a local coordinating body to determine service gaps and distribute funds

- formal partnerships that document accountabilities

- shared funding models

- information systems that allow agencies to share information, plan services and monitor individual agency responsibilities.

Common features of these 'joined up' ways of working are:

Resourcing the work
Making systems and service integrations work requires 'someone whose job it is to pay attention' (Burt & Spellman 2007 p.2-29). This means someone dedicated to making the collaboration run smoothly, coordinate meetings, monitor progress, analyse data, conduct outreach to mainstream services, identify new partners or additional resources for new joint initiatives (Burt and Spellman 2007 p.2-29, Keast et al 2011, p.5). Indeed, integration is a process, not a destination, and one that requires ongoing support to maintain (Fine et al 2000).

Support for changing practice
Service and systems integration both require different ways of working. Funding for new programs can be used to encourage changed practice, new administrative or IT systems and other training and support necessary for practice change and to encourage services to work together (Atkinson et al 2007,p.53 &73, Pannell and Parry, 1999 p.242).

An understanding of shared purpose
In order for any level of joint-working to be successful there needs to be a shared understanding of, and objectives for, why organisations are working together as

'genuine dialogue between stakeholders…. is a prerequisite to optimal service integration model design' (Keast et al, 2011, p.5).

This needs to be supported organisationally at all levels, and can be assisted by clear direction in funding guidelines and shared funding initiatives. These relationships take some time to develop and funding initiatives to encourage partnerships should include long lead times to support this (Pannell and Parry 1999 p.257, Atkinson 2007 p.74).

Evaluation, performance monitoring and accountability
Linked to the shared purpose, knowing what areas each agency is responsible for, and how agencies are working in these areas, is critical (Burt and Spellman, 2007, Atkinson 2007). Information systems and reporting mechanisms that allow partnerships to monitor the outcomes and address issues are needed to avoid duplication and ensure that resources are allocated as efficiently as possible.

What should the relationship between mainstream service systems and homelessness services look like?
Broad differences in service priorities, professional practice and knowledge exist across both universal service systems and targeted human services. Integrating services across these divides is difficult, resource intensive and not always sustainable.

These challenges suggest that rather than aiming for systems integration in the first instance, different levels of joint working should be developed and improved. Rather than reaching for the stars this section of the paper is reaching for change that sticks.

Services Connect aims to overcome these service barriers between targeted services within the Department of Human Services. Implementing this service model more broadly within the community service system will require an agreed architecture for service collaboration.

Firstly, high level agreement on aims and objectives between government departments, and indeed internal to departments, is required to create an authorising environment for partnerships between homelessness and targeted mainstream services.

Where this framework is clear, targeted services can begin to develop partnerships and service protocols, such as those developed for the Housing Accommodation Support Initiative in New South Wales, or formal area based partnerships which can help to overcome the rigid service barriers faces by people experiencing homelessness.

For universal services, ongoing community education and information sharing and outreach may be the most appropriate responses. Again, high level support across government is important to both authorise and coordinate the dissemination of information to mainstream services through existing organizational structures such as Victoria Police, Medicare Locals, and peak bodies and associations such as the Real Estate Institute of Victoria and the Municipal Association of Victoria.

The table below gives an overview of how universal and targeted services might identify households at risk or experiencing homelessness and possible service responses to support households and universal service staff.

Figure 6: The role of universal and targeted services in identifying and addressing the risk of homelessness

Service	Indicators that people are at risk of homelessness	Possible service and practice responses
Universal services (requires active outreach by SHSS)		
Private landlords	- Arrears - Erratic payment patterns	Homelessness Services visit local real estate agents to provide information on resources available for households and build relationships.
Hospitals	- Address at point of admission - Information provided to medical staff - Discharge planning	Immediate referral to social worker or relevant team at admission where NFA listed. Case managers for repeat admissions (as per HARP).
General Practitioners	- Information provided to medical staff	Homelessness services to work with Medicare Locals to provide information on resources available for households and build relationships. Outreach by services such as the RDNS Homeless Persons Program.
Education/ Schools	- Information provided by children/parents - Behavioral issues - Truancy/absenteeism,	School focused youth services to support young people in school Homelessness Services visit local schools/DEECD offices to provide information on resources available for households and build relationships. Schools to offer young people additional assistance e.g. use of office out of hours for homework, place to store school materials, individual education / learning plans.
Police	- People sleeping rough - Responses to Domestic Violence - House calls and tenancy disputes - Eviction orders	Homelessness Services engage with police training programs and visit local police stations to provide information on resources available for households and build relationships. Provide transport to out of hours homelessness services for people sleeping rough. Contact outreach services rather than move on people sleeping rough. Continue and expand DV reforms already underway.
Council services	- Libraries - HACC - Maternal Child Health	Homelessness Services visit local council services to provide information on resources available for households and build relationships.

Targeted services (required partnerships and changed practice by service agencies)

Out of home care	- Leaving care plans	Duty of care extended up to 25 years Leaving care age initially extended to 19 years. Accommodation support funding attached to leaving care plans.
Public and community housing landlords	- Arrears - Tenant complaints - Erratic rent payment	Early contact for arrears – eg once 2 weeks behind. Personal contact (phone call/visit) re arrears. Active referral to tenancy support services, financial counselors etc. Independent mediation offered in tenant disputes.
Alcohol and other drug services	- Address at point of admission to residential services - Staff advised of housing issues - Discharge from residential services	Through care – assessment of housing issues at intake into residential services. Alcohol and other drug services to identify the impact of substance misuse on housing stability (and vice versa) and address in case plan. Service protocols developed with homelessness services about housing liaison or secondary consultation required.
Prison	- Intake assessment - Release planning	Through care – assessment of housing issues at point of custody, including those held in remand. Exit planning to include housing options and search. In reach by homelessness services and advance notification of release to housing assistance providers where no accommodation secured for release.
Clinical Mental Health	- Address at point of admission - Medical staff advised of housing issues - Discharge planning	Develop co-ordination protocols between mental health case managers and homelessness services Housing Mental Health Pathways Program
Mental Health Community Support Services	-Community mental health staff advised of housing issues. -Personal care issues	MHCSS services to identify impact of mental health on housing stability (and vice versa) and address in case plan. Service protocols developed with homelessness services about housing support required.
Centrelink	- Application for payment - Unreasonable to live at home - NFA stated	Outreach/outpost homelessness services at Centrelink offices

		Service protocols developed with homelessness services about housing support required.
		Active referral to homelessness services by Centrelink when homelessness flag is used
Employment services	- Referral from Centrelink - Issues advised in job search discussions	Established partnerships between specialist homelessness services and Job Services.
Day programs and meal services	- Discussion with individuals accessing services	Outreach homelessness services at or linked to these programs
Disability Services/Disability Care	- Intake assessment - Poor housing conditions identified by care providers	Service protocols developed with homelessness services about housing support required

Recommendations for improving mainstream service responses.

CHP recommends that the State Government:

2.12   Continue the Inter-Departmental Committee on Homelessness and task it with developing a government framework for ending homelessness with shared aims, objectives and targets for each element of the service system. Include mechanisms to report on housing exists from institutional settings such as hospitals, correctional facilities and care arrangements.

2.13   Fund homelessness services to provide a regular program of outreach to universal services, likely to come into contact with people experiencing homelessness e.g. Schools, hospitals, police.

2.14   Develop data monitoring systems to track the success of homelessness prevention initiatives across service systems and ensure that prevention approaches remain responsive to local demand and emergent needs.

Issues for consideration
- Funding initiatives can encourage formal partnerships between targeted mainstream services and homelessness

Part three: Transition to a system to end homelessness

There is widespread acknowledgement by people working in the SHS that the current configuration and resourcing of the system isn't working as effectively as it could be for people experiencing homelessness.

In transitioning to a new service system, efforts must be planned, staged, resourced and monitored to ensure that a new service system results in improved capacity to end homelessness and keep people at home.

Strong foundations

Homelessness services have established strong local networks to deliver the services that consumers need. However establishing and maintaining these relationships, in the absence of supporting institutional structures is difficult. CHP's consultations identified that a rapid transition, involving re-tendering, would disrupt existing local networks and the effective practices already in place. It was felt that staging the transition to a new service system over time is a better approach to maintain these important relationships and practices.

 A number of the key service elements outlined in this paper are already operating in the current service system. Where these service elements are already occurring they should be broadened; where they are undertaken with some groups they should be expanded; and where they are done intermittently when resources permit they should be regularised as practice.   Service system reform should have an appreciation of what is already happening that is consistent with the vision of the service system, and build on this base.

Establishing a framework

The service elements outlined in this paper should form the basis of a service framework across Victoria. The framework will set the parameters of good practice and provide a guide for how to achieve the key service elements that will end homelessness.

Local Service Areas/coordinating committees should be tasked with reviewing local data on service needs and assess service gaps in their area against the service framework. The local area networks should be tasked with aligning   services within their catchments to the framework. Over time new funding should be made available to fill identified service gaps.

While CHP acknowledges that the State Government is operating in a resource constrained environment, revenue neutral reform creates losers. Inevitably those that lose out are not individual services, but the most vulnerable consumers. We cannot support reform that simply seeks to rearrange service delivery without addressing the very real pressures of demand.

The evidence and experience from other jurisdictions that have focused on ending homeless, is that systems change requires resourcing. This is particularly important as the individuals and families who are homeless or at risk of homelessness are generally among the most vulnerable in our community.

Communication and planning

Government should communicate the reform intentions and directions clearly, with a timeframe for implementation and the key dates in a staged process. This will provide certainty to both organisations and the broader homelessness workforce, which will promote a joint effort in working toward ending homelessness.

Affordable housing is a critical resource for ending homelessness. The VHAP reform process should be closely aligned with the Social Housing Framework to ensure an increasing supply of affordable housing in Victoria.

Data, monitoring and evaluation

Government should work with service providers to ensure that the Specialist Homelessness Information Platform (SHIP) is further developed to collect accurate data at high volume entry points, and used consistently across the SHS.

Both in CHP's statewide consultations, and in day to day feedback, homelessness services both recognised the importance of data, and expressed a strong desire to better use and analyse data in day-to-day practice. Further developing SHIP for use in high volume intake and assessment services, and supporting this data collection in funding agreements would support these efforts.

Developing human service systems is complex, and system improvements need to develop over time. CHP believes that a change in the way data is regarded, both within the SHS and DHS, is needed. Viewing data as a resource 'not necessarily for judging success or failure but for providing input for what comes next' (Corbet & Noyes 2008 p.17) should support a process of continuous improvement. Data collection, monitoring and evaluation should be used to inform and improve the service system.

In a staged transition to a new service system, a partnership between Government and service providers in monitoring and evaluation can provide key pointers to redesign or reconfigure approaches that aren't working and build on those that are.

New skills and training

While the SHS workforce is highly qualified, existing courses such as university Social Work degrees and TAFE Community Services certificates include little or no training specific to working with people experiencing homelessness (Spinney et al 2013). There is also little formal structured training about what interventions work to end homelessness.

In addition to a lack of dedicated education and training options, transitioning to a new service system will require new ways of working and new skills for many people in the SHS workforce, underpinned by a robust understanding of the knowledge and skills that are essential to working effectively with people experiencing or at risk of homelessness.

As implementation will be central to a successful transition to a new service system, organisations should be supported to train staff in new practices flowing from new service models. This includes system wide resources and training, as well as support for training within individual organisations and ongoing professional development.

Recommendations for transition to a service system to end homelessness .

CHP recommends that the State Government:

3.1   Build upon existing Local Area Service Networks to establish local area planning alliances to identify service need based on local data, implement service developments consistent with the Government's framework and identify service gaps. Over time provide progressive additional grant rounds to address service gaps.

3.2   Use existing research, demand modeling and undertake sector consultation to develop a workforce capability framework and workforce development strategy for the SHS. Develop workforce capacity building resources associated with new service elements and continue to assist organisations to provide ongoing training to staff.

3.3   Develop and invest in an affordable housing strategy that increases the supply of safe secure and affordable housing.

Issues for consideration
- In order to plan services at a local level the capacity to collect monitor local area level data must be improved.

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Appendix 1: List of services consulted

Advocacy and Rights Centre

Anchor Inc.

Banyule Housing Support Group

Barwon Youth

Bethany

Berry Street

Brophy Family and Youth Services

Caroline Chisholm Society

Centacare Catholic Family Services

Centre for Non-Violence

Child and Family Services Ballarat Inc.

City of Port Philip

Cobaw Community Health Service

Colac Area Health

Community Housing Federation of Victoria

Community Housing Limited

Connections Uniting Care

Darebin City Council

Family Access Network

Gippsland Lakes Community Health

Good Shepherd Youth and Family Service

Grampians Homelessness Network

Haven: Home Safe

HomeGround Services

Hope Street Youth and Family Services

Hume Homelessness Network

Inner North West Melbourne Medicare Local

Iramoo Youth Refuge

Junction Support Services

Loddon Mallee Homelessness Network

McAuley Community Services for Women

Melbourne City Mission

Melton Shire Council

Mental Illness Fellowship of Victoria

Merri Outreach Support Services

Mind Australia

North East Housing Service

North East Support and Housing for Youth

North West Homelessness Network

Public Interest Law Clearinghouse

Quantum Support Services

Royal District Nursing Service

Rural Housing Network Limited

Sacred Heart Mission

Southern Housing and Support Services Network

South Port Community Housing

St Luke's Anglicare

St Mary's House of Welcome

STREAT

St Vincent de Paul Society of Victoria

The Salvation Army Bellarine Peninsula

The Salvation Army Brayton Youth and Family Services

The Salvation Army Crisis Services

The Salvation Army Crossroads Youth and Family Services

The Salvation Army Kardinia Women's Services

The Salvation Army South East Services Network

Time for Youth

Uniting Care Ballarat

Uniting Care Gippsland

Uniting Care Harrison

Victorian Aboriginal Childcare Agency

Vicserv

Victorian Alcohol and Drug Association

Victorian Council of Social Services

Vincentcare Community Housing

Wayss

Wesley Mission Victoria

Wimmera Uniting Care

Windermere Child and Family Services

Wintringham

Women's Information Support and Housing in the North

Wombat Housing and Support Services

Women's Health Goulburn North East

Women's Health West

Women's Housing Limited

Yarra City Council