



Never Stand Still

Faculty of Arts and Social Sciences

# **Homelessness Action Plan Projects: Analysis of Self Evaluation Reports: Final Report**

**Sharni Chan, kylie valentine and Christine Eastman**

**Social Policy Research Centre  
February, 2013**

**SPRC**  
Social Policy Research Centre

For a full list of SPRC Publications visit:

[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)

or contact:

Publications, SPRC,  
Level 2, John Goodsell Building  
University of New South Wales,  
Sydney, NSW, 2052, Australia.

Telephone: +61 (2) 9385 7800

Fax: +61 (2) 9385 7838

Email: [sprc@unsw.edu.au](mailto:sprc@unsw.edu.au)

The views expressed in this publication do not represent any official position on the part of the Social Policy Research Centre, but the views of the individual authors.

## Contents

<b>1</b>	<b>Introduction .....</b>	<b>6</b>
1.1	HAP evaluation strategy .....	6
1.2	Summary of project types .....	7
1.3	Methodology .....	10
1.4	Limitations .....	10
1.5	Report structure .....	11
<b>2</b>	<b>Client Demographics.....</b>	<b>12</b>
2.1	Gender .....	12
2.2	Age.....	12
2.3	Ethnicity.....	13
<b>3</b>	<b>Strategic Direction: Preventing Homelessness .....</b>	<b>15</b>
3.1	Prevent eviction from all kinds of tenure.....	15
	Support for maintaining tenancies.....	15
	Supporting people with a disability, mental health issues and/or substance abuse issues to maintain their accommodation .....	17
	Strategies to identify, reach and support clients .....	18
3.2	Transition and maintain people exiting statutory care/correctional and health facilities into appropriate long-term accommodation .....	19
3.3	Provide safe, appropriate long-term accommodation and/or support to people experiencing domestic and family violence, relationship and family breakdown and at key transition points.....	21
<b>4</b>	<b>Strategic Direction: Responding Effectively to Homelessness .....</b>	<b>23</b>
4.1	Improve identification of and responses to homelessness by mainstream and specialist support services.....	23
4.2	Deliver integrated service responses .....	25
	Making services more accessible and responsive to Aboriginal people .....	37
4.3	Streamline access to crisis accommodation and specialist homelessness services.....	38
4.4	Transition people who are homeless to appropriate long-term accommodation and support .....	40
	Systemic barriers to long-term accommodation and support.....	41
<b>5</b>	<b>Strategic Direction: Breaking the Cycle .....</b>	<b>44</b>
5.1	Provide models of accommodation with support that are suitable for different target groups.....	44
	Brokerage.....	44
	Intensity of assistance .....	46
	Individual support and 'wrap-around' service provision .....	49
5.2	Partnerships between all levels of government, business, consumers and the not-for-profit sector .....	50
<b>6</b>	<b>Conclusion .....</b>	<b>52</b>
	<b>Appendix A Project information .....</b>	<b>53</b>
	<b>Figures</b>	
	Figure 2.1 Client gender, 2012-12 .....	12
	Figure 2.2 Client age, 2010-12 .....	13
	Figure 2.3 Ethnicity, number of clients, 2011-12.....	14

Figure 2.4 Ethnicity, percentage of clients .....	14
Figure 3.1 Homelessness status prior to assistance, percentage of clients .....	15
Figure 3.2: Number of clients supported to maintain their existing tenancies.....	16
Figure 3.3: Type of housing maintained by those supported to stay in their existing tenancy .....	17
Figure 4.1 Number of clients provided with non-housing support, direct service delivery....	26
Figure 4.2 Number of clients who were referred to other services for non-housing support	28
Figure 4.3 Services provided to children 2010-2012 .....	30
Figure 4.4: Number of clients supported to find a new tenancy.....	40
Figure 4.5 Proportion of clients by type of new tenancy provided (2011-12) .....	41
Figure 5.1 Total brokerage spent (\$) by type, 2010-2012 .....	45
Figure 5.2 Average payment amount per client by type, 2010-2012.....	46
Figure 5.3 Number of clients by intensity of assistance .....	47

**Tables**

Table 4.1: Number of clients provided with non-housing support, direct service delivery....	27
Table 4.2: Number of clients who were referred to other services for non-housing support	29

## Executive Summary

In 2009 the NSW Government released the NSW Homelessness Action Plan 2009-2014 ('the HAP'). The HAP aims to realign existing effort, and increase the focus on prevention and long-term accommodation and support.

The HAP also aims to change the way that homelessness and its impact on the community is understood; change the way services are designed and delivered to homeless people and people at risk of becoming homeless; and change ways of working across government, with the non-government sector and with the broader community to improve responses to homelessness.

Under the HAP there are three headline homelessness reduction targets, which are:

- A reduction of 7% in the overall level of homelessness in NSW.
- A reduction of 25% in the number of people sleeping rough in NSW.
- A reduction of one-third in the number of Indigenous people who are homeless.

The HAP includes approximately 100 NSW Government funded local, regional and state-wide projects which assist in achieving the homelessness reduction targets. As at June 2012, 55 of the projects were funded through the National Partnership Agreement on Homelessness ('the NPAH')

The HAP Evaluation Strategy involves three inter-related components. The first of these is self-evaluations, designed to gather performance information about each of the HAP projects across key areas in a consistent way, and to collect the views of practitioners about the effectiveness of their projects.

This report is based on the self-evaluation templates completed by the projects. It summarises qualitative information from 40 projects, and qualitative and quantitative information from 36 projects (See Appendix A for a full description of projects). Of these:

- 4 target street to home initiatives for chronically homeless people (rough sleepers)
- 4 are intended to support people to sustain their tenancies
- 12 provide support for people leaving child protection services, correctional and health facilities to access and maintain stable, affordable housing
- 5 provide support to young people who are homeless or at risk of homelessness
- 3 provide support for women and children experiencing domestic and family violence
- 8 provide assistance for homeless people, including families with children, to stabilise their situation and to achieve sustainable housing

## **Limitations**

The sole source of data for this report was information provided by the projects themselves using a self-evaluation template. The templates were completed between April and June 2012 using data that was available up to 31 March 2012. This means that references to 2011-12 data reflects a 9 month reporting period only.

Data quality is limited by data gaps, discrepancies in reporting, and ambiguous definitions, some of which are a result of inadequacies in the original design of the data portal for HAP reporting. Some of these problems have been rectified for subsequent reporting periods but were present at the time the self evaluation data was entered. The report describes the implementation and experiences of projects at an aggregate level and does not provide information on outcomes by project or client type.

While the nature of the quantitative data limited the analysis that could be conducted, the self evaluation reports contain extremely rich qualitative data on the activities carried out by the projects, the strengths of the model, and systemic and other barriers to achieving outcomes. The analysis of this qualitative information forms the majority of this report which is organised under the three strategic areas outlined in the NSW Homelessness Action Plan 2009 – 2014.

- Preventing homelessness; to ensure that people never become homeless
- Responding effectively to homelessness: to ensure that people who are homeless receive effective responses so that they do not become entrenched in the system
- Breaking the cycle: to ensure that people who have been homeless do not become homeless again

## **Preventing homelessness**

### *Outcomes*

- The 36 projects included in quantitative analysis have an overall combined target of 8303 of clients to be assisted by June 2013 and all of these projects are on track to meet and in most cases exceed their targets.
- In 2011-12 equal numbers of men and women were clients; in 2010-11 just over 60 per cent were female.
- The highest number of clients was those aged 25-64 years.
- Thirty one per cent of clients in 2010-11 (840) were Aboriginal and/or Torres Strait Islander
- People born overseas represented less than 10 per cent of clients

In 2010-11, 1194 clients were reported as having been supported to maintain their existing accommodation. Of these, 92 per cent were reported to be successfully maintaining that tenancy.

For the period 2011-12, 1908 clients were reported as having been supported to maintain their existing tenancy and 81 per cent of these had sustained that tenancy.

### *Successful strategies*

Projects used a variety of strategies to identify, reach and support people at risk of eviction, including active strategies to promote the project and build relationships in high needs communities; contact with key agencies such as out-of-home care providers and schools; creation of specialist positions including Indigenous case workers; and engagement with real estate agents.

### *Challenges/Barriers*

Some projects experienced challenges in preventing eviction, as clients were not referred until they were in crisis or the tenancy was about to be terminated. This made early intervention and long-term planning difficult.

## **Responding effectively to homelessness**

### *Outcomes*

Individual services within the network increased their capacity for responding to homelessness. Coordination groups and other connections with services provided better knowledge of the services system within the region which enabled them to respond more effectively to client need.

The projects drove increased workforce capacity: more staff were employed, and better professional development opportunities were available

The service model provided for individualised support and access to brokerage services, both of which proved critical in ensuring that clients were provided with integrated, multi-sectoral support services.

There was a marked increase in the number of people receiving non-housing support between 2010-11 (n=2514) and 2011-12, (n=10,832), probably due to the time taken for some projects to get up and running. Similarly, the numbers of people referred to other services for non-housing support increased from 1890 in 2010-11 to 8169 in 2011-12.

By drawing together lead agencies, specialist homelessness services and other services into coordination groups, the HAP projects were able to facilitate a level of service integration required to respond effectively to homelessness.

Improved service coordination facilitated consistent cross-agency assessment and case management practices which improved referral pathways for clients.

The self-evaluation reports noted particularly four areas of need that the HAP projects could address: legal support, medical services, financial advice and counselling, and employment and education services.

In the period 2011/12, the included HAP projects provided legal support to 554 clients and referred a further 354 clients to other legal services.

In the period 2011/12 the HAP projects included in this analysis provided 2,865 clients with financial services and referred 675 clients to other services providing financial support.

Through HAP projects, young people were successfully connecting with education and training. A key strength of the Foyer model was the integration of intensive housing support with education, training and employment.

Many of the HAP projects aimed to assist clients in securing a new tenancy in long-term accommodation, that is, in either social housing or in a private rental. In 2010-11, 1597 clients were assisted to look for new long-term accommodation and of these 76 per cent were able to secure a new tenancy. In 2011-12, 3301 clients were assisted to look for a new long-term tenancy. Of these, around 68 per cent successfully found new housing.

### *Successful strategies*

Improved partnerships between health services and homelessness service enable projects to connect clients to temporary accommodation and address their health care needs via mainstream medical services rather than ad hoc emergency room visits.

Most projects reported attempts to make services more accessible and responsive to Aboriginal people by strengthening partnerships between mainstream services and Aboriginal services. However, there remained ongoing challenges in recruiting Aboriginal and/or Torres Strait Islander case workers.

Most projects reported successful efforts to integrate specialist homelessness services, including regional providers, into projects. In turn, the HAP projects strengthened SHS and allowed them to improve outcomes for their clients and build staff capacity.

### *Challenges/Barriers*

Barriers to effective responses include long waiting lists for services, staff shortages and skill shortages, especially in regional areas.

Lack of affordable housing was identified as a systemic issue to supporting clients to find long term accommodation by many of the projects. Several noted that a small number of social housing properties were made available for HAP projects, but as these tenancies were successful, these properties were not available after the first year.

While a strong and cohesive coordination group facilitated implementation of the project, relationships within the service network were dynamic and at various times projects reported difficulties within the network which posed a challenge to integrated service delivery. A number of projects reported that it took time to build relationships, and create a culture of collaboration—especially for services that are used to competing for funding.



## **Breaking the cycle**

### *Outcomes*

The service model was designed to allow for different levels of service to be provided, to meet the different level of needs experienced by clients, and clients' different needs over time. In the period 2010-11 services categorised the largest proportion of clients as receiving medium and high intensity support. In the period 2011-12, the largest numbers of clients were categorised as receiving low intensity support

Agencies reported that developing a longer term relationship with the client and the ability to provide holistic support through 'wrap-around' services could address the underlying causes which contribute to homelessness. By linking clients to a range of non-housing services such as financial planning, alcohol and other drug (AOD) counselling, education and training, parenting programs and health services, agencies were able to achieve more sustainable client outcomes than through any stand-alone intervention could achieve.

### *Successful strategies*

The projects included in this analysis reported a range of different service delivery models. Each of the projects provided **brokerage**, which enabled flexible responses to different groups, varying **intensity** of support, and **intensive case coordination/management** or similar individualised support.

Brokerage was reported by all of the projects to be extraordinarily important to providing support that was tailored to client needs. Brokerage provided agencies with the flexibility to assist client's needs directly and immediately.

A key element of the HAP projects was improved referrals and better networks between services. The service model promoted partnerships between all levels of government and the not-for-profit sector, and most of the projects reported new partnerships and/or the strengthening of existing partnerships.

### *Challenges/Barriers*

The supply of social and affordable housing was a significant challenge despite community housing providers and HNSW being active partners in the HAP Projects.

## **1 Introduction**

In 2009 the NSW Government released the NSW Homelessness Action Plan 2009-2014 ('the HAP'). It sets the direction for state wide reform of the homelessness service system to achieve better outcomes for people who are homeless or at risk of homelessness. The HAP aims to realign existing effort, and increase the focus on prevention and long-term accommodation and support.

The HAP also aims to change the way that homelessness and its impact on the community is understood; change the way services are designed and delivered to homeless people and people at risk of becoming homeless; and change ways of working across government, with the non-government sector and with the broader community to improve responses to homelessness.

Under the HAP there are three headline homelessness reduction targets, which are:

- A reduction of 7% in the overall level of homelessness in NSW.
- A reduction of 25% in the number of people sleeping rough in NSW.
- A reduction of one-third in the number of Indigenous people who are homeless.

The HAP includes approximately 100 NSW Government funded local, regional and state-wide projects which assist in achieving the homelessness reduction targets. As at June 2012, 55 of the projects were funded through the National Partnership Agreement on Homelessness ('the NPAH'). The remaining projects include other programs or services that contribute to addressing homelessness.

The projects are aligned to one of three strategic directions:

- Preventing homelessness; to ensure that people never become homeless
- Responding effectively to homelessness: to ensure that people who are homeless receive effective responses so that they do not become entrenched in the system
- Breaking the cycle: to ensure that people who have been homeless do not become homeless again

Ten Regional Homelessness Action Plans (2010 to 2014) were developed to identify effective ways of working locally to respond to local homelessness and provide the focus for many of the HAP projects.

### **1.1 HAP evaluation strategy**

The HAP Evaluation Strategy has been developed in consultation with government agencies and the non-government sector. It involves three inter-related components, which are:

I. Self evaluations – The purpose of self evaluation is to gather performance information about each of the HAP projects across key areas in a consistent way, and to collect the views of practitioners about the effectiveness of their projects.

II. Extended evaluations – The purpose of the extended evaluations is to analyse and draw conclusions about the effectiveness of 15 selected projects and the service approaches to addressing homelessness that those projects represent. The service approaches covered by the extended evaluations are; support for women and children escaping domestic violence, youth foyers, support for people exiting institutions, tenancy support to prevent evictions and long term housing and support.

III. Meta-Analysis – The purpose of the meta-analysis is to synthesise the aggregated findings from the self evaluations and extended evaluations as well as other evaluations available on HAP activities.

The HAP evaluation will assist with measuring progress towards meeting the HAP targets as well as provide evidence of effective responses and lessons learnt that should be considered in the future response to homelessness in NSW.

## **1.2 Summary of project types**

This report is based on information provided by projects using the self-evaluation templates. It summarises qualitative information from 40 projects, and qualitative and quantitative information from 36 projects.<sup>1</sup>

Across the 36 projects there was a range of different target groups with some projects servicing multiple client groups. The largest focus was on people at risk of homelessness on exit from either care or from the justice system (11). The most frequent client group was young people at risk of homelessness (10), followed by Indigenous clients (8). Five projects targeted rough sleepers, three were specifically targeted at women and children leaving domestic violence, two targeted clients at risk of homelessness due to mental illness. Other projects focused on addressing the risk of homelessness among boarding house residents, clients with disabilities or chronic health problems.

Of the 40 projects that completed self-evaluations, 15 are also subject to the extended evaluations, and the remaining 25 were selected on the basis of project characteristics and quality of data in the self-evaluation reports.

Of the 55 service delivery projects funded through the NPAH, 14 are government initiatives such as rental subsidies, provision of temporary accommodation, out of home care services, the Community Offenders Support Programs and the Financial Counselling Program as well as non-client activities such as evaluation. These large government programs were not included in the self-evaluation process as their scope of activity was too broad to be

---

<sup>1</sup> NSW Health led the projects for which qualitative data only was analysed for this report.

captured using a survey. Many of these programs are also subject to separate review processes and where possible these will be included in the meta- analysis process.

The 40 projects included in this synthesis therefore represent nearly all other client focussed projects implemented under the HAP. The majority of these projects were implemented by non-government organisations, sometimes in partnership arrangements with a government partner such as Legal Aid. It is these projects that were particularly designed to demonstrate innovative approaches to homelessness with a focus on prevention and early intervention.

The projects included in this report each provided individual support, through assertive outreach, case coordination or case management; access to brokerage funds to assist in meeting case plans through the purchased of goods and services; and project coordination. One project, *Inner City Integrated Services Project - Housing First*, (5.8a & 5.8b) is aimed at reforming transitional housing by redeploying resources to sustain the 'housing first' model. Two projects, *Youth hub project incorporating Foyer model and outreach support*, (3.15a) and *Foyer Model – Young People in Illawarra* (3.15b) are based on the 'foyer model' of accommodation with on-site support services, with a focus on developing life skills for employment (see Appendix A for project descriptions, intervention types and target groups).

There are six categories of projects:

**1. Street to home initiatives for chronically homeless people (rough sleepers):**

- Way2Home: Coordination of Assertive Outreach and Supportive Housing, (6.4b)\*
- Newcastle Assertive Outreach Service- Reaching Home - including legal support, (6.5)
- Inner City Integrated Services Project - Housing First, (5.8a & 5.8b)
- Aboriginal Assertive Outreach Service (6.7)

**2. Support for people to sustain their tenancies:**

- Tenancy Support - Mid North Coast and Richmond/ Tweed (1.5a & 1.5b)
- Aboriginal Advocacy and Tenancy Support Service (1.7)
- Early intervention support for people at risk of homelessness (1.8)
- Early intervention in Sustaining Tenancies (1.9)

**3. Assistance for people leaving child protection services, correctional and health facilities to access and maintain stable, affordable housing:**

- Young people leaving care support service (2.22)
- Assisting Aboriginal Young People Leaving Care, (2.11)
- Coordinated exit planning from emergency departments (2.7)\*
- Targeted Housing and Support for women exiting prisons (2.8)
- People refused bail on basis of homelessness (2.9)
- Sustaining tenancies following exits from correctional facilities, (2.10)

- Juniperina Shared Access Project (2.14)
  - Support for people at risk of, or who are, homeless, with mental health issues (2.2)\*
  - Young People exiting Juvenile Justice Centres at risk of entering/ re-entering custody in the North Coast (2.21)
  - Young people in contact with the Juvenile Justice system who are homeless - South Western Sydney (2.19)
  - Young People Exiting Juvenile Justice Centres - Riverina Murray (2.24)
  - Linkages for people with mental illness - New England and North West (2.23)
- 4. *Support to assist young people who are homeless or at risk of homelessness:***
- Youth hub project incorporating Foyer model and outreach support, (3.15a)
  - Inner City Youth at Risk (ICYAR), (8.6)\*
  - Foyer Model – Young People in Illawarra (3.15b)
  - Sydney Inner City Drift (6.8)
  - Rural interagency homelessness project for people with complex needs - Riverina Murray and New England (including Legal Support) (5.6a&c and 5.6b);
- 5. *Support for women and children experiencing domestic and family violence to stay in their present housing where it is safe to do so:***
- Long-term accommodation and support for women and children experiencing domestic and family violence (Western Sydney, 3.12 and Illawarra 3.13a and Hunter, 3.13b).
- 6. *Assistance for homeless people, including families with children, to stabilise their situation and to achieve sustainable housing:***
- Central Coast Homeless Family Brokerage Project (1.6)
  - NCAP - North Coast Accommodation Project (including legal support) (5.9b)
  - Boarding House Outreach Project (8.9)
  - North West Aboriginal Specialist Homelessness Services Project (7.8)
  - Community Connections – South East NSW (including Legal Aid Component) (5.10)
  - Intensive case management support for single men with complex needs, Western NSW (8.7)
  - Project 40 (3.16)
  - Young Aboriginal Parents Project (8.8);

Projects marked \* are not included in quantitative analysis (Section 2, Figures 3.1-3.11)

The self evaluations covered in this report were completed between April and June 2012 and the report captures information available as at 31 March 2012. Appendix A provides additional updated information on the targets projects had reached by June 2012 against their overall target.

This report shows summary demographics and outcomes data for the projects to March 2012, key themes that have emerged across each of the projects, and themes that are particular to specific projects. The extended evaluation process will provide an independent assessment of many of the assertions and observations made in the self-evaluations and this synthesis complements this through providing a valuable record of what service providers believe have been the main achievements and challenges in implementing these projects.

### **1.3 Methodology**

The synthesis of the self evaluations was conducted between September and November 2012. It had four phases:

1. The development and refinement of a coding frame to capture qualitative and quantitative data from the self-completion templates
2. Entry of data from the templates into the coding frame
3. Coding of templates
4. The production of this report, which includes both quantitative (service characteristics, outputs and activities) and qualitative (narrative) data.

The qualitative coding framework was developed in QSR NVivo 9. Quantitative data was analysed using Microsoft Excel 2007.

### **1.4 Limitations**

The sole source of data for this report was the information provided in the self-evaluation reports. The analysis process did not include any independent verification of this data. Some of the reports do not appear to have updated information on the service model as the project was implemented, and so do not capture all the adaptations and variations to the model that happened during the course of implementation.

The report describes the implementation and experiences of projects at an aggregate level and does not provide information on outcomes by project or client type.

In addition, there are gaps in the data in many cases. Quantitative data was analysed for 36 of the 40 reports listed above, but this is incomplete even for those projects. Although many projects provided extremely rich qualitative data and expended significant time completing the portal reports and self-evaluation templates, quantitative data is patchy in a number of areas. In addition, the lack of a data dictionary and agreed definitional criteria for key elements of the project, such as service intensity and case coordination, resulted in ambiguous reporting.

There are discrepancies in how projects reported client numbers: for example, some projects counted the children of clients as clients. Given the nature of self-evaluation reports, information on the demographic characteristics of clients is limited. The data is not sufficiently comprehensive or complete to enable multivariate analysis of client characteristics or project outcomes.

Case studies and illustrative quotes are presented verbatim. Client names are pseudonyms.

### **1.5 Report structure**

Section 2 summarises client demographics. The remainder of the report summarises the qualitative information provided from 40 reports on the service model; partnerships; impact on the regional service system; addressing the needs of priority groups; and case studies. It presents the quantitative information on client demographics, services provided, brokerage, and client outcomes from 36 reports. These findings on outcomes and implementation are organised according to the strategic directions outlined in the NSW *Homelessness Action Plan 2009-14*.

These are:

1. Preventing homelessness
2. Responding effectively to homelessness
3. Breaking the cycle.

Within these sections, analysis of the data is organised where possible into the priorities listed and evaluated against the strategies proposed.

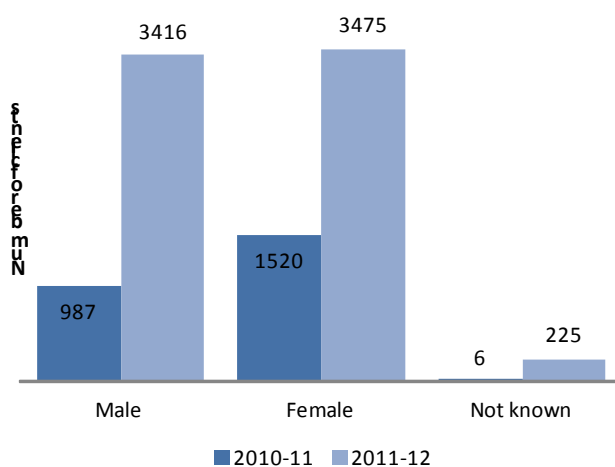
## 2 Client Demographics

The 36 projects included in quantitative analysis have an overall combined target of 8303 of clients to be assisted by June 2013 and all of these projects are on track to meet and in most cases exceed their targets

### 2.1 Gender

In 2010-11 just over 60 per cent of clients (1520) were female. In the period 2011-12 clients were equally likely to be male or female.

Figure 2.1 Client gender, 2012-12



### 2.2 Age

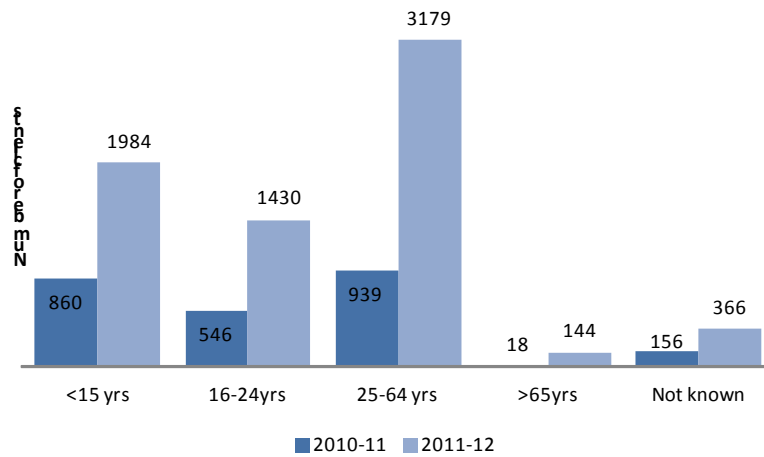
Client age data was either pre-populated from the data portal or entered by projects into 4 set age categories - <15 years, 16-24 years, 25-64 years, and 65 years and older. The largest number of clients were aged 25-64 years old the smallest proportion of clients group were those 65 years and older. It should be noted, however, that the design of the form included uneven age ranges and therefore it is unsurprising that the largest number of clients were also found in the category with the largest age range – 25-64 years.

The high number of clients reported to be under 15 is also largely due to discrepancies in the way that projects categorised the children of clients. For example, in the demographic question for age, the form is unclear as to whether it requires children of clients to be included or excluded from the figures. In later questions however, projects were asked to exclude children from service data and report on their use of non-housing support separately. Cross referencing this data was not possible as the two child-related questions used different ranges, age of children measured as <15 and non-housing support for children measured as those under the age of 16. Some projects reported clients in the <15 year category but reported no children under the age of 16 having accessed non-housing support.



Among the 36 projects, 10 reported that they targeted young people and 7 projects reported data on clients under the age of 15. Only 4 projects provided data on the non-housing support they provided for children under the age of 16 years.

**Figure 2.2 Client age, 2010-12**

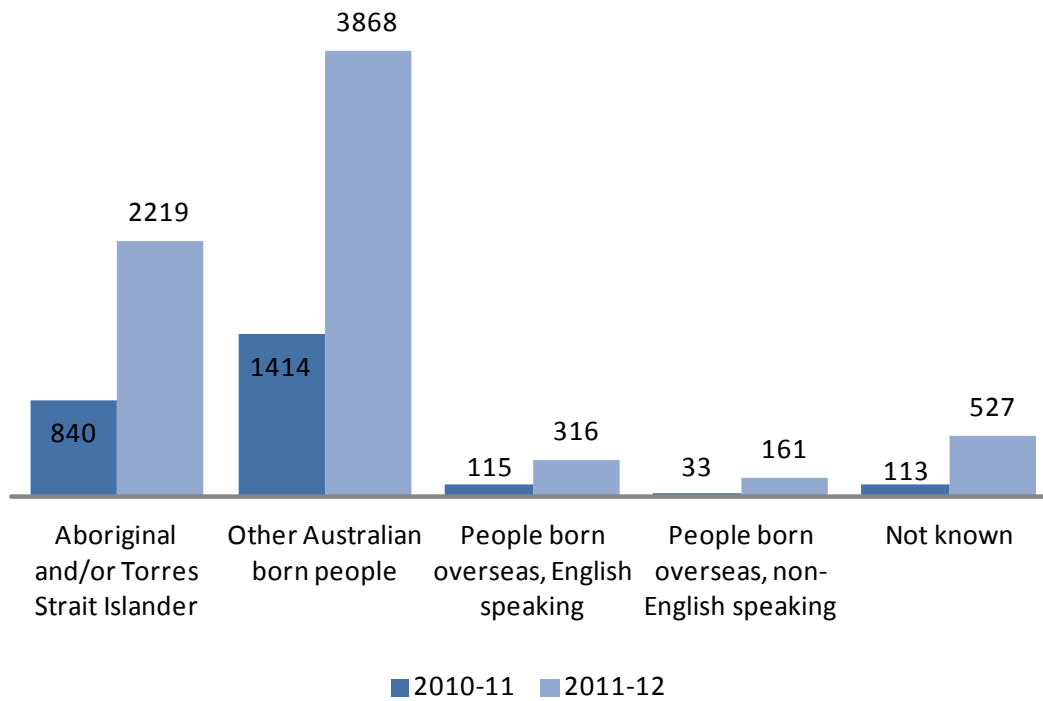


Note: Large number of <15 potentially due to the inability of data to distinguish between clients and children of clients

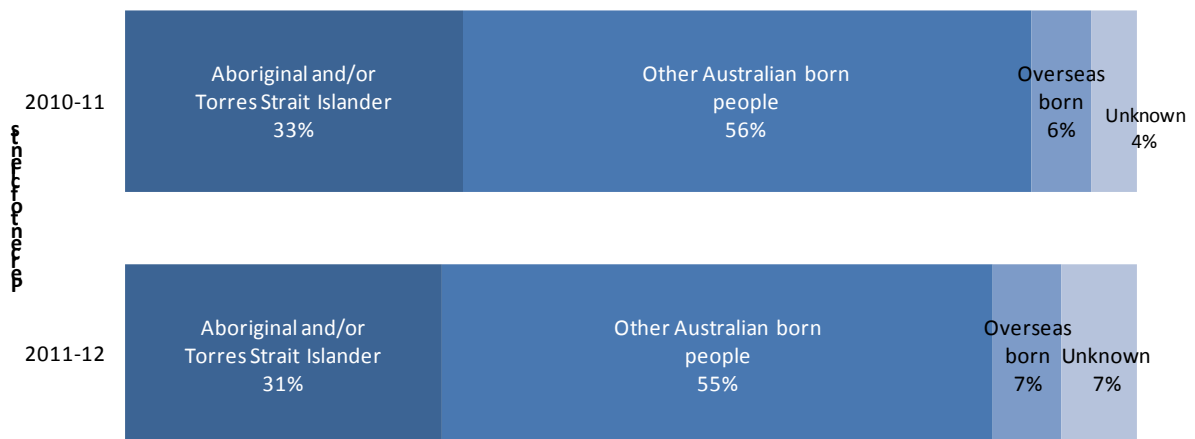
### 2.3 Ethnicity

As shown in Figure 2.3 and Figure 2.4 below, 31 per cent of clients in 2010-11 (840) were Aboriginal and/or Torres Strait Islander. This is similar to the representation of Aboriginal and/or Torres Strait Islander people in the Australian population classified as homeless on Census night 2011 (ABS, 2012). Of the 36 projects included in this analysis of quantitative data, five projects specifically targeted Indigenous clients. Many services reported engaging Indigenous case workers and forging stronger relationships with Indigenous service providers in order to improve their outreach in this group. Although people born overseas made up around three quarters of the increase in the homelessness estimate in the 2011 Census, they were among the least likely to be project participants (ABS, 2012).

**Figure 2.3 Ethnicity, number of clients, 2011-12**



**Figure 2.4 Ethnicity, percentage of clients**



### 3 Strategic Direction: Preventing Homelessness

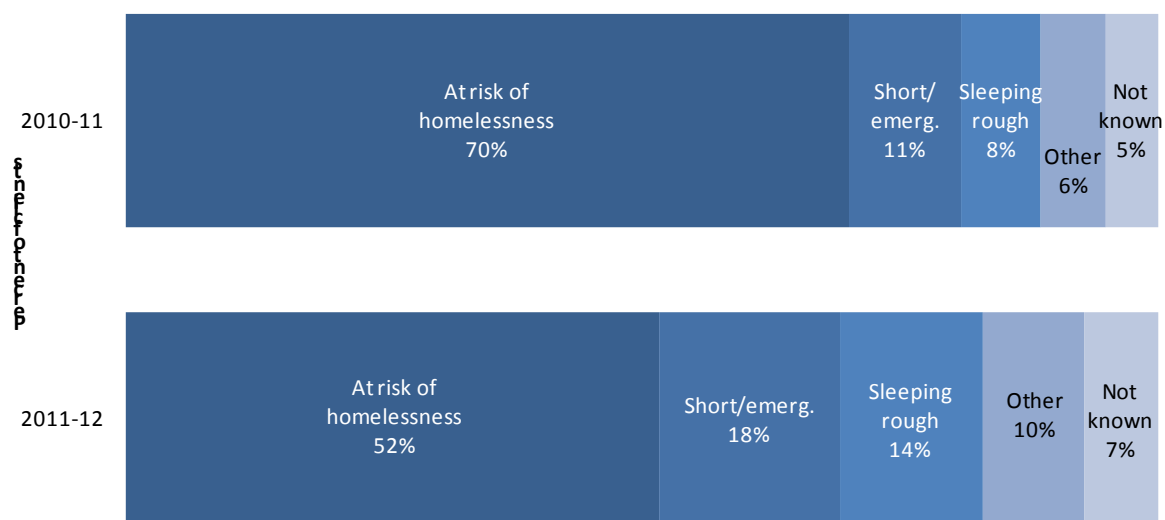
The HAP Action Plan priorities for this strategic direction are:

1. Prevent eviction from all kinds of tenures
2. Transition and maintain people exiting statutory care/correctional and health facilities into appropriate long-term accommodation
3. Provide safe, appropriate long-term accommodation and/or support to people experiencing domestic and family violence, relationship and family breakdown and at key transition points.-

#### 3.1 Prevent eviction from all kinds of tenure

This priority was addressed directly by many of the HAP projects, as the largest group of clients were categorised as ‘at risk of homelessness’ (71.3 per cent in 2010-11 and 52.0 per cent in 2011-12). Projects were asked to report on the homelessness status prior to assistance: at risk of homelessness, sleeping rough, short term/emergency accommodation, other, or not known. The smallest group were clients who were sleeping rough, however, between 2010-11 and 2011-12 the number of rough sleepers engaged had doubled. This increase may indicate the success of specific strategies targeting areas where rough sleepers congregate.

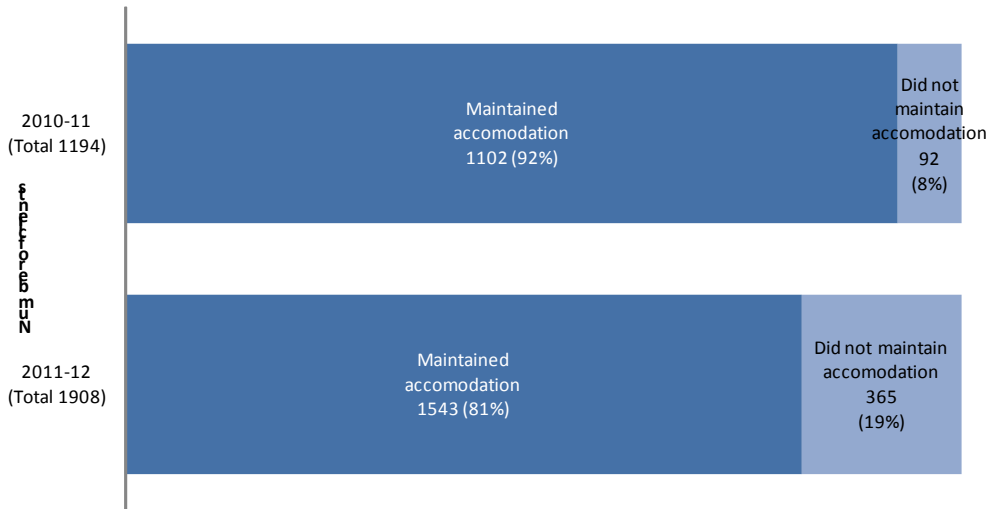
**Figure 3.1 Homelessness status prior to assistance, percentage of clients**



#### Support for maintaining tenancies

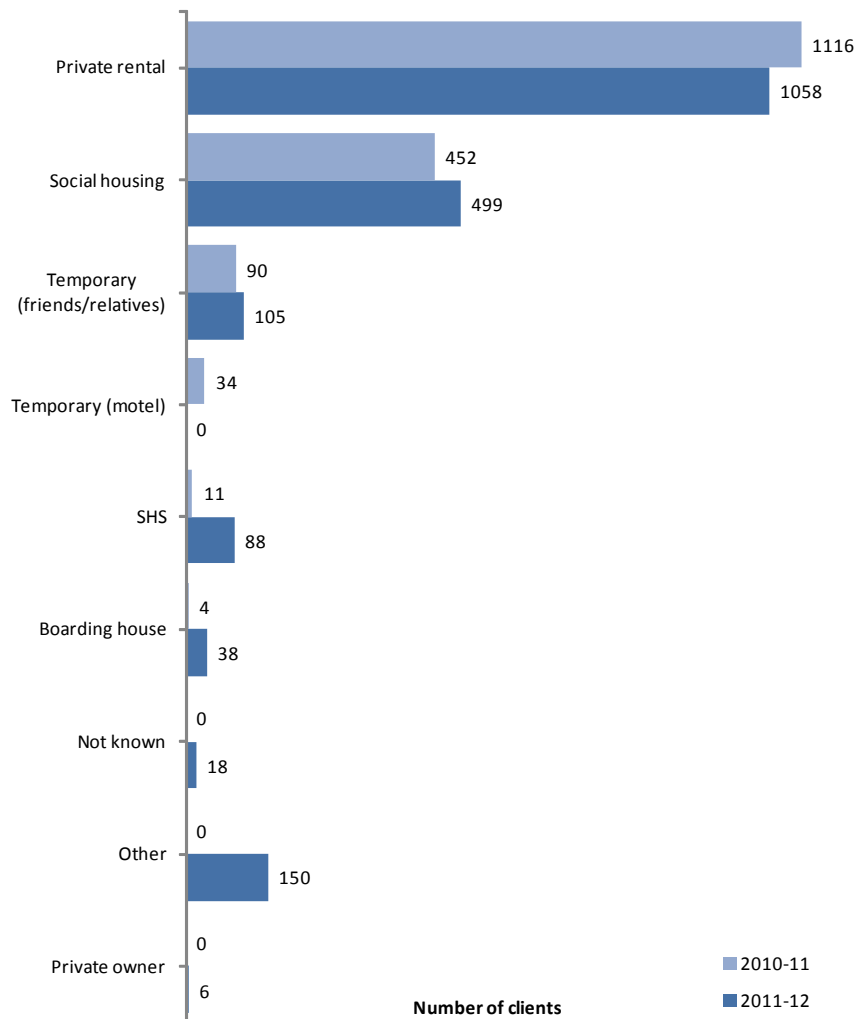
In 2010-11, 1194 clients were reported as having been supported to maintain their existing accommodation. Of these, 92 per cent were successfully maintaining that tenancy. For the period 2011-12, 1908 clients were reported as having been supported to maintain their existing tenancy and 81 per cent of these had sustained that tenancy.

**Figure 3.2: Number of clients supported to maintain their existing tenancies**



As shown in Figure 3.3 below, of those who were supported to sustain an existing tenancy, more than half were residing in private rental accommodation and over a quarter in social housing. The remainder of clients were maintaining their existing short-term accommodation.

**Figure 3.3: Type of housing maintained by those supported to stay in their existing tenancy**



**Supporting people with a disability, mental health issues and/or substance abuse issues to maintain their accommodation**

Several projects were supporting people with a disability, mental health issues and/or substance abuse issues to sustain their tenancies. For example, HAP projects such as *Intensive case management support for single men with complex needs* (8.7) and *Linkages for people with mental illness* (2.23) were specifically targeting clients at risk of homelessness due to mental illness. Crucially, these projects filled a service gap by providing housing support to people who had a mental health diagnosis but had disengaged from clinical support services.

As the cases below show, HAP projects were supporting clients in very individual ways For example, Henry,<sup>2</sup> a young Aboriginal man with mental health problems, was referred to a

<sup>2</sup> ‘Henry’ and ‘Michael’ are both pseudonyms

HAP project two months before he was due to be released from a correctional facility. In the weeks prior to his release, the HAP project organised a regular visit from a caseworker and facilitated an exit conference between the relevant government departments and services. The project organised a private rental and used program brokerage to purchase essential household items needed to maintain a tenancy. Henry receives daily case management support and has engaged 'Grow 12 Step' as well as regular social activities organised by the lead agency. He has now been connected with Centrelink, had a job capacity assessment and is enthusiastic about enrolling in community college. (*Intensive case management support for single men with complex needs, Western NSW, 8.7*)

In another example from the same project, a 65 year old man with a suspected undiagnosed mental health illness, was referred to a HAP project by Housing NSW. Michael had not showered properly or washed his clothes for many years and not cleaned his home since he moved in. He had many dogs and cats and guinea pigs in his home, and he was identified as at risk of homelessness because of the dire state of his living conditions. Support workers made home visits with Michael for many months to build rapport and encourage him to accept assistance in cleaning his property and reducing the number of animals in his care. Over time Michael consented to having his house cleaned and eventually took part in the process. Support workers continued to visit Michael weekly to help him assimilate to the changes in his home and assess his progress and found him to be keeping his home clean enough to maintain his tenancy. (*Intensive case management support for single men with complex needs, Western NSW, 8.7*)

### **Strategies to identify, reach and support clients**

The HAP projects identified people at risk of homelessness through a range of different strategies. Strategies included getting referrals from Housing NSW and SHS and promoting their projects in the service network, for example attending team meetings and doing presentations at interagency meetings. Other projects lifted their profile in the community by holding regular barbeques or operating from services in high needs communities.

Projects designed to support **people in private rental properties** sought to educate real-estate agents and landlords about the dynamics of homelessness: 'Real estate agents and Landlords have embraced the focus of the TSP project and have become more flexible in their approach through their improved understanding of the issues facing families' (*Tenancy support 1.5a*). As a result, some real-estate agents were able to refer people who were at risk of losing their tenancy to the HAP project rather than evict them –

A proportion of clients were able to remain in their accommodation following the intervention of the project through negotiations with landlords and assistance with rent arrears. (*Boarding housing outreach project including the extension of boarding house outreach project, 8.9*).

**Young people** were identified as at risk of homelessness through liaising with out-of-home care providers and through the school system where project staff gave presentations to school counsellors. These projects were also promoted through youth inter-agencies.

Among the youth projects, some projects were able to reconcile young people with their relatives in positive ways. In particular, the projects working with young people exiting custody placed emphasis on supporting family relationships, in order to restore living arrangements. *Young People Exiting Juvenile Justice - Riverina Murray (2.24)* for example supported around 8 per cent of young people participating in their program to improve their family relationships and therefore sustain supported accommodation. This was achieved through improving the skills of parents and the life skills of clients themselves.

Other projects such as *Foyer Model - young people in Illawarra (3.15b)* reported that 27 per cent of their clients were restored to the family home or to the home of relatives after positive early intervention, while all their clients who were living independently had 'increased the quality and frequency of contact with family members'. In the example of Emma below, family relationship support was sometimes able to achieve substantial change in a young person's circumstances –

When Emma first entered the ALIVE HAP program she had chosen to disconnect herself entirely from all family members. Emma expressed great fear for her safety if they discovered her whereabouts. Emma has recently reconnected with her family is currently on good terms with them and they are supportive of her involvement in the ALIVE HAP program and proud of the positive choices Emma is making to create for herself, a positive and successful future (*Young people in contact with Juvenile Justice, 2.19*).

As other projects reported, for example, *Assisting Aboriginal young people leaving care (2.11)*, young people were only reconnected to family and kin where it was identified as safe to do so.

**Indigenous clients** at risk of homelessness were identified once projects had built some rapport in Indigenous communities. This was more successful in projects who were able to employ Indigenous case workers and who visited communities. For example, one project employed an Indigenous worker, and non –Indigenous workers built excellent rapport with the community and positively engaged with Indigenous clients (*Sustaining tenancies in Far West, 2.10*).

### **3.2 Transition and maintain people exiting statutory care/correctional and health facilities into appropriate long-term accommodation**

Projects supporting clients to make the transition from custody, specialist out of home care (OOHC) services or hospitals into independent living in their local community used a range of strategies. For example, project staff liaised with OOHC providers to prepare Leaving Care plans and worked to build rapport with clients prior to their exit from care and provide a continuous support throughout the transition in order to prevent homelessness.

Where clients had already left custody or care and had placed themselves with family or friends, caseworkers helped to mediate these relationships so that their clients could maintain this accommodation.

Some projects supported young people exiting institutions to connect with services, develop life skills, to learn personal protective behaviour, and manage their tenancies. As a result some of the young people engaged in the projects have obtained independent accommodation, and through wrap-around services have been able to prevent a cycle of homelessness and/or re-offending. For example, the Switch Consortium program provides support to secure accommodation for young people aged 16 to 25 who have a current or previous experience of OOHC or a supported care placement in the North Coast region of NSW. They reported positive outcomes for clients in terms of:

- More stable housing, with less incidences of couch surfing
- Improved health – including access to dental care and glasses as well as addressing mental health needs
- Improved relationships with family, partners and friends
- Reduced exposure to domestic violence
- Improved life skills such as budgeting help, support to gain a driver’s license, writing a resume and interview skills
- Better awareness of and engagement with other service providers including alcohol and other drug services and rehabilitation
- Better access to recreational activities and diversionary programs (*Young people leaving care support service, 2.22*)

In another example, *Young people in contact with Juvenile Justice (2.19)* offered an alternative to young people exiting from Juvenile Justice Centres and provided a pathway out of SHS and other crisis accommodation options e.g.: couch surfing. The project focused on supporting young people to improve life skills so they could maintain their tenancies.

The flow-on benefits from early intervention to prevent homelessness projects targeting young people in contact with Juvenile Justice were described as follows.

Clients who have secured an accommodation option have been able to reengage with education and family, have a greater understanding of services available and have the capacity to attend appointments independently, increase their participation in the community, stabilize their living conditions and developed and build upon significant life skills related to the maintenance of their individual property/ tenancy responsibilities, payment of bills, and leaning to utilize their tenancy rights and responsibilities. (*Young people in contact with Juvenile Justice, 2.19*)

The *Targeted housing and support for women exiting prisons (2.8)* project was able to support women with critical needs in securing tenancies after prison, including access to health services, and securing proof of identification, Medicare cards, and Centrelink payments.

Workers assist in the days following release with fundamentally important tasks such as organising tenancy agreements, establishing Centrelink



payments and setting up a new house. (*Targeted housing and support for women exiting prisons, 2.8*)

*People refused bail on basis of homelessness (2.9)* filled a critical gap in the region by supporting ‘a population who may have received little to no support from prison had they not been placed on the program’.

*St Vincent hospital’s coordinated exit planning from emergency departments (2.7)* aims to identify ‘homeless clients who are frequent presenters or are increasing reliance on the emergency department as their primary health care service’. Through a Coordinated Exit Planner and the development of an inter-agency care plan, clients gain access to case management, mainstream health services, and support for maintaining their tenancies. While this project reported success in developing a response to the health and housing needs for homeless clients accessing the emergency department, supporting a sustained transition from emergency department to long-term housing was a substantial challenge given the complexity of client need and the pressures in the emergency department for rapid discharge.

### **3.3 Provide safe, appropriate long-term accommodation and/or support to people experiencing domestic and family violence, relationship and family breakdown and at key transition points**

There were seven HAP projects that targeted women experiencing domestic and family violence. Of those, three were solely focussed on supporting women with or without children into safe long-term housing options. HAP domestic violence projects provided regular and consistent contact with a trauma-specific case worker, so that above meeting basic housing needs, projects also delivered both intensive case management and integrated support services to women to deal with trauma and break the cycle or ‘revolving door’ effect domestic violence.

HAP domestic violence projects worked to address women’s immediate needs by helping to establish new households, sometimes in new communities, providing brokerage for removalists and for basic household goods such as fridges and washing machines. Individual case plans were implemented in order to address the risks of longer term and repeat homelessness. Case plans involved linking clients into education, training or employment opportunities, and helping them to develop life skills and financial management skills (such as ‘In Charge of My Money’). Projects referred women to support services to address self-efficacy and self-esteem issues, develop confidence and independence and to help women reflect and understand the impact of family violence on themselves and their children.

Accompanying children were also supported to overcome potential social exclusion and isolation, make new friends and build confidence through funding for children’s camps, purchase of uniforms, payment for excursions, swimming lessons and other recreational or cultural activities.

As reflected in the quotes below, lead agencies felt the key strengths of the HAP domestic violence projects were the flexibility of brokerage and the ability to work intensively with

clients over a long period of time to help women with their individual needs as they transition from crisis to post-crisis support.

The flexible brokerage for removalist costs and debts incurred through financial control in DV relationships allow the client a fresh start in their new tenancy with a manageable budget. (*Support services to assist women escaping domestic violence maintain tenancies in the Illawarra and Hunter Region, 3.13b*).

The program is client focused and works collaboratively with all key services and stakeholders in the client's life. By giving a woman one worker, supporting her for up to 12 months, real changes and growth occur. Most intervention strategies are for a maximum of 3 months and this is insufficient time to work on many of the issues faced by women escaping domestic violence. (*Support services to assist women escaping domestic violence maintain tenancies in the Illawarra and Hunter Region, 3.13b*).

Some projects with a focus on providing longer-term strategies were faced with clients in urgent need of assistance. This meant that the services had to prioritise resources towards a crisis response before being able to respond to the longer term needs of the clients -

Direct case managers stated that by the time clients arrive in their offices, the tenancy was often beyond salvage with landlords (*Rural interagency homelessness project for people with complex needs, 5.6a&c*).

On many occasions clients are referred to the service at a point in time where negotiation of payment plans is difficult. Clients are generally facing eviction and there is a short span of time available for payment to be made. Clients have a very limited financial capacity to make large repayments and as such the service continues to find it challenging to negotiate a time payment or to broker funds internally and externally' (*Aboriginal advocacy and tenancy support service, 1.7*).

## 4 Strategic Direction: Responding Effectively to Homelessness

The HAP Action Plan priorities for this strategic direction are:

1. Improve identification of and responses to homelessness by mainstream and specialist support services
2. Deliver integrated service responses
3. Streamline access to crisis accommodation and specialist homelessness services
4. Transition people who are homeless to appropriate long-term accommodation and support.

### 4.1 Improve identification of and responses to homelessness by mainstream and specialist support services

Individual services within the network increased their capacity for responding to homelessness. Services, for example, reported that service integration had provided them with better knowledge of the services system within the region which enabled them to respond more effectively to client need. At the outset of the project, some reported that a critical barrier in responding effectively to homelessness was a 'lack of housing knowledge in generalist services' (*Support services to assist women escaping domestic violence maintain tenancies in the Illawarra and Hunter Region, 3.13b*). For some generalist services, one outcome of the HAP project has been an increased understanding of how to access housing services for their client group, for example women experiencing domestic violence. For housing services it meant a greater knowledge of non-housing services such as how to access the health or work assessments their clients need.

The outcome has been a greater understanding of other service systems and their effectiveness for our clients and an overall sense of satisfaction and active participation (*Rural interagency homelessness project for people with complex needs, 5.6a&c*).

Individual services were also able to increase their capacity to respond to homelessness through improved access to client communities through referrals and outreach work of the HAP projects.

However, there were also practical constraints on the ability of services to respond to homelessness even despite improved partnerships and information sharing. In some areas, services did not have the capacity to absorb the extra referrals generated through HAP projects. In particular, waiting times to access non-housing services was reported as a problem where long waits for crisis services impacted on the ability of projects to sustain engagement with clients.

We have found that there is a shortage of suitable services in regional areas, and that existing agencies are also stretched to their limit with consequently long waiting lists (*Community connections, 5.10*).

At times families have either had to wait or been given limited service due to the capacity of existing services to take on new referrals made from this project when they already have full case-loads (*Tenancy support - Mid North Coast and Richmond/ Tweed, 1.5b*).

There are extensive waiting lists for appropriate counselling to address the needs of young people and this can impede on their progress (*Foyer Model - young people in Illawarra, 3.15b*).

The ability for services to respond to homelessness was also improved because the coordination groups also played a role in building workforce capacity to deliver an integrated response. For example:

Increase in skill development of individual case workers has occurred as they receive co-incidental training at Coordination Group Meetings with the opportunity to expand activity beyond their core funding restraints. (*Rural interagency homelessness project for people with complex needs, 5.6a&c*)

Another project reported that the coordination group provided a forum for ideas exchange, which resulted in improved practices within organisations:

An unintended outcome is services accessing and utilizing the coordination group (often through group emails) for information, support and ideas in relation to effective case management strategies, not always for brokerage support. (*Tenancy support - Mid North Coast and Richmond/ Tweed, 1.5b*)

In addition, workforce capacity was increased through the HAP projects by increasing the number of staff and increasing development opportunities of service staff. In some cases, however, this highlighted the lack of resources in a given area.

Some agencies have been able to extend an employee's hours or recruit new staff for the sole purpose of Case Management of HAP clients. This has expanded their capacity as an agency, provided new opportunities for staff professional experience and has also created a "No Wrong Door Approach" for homeless people. For some agencies which are funded very specifically, HAP has meant increased opportunity to expand their criteria for assistance (*Rural interagency homelessness project for people with complex needs, 5.6a&c*).

One of the issues faced by case workers on the program is the lack of resources available on the ground across the South East region. This has meant that to enable us to meet the needs of the clients to secure the best outcomes we have had to search and provide additional training to staff to deliver and support clients (*Community connections, 5.10*).

While HAP projects were increasing workforce capacity through their coordination groups, the ability of the network to respond effectively to homelessness was undermined by difficulties in recruitment and retention of appropriately skilled staff.

Staff shortages and high demand for services has an impact on delivery (*Long term accommodation and support for women and children experiencing domestic and family violence in Western Sydney, 3.12*).

Lack of strong case management skills within some parts of the region – some community service agencies provides limited case management (*Tenancy Support - Mid North Coast and Richmond/ Tweed, 1.5a*).

In rural and remote areas for example there were some difficulties in locating case managers within services who had the capacity to support families.

In small towns where there are identified skill shortages, there are often well intended case managers dealing with clinically complex clients operating with limited specialist training and often working in solitary roles. These workers often multi-task, accepting responsibility for tasks outside of their job description, skill set and resource allocation. This presents risks both physically and mentally for the worker, and may be detrimental to the success of case plans for the clients. However, the case managers are placed in an invidious position, as they are often the only 'port of call' for assistance in these locations (*Rural interagency homelessness project for people with complex needs, 5.6a&c*).

Projects also reported that retention of key staff was likely to become more difficult given the uncertainty of ongoing funding.

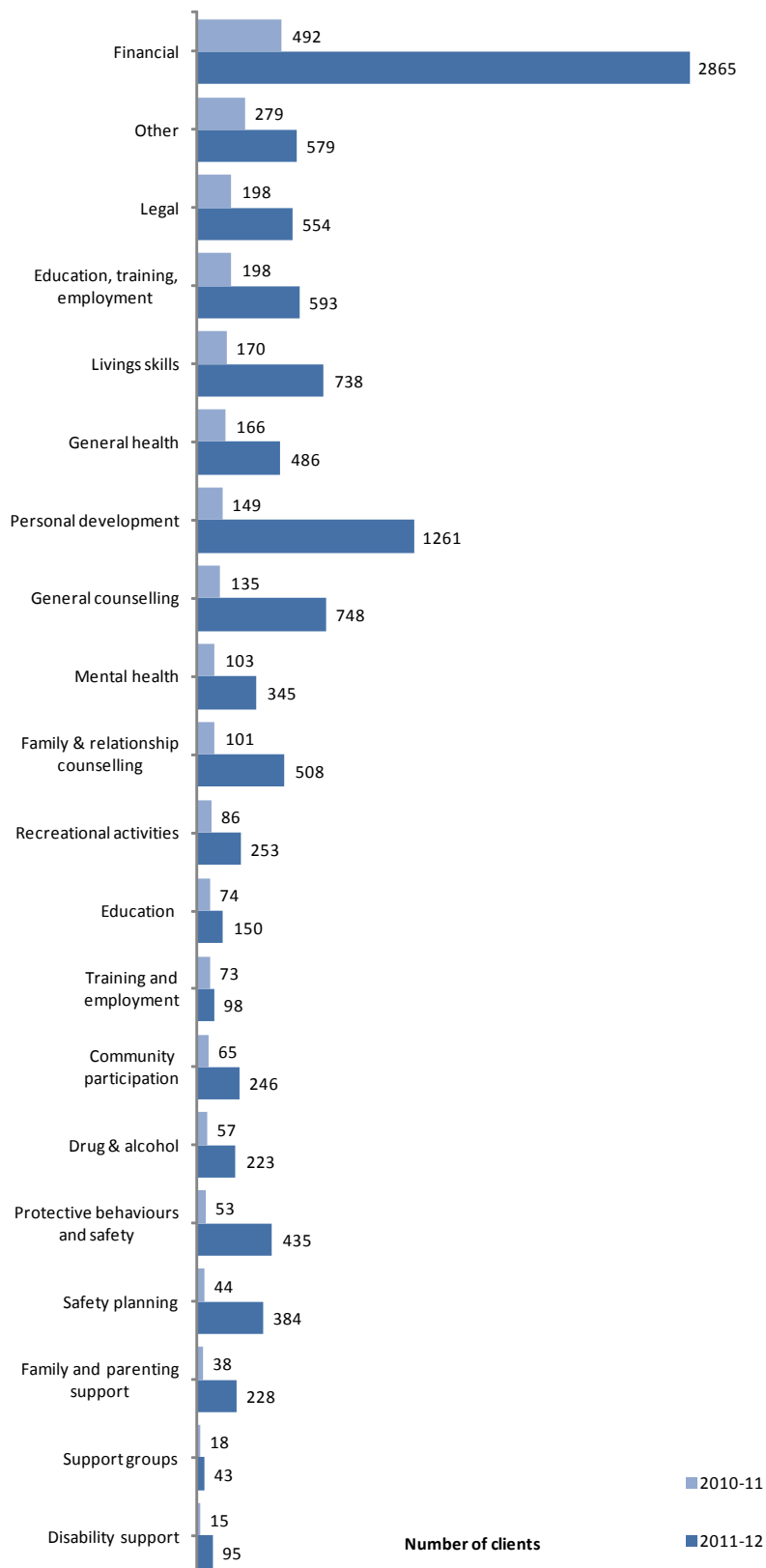
It is identified that retaining skilled staff will become more difficult the closer we move to the project end date without ongoing commitment for the project (*Tenancy support - Mid North Coast and Richmond/ Tweed, 1.5a*).

#### **4.2 Deliver integrated service responses**

The service model provided for individualised support and access to brokerage services, both of which proved critical in ensuring that clients were provided with integrated, multi-sectoral support services.

For this report, we used 'non-housing support' as an indicator of integrated responses, as this data reports on services and support across a range of sectors, which were received by clients as a result of the HAP project. Figure 4.1 and Table 4.1 show the number of clients who were reported to have received non-housing supports over the period. There was a significant increase in the number of people receiving non-housing support between 2010/11 (n=2514) and 2011/12, (n=10,832), probably due to the time taken for some projects to get up and running.

**Figure 4.1 Number of clients provided with non-housing support, direct service delivery**

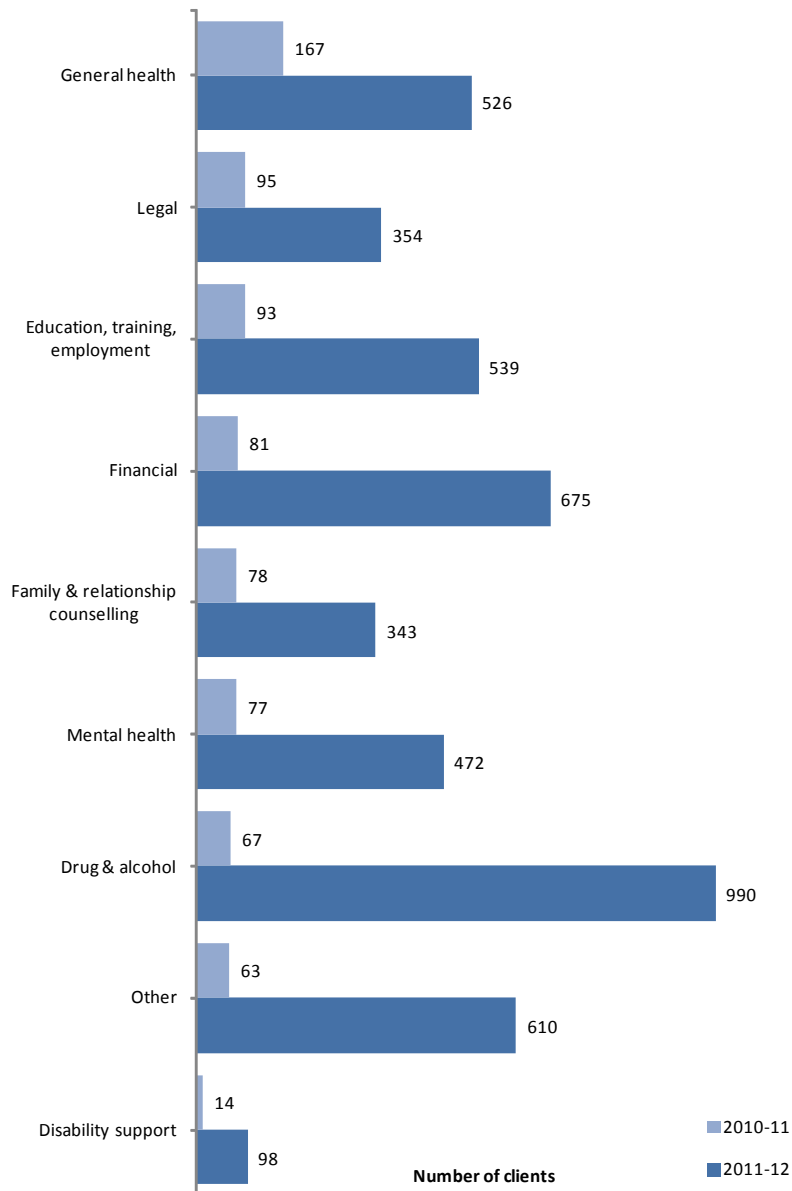


**Table 4.1: Number of clients provided with non-housing support, direct service delivery**

	2010-11		2011-12	
	N	%	N	%
Financial	492	20	2865	26
Other	279	11	579	5
Education, training, employment	198	8	593	5
Legal	198	8	554	5
Living skills	170	7	738	7
General health	166	7	486	4
Personal development	149	6	1261	12
General counselling	135	5	748	7
Mental health	103	4	345	3
Family & relationship counselling	101	4	508	5
Recreational activities	86	3	253	2
Education	74	3	150	1
Training and employment	73	3	98	1
Community participation	65	3	246	2
AOD	57	2	223	2
Protective behaviours and safety	53	2	435	4
Safety planning	44	2	384	4
Family and parenting support	38	2	228	2
Support groups	18	1	43	0
Disability support	15	1	95	1
Total	2514	100	10832	100

Figure 4.2 and Table 4.2 show the number of clients who were provided with referrals to non-housing support services. The highest numbers of clients were referred to alcohol and other drug services followed by financial services. The lowest numbers of clients were referred to disability services.

**Figure 4.2 Number of clients who were referred to other services for non-housing support**



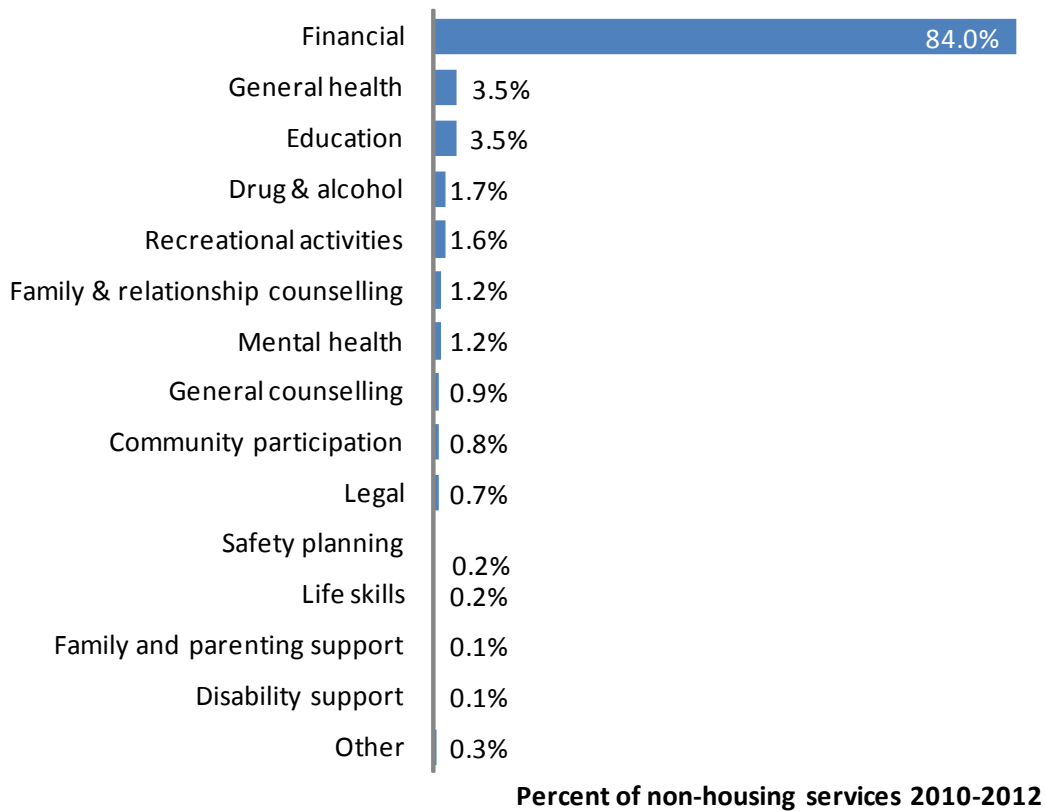


**Table 4.2: Number of clients who were referred to other services for non-housing support**

	2010-11	2011-12
Financial	81	675
Drug & alcohol	67	990
Education, training, employment	93	539
Legal	95	354
Mental health	77	472
General health	167	526
Family & relationship counselling	78	343
Disability support	14	98
Other	63	610
Community participation	10	198
Education	9	84
Family and parenting support	17	170
General counselling	4	181
Living skills	15	529
Personal development	0	330
Protective behaviours and safety	10	325
Recreational activities	15	193
Safety planning	10	323
Support groups	5	64
Training and employment	13	120

While children were not considered to be the principal clients for most of the HAP projects, they were provided with services when one or both of their parents were engaged with the program. In the chart below, the most common form of support children received was financial support, followed by health and education services. As only 4 of the 36 HAP projects submitted separate data on the service profile of children, these figures should be used with caution.

**Figure 4.3 Services provided to children 2010-2012**



Note: Data on services provided to children not specifically collected or reported, numbers should be interpreted with caution

One of the most important reported factors in developing an effective response to homelessness was improved service coordination. This was consistent across the projects, and a very strong finding.

By drawing together lead agencies, specialist homelessness services as well as non-specialist homelessness services into coordination groups, the HAP projects were able to facilitate a level of service integration required to respond effectively to homelessness. Not only was there evidence that HAP projects were strengthening partnerships within the homelessness sector, but several projects were working towards more integrated service delivery through partnerships between homelessness services and health services -

This project has assisted in co-ordinating responses to services and providing a key link from Housing and NGOs in the region and particularly mental health (*Support for people at risk of, or who are, homeless with mental health issues, 2.2*).

Improved service coordination contributed to many improvements, but in particular it facilitated consistent cross-agency assessment and case management practices which improved referral pathways for clients. Improvements to the flow of information among services and the ability to refer clients between the required services was highlighted by several HAP projects participating in the self-evaluations -

Smother referrals and assessments, with transparent information and communication between the service and referring agencies (*Foyer model - young people in Illawarra 3.15b*).

Agency representatives who are involved in the HAP Project Coordination Group Meetings have developed into cohesive groups who support and refer clients to each other's services (*Rural interagency homelessness project for people with complex needs, 5.6a&c*).

Projects reported that increased systems integration enabled services to share relevant data across the overall service system. This occurred through knowledge sharing at the coordination group level, coordinated case-conferencing for holistic service delivery and the overall strengthening of partnerships and networks with the sector -

The regular meeting of services in each LGA enabled information sharing and problem solving directly related to clients. Participation in these arenas strengthened partnerships out of area, grew service support networks and enhanced services knowledge of recourses available to clients in the sector (*Support services to assist women escaping domestic violence maintain tenancies in the Illawarra and Hunter Region, 3.13b*)

Coordination through the HAP projects facilitated improved relationships with the sector by providing avenues for building mutual understanding between services and agencies -

Linkages and relationships between NGOs, community housing and human services Centrelink have become stronger, while developing an understanding of what each service can provide and other resources available in the community. Lines of communication and access to key people in multiple agencies have been developed through the HIR project and Assessment Group meetings (*Support services to assist women escaping domestic violence maintain tenancies in the Illawarra and Hunter Region, 3.13b*).

For some services, the HAP project provided a unique opportunity for service coordination in the network.

The formation of the coordination groups has facilitated partnerships and enabled services to meet with other like services and service providers that may never have crossed paths other than meeting in these groups (*Tenancy support - Mid North Coast and Richmond/ Tweed, 1.5b*).

Improved service coordination via the coordination groups also improved the effectiveness of the response to homelessness by reducing the duplication of services and streamlining service provision to clients -

The Coordination Group process reduces duplication of service to clientele who may be accessing several services concurrently which in turns hinders service capacity to a region (*Rural interagency homelessness project for people with complex needs, 5.6a&c*).

While a strong and cohesive coordination group facilitated implementation of the project, relationships within the service network were dynamic and at various times projects reported difficulties within the network which posed a challenge to integrated service delivery. A number of projects reported that it took time to build relationships, and create a culture of collaboration—especially for services that are used to competing for funding. Tensions in the service network were to some extent seen as teething problems, and that over time and through skilled facilitation, conflict in the network could be resolved.

The self-evaluation reports noted particularly four areas of need that the HAP projects could address: legal support, medical services, financial advice and counselling, and employment and education services.

#### *Legal support*

Some HAP projects supported clients to address outstanding legal problems that contributed to the risk of homelessness. In the period 2011/12, the HAP projects included in this analysis provided legal support to 554 clients and referred a further 354 clients to other legal services. Services included providing advice, 'assistance and support with legal aid appointments, court support and advocacy in the courtroom', for example (*Young people exiting Juvenile Justice 2.24*). Several projects involved partnerships with Legal Aid, such as *North Coast accommodation project (5.9b)* and *Community connections (5.10)*. Others reported having managed outstanding legal problems for their clients such as *Inner City integrated services project - Housing First (5.8b)*.

Outstanding debt was commonly reported as putting clients at risk of homelessness. For those living in temporary accommodation, outstanding fines could be a barrier to finding longer term rental accommodation. Moreover, fear of dealing with debt recovery services, or a lack of knowledge of manageable alternatives for paying off fines, meant that some clients accrue very large debts. HAP case workers were able to help their clients contact the State Debt Recovery Office (SDRO), find the amount owing, and liaise with outreach workers in registered services to arrange a Work and Development Order. One client was able to work start the process of working off 10 fines amounting to \$2,600. This means he works one day per week for St Vincent de Paul Society and has begun to collect references and paperwork for a lease.

Others were at risk of homelessness because of debts accrued while injured or ill and unable to work. One client, a 60 year old man, had been injured and was living on the Newstart Allowance. This was insufficient to pay for treatment and meant he was at risk of defaulting

on his mortgage. A HAP project helped him to lodge a dispute with the Financial Services Ombudsman and obtained a hardship variation agreement with the lender so that the client had a reprieve from making payments while he sought treatment and could get back to work (*North Coast Accommodation Project, 5.9b*).

### *Medical support*

HAP projects also provided medical support to clients at risk of homelessness. This involved linking clients in with GP and other primary health care services. Stable accommodation was the first step to being able to address long term health problems that are caused by homelessness. As one service reported -

For some individuals who had the opportunity to live in settled secure accommodation for the first time in 15 years, it provided an opportunity to attend to health needs that otherwise had been neglected or not identified. These have been significant issues, including heart surgery (*Boarding housing outreach project, 8.9*).

Addressing debilitating health issues was also helping clients re-engage with work and study, a critical factor in breaking the cycle of homelessness. As an unexpected outcome of providing recreational activities, some projects were able to identify serious health conditions that had not been addressed previously (*Boarding housing outreach project, 8.9*)

Some projects, such as *Way2Home: Coordination of assertive outreach supportive housing* (6.4b) were working collaboratively with a health outreach team and were able to integrate clinical services with housing support. One example involved a 45 year old Indigenous woman who had been sleeping rough on and off for 20 years - 'She presented with alcohol and drug use, chronic chest infections, recurrent pneumonia which was sporadically treated for and chronic haemoptysis. She also suffers from depression, chronic fatigue and has reported severe panic attacks'. Although the client initially refused medical support, a project worker made regular visits and, in a medical emergency, was able to arrange for her admission to St Vincent's Hospital Intensive Care Unit. After the month-long hospital intervention her health stabilised and through the project she was able to find and maintain long term housing, gained regular visitation rights with her family and is 'starting to address her health needs with a local GP' (*Way2Home: Coordination of assertive outreach supportive housing, 6.4b*).

Other projects were able to identify rough sleepers who frequently attended emergency departments. Through improved partnerships between health services and homelessness services, projects were able to connect clients to temporary accommodation through Housing NSW as well as addressing their health care needs via mainstream medical services rather than ad hoc emergency room visits.

Many clients with mental health problems have been able to reduce hospital presentation admissions and lengths of stays, with positive improvements in their mental health management and engagement with

mental health services (*Newcastle assertive outreach service - including Legal component, 6.5*).

#### *Financial advice and counselling services*

Many projects assisted their clients to get financial advice or counselling, by referring to services or providing support directly. For example, in the period 2011/12 the HAP projects included in this analysis provided 2,865 clients with financial services and referred 675 clients to other services providing financial support<sup>3</sup>. Financial advice and counselling included helping clients to make a budget for their daily expenses and supporting them to resolve unpaid debts. For some clients, automatic rent and utility payments were established to maintain the tenancy. For example, Inner City Integrated Services Project - Housing First (5.8b) organised financial management orders for 11 of their clients to 'safeguard against non-payment of rent and subsequent homelessness'. Some projects reported successful outcomes in terms of overall improvements in financial management such as lower rates of debt avoidance.

The example below shows that projects were working with clients to overcome financial problems that were putting them and their families at risk of homelessness.

A single mother with three school age children living on a remote property south of Forster was referred by a financial counselling service. In interview it was discovered that she had operated a failed business which had left her with considerable debts. Because of this business failure she had not completed a tax return for several years, this impacted upon her ability to receive an income from Centrelink and in fact she was receiving only family tax support which totalled \$20 less than what she needed to pay fortnightly for rent and therefore had a considerable arrears. She was emotionally overwhelmed by her situation and had ceased opening mail, so therefore had accumulated further debts for utilities etc. (*Tenancy support - Mid North Coast and Richmond/ Tweed, 1.5*)

The project's coordination group provided a support worker, emergency relief support, including fuel vouchers and Centrelink payments. It also organised and paid for financial counselling, and rent arrears.

The support worker continued home visiting to ensure plan was being implemented and to assist in some household management support. After many months the clients tenancy has substantially stabilised and the Samaritans have received great feedback from the client that the wrap around support provided assisted her to significantly improve her

---

<sup>3</sup> This category was not limited to financial counselling or advice but may have also included direct financial support such as crisis payments and brokerage.

circumstances'. (*Tenancy support - Mid North Coast and Richmond/Tweed, 1.5*)

Where clients had access to sufficient income, financial support and advice gave them the knowledge to safely navigate away from debt-creation, make changes in their lives and take control of their budget so they could sustain their tenancies –

I have started my own savings in this money tin, putting in \$2 per week and [I'm] going to use it to make further repairs to house. We have started to make personal goals as a family with my budget, starting from the month after next we will be putting \$200 per month away towards a second-hand camping trailer. It may take us a long time, but it is something for all of us to look forward to. We only have the 1 debt to pay off now, and now know to say no to new people trying to sell us things and new deals. We have got a better understanding on how to get things done e.g. Quotes, save and then get fixed. I feel a lot better now (*Early intervention in sustaining tenancies, 1.9*).

Another client case involved a man exiting custody who has been able to sustain his tenancy through the wrap around support offered by *Linkages for people with mental illness* (2.23). Before becoming a client, he was unable to get a private rental because he was listed on the TICA database, which allows landlords to screen potential tenants based on their tenancy history. He also had \$7,000 in unpaid fines and had had his license cancelled. As the project reported, the integrated support package which included budgeting support was crucial in preventing him from becoming homeless upon exiting custody –

With our help and advocacy, he secured a unit in the private rental market, worked off the state debt recovery debt via the Salvation Army program, was able to re-apply for his driver's license, attended the "Positive Lifestyle Program" for 7 weeks and attended drug & alcohol counselling at the Hope Centre and is now drug & alcohol free, received budget counselling and saved to buy a car. He now can use his own vehicle to access the job opportunities he was offered. He is sustaining his tenancy by paying rent on time & not causing nuisance & annoyance. He is also now involved in positive lifestyle activities like fishing and hunting with a men's group at the Salvation Army (*Linkages for people with mental illness, 2.23*).

### *Education, training and employment*

Through HAP projects, young people were successfully connecting with education and training. In particular, projects such as *Youth hub project incorporating Foyer model and outreach support* (3.15a) and *Foyer model--young people in the Illawarra* (3.15b) were sustaining positive housing outcomes as the quote below reflects -

All young people who have entered the Foyer service have maintained their tenancy in that service to a very positive level. There have been no

evictions and the majority of young people have had a planned and supported exit. (*Foyer model--young People in the Illawarra, 3.15b*)

A key strength of the foyer model was the integration of intensive housing support with education, training and employment so that while meeting the housing needs of a vulnerable group, was also involved in long-term homelessness prevention -

A learning and support environment which facilitates access and participation in education, training and pre-employment activities to enhance the young people's opportunities in work force participating in the future'. (*Foyer model--young People in the Illawarra, 3.15b*)

The education and training component of the foyer model involved 'intensive education, training, pre-employment and employment support to all clients'. This involved on site facilities for clients to participate in study skills programs and have assistance in literacy, numeracy and computer skills. In partnership between the lead agency, TAFE, Employment Services Australia and other training organisations, programs are designed and delivered to meet the specific needs of the clients group.

*Young people in the Illawarra (3.15b)* reported that 14 per cent had re-entered, maintained or completed education, 51 per cent re-entered, accessed, maintained or achieved a result in training, and 41 per cent re-entered, accessed or maintained their involvement in employment. The project was able to report that all the young people participating in the program had achieved at least one positive education, training or employment outcome.

Other projects also emphasised support for education and training. For example, *Young people leaving care support services (2.22)* encouraged clients to 'access, maintain or re-engage with education/training/ and or employment', and offered pre-employment life skills training in areas such as financial management, resume writing, and interview techniques. *Assisting Aboriginal young people leaving care (2.11)* had a client who was able to 'achieve and gain entry to university' through their support. In other cases, young people were able to engage with education and training because of the support they received to improve their living circumstances. For example, the *Central Coast homeless family brokerage project (1.6)* explains how education forms part of the bigger picture of supporting young people at risk of homelessness.

Brokerage assistance was used to purchase furniture and whitegoods and some driving lessons when this young man moved into independent accommodation. He continues in his supported tenancy and is displaying good living skills to maintain his health. He is now engaged with other services and with AOD counselling. He has re-engaged with community, family and friends. Client D is only now months away from completing his TAFE certificate in Hospitality Operations. He is meeting all case plan objectives and has ceased all previously concerning behaviours. He is sitting his Learner Driver text next week. (*Central Coast homeless family brokerage project, 1.6*)



Other young people were taking part in pre-apprenticeship training, were going back to school or found work e.g. one young man found work on a major theatre production and went on to work in the lighting and sound industry.

### **Making services more accessible and responsive to Aboriginal people**

In some areas, prior to HAP, little dialogue occurred between mainstream and Aboriginal services. This limited the capacity of homelessness services to engage Aboriginal clients and meet the needs of Aboriginal people at risk of homelessness.

It was evident that across the region there is a lack of connectedness between some mainstream and Aboriginal Specific Services. This was evidenced when a mainstream service representative, who had been in the industry in excess of 10 years, stated “This is the first time I have ever sat down and worked with an Aboriginal Service”. (*Rural interagency homelessness project for people with complex needs, 5.6a&c*)

Most projects reported attempts to make services more accessible and responsive to Aboriginal people by strengthening partnerships between mainstream services and Aboriginal services.

Aboriginal agencies have strengthened their relationships with Mainstream agencies in some areas and created strategic partnerships that addressed the issues that were raised by the Aboriginal Community regarding application for clients. This was evidenced by applications being presented by Mainstream Services for Aboriginal Agency clients with the more detailed information being provided by the Aboriginal Agency. (*Rural interagency homelessness project for people with complex needs, 5.6a&c*).

Coordination groups also included representatives of Aboriginal services within the network. Some coordination groups had substantial success in engaging Aboriginal services through individually briefing and debriefing their representatives as part of the development of the coordination group to ensure their participation. As the Tenancy Support project below reports, these partnerships improved the capacity for integrated service provision, which could meet the needs of Aboriginal clients.

The projects’ coordination groups have strong representation from Aboriginal services throughout the Mid North Coast, resulting in great service delivery to Aboriginal families from point of referral to case coordination. Strong partnerships with local Aboriginal agencies, including accepting guidance and direction through these agencies in relation to case coordination and service delivery. (*Tenancy support - Mid North Coast and Richmond/ Tweed, 1.5*)

In addition to partnerships at the coordination group level, strong connections with the broader Aboriginal community were seen as key to engaging Indigenous clients who had historically been reluctant to engage with or attend mainstream service providers. Relationships within the Aboriginal community were facilitated through the direct

employment of Indigenous staff, through a focus on cultural awareness training for non-Indigenous staff and the adoption of more flexible approaches to recruiting Indigenous participants. *Sustaining tenancies following exits from correctional facilities*, 2.10 reported that a key element to the success of the project was the ‘credibility of the workers within the community in which they live and work, both with the client group and other service providers’. Other projects reported similar successes with the engagement of Aboriginal staff.

The engagement of Aboriginal staff and trainees improved Aboriginal client perception of Switch being a safe service. Word of mouth is very important. Doing good work with one Aboriginal client will gain more referrals and enquiries from community. (*Young people leaving care support service*, 2.22)

‘The employment of Aboriginal specific workers has been instrumental in gaining the trust, respect and engagement of Aboriginal clients. Considering this particular group have significant risks to homelessness the ability to engage clients was not as difficult as some programs.’ (*North Coast accommodation project*, 5.9b)

However, there remained ongoing challenges in recruiting Aboriginal and/or Torres Strait Islander case workers -

The recruitment of suitably skilled staff has proven a challenge in Western Sydney, particular in relation to the recruitment of Indigenous workers. 18% of project participants identify as Aboriginal and/or Torres Strait Islander. Indigenous Australians have proven more difficult despite targeting existing and new Indigenous networks and collaborations. (*Targeted housing and support for women exiting prisons*, 2.8)

In addition, projects identified some remaining challenges to engaging Indigenous clients -

Challenges included – clients who did not identify with being Aboriginal and providing proof of identity to services when living in care, or being from an adopted background [as well as] different beliefs of emotional well-being and mental illness (*Support for people at risk of, or who are, homeless with mental health issues*, 2.2).

#### **4.3 Streamline access to crisis accommodation and specialist homelessness services**

Most projects reported successful efforts to integrate specialist homelessness services, including regional providers, into projects. One project demonstrated the strength of their relationship with regional homelessness services by describing the ‘willingness of services to be involved in the project and support clients (*North West Aboriginal SAAP project*, 7.8).

Regional specialist homelessness services were assisting HAP projects by taking part in case conferencing and information sharing which helped to sustain support for clients even as

they transitioned between services. They also assisted by making cross referrals, with some projects reporting that if not for these referrals, they would have been unable to meet their targets.

Improved partnerships with regional specialist homelessness services also resulted in more streamlined assessment and intake processes –

The majority of services have accepted the referral from *Inner city drift* without needing to undertake their own assessments. This has been a very positive experience for the clients as they do not have to retell their story (*Inner city drift, 6.8*).

The project has provided a culturally appropriate referral pathway and a coordinated entry point for regional SHS's working with Aboriginal rough sleepers, and/or families and relatives of rough sleepers (*Aboriginal Assertive outreach service, 6.7*).

Coordinated service provision within HAP projects meant that regional specialist homelessness services were providing crisis and transitional accommodation while more long term accommodation was being secured (*Young people exiting Juvenile Justice - Riverina Murray, 2.24*).

In turn, partnership with the HAP project was also strengthening homelessness services and helping them to improve outcomes for their clients as well as for their staff -

SHS services have reported that the project has assisted them to identify and work intensively with clients, whereas prior to the project this was not possible. They have stated this has assisted them help clients achieve remarkable outcomes. In turn this has created improved job satisfaction for service providers, who have been able to assist clients to 'success' rather than addressing short term crisis issues (where clients are often unable to break the homelessness cycle). Improved job satisfaction is an important facet particularly for regional areas where the recruitment and retention of specialist staff is increasingly difficult (*Rural interagency homelessness project for people with complex need, 5.6a&c*).

In addition, partnerships were reported as enhancing service capacity, providing networking opportunities, providing access to brokerage which allowed for more flexible service delivery, improved relationships with housing providers (social housing as well as private sector), and therefore improving outcomes for clients (*Support services to assist women escaping domestic violence maintain tenancies in the Illawarra and Hunter Region, 3.13b*).

**Rough sleepers** were targeted through 'assertive outreach' which 'takes services directly to the client in their chosen environment, wherever that may be' (*Way2Home: coordination of assertive outreach supportive housing, 6.4b*). This involved daily morning and afternoon street patrols of areas where rough sleepers congregate. This also involved working in partnership with City of Sydney Public Space liaison officers – 'Joint patrols and consistent communication enabled us to target the most vulnerable rough sleepers and also to follow

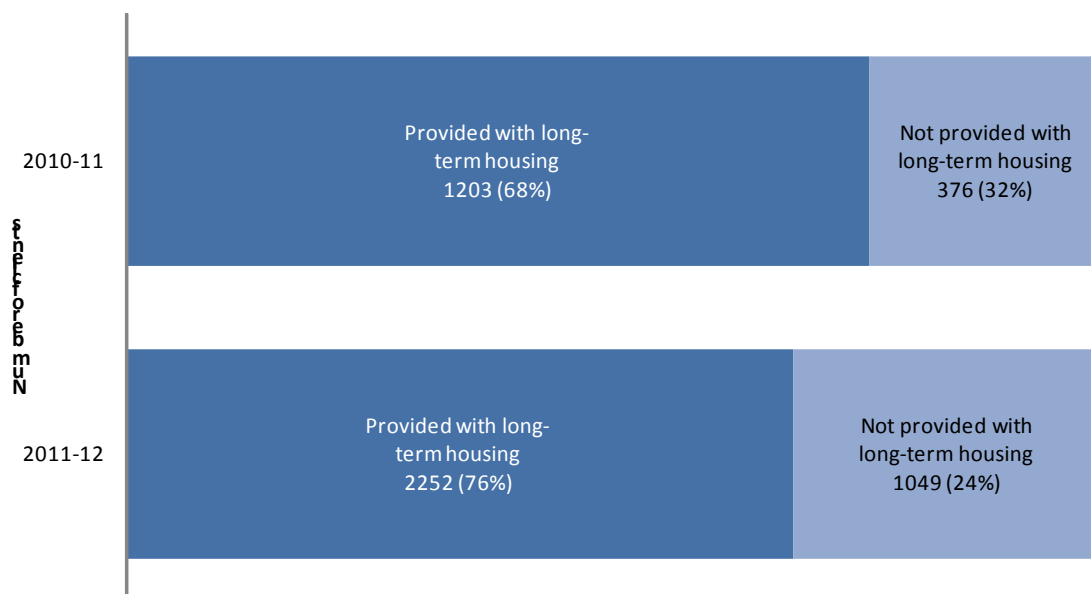
up with people over the medium to long term'. Other projects such as the *Boarding housing outreach project (8.9)* collaborated with rangers who identified rough sleepers to projects staff:

Over the past year there have been an estimated 7 reports from rangers of people who are sleeping rough. Outreach workers have visited these people and attempted to engage them and invite them to the Centre. As a result, all of these people have been housed with support'. In addition, projects targeting rough sleepers were able to engage clients because they employed a 'housing first approach' which is considered international best practice which has advantages over waiting until clients are 'housing ready' before they are placed in accommodation (*Way2Home: coordination of assertive outreach supportive housing, 6.4b*).

#### 4.4 Transition people who are homeless to appropriate long-term accommodation and support

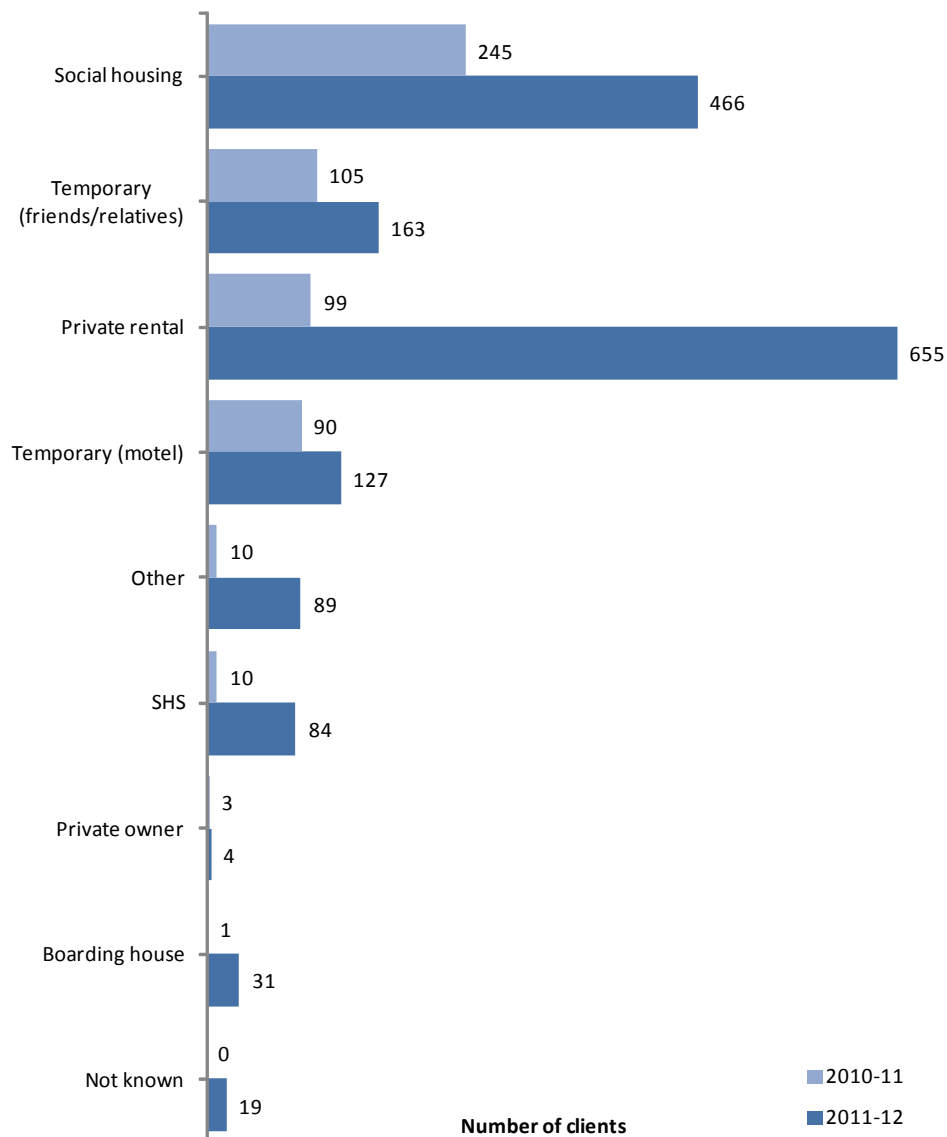
Many of the HAP projects aimed to assist clients in securing a new tenancy in long-term accommodation, that is, in either social housing or in a private rental. Figure 2.9 below shows that in 2010-11, 1597 clients were assisted to look for new long-term accommodation and of these 76 per cent were able to secure a new tenancy. In 2011-12, 3301 clients were assisted to look for a new long-term tenancy. Of these, around 68 per cent successfully found new housing.

**Figure 4.4: Number of clients supported to find a new tenancy**



As shown in Figure 4.5 below, 40 per cent of new tenancies in 2011-12 were in private rental accommodation and 29 per cent were in social housing.

**Figure 4.5 Proportion of clients by type of new tenancy provided (2011-12)**



One of the benefits of partnerships between regional specialist homelessness services and the HAP projects was to reduce overall demand on the services by providing alternatives to temporary accommodation -

The project has assisted regional SHS Services by inviting their most vulnerable and complex individuals to exit SHS services through access to permanent housing with support to sustain the tenancy (*Inner city integrated services project - housing first, 5.8b*).

**Systemic barriers to long-term accommodation and support**

Lack of affordable housing was identified as a systemic issue to supporting clients to find long term accommodation by many of the projects. Several noted that a small number of

social housing properties were made available for HAP projects, but as these tenancies were successful, these properties were not available after the first year.

A few projects also identified a lack of available short term housing options. They reported a need for more short-term accommodation options which could facilitate a transition into long-term housing.

There has been a decrease in housing resources in the area of temporary accommodation in the public housing sector during the course of the first year of the project (*Support for people at risk of, or who are, homeless with mental health issues, 2.2*)

Overall, the lack of housing stock in general was identified as a major barrier to transitioning people to long-term accommodation. For example, *Sustaining tenancies following exits from correctional facilities (2.10)* reported that in Broken Hill there is only one community housing provider, and no public housing, and private rental is limited due to affordability, client lack of rental history and reported discrimination. The community housing provider is working closely with the project to source accommodation that is not just available but suitable for the client group, given that much of the social housing is clustered together and levels of anti-social behaviour evident in those areas are not conducive to successful reintegration following a period in custody. Similar issues of availability are reported in other regions.

One of the other barriers has been lack of allocated housing stock, which would have assisted the project to run more smoothly...The HIR project was only allocated 10 houses to cover the 3 year project and the whole of the Hunter - so lack of affordable housing stock remains a major barrier (*Support services to assist women escaping domestic violence maintain tenancies in the Illawarra and Hunter Region, 3.13b*).

Sometimes the lack of housing was due to a slow take-off of housing partnerships -

The housing partnerships were not in place at the commencement of the program; this delayed the program accepting any referrals. Depending upon the availability of properties affects the program model and completion of phases by clients (*Young people in contact with Juvenile Justice, 2.19*).

Where availability itself was not the primary concern, agencies still faced a challenge in finding housing that was appropriate for their client group; for example, there was a lack of housing to accommodate large families.

Some families require 4+bedroom houses – there is a lack of stock to meet this need - a number of families are living in overcrowded housing (*Tenancy support - Mid North Coast and Richmond/ Tweed, 1.5* )

It was also difficult for agencies to access housing without steps for clients with disability, housing in close proximity with good public transport links and housing in safe areas.

Unfortunately some agencies reported having housing stock clustered in areas of high violence. Matching clients to housing is clearly not just about locating stock that is affordable but it is also about housing being appropriate to individual needs and well-located; all these factors can assist to ensure that tenancies are sustained.

The lack of housing stock presented a barrier for the implementation of some projects, because their eligibility rules required that participants secure a tenancy before receiving other services.

[The project] was not able to provide support prior to tenancies being secured, which still remains a gap in the Hunter. Intensive housing support/positions dedicated to addressing homelessness are lacking in regional areas. (*Support services to assist women escaping domestic violence maintain tenancies in the Illawarra and Hunter Region, 3.13b*)

There was also a challenge for some agencies because many of their clients were in rental arrears and they were not always able to access funds to assist with rental payments –

For a large percentage of clients their main issues relate to rental arrears. At this time CSATSS does not have funds available to assist clients with rental payments. Case Managers work closely with the clients and HNSW to negotiate and develop a repayment plan for all arrears and support the implementation of these plans. On occasion Mission Australia has provided funds from other brokerage sources for immediate payments of rental arrears and then worked with the client to repay these funds. This area continues to be of significant challenge to the CSATSS staff (*Aboriginal advocacy and tenancy support service 1.7*).

## 5 Strategic Direction: Breaking the Cycle

The HAP Action Plan priorities for this strategic direction are:

1. Provide models of supported accommodation suitable for different target groups
2. Increase the supply and improve the condition of affordable social housing
3. Promote partnerships between all levels of government, business, consumers and the not-for-profit sector
4. Improve our data collection and make better use of data and evidence about homelessness and effective responses to it.

The self-evaluations of the projects included in this analysis included information on priorities 1 and 3.

The supply of social and affordable housing was a significant challenge despite community housing providers and HNSW being active partners in the HAP projects.

### 5.1 Provide models of accommodation with support that are suitable for different target groups

The projects included in this analysis reported a range of different service delivery models. Each of the projects provided **brokerage**, which enabled flexible responses to different groups, varying **intensity** of support, and **intensive case coordination/management** or similar individualised support.

#### Brokerage

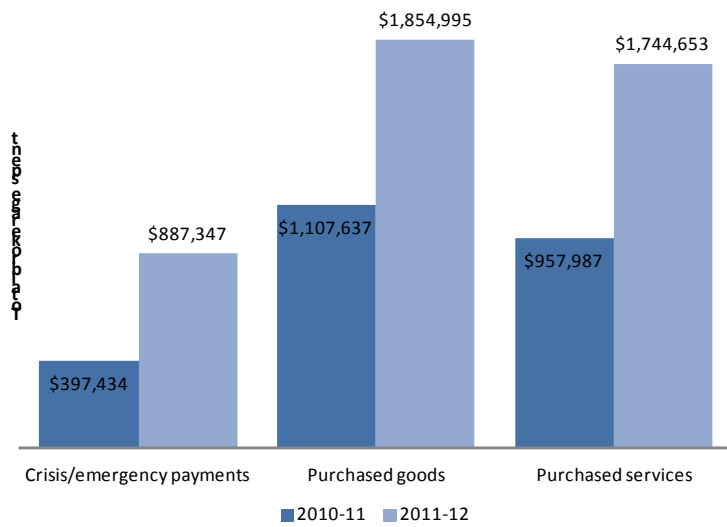
Brokerage was reported by all of the projects to be extraordinarily important to providing support that was tailored to client needs. Brokerage provided agencies with the flexibility to assist client's needs directly and immediately.

The flexible brokerage for removalist costs and debts incurred through financial control in DV relationships allow the client a fresh start in their new tenancy with a manageable budget. (*Support services to assist women escaping domestic violence maintain tenancies in the Illawarra and Hunter Region, 3.13b*).

Each of the 36 projects included in quantitative analysis used brokerage to assist clients with crisis or emergency payments, to buy household items such as washing machines and to engage other services such as general health care and mental health services. The largest proportion of brokerage overall was spent on purchasing household goods.



**Figure 5.1 Total brokerage spent (\$) by type, 2010-2012**



Note: N = 33/36 three services did not provide data to contribute to this total



Note: N = 33/36 three services did not provide data to contribute to this total

**Figure 5.2 Average payment amount per client by type, 2010-2012**

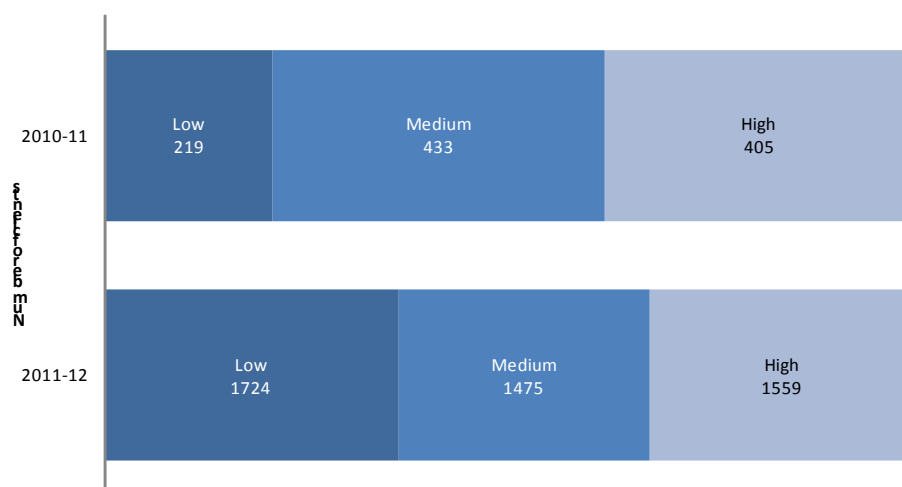


Note: N(2010-11) = 14, 13, 9 (2011-12) = 22, 23, 16 for purchased goods, purchased services and crisis payments respectively. Average excludes projects with no clients receiving each brokerage type

**Intensity of assistance**

The service model was designed to allow for different levels of service to be provided, to meet the different level of needs experienced by clients, and clients’ different needs over time. In the period 2010-11 services categorised the largest proportion of clients as receiving medium and high intensity support. In the period 2011-12, the largest numbers of clients were categorised as receiving low intensity support (Figure 5.3). The shortest average length of client engagement reported was three weeks, and the longest 52 weeks.

**Figure 5.3 Number of clients by intensity of assistance**



However, these numbers should be interpreted with caution. Most projects provided no definitions of service intensity or information on clients receiving different levels of assistance. In the absence of standardised definitions of service intensity, it is not always clear how projects provided different levels of service. The template did not specify the nature of what low, medium or high intensity assistance was, although some projects used surrounding text to outline what they meant by low, medium or high intensity assistance. The following examples illustrate the range of different ways projects defined intensity of assistance on the self-evaluation forms.

Some projects defined intensity of assistance according to the number of hours of support provided to clients. For example, for the *Aboriginal assertive outreach project (6.7)*, a low intensity client was defined as needing 1-3 hours of support, a medium intensity client 3-6 hours of support and a high needs client as being ‘registered with AAOS and receiving ongoing support’.

In projects targeting women who were homeless or at risk of homelessness due to domestic violence, there was a relationship between whether clients were categorised as either low or high intensity clients and the support package they were linked to. For example, *Support services to assist women escaping domestic violence maintain tenancies in the Illawarra and Hunter Region, (3.13a)* used the following to categorise clients:

Intensity	Support Package	Value
Low needs	Start Safely Subsidy (clients must be approved for Start Safely Subsidy)	\$9,980 (plus GST) including a \$1,500 as brokerage
High/complex needs	Social Housing (clients must be approved for either an Urgent Transfer Housing Approval or	\$23,800 (plus GST) including \$4,000 as brokerage.

	through either Housing NSW or Community Housing Provider)	
--	---	--

Some projects, such as those targeted towards clients leaving custody, defined high intensity clients as those with a higher risk of re-offending/recidivism and who demonstrate both low help-seeking behaviour and poor engagement with local service providers (*Sustaining tenancies following exits from correctional facilities, 2.10*).

Other projects targeting clients upon leaving custody categorised all clients as in need of high intensity assistance upon engagement with the project and in the development of their Individual Support Plan. This stage was followed by high intensity post-release support, moving to moderate post-release support and finally low level support and disengagement. These projects emphasised, however, there was a need for ‘flexibility in the provision of support- particularly with regard to the provision of low, medium and high level support depending on the needs of the clients’ (*Targeted housing and support for women exiting prisons, 2.8*).

*People refused bail on basis of homelessness, 2.9* also provided comprehensive descriptions of service intensity.

<b>Intensity of assistance</b>	<b>Client characteristics</b>	<b>Support</b>
Low	For defendants with minimal health problems or mild intellectual disability or some cognitive impairment and a history of alcohol and drug abuse/dependence who are: Medication and treatment compliant Have medium to high levels of functioning most of the time Have independent involvement with family and community Are illicit drug and alcohol free or appear to be illicit drug and alcohol free	1-3 visits per week by staff Referral to community health providers and follow up to ensure compliance Referral to ongoing drug and alcohol support
Medium	For defendants with at least 3 of the following: A history of mental health problems, cognitive impairment and drug and alcohol abuse/dependence Requires assistance with medication Moderate level of functioning Some supported involvement with family or community	2-4 visits per week Referral to mental health treatment and follow up to ensure compliance Referral to drug and alcohol treatment providers and other supports
High	For defendants with a least 4 of the following: A history of mental health problems/ cognitive impairment and drug abuse/dependence Active psychosis or psychiatric symptoms Requires assistance with medication Moderate IQ and low levels of functioning Risk of harm or suicide Minimal or no involvement with family or community	3-6 visits per week with 7am – 8pm on-call availability Referral to mental health specialist staff Other support provided by disability support workers if applicable Referral to drug and alcohol treatment providers and

		assistance to access support groups.
--	--	--------------------------------------

### Individual support and ‘wrap-around’ service provision

All the projects worked from service models using intensive case management of up to 12 months and ‘wrap-around’ service provision.

The service model of the project ensures that clients are able to work with a number of agencies depending on their needs at any given time. This ensures that clients are supported to address issues affecting all areas of their life including but not limited to: health, education/vocation, accommodation, recreation, legal, financial and transport supports (Inner City Supportive Housing and Support for Young People, 8.6).

Agencies reported being able to provide a much higher level of support to clients through this model, for example some services described being able to have almost daily contact with clients enabling them to deliver ‘intense advocacy and support’ to maintain housing tenure. In the case of Corrective Services clients, this was also seen as key to reducing recidivism.

The support hours provided through the project are at much higher level, often with daily contact with all participants. It is through this intensive support and advocacy that the project has been successful in accessing service provision for clients [...] and enabling them to sustain tenancies (*Sustaining tenancies following exits from correctional facilities, 2.10*).

Agencies reported that developing a longer term relationship with the client and the ability to provide holistic support through ‘wrap-around’ services could address the underlying causes which contribute to homelessness. By linking clients to a range of non-housing services such as financial planning, AOD counselling, education and training, parenting programs and health services, agencies were able to achieve more sustainable client outcomes than through any stand-alone intervention could achieve.

The consistent, long term support (up to 12 months) has proven the key element to success of this program. The program is client focused and works collaboratively with all key services and stakeholders in the client’s life. By giving a woman one worker, supporting her for up to 12 months, real changes and growth occur (*Support services to assist women escaping domestic violence maintain tenancies in the Illawarra and Hunter Region, 3.13a*).

The ability to link clients to other key services in the network also had the potential to increase the length of time individuals or families had support. For example, one family was being transitioned off case management at the end of 12 months - ‘However, Brighter Futures now play a higher level of support in the clients life for a further 2 years’ (*Long term*

*accommodation and support for women and children experiencing domestic and family violence in Western Sydney, 3.12).*

The HAP projects also approached service provision from the principle of individual flexibility and person-centred service provision. Flexibility was provided by the ability to engage non-housing services within the network but it particularly related to the provision of brokerage funding.

This service model has been innovative and has had the ability to individualize and respond to diverse and domestic violence specific needs. *(Support services to assist women escaping domestic violence maintain tenancies in the Illawarra and Hunter Region, 3.13b).*

Flexibility to be responsive to client's individual needs - what is needed to prevent this person being evicted? *(Tenancy Support - Mid North Coast and Richmond/ Tweed, 1.5a).*

## **5.2 Partnerships between all levels of government, business, consumers and the not-for-profit sector**

As described in Section 4.2, a key element of the HAP projects was improved referrals and better networks between services. The service model promoted partnerships between all levels of government and the not-for-profit sector, and most of the projects reported new partnerships and/or the strengthening of existing partnerships. These partnerships were fostered through greater contact between staff and sharing of resources.

The project supports continues integration through joint training opportunities, induction processes for new workers to the area and shared resources and data collection systems *(Inner city supportive housing and support for young people, 8.6).*

These partnerships were also strengthened by collaborative working relationships whereby partners demonstrated they were responsive to the needs of agencies within the network, for example:

- Between not-for-profits and government departments

The joint working relationship between government agencies and NGO sector has played a critical role in the ongoing success of this program. Government commitment (particularly FaCS) to working collaboratively to assist in resolving barriers to the projects objectives and outcomes *(Young people leaving care support service, 2.22).*

All staff members regularly attend interagency meetings and the program has strong partnerships with a variety of services to create strategic partnerships and ensure that organisations work together to assist young people on their journey to independent living. The Hub has also developed working relationships with government agencies such as Centrelink, Housing NSW, Juvenile Justice, Community Services and Probation &

Parole, which provides advocacy for young people in accessing services (*Youth hub project incorporating foyer model and outreach support 3.15a*).

- Between agencies and social housing providers

Housing NSW assistance in responding immediately to TA applications (*Young People Leaving Care Support Service, 2.22*).

Successful relationships between the project's lead agency and the region's social housing providers (both Public and Community). (*Support services to assist women escaping domestic violence maintain tenancies in the Illawarra and Hunter Region, 3.13a*).

- Between agencies and job service providers:

Staff maintain regular communication with Job Service Providers in the area to ensure our clients are participating in Centrelink requirements and are given opportunities to engage in employment (*Foyer Model - Young People in Illawarra, 3.15b*).

- Between agencies and business

A small number of HAP projects also actively promoted partnerships with business, most notably through strategically targeting real-estate agents as allies when promoting the project. Project staff engaged real-estate agents through lunch time meetings and also guest speaking at real-estate forums with the aim of educating agents about the social context of poverty and homelessness. This outreach work improved their understandings of the issues facing families and as a result many of the evaluations reported having agents in the area who had adopted a more flexible approach to their clients – offering short-term managed trials for clients without a rental history and communicating with project staff prior to making any evictions. Real-estate agents engaged by the project were also referring some of their tenants to services, for example the *Tenancy Support - Mid North Coast and Richmond/Tweed, (1.5a)* reported receiving on average around 14 direct referrals from real-estate agents a month.

The project has been successful in building positive relationships with real estate agents. This has enabled services to case manage issues related to tenancies at a very early stage and the real estate is more receptive to negotiation, therefore allowing families to sustain their tenancy. (*Tenancy Support - Mid North Coast and Richmond/Tweed, 1.5a*)

## 6 Conclusion

The common elements of the HAP service approaches were individualised support, in the form of case plans, brokerage funding linked to these plans and flexibility to provide support of varying intensity and often up to at least a 12 month period. Social housing tenancies were also provided through some projects.. Some projects were based on existing evidence based approaches to supporting people who are very vulnerable to homelessness, such as the foyer model and Housing First.

The projects were overwhelmingly positive in their assessments of the value of these approaches which built on the existing strengths of individual agencies and service networks. Services had the capacity to provide support in gaining and sustaining tenancies. The coordination and governance structures, in combination with access to brokerage funds, enabled client-centred, holistic approaches to meet clients' needs. The projects reported that being able to provide access to 'non-housing' services such as legal advice, financial counselling and health care services, was particularly beneficial to maintaining tenancies.

The challenges reported most consistently relate to systemic issues of affordable housing, in both the social housing and private rental sector, and workforce capacity issues particularly in regional and remote areas.



## Appendix A Project information

### *Street to home initiatives for chronically homeless people (rough sleepers)*

#### Way2Home: Coordination of Assertive Outreach and Supportive Housing, (6.4b)

---

This project involves assertive outreach (including health and medical components) linked to long-term supportive housing for rough sleepers in Inner Sydney. Way2Home works with rough sleepers by meeting them on the street, in their own environment, and offering them support via a general support team (funded by NSW) and a specialised health team (funded by the Commonwealth). This project has been extremely successful in engaging and supporting rough sleepers and other chronically homeless people but has faced the enormous challenge of sourcing suitable long-term housing options for them. A new headleasing project, Platform 70, has been established to utilise properties in the private rental market to better meet the needs of chronically homeless people in the inner city of Sydney through headleasing. This will provide housing for the 70 most vulnerable clients already known to the Way2Home project.

This coordinated initiative is an example of the innovative approach that NSW is taking to addressing homelessness through holistic integrated strategies.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	874	687

#### Newcastle Assertive Outreach Service- Reaching Home - including legal support, (6.5)

---

This project involves assertive outreach (including general and health components) linked to long-term supportive housing for rough sleepers and other homeless people in Newcastle. The project aims to improve health outcomes, reduce presentations to hospitals and other health facilities, and increase access to legal services. Components include assertive outreach teams; referrals to health and specialist services including mental health and alcohol and other drugs, counselling and specialist homelessness support; and access to a range of long-term housing options. Specialist legal outreach provides first point of contact for clients and coordinates involvement with community legal centres.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	1,473	1,255

#### Inner City Integrated Services Project - Housing First, (5.8a & 5.8b)

---

The Inner City Integrated Services Project (ICIS) has two components. One component is aimed at reforming transitional housing into long-term accommodation by redeploying existing Specialist Homelessness Services (SHS) funds to sustain the "housing first" model. The project objectives are: a single governance mechanism, a single entry point for homeless people into long term accommodation, matching support needs to clients once housed to maintain their tenancy and transitioning the client into mainstream services during their support period to ensure they have ongoing support. The project includes 92 support packages for homeless people and is delivered through a coalition of five Inner City SHS services: Wesley Mission, The Salvation Army, The Society of St Vincent De Paul NSW, The Haymarket Foundation and Mission Australia.

The second component is the provision of on-site support and support services coordination to homeless/at risk clients at the Camperdown Common Ground building. The building includes 62 units for homeless clients and 42 units of affordable housing.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	136	161

#### Aboriginal Assertive Outreach Service (6.7)

The Aboriginal Assertive Outreach Service provides a culturally appropriate response to Aboriginal rough sleepers in the Coastal Sydney Region and assists them into long-term housing, linking Aboriginal generalist and health support. The service has been established as an additional component of Way2Home and is managed through existing coordination mechanisms.

The client target group is Aboriginal or Torres Strait Islander people who are rough sleeping (including people living on the street, sleeping in parks, squatting in derelict buildings or using cars or railway carriages for temporary shelter) or who are chronically homeless, with complex needs. They may be located in any of the 27 Local Government Areas (LGAs) within the Coastal Sydney Region, but are likely to be concentrated in the Inner City or areas bordering the Inner West and Eastern suburbs. The project includes: assertive outreach; case management; referral to a range of services including health, housing assistance, financial and legal support.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	240	176

#### Nepean Youth Homelessness Project (8.5)

The key objectives of the Nepean Youth Homelessness Project are to: prevent young people with high needs from rough sleeping and chronic homelessness, through provision of social housing and intensive supports; identify young people at risk of homelessness in the Nepean region and broker a range of interventions to resolve their crises, address issues that have led to their homelessness, stabilise them in housing, improve their health and social outcomes, and increase their access to education, training and employment. The project assists young people, including Aboriginal young people, aged 12-25 years.

The project also identifies and resolves impediments to the effective provision of housing and support services to the youth homeless population across the Nepean and makes recommendations to build the capacity of the existing service system in the long term. The project has a strong focus on increasing collaborative service delivery to respond to homelessness. The project is managed by a non-government service provider. It has strong linkages with Project 40.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	332	394

### ***Support for people to sustain their tenancies***

#### Tenancy Support - Mid North Coast and Richmond/ Tweed (1.5a & 1.5b)

This project focuses on preventing homelessness, including Aboriginal homelessness, and aims to reduce the number of people in the North Coast and Richmond/Tweed areas accessing Specialist Homelessness Services. Mainly targeting existing social housing and private rental tenants, it identifies at risk tenancies, providing time-limited case management and support, to prevent NSW Consumer Trade and Tenancy Tribunal action and eviction. Assistance includes financial counselling and budgeting, general counselling, link to life skills, one-off cleaning, anger management advice, and referral to support groups and services, such as domestic violence support services.

The project incorporates a research component to evaluate the model and determine the predictors of tenancy failure, to guide future project work. In each location a non-government provider has been appointed to manage the project, provide case coordination and administer brokerage funds. This project has strong linkages with the North Coast Accommodation project.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	MNC – 1,150	3,432

	R/T – 1,093	
--	-------------	--

#### Aboriginal Advocacy and Tenancy Support Service (1.7)

---

The Aboriginal Tenancy Support Service provides an early intervention and prevention approach to assist Aboriginal people in private rental, and public and community housing who are at risk of losing their tenancy. It also assists homeless people into long-term housing with appropriate support that wraps around the client, rather than having the client attempt to navigate a complex service system. Support may vary from low to high needs. The Aboriginal Tenancy Support Service provides project coordination, case management and brokerage funds to purchase services where these are not available within the existing system.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	300	180

#### Early intervention support for people at risk of homelessness (1.8)

---

This project provides early intervention support, using a brokerage model, to families and individuals who are at risk of homelessness and need assistance in maintaining a tenancy in the Hunter region. Support includes financial counselling and assistance; linkages to mainstream and health services, including mental health and drug and alcohol services. The project employs a project coordinator who is responsible for convening the steering committee, managing interagency partnerships and purchasing support services with brokerage funds from Specialist Homelessness Services. The project service model is founded on a principle of service integration as well as seeking to promote a shift from crisis to early intervention approaches.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	120	73

#### Early intervention in Sustaining Tenancies (1.9)

---

The project provides early intervention support services to individuals and families with tenancies at risk in both private rental and social housing in Dubbo, Narromine and Gilgandra, with a strong focus on Aboriginal households. The project has been contracted to a non-government organisation, which is working closely with housing providers to identify

at risk tenancies at an early stage and provide time-limited case management support and service coordination to prevent NSW Consumer Trade and Tenancy Tribunal action and eviction. Support includes financial counselling and assistance, linkages to mainstream services and linkages to health services including mental health and drug and alcohol services. The initiative supports the policy approach to strengthening early intervention approaches with the aim of decreasing the need for crisis services in the long-term.

***Assistance for people leaving child protection services, correctional and health facilities to access and maintain stable, affordable housing***

**Young people leaving care support service (2.22)**

---

This project, located on the North Coast of NSW, provides housing and support to young people aged 16-18 years, including those from an Aboriginal background, who are exiting, or have exited out of home care. The location has the second highest number of Aboriginal people who are homeless in NSW (14% of NSW total). The project, delivered through a non-government organisation, engages with clients, at an early stage, to provide generalist support, coordinate appropriate accommodation, mentoring, and access to health services, where required. The project is working to increase collaborative service delivery to the client group and identify and resolve systemic issues.

The SWITCH program is an important component of the project and provides intensive case management and advocacy on behalf of clients to access adequate, safe and affordable housing. Advocacy can include help accessing bond assistance from Housing NSW or paying with brokerage, assistance with Community Mental Health and access to medication, supporting clients who are isolated with transport and communication, and mediation for young people and their parents, or carers to maintain accommodation at home.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	112	59

**Assisting Aboriginal Young People Leaving Care, (2.11)**

---

The project operates across five LGAs including Wollongong, Shellharbour, Kiama, Shoalhaven and Eurobodalla and provides housing and support to Aboriginal and Torres Strait young people aged 16-25 years who are exiting, or have exited out of home care. The project, delivered through an Aboriginal non-government organisation, engages with clients at an early stage, to provide generalist case management support, coordinate appropriate accommodation, mentoring, links to school, education, employment, skills development, reconnection to kin where appropriate and access to broader services, where required. The project is working to increase collaboration at the local level to address homelessness.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>

No. of clients assisted	68	44
-------------------------	----	----

### Coordinated exit planning from emergency departments (2.7)

This project aims to reduce the number of people exiting St Vincent's Emergency Department into homelessness, with a focus on preventing exits into rough sleeping. The project aims to reduce the length of time homeless people spend in the Emergency Department. The project has established a new system of coordinated exit planning and linkages to long term supports including accommodation.

This project has established a new position in an inner-city St Vincent's hospital to liaise with homeless clients attending the emergency department and/or Psychiatric Emergency Care Centres to ensure discharge planning which is responsive to homeless people is undertaken. The Emergency Department Coordinated Exit Planner's role in conducting and coordinating detailed medical and psychosocial assessments for homeless person leads to improvements to long term health and housing outcomes. In addition the function mitigates against the risk associated with brief interventions such as referrals to NGO facilities without follow up, which invariably results in a return to homelessness, poor health outcomes and representations to the Emergency Department. The position works closely with as the Assertive Outreach Service (Way2Home).

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	632	455

### Targeted Housing and Support for women exiting prisons (2.8)

This project provides long-term accommodation and support for women exiting custody and focuses on preventing exits into rough sleeping or Specialist Homelessness Services (SHS). A non-government organisation has been contracted to manage this project and deliver support. The NGO commences client engagement 3 months prior to release, and begins the development of a case plan. The NGO works with the correctional facility to plan the client's exit together with a range of other services such as health, employment and training, children's services and financial counselling. The clients are case managed after release to ensure they are able to establish and sustain their tenancies with the necessary supports. The clients are also often under the supervision of Probation and Parole Service and eligibility criteria includes risk of homelessness, and complex needs including associated with being at a higher risk of reoffending including alcohol and other drugs (AOD) and mental health issues.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>

No. of clients assisted	62	88
-------------------------	----	----

---

#### People refused bail on basis of homelessness (2.9)

This project has two components: One component is the Bail Support Pathways Project (BSPP) which assists defendants in a Sydney court who are refused bail and who are homeless or at risk of homelessness. These defendants have a range of complex issues in addition to homelessness or risk of homelessness, including substance abuse, mental health issues, criminal histories and are likely to have previously failed to appear in court.

The second component is provided by a contracted NGO. If suitable and eligible, and if bail is then granted, clients are referred to the NGO who organises supported accommodation (pending court resolution), and provides case management support in the community to address the client's risk factors. The project incorporates three stages: Stage 1 is referral and assessment; Stage 2 is when the defendant is released to bail and is supported in the community by the project/NGO; and Stage 3 is when the court matter has been finalised and the person remains in the community either supported by the NGO or the Probation and Parole Service.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	450	333

---

#### Sustaining tenancies following exits from correctional facilities, (2.10)

The project aims to reduce the risk of re-offending of ex-prisoners who have complex needs such as substance abuse and/or mental health issues. This project provides long-term accommodation and support for people exiting prison on parole, particularly Aboriginal clients, and those who are at a higher risk of re-offending in Far Western NSW (Broken Hill). NGO case workers provide long term support and coordinate accommodation options with a focus on preventing exits into rough sleeping and Specialist Homelessness Services. Services provided include exit planning; flexible support matched to client need, case management, training and employment, children's services, and financial counselling within a case coordination model involving other NGOs and government agencies including Probation and Parole Service and health services.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No of clients assisted	45	40

---

#### Juniperina Shared Access Project (2.14)

This project aims to prevent homelessness and reduce recidivism by providing long term support and accommodation to young women aged between 16 and 22 years with a history of offending, or at risk of re-offending and entering/re-entering Juniperina Juvenile Justice Centre. Aboriginal women are a key focus of this project, and are considered a priority group. Up to 8 houses are provided each year to house women with or without children. At least 12 months of support is provided to ensure clients can sustain their tenancies.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	25	30

#### Support for people at risk of, or who are, homeless, with mental health issues (2.2)

This project aims to reduce the number of people exiting mental health facilities and services into homelessness in the Illawarra. The project is establishing a new system of coordinated exit/discharge planning and linkages to long term supports including accommodation. This project has employed a dedicated Homelessness Mental Health Officer who works across community mental health services and the hospital network in the region to support people experiencing mental health and homelessness issues and facilitate partnerships across the service system.

Brokerage funds are being utilised to support effective discharge plans and ongoing support for the client group. The project also focuses on ensuring cross-agency collaboration to improve discharge planning policies and accommodation support processes for the target client group.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	110	56

#### Young People exiting Juvenile Justice Centres at risk of entering/ re-entering custody in the North Coast (2.21)

This project provides intensive support and accommodation to young people with complex needs, exiting Juvenile Justice custody, or at risk of entering custody, while on community based orders, due to homelessness. Aboriginal young people are given priority access. Support is aimed at reducing recidivism and includes: assisting with access to long term accommodation, education and employment. A non-government organisation has been contracted to manage this project and case manage clients. For clients still in custody, case planning commences before release. The NGO works in close collaboration with a number of service providers. The support is holistic in nature and often works with the families of young people to re-engage the young person in the family environment. The project supports some young people aged under 16.



The NGO provides intensive case management and advocacy on behalf of clients to access adequate, safe and affordable housing. Support can include help accessing bond assistance, assistance with Community Mental Health and access to medication, supporting clients who are isolated with transport and communication, and mediation for young people and their parents, or carers to maintain accommodation at home.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	18 Young People 6 Families	28

Young people in contact with the Juvenile Justice system who are homeless - South Western Sydney (2.19)

---

This project provides intensive support and accommodation to young people with complex needs, exiting Juvenile Justice custody, or at risk of entering custody, while on community based orders, due to homelessness. Priority is given to Aboriginal young people and young people from Culturally and Linguistically Diverse communities. Support is aimed at reducing recidivism and includes assistance with access to long term accommodation, and education and employment. A non-government organisation has been contracted to manage this project and case manage clients. For clients still in custody, case planning commences before release. The NGO works in collaboration with a number of service providers. The project works closely with the South Western Sydney Youth Hub initiative.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	17	14

Young People Exiting Juvenile Justice Centres - Riverina Murray (2.24)

---

This project provides intensive support and accommodation to young people with complex needs, exiting Juvenile Justice custody, or at risk of entering custody, or while on community based orders. There is a focus on those clients experiencing homelessness or at risk of homelessness, including those needing an exit from Specialist Homelessness Services. Aboriginal young people are given priority access. Support is aimed at reducing re-offending and includes assistance to access stable housing, education and employment. A non-government organisation has been contracted to manage this project and case manage clients. For clients still in custody, case planning commences before release. The NGO works in close collaboration with a number of service providers. The support is holistic in nature and often works with the families of young people to re-engage the young person in the family environment. The project supports some young people aged under 16 years.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	18 Young People 6 Families	27

---

Linkages for people with mental illness - New England and North West (2.23)

This project assists people with a mental illness who are homeless or at risk of homelessness. Priorities include those who have a dual diagnosis of mental illness and drug and alcohol problems and those with mental illness leaving correctional institutions in the North West region. The project includes support to access and maintain long term accommodation, linkages to mainstream and health services, including mental health and drug and alcohol.

The project aims to identify systemic gaps that act as barriers to supporting people with a mental illness in maintaining appropriate, affordable and secure housing. A project coordinator is working with two NGO providers to establish referral pathways from mental health and correctional facilities and to provide case management, support and referrals to other services.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	36	43

***Support to assist young people who are homeless or at risk of homelessness***

---

Youth hub project incorporating Foyer model and outreach support, (3.15a)

This project has 3 components: 1) Foyer type on-site accommodation and support to young people with lower needs, 2) outreach support to young people exiting juvenile detention and 3) outreach to other young people at risk of homelessness in either social housing or private rental through an early intervention approach.

The project has built on the achievements of the Foyer campus that was set up at Miller previously. Key activities include: project coordinator to facilitate integrated case management and referrals to various services in the community including health, counselling, alcohol and other drugs and parenting; outreach support; funding for brokerage; access to housing assistance (social housing and private rental access); links to education, employment and training.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>

No. of clients assisted	138	145
-------------------------	-----	-----

#### Inner City Youth at Risk (ICYAR), (8.6)

---

This project works with homeless young people on the streets in inner Sydney and facilitates their move to long term accommodation with support, as well as providing an early intervention response to young people at risk of homelessness. This project provides coordinated case management and provision of supportive housing.

The aim of the project is to achieve long term and sustainable outcomes for young people, through providing them with integrated housing and support to address the underlying causes of their homelessness. Besides offering direct case management, a key component of this project is the use of brokerage funds to purchase additional support services and provide material aid.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	554	837

#### Foyer Model – Young People in Illawarra (3.15b)

---

The project has built on the Illawarra foyer model and provides on-site accommodation and support services to young people, who are homeless or at risk of homelessness. The project aims to achieve long term and sustainable outcomes for young people, by providing integrated housing and access to support to address the underlying causes of homelessness. Components include: assessment, referral and advocacy; living and social skills training; counselling, mediation and conflict resolution; financial and material support; education, training and employment support; and other generalist support. The project also offers outreach support to young people living in other accommodation, including those in social housing or private rental. The project is delivered via a non-government organisation and is integrated with a range of other services including health and parenting services.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	95	125

#### Sydney Inner City Drift 6.8

---

This project aims to prevent people who are homeless or at risk of 'drifting' from the outer suburbs of Sydney to the inner city. It does this through building service capacity in the Western Suburbs of Sydney, assisting people who are homeless to access support, and

assisting those at risk of homelessness to sustain their tenancies in the Parramatta, Liverpool and Blacktown areas.

Through the use of existing referral services and "first to know agencies", staff engage with and refer homeless people:

- at point of homelessness;
- experiencing first time homelessness and link people to supports that can sustain their place of origin; and
- refer homeless people from outside the inner city and support them to sustain their place of origin.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	400	697

Rural interagency homelessness project for people with complex needs - Riverina Murray and New England (including Legal Support) (5.6a&c and 5.6b)

---

The project is situated in two regional locations - Riverina Murray and New England. It targets people who are chronically homeless, as well as those who are at risk of homelessness. A non-government provider has been contracted in each region to manage the project. The project provides case management, multi-disciplinary teams across locations and agencies and access to supportive housing.

Components include: interagency case management; outreach services (health and legal); funding for brokerage; access to housing assistance; and access to appropriate and flexible support to address underlying issues, including health and medical needs; counselling; emergency accommodation; pregnancy and parenting support; and transport out of area. In the Riverina Murray site there is also a funded Legal Aid component that provides additional support for debt issues, criminal issues, family court and other legal matters.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	A/WW – 280 NE - 257	531

***Support for women and children experiencing domestic and family violence to stay in their present housing where it is safe to do so***

Long-term accommodation and support for women and children experiencing domestic and family violence (Western Sydney, 3.12 and Illawarra 3.13a and Hunter, 3.13b)

---

This project provides long term supportive housing for women and children who have experienced domestic violence, and who are required to leave their own home. The project facilitates access to long-term housing assistance, such as social housing, rental subsidies, tenancy guarantees, tenancy facilitation and private rental brokerage. It also links clients to support, including specialist homelessness services, case management, health services (including mental health and alcohol and other drugs), education and training and employment, brokerage, pregnancy and parenting support, financial counselling, and the Staying Home Leaving Violence Program. The project takes place in 3 locations - Western Sydney, Hunter and Illawarra and is linked to the private rental subsidy, Start Safely. In each location a non-government organisation is responsible for project management, case coordination, and administration of brokerage funds.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	WS – 90 I – 109 H - 99	650

***Assistance for homeless people, including families with children, to stabilise their situation and to achieve sustainable housing***

Central Coast Homeless Family Brokerage Project (1.6)

---

This project, delivered by a non-government organisation, provides a brokerage model of support including long term accommodation integrated case management, material support for families, and early intervention support to homeless families and families at risk of homelessness.

The project prioritises young people with children or those expecting children, large Aboriginal families and women and children escaping domestic violence, including Aboriginal women and children. The initiative is assisting in the reform of the region's homelessness service system by supporting the shift by specialist homelessness and other services from a crisis response focus to support for families and individuals in long term accommodation and by supporting families at risk of homelessness to sustain their tenancies.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>

No. of clients assisted	50 families	183
-------------------------	-------------	-----

---

NCAP - North Coast Accommodation Project (including legal support) (5.9b)

---

This project complements the Tenancy Support initiatives in the North Coast. It provides multi-disciplinary case management support, including access to legal support, to enable people who are homeless to establish and sustain a tenancy on the Mid North Coast and Richmond/Tweed. It prioritises families, Aboriginal families, women escaping domestic violence and people exiting correctional institutions.

Support includes generalist support; assistance to access both social housing and private rental; linkages to mainstream and health services, including mental health and drug and alcohol services. The project also prioritises access to legal services for homeless people. Two non-government providers have been appointed to manage the project in the two regions.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	600 households	1,515 households

---

Boarding House Outreach Project (8.9)

---

The project is delivered by a non-government organisation and provides an outreach service to inner Sydney boarding house residents, wrap around support, case co-ordination to boarding house residents with complex needs, and will provide transition into more stable accommodation, if required. Support services include: financial counselling and assistance; general health and care support; and tenancy support and linkages to mainstream services, including aged care, mental health and drug and alcohol services. This project also aims to work with boarding house owners and managers to improve services for residents.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	242	151

---

North West Aboriginal Specialist Homelessness Services Project (7.8)

---

This project has a specific focus on facilitating exit options for Aboriginal people in specialist homelessness services in the North West region through the provision of social housing and housing support, as well as by facilitating access to private rental accommodation options. The project also identifies systemic barriers for Aboriginal people leaving specialist homelessness services and maintaining appropriate, affordable and secure housing. It develops and implements strategies to overcome these barriers. A non-government service provider has been contracted to manage this project. Support being provided includes:

advocacy with private rental providers; generalist support; assistance to access both social housing and private rental; linkages to mainstream services; and linkages to health services, including mental health and drug and alcohol services.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	17	26

#### Community Connections – South East NSW (including Legal Aid Component) (5.10)

The project provides a fully integrated approach to assist people who are homeless or at risk of homelessness to access a full range of services including early intervention and prevention, long-term accommodation and support to sustain tenancies, and assistance to prevent evictions. The project also aims to improve health outcomes for homeless people and reduce presentations by homeless people to health facilities and includes access to outreach legal support. This project is managed by a non-government organisation and includes the following components: coordinated case management; support and other assistance purchased via brokerage funds; access to long-term housing solutions. The project operates across 13 LGAs in South East NSW and involves a significant number of service providers via partnership and brokerage arrangements to maximise geographic coverage. A recent feature of the project is the Transition Housing program, a partnership with community housing in Goulburn where clients are housed for 3 months and case managed by Community Connections, allowing case workers to work with clients on their issues relating to their homelessness while a long-term accommodation solution is sought.

The project also has a legal aid component to provide legal assistance to clients experiencing debt and other issues.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	291	609

#### Intensive case management support for single men with complex needs, Western NSW (8.7)

This project provides integrated and intensive case management support for single men with mental health and/or drug and alcohol issues to exit the Specialist Homelessness Service (SHS) system into long term accommodation with sustained support, with a focus on Aboriginal men. The project also includes a prevention and early intervention support component.

Support includes: advocacy with private rental providers; generalist support and assistance to access both social housing and private rental; and linkages to mainstream and health services, including mental health and drug and alcohol services. The project also identifies systemic barriers across the human service system that act as barriers for single men with complex needs, including Aboriginal men, leaving SHS services. Strategies are being implemented to overcome these barriers in a way that reshapes the human services system to better respond to meeting the housing needs of single men with complex needs.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	67	182

#### Project 40 (3.16)

---

Project 40 has two components: one component (funded by the Commonwealth) focuses on the provision of housing and support to people who are homeless or at risk of homelessness. The other component (funded by NSW) focuses on service system reform in the Nepean area (including 4 LGAs) including integrating specialist homelessness services and community housing to create one entry point and one pool of resources, building capacity of services through training and mentoring, and building a collaborative network. The project aims to reconfigure the specialist homelessness sector in the Nepean area to shift current policy focusing on a crisis response, towards a Housing First approach and to eliminate the need for clients to navigate around a complex service system for their support and accommodation needs – all services/responses will be wrapped around the client at one entry point.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	37 Families	37

#### Young Aboriginal Parents Project (8.8)

---

The project provides appropriate long term accommodation and support in Dubbo to young Aboriginal parents, including those who are under the age of 18, and supports young parents to maintain existing tenancies. This model is also designed to reduce Aboriginal overcrowding by enabling new parents to access housing rather than moving into, or between, the homes of other family members.

The project is also improving local interagency coordination and collaboration within Dubbo in responding to homelessness, and the development of prevention strategies for young parents. The project has a strong focus on identifying and resolving barriers to the effective provision of tenancy support services to young parents aged under 18 years. An NGO has been contracted to manage this project and provide support to clients. This project plays an



important role in the prevention of child protection issues through early intervention with young parents.

<b>Targets (please specify units)</b>	<b>Full project target to June 13</b>	<b>Actual achieved as at 30 June 2012</b>
No. of clients assisted	90	57

## **References**

Australian Bureau of Statistics (ABS) (2012), *Census of population and housing: estimating homelessness*, ABS Cat. No 2049, Australian Bureau of Statistics, Canberra.