Under 1 Roof Resource Kit

UNDER **1** ROOF
COMMUNITY IN ACTION

Resource Kit: supporting the coordination and integration of service delivery

Version 18 February 2013

Contents

Foreword by Alison Quinn

This resource kit has evolved from the practices used by Under 1 Roof agencies to integrate service delivery in relation to homeless people with high and complex needs.

This resource kit offers some materials and resources which inform our work as a consortium. It is freely shared with the wider homelessness service system in the hope that these resources may be of assistance. They are available to be freely adapted to your circumstances and we encourage you to give us feedback on improvements and suggestions.

Under 1 Roof has come a long way since 2006 when it began. As the Rotary Club of Fortitude Valley embarked on a journey to identify how it could help to end homelessness, a number of important relationships were developed. From those relationships, there exists a simple set of structures, including case coordination meetings, which have unlocked the capacity of agencies to integrate their efforts in relation to homeless people with high and complex needs.

There are many barriers to true service integration. Resources are scarce, the landscape of service delivery is changing and emergent practice shows us that there are new mountains to climb. Against this backdrop, Under 1 Roof is not so much a case study where all of these dilemmas and challenges have been resolved. Instead, it represents a group of agencies willing to engage with each other and the complexity of this work, and to simply try something new in an attempt to be more effective.

It is always a work in progress and there is a long way to go. Nonetheless, these resources are shared in case they can help. Please bend and change them to suit your circumstances. If you can, let us know what you have learned along the way.

Yours sincerely

Alison Quinn
Chair, Under 1 Roof

How to use this resource kit

This kit is structured to include:

- Information and ideas on some key themes

- Learning activities in the form of structured discussions, workshops and case studies.

The intention is to provide readers with a structure for thinking about some information and ideas and then to use activities as a basis for structured discussion in work teams or interagency groups.

Under 1 Roof encourages debate and discussion about all of the assumptions in this kit. It is important that ideas are tested and that learning occurs through engagement with our peers on how we can best advance integrated and effective service delivery to end homelessness.

Under 1 Roof is keen to hear your feedback and ideas on improvements. Tell us what was helpful and what could be improved. Let us know how these activities were used and whether it was a helpful process. Please invite anyone in your agency or interagency group who has used the manual to give us feedback by clicking on the following link:

https://www.surveymonkey.com/s/U1RResourceKit

Thank you for your time and effort in giving feedback.   For more information please contact Under 1 Roof as follows:

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1. Introduction to Under 1 Roof: a case study in service integration

1.1 The history of Under 1 Roof

Under 1 Roof (U1R) was initially convened by the Rotary Club of Fortitude Valley (RCFV). RCFV had contacted agencies to ask what assistance they needed in responding to homelessness. As local businesses, they brought the agencies together in 2006, to discuss ways to integrate service delivery. This is not to say that clusters of agencies were not already working together. Of course they were. It is simply the case that in coming together, a new set of opportunities were created to consider additional ways the agencies could collaborate. As Rotary contributed the views and input of local businesses, there was also a new and valuable element in the discussion about how to make a positive difference to homelessness in Brisbane's inner north.

The initial participants included:

- 139 Club Inc

- bric housing company

- Brisbane Housing Company

- Brisbane Youth Service

- Communify

- Footprints in Brisbane

- Mission Australia

- New Farm Neighbourhood Centre

- Queensland Injectors Health Network (QuIHN)

- The Rotary Club of Fortitude Valley.

As such there was a spatial dimension to the development of Under 1 Roof: the original agencies all had a presence in the inner north-eastern suburbs and a particular relationship to Fortitude Valley which is a known hot-spot for rough sleeping.

In 2009-2010 Under 1 Roof was successful in securing a grant to develop a framework for multi-agency service integration. This project enabled Under 1 Roof agencies to work closely together to develop a shared framework, document procedures and develop public documents to assist with wider engagement.

In 2012, Under 1 Roof has been funded to implement a service system integration project based on its current framework and structure. This project is currently underway.

1.2 Framework for ending homelessness

Under 1 Roof adopted a framework guided by a number of key elements:

- **Housing First:** A Housing First approach aims to move people as quickly as possible into long term sustainable housing with wrap-around support for those people who need it. Housing First also assists to bring a clear focus to working to prevent tenancy failure resulting in the sustainment of permanent housing solutions.

- **Assertive outreach:** Assertive outreach uses a persistent rather than passive style, with the intention of facilitating access to all available support services. Workers are mobile and access is also possible

through various locations across the consortium. Assertive outreach continues as part of planned support to ensure that a person is able to sustain their tenancy.

- **Tenancy sustainment:** Under 1 Roof works to continuously improve practice so that interventions and case management provide holistic and recovery focussed support that results in the sustainment of tenancies. Tenancy sustainment integrates housing provision, tenancy management, support, advocacy and community development approaches in a seamless whole.
- **A multi-agency response** through case coordination: Under 1 Roof's multi-agency approach extends to a range of partners to deliver integrated and coordinated services geared to achieving sustained housing outcomes. Under 1 Roof convenes a fortnightly case coordination meeting as part of a broader case coordination approach. Front line support providers, housing providers and tenant advocates meet face to face to intensively coordinate support plans, housing plans and other arrangements geared at ending a person's homelessness.

1.3   Structures

Under 1 Roof has developed a simple set of structures aimed at building capacity for effective service integration. These structures include:

- **Learning and development**: opportunities to support the workforce to develop capacity for better practice, improved service delivery and stronger service integration.
- **Case coordination meetings** where front line practitioners meet to advance solutions to the circumstances of individual clients
- **Managers' meeting**s to support learning and development opportunities and discuss quality improvements to front line integrated service delivery
- **Board meetings** to ensure accountability and to advance external strategic relationships with the community, business and government

1.3.1   Learning and development

Under 1 Roof recognises that learning and development opportunities are essential in supporting good practice. Under 1 Roof has developed the following opportunities to support learning and development among agencies working to end homelessness.

- **The Synthesis Series**
  These are reflective practice sessions which explore questions and conundrums embedded within policies, practices and service delivery aimed at ending homelessness. The topics are drawn from Under 1 Roof's own work to pilot multiagency case coordination. These discussions explore important and sometimes complex issues that characterise responses to homelessness. The theme of synthesis highlights the challenge of transforming seemingly competing issues into deeper and more effective practice with a focus on ending homelessness.
- **Training**
  Under 1 Roof is engaged in developing training opportunities with a focus on practice in key areas such as planned support, tenancy sustainment, case coordination and community development.

1.3.2   Case coordination meetings

Front line service providers meet fortnightly to fully coordinate responses to referred clients. Client referrals come from Under 1 Roof agencies and also from external agencies. Case coordination is intended to provide assistance to clients with high and complex needs.

1.3.3   Managers' meetings

Managers have met between four and six times each year to explore learning and development opportunities and to have strategic input to planning, policy and strategy within Under 1 Roof and in relation to the Homelessness Community Action Plans.

1.3.4   Board meetings

The board has consisted of five people and an independent chair. Now that there is a more substantive project to deliver, the board consists of one representative from each agency (if they choose to participate) and an independent chair.

1.4   Roles

Some key roles have been important in the development and growth of Under 1 Roof including:

Table 1: Key roles in Under 1 Roof

Key role	Description
Coordination	It has been important to maintain a coordination role aimed at: • Providing support to case coordination • Developing resources and supporting quality improvements to case coordination Under 1 Roof agencies contributed funds to a coordinator role across 2011. It has now been successful in securing funds for 18 months to further develop coordination resources, mechanisms and training. The current coordination roles include: • Project officer: case coordination • Project officer: strategy. The important capacities in these roles include: • Facilitation • Networking • Team building • Working with dynamic circumstances and a capacity to facilitate partnerships and collaboration with diverse stakeholders, from diverse agencies at all starting points • Practice experience as a basis for understanding the care of complex clients • Experience in structuring and strengthening collaborative practice.
Independent Chair	Under 1 Roof has had an independent chairperson since January 2011. The role of the independent chair is to facilitate and lead the Under 1 Roof board and to develop external strategic relationships. The independent chair is not aligned with any one agency and has no formal paid or honorary role with any of the agencies.

Key role	Description
Case coordination participants	These participants attend case coordination and perform a range of functions in relation to particular clients completely consistent with their core roles and organisational purpose. These roles include: • Advocacy • Support • Case management • Housing and tenancy management • Community development • Specialist support (such as drug and alcohol services, mental health support).
Managers	Senior managers in the agencies meet six times each year to explore strategic issues, develop new systems and advance learning and development within the workforce.
Board	The board has been externally focussed building and developing relationships with government, the community and business. The board also ensures the accountability and implementation of all projects.

1.5   The challenges involved in collaborative work

Collaborative work involves many challenges which require commitment and expertise by all involved. It is important that these challenges are articulated as a basis for honest dialogue about moving forward. Some of the challenges identified in the development of Under 1 Roof also have embedded opportunities:

o   Agencies may work from diverse paradigms and perspectives
o   Organisations are varied in size
o   Practitioners bring diverse levels of experience and different backgrounds
o   Ther are diverse beliefs, assumptions and ideologies among practitioners
o   There is competition for funds
o   There can also be pressure to compete for organisational profile and reputation
o   All workers involved (front-line and managers) have limited time to contribute to coorination activities
o   There is a high volume of clients and the demand on each agency for services is significant
o   There are natural tensions between different roles and functions
o   The context of service provision is changing
o   Ther are concurrent planning processes in Queensland to address homelessness
o   There can be tensions between ideas and methods which appear to be binary (either/or) propositions such as:
  o   Privacy versus coordination
  o   Assertive practice and outreach versus self determination
  o   Housing first versus a pathways approach to ending homelessness.

Underpinning the process of moving forward in the context of these challenges has been developmental practice. This approach actively facilitates dialogue, brings stakeholders together to decide on common goals and actions and builds structural arrangements to sustain this approach (based on the work of Tony

Kelly and Ingrid Burkett, 2007). Developmental practice helps people and agencies to work more closely and explore and decide common goals and to pursue the implementation of thos goals together.

Discussion:

1.   In your experience, what barriers exist to collaboration?

2.   What experiences of collaboration have you had?

3.   What worked well?

4.   What could have been better?

5.   What resources and roles helped collaboration happen?

6.   What methods and processes help collaboration to happen?

7.   What skills and capacities are needed among all stakeholders to help collaboration happen? What would people do? How would people behave?

1.6   Underpinning framework: developmental practice

The coordination roles within U1R evolved from the initial work of RCFV in bringing people together and facilitating meetings. Under 1 Roof agencies then contributed resources and accessed government funding for several projects enabling the continuation and expansion of a coordination function.

The coordination function has been informed by a developmental framework developed by Anthony Kelly and Ingrid Burkett (2007), with a focus on:

*   Bringing agencies together to have dialogue about ways they can work together
*   Identifying the strengths and resources of all the agencies and harnessing these towards common goals
*   Facilitating discussions and decisions about key priorities
*   Reaching an agreement about a work program
*   Agreeing on structural arrangements that support collaboration and continued dialogue, and which build capacity to achieve Under 1 Roof's core work of ending homelessness.

1.7   Key learning

The developmental process of building the capacity for integrated service delivery involves significant learning. Some of the key areas of learning emerging from the Under 1 Roof experience include:

o   It proved helpful to shift integration activities to the front line where the focus on bringing people together is on improving outcomes for clients. This moves ideas about integration from abstract discussions to a client-centred discussion about outcomes.

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o   To work with people in a consortium arrangement, it is essential to work with people at multiple starting points and diverse points of readiness and commitment. Every practitioner is at a different point. Every agency has different resources and participants can offer different amounts of time. Despite this, all stakeholders and agencies can move in the same direction towards a shared goal. This contrasts with the view that all stakeholders must be at a certain starting point to participate, or must share frameworks as a criteria for working together. Working with people at multiple starting points and facilitating agreements and structures that help people move in the same direction is more realistic and helps to unlock opportunities for unity even in the context of a lot of diversity. As a community of practitioners, U1R is as diverse as any geographical community.

o   The natural tensions between roles, functions and ideas can be harnessed as a resource where ideas about how to get the best outcomes are tested.

o   Working together on front-line service delivery can help to build shared frameworks, trust and empathy among colleagues.

o   It is important to support collaborative work with learning and development activities. Collaboration creates opportunities to share learning and development opportunities with workers.

o   It is beneficial to develop agreements about what to do through robust dialogue between opinions, experience and research/evidence. Introducing research and evidence to dialogue can help to develop opinions and ideas.

o   Binary propositions between seemingly opposing ideas can by synthesised to achieve a new way of thinking and doing.

1.8   Areas for workforce development

The process of building a consortium, developing a structure for U1R and launching case coordination as a method of working, has highlighted the importance of workforce learning and development. Two broad areas of learning emerge:

•   Building the capacity for service integration through skills and frameworks that contribute to and sustain collaboration, coordination and cooperation
•   Skills and frameworks that contribute to the capacity of workers to embrace emergent practice in their direct work with homeless people.

The work of U1R highlights the importance of both skills and frameworks in the capacity to embrace emergent practices and to strengthen ways of working together.

Table 2: Definition of skills and frameworks

	Learning dimension	Description
1	Skills	• Direct ways of working with homeless people • Direct ways of working together with other agencies to achieve an end to homelessness • Behaviours, actions and interventions involving clients, other agencies or systems.
2	Frameworks	• Ways of thinking about working with homeless people • Underpinning assumptions and beliefs about what works, and about the outcomes we are trying to achieve • A structure for thinking and a guide for doing

Learning dimension	Description
	• Introduces greater thoughtfulness / mindfulness in practice • Gives practitioners ways of continuously questioning and reviewing their role, actions and interventions with the aim of continuous improvements.

A number of learning and development themes and topics have emerged from the direct work of U1R and from engaging with services to explore learning and development needs:

o   The practice of informed consent for integrated service delivery
o   Case coordination practices that tightly weave together the various roles and contributions to achieve a sustainable housing outcome
o   The capacity and skills to work collaboratively and in a coordinated way at the front line
o   Collaborative leadership
o   Trauma informed care
o   Addressing hoarding and domestic squalor
o   Tenancy sustainment
o   Assertive outreach and practice
o   Housing First
o   Rapid Rehousing
o   Critical Time Intervention
o   Supportive housing models and practices
o   Responding to drug and alcohol addiction
o   Working with people living with a mental illness
o   Working with people who have multiple and complex needs including addiction, mental health and serious physical health problems.
o   Recovery model.

This list is not exhaustive. These are just examples of practice areas and themes that have been emerging. In a comprehensive analysis of examples of collaboration in a human services context, Keast *et al (2011)* describe there are varoius elements and skills involved. The dimensions of governance, management and leadership were identified as elements in collaboration (Keast *et al,* 2011*.)* Each of these dimensions imply a range of skills and capacities. Keast *et al (2011:12)* reported that respondents in their study emphasised that "individual competencies were core to successful collaborative practice". This study identified a number of competencies valued by particiants:

o   Ability to see and build connections between people and resources
o   Ability to build and facilitate partnerships
o   Ability to negotiate and compromise
o   Ability to energise others

Keast *et al,* 2011:13

Keast *et al* then worked to define a competency model for collaboration across the areas of organisational, systems and processes, and personal competencies and assert that:

"Collectively the three elements serve as a foundation for collaborative practice but must be enacted and fully engaged to transform into effective collaborative outcomes".
Keast *et al,* 2011:13

For Under 1 Roof it has been important to recognise the value of learning and development activities and structures as part of a change process engaging the agencies in working together more closely. In many ways a consortium arrangements such as Under 1 Roof has the characteristics of a community of practice which is defined as:

"Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly."

Wenger, 2012: http://www.ewenger.com/theory/

Under 1 Roof has developed some learning and development activities and is considering others. The following diagram highlights some of the existing and potential elements of a community of practice involving Under 1 Roof and its partners:

Figure 1: Learning and development activities as part of a community of practice

1.9   Frameworks for thinking about service integration

A range of terms are sometimes used interchangeably to describe activities involving various agencies working together to one extent or the other. Keast *et al* (2007) highlight the value of clear definitions which help to more accurately reflect the level of integration that is actually occurring, and propose the following integration continuum:

Figure 2: Integration continuum

Cooperation	Coordination	Collaboration
Low trust / unstable relations	Medium trust	High trust, stable relatons
Infrequent communications flows	Structured communication flows	Thick communication flows
Known information sharing	Project related and directed information sharing	Systems change
Independent / autonomous goals	Joint projects, joint funding, joint policy	Dense interdependent relations and goals
Power remains with the organisation	Semi-independent goals	Shared power
Resources remain own	Power remains with organisations	Pooled, collective resources
Commitment and accountability to own agency	Shared resources around projects	Commitment and accountability to the network first
Shorter time frame	Commitment to own agencies and project	Relational time frame - long term (3-5 years).
	Relational time frame: often based on prior projects.	

Source: Keast *et al,* (2011:4), 2007

The value in this continuum is that it helps to foster explicit thinking and discussion within consortium arrangements such as a U1R to evaluate and continuously improve upon the arrangements that are in place. This continuum also encourages more careful use of language to describe integration examples so that language is continually helping to explain and reveal the elements of integration and how they can be developed and expanded. This continuum should not imply the different levels are good/bad in relation to each other. Different approaches have their purpose, strengths and challenges. Not all problems need full collaboration for example. This is a useful and revealing framework that helps practitioners to become more conscious of their roles and practices to achieve greater working together.

Discussion: Reflect on the integration continuum.

1. What do these concepts as defined by Keast *et al* mean to you?

2. Can you identify examples of each level of integration from your own practice?

3. What have been the essential capacities and processes that have supported the different types of integration?

4. What have been the challenges and the barriers?

5. What skills did managers and front-line practitioners need to be effective in building and sustaining cooperation, coordination and collaboration?

6. What opportunities can you identify in your context for each of these levels of integration?

1.10   Activity

The following workshop questions are designed to explore opportunities and challenges in achieving greater collaboration among homelessness services. They are provided here as a basis for facilitating discussion in geographical areas exploring more integrated responses to homelessness.

Discussion: Thinking about your area or region……

1. In what ways do agencies already come together to address homelessness?

2. What examples of integrated service delivery already exist in this region?

3. What are the barriers and challenges to integration?

4. How can these barriers and challenges be overcome?

5. What would help us to provide more integrated service delivery?

6. How should we structure our work to be effective?

7. How do we make decisions together?

8. If we are doing a good job of service integration and coordination, how will we know? What will success look like?

9. What learning and development opportunities and resources do we need to be effective at working together?

2.   Understanding homelessness

2.1   Definition

The Australian Institute of Health and Welfare defines a person as being homelessness when they are:

- "currently living on the street;

- living in crisis or refuge accommodation;

- living in temporary arrangements without security of tenure, for example, moving between the residences of friends or relatives, living in squats, caravans or improvised dwellings, or living in boarding houses;

- living in unsafe family circumstances - for example, families in which child abuse or domestic violence is a threat or has occurred;

- living on very low incomes and facing extraordinary expenses or personal crisis."

(www.afho.org.aa)

The Australian Bureau of Statistics has recently published a new definition of homelessness and has re-analysed available data based on this definition of homelessness for the census in both 2001 and 2006. This definition is as follows:

"When a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement:

- *is in a dwelling that is inadequate or*
- *has no tenure, or if their initial tenure is short and not extendable or*
- *does not allow them to have control of and access to space for social relations."*

ABS, 2012:16

This new definition is structured into six operational groups as follows:
- persons who are in improvised dwellings, tents, sleepers out
- persons in supported accommodation for the homeless
- persons staying temporarily in other households
- persons staying in boarding houses
- persons in other temporary lodgings
- persons living in severely crowded dwellings.

ABS, 2012:5

2.2 Rates of homelessness

It important to note that Queensland had the second highest rate of homelessness in Australia as illustrated in the following tables:

Figure 3: Rate of homelessness per 100,00 of population in 2006

Rate of homelessness per 10,000 in 2006
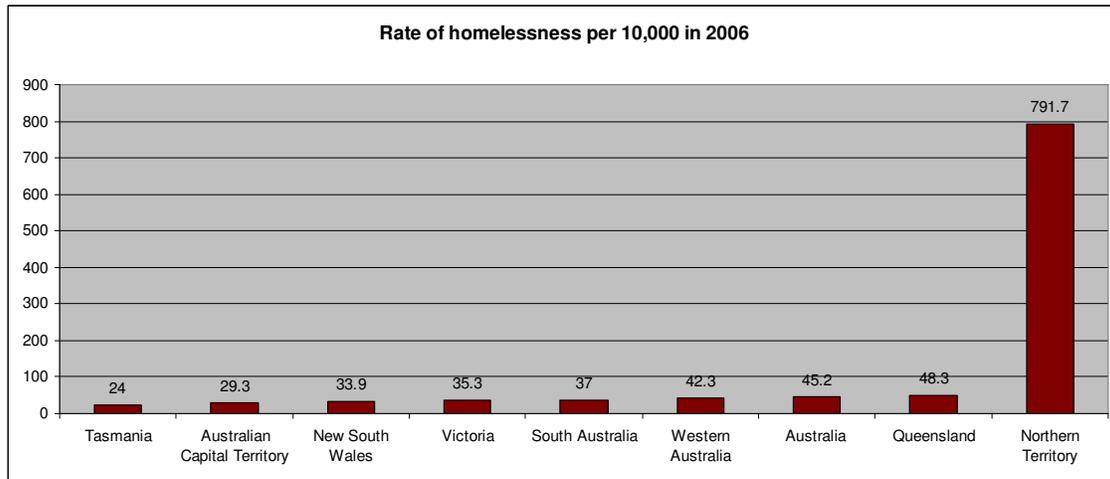
Source: ABS, 2012

The following graph shows the same rates for the 2001 Census year:

Figure 4: Rate of homelessness pers 100,000 of population in 2001

Rate of homelessness per 10,000 in 2001
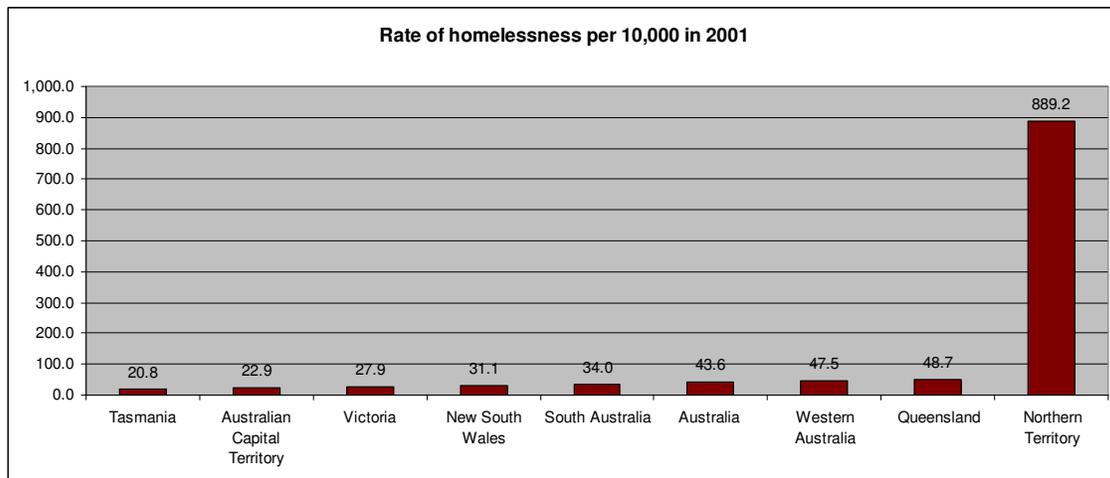
Source: ABS, 2012

Overall in Australia, "there were 3.7 homeless persons per 10,000 persons who were in improvised dwelling, tents or sleepers out in 2006. However in the Northern Territory the rate was 62.9 per 10,000 persons, and the next highest rates were in Queensland (5.2 per 10,000 persons) and Western Australia (5.2 per 10,000 persons)" (ABS, 2012:6).

The following graph shows a breakdown in Australia across the different operational groups used by ABS:

Figure 5: Percentage of homeless persons by different groups 2006
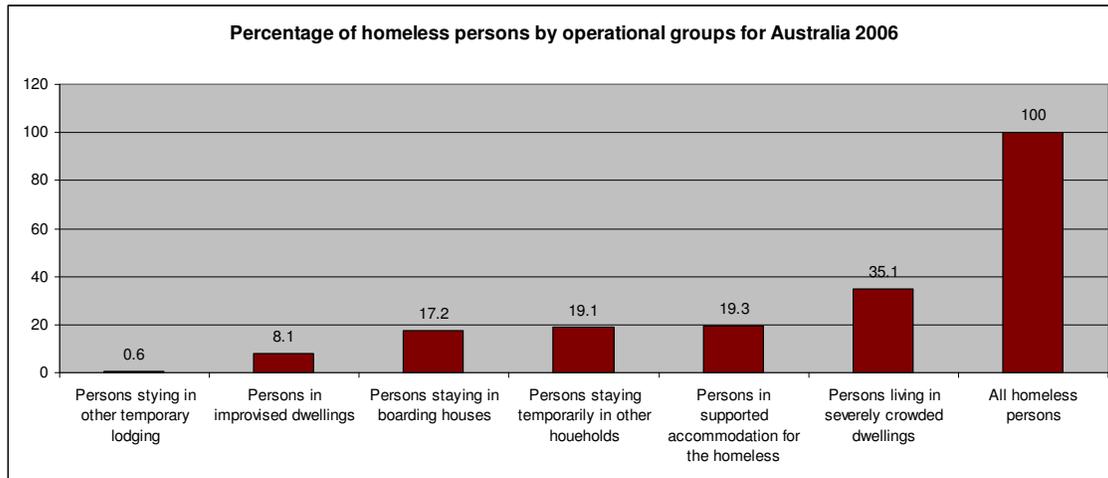
In 2006, Queensland had 21% of the total homeless population for Australia. This equated to 18 856 people (ABS, 2012).

Recent figures show that the rate of boarding houses in Brisbane's inner city remains high compared to other places. 'There were 952 residents of boarding houses which represents almost 60% of the Brisbane regional total. There are particularly high numbers in New Farm (228), Spring Hill (215) and Fortitude Valley (153)'.(Brisbane HCAP agenda paper 2.2, March 2011).

2.3   Factors driving homelessness

To address homelessness, it is important to understand the systemic factors driving its occurrence. There is no one factor, but rather a range of intersecting factors that are often present:

"Homelessness is not just the result of too few houses – its causes are many and varied. Domestic violence, a shortage of affordable housing, unemployment, mental illness, family breakdown and drug and alcohol abuse all contribute to the level of homelessness in Australia".

People without support networks, skills or personal resilience, or who have limited capacity due to their age or disability, can quickly become homeless. Those with the least resources are likely to remain homeless longer. When a person becomes homeless, even briefly, the impact can be long-lasting'. (The Road Home: A National Approach to Reducing Homelessness: FAHCSIA, 2008:iii, 36)

The *Road Home* (FAHCSIA, 2008) identifies four main pathways into homelessness:

- o   Housing stress, often driven by poverty and accumulating debt
- o   Family breakdown, particularly driven by domestic violence
- o   Poor life transitions, particularly transitions out of the child protection system, prison or statutory care
- o   Untreated mental health and substance use disorders that lead to the loss of housing, education, employment, family and other relationships.

Homelessness is the outcome of a combination of inter-related factors that increase a person's socioeconomic vulnerability. They include, but are not limited to:

- Relationship breakdown
- Drug, alcohol dependency
- Mental illness
- Chronic health condition
- Disability
- Abuse / domestic violence
- Financial difficulty / poverty
- Leaving institutions
- Exiting foster care/child protection system
- Eviction/redevelopment
- Recent arrival with no support
- Lack of low cost housing
- Lack of support.

Of course not all homeless people are at the most vulnerable and complex end of the scale. Rosenthal puts forward the view that "structural factors determine why pervasive homelessness exists now, and individual factors explain who is least able to compete for scarce housing" (Rosenthal 2000:112). Where a person has multiple and complex needs they may be less able to compete for and sustain appropriate and affordable housing.

It is important to understand that many homeless people have "grown up isolated from mainstream social and economic life" and … "homelessness is often the final stage in a lifelong series of crises and missed opportunities, the culmination of a gradual disengagement from supportive relationships and institutions" (report of the New York Mayoral Commission quoted by Grunberg 1998:243).

Many homeless people have multiple and complex needs, and this drives the need for intensive support, as well as integration and coordination in how services are delivered. There are also various emergent areas of practice throughout other jurisdictions and in Australia which demonstrate the critical elements of success in ending homelessness.

2.4   Who is homeless?

Homeless people include:
- Single men and women
- Couples
- Couples with children
- Single adults with children
- People who identify as Indigenous
- People from culturally and linguistically diverse backgrounds
- Young people.

The census data from 2006 highlights that younger people aged less than 35 years are over-represented among homeless people. People aged between 19 and 24 years for example are 8% of the total population

yet are 14% of the homeless population in Australia (ABS, 2006). Those aged over 45 years are under-represented which may reflect the fact that homeless people are more likely to die prematurely than the general population. O'Connell found that the average age of homeless people at death was in fact 46 years (O'Connell, 2005).

2.5   The solutions to homelessness: the Australian policy context

A range of critical solutions to homelessness have been identified in the Australian Federal Government including:

	Key stategy	Example characteristics
1	Turning off the tap	o Systems for rent payments o Improved tenancy laws o Regulated tenancy databases o No exits to homelessness from statutory care and hospital, mental health and drug and alcohol services o Early intervention support to families o Support to people with mental health and substance abuse issues to sustain their housing o Reducing violence against women
2	Improving and expanding services	o Improving the response of mainstream services o Improving specialist homelessness services o Addressing homelessness in rural and remote areas o Developing a workforce strategy o Standards for service delivery including legislation
3	Breaking the cycle	o Increasing housing stock o Specialist models of accommodation o Assertive outreach programs to rough sleepers o Additional specialist support for homeless children o Centrelink community engagement officers o Collocation of government services o Improved legal services

FAHCSIA, 2008

Other key strategies include:

- o   Increase service accessibility and a 'no wrong door' approach
  "On the ground, improved collaboration between services will mean that there will be 'no wrong door' into the service system for a person who is homeless. There will be multiple entry points to services: any entry point will be the right entry point for people who are homeless to be assessed and receive appropriate assistance." (The Road Home: A National Approach to Reducing Homelessness: FAHCSIA, 2008, p39)

- o   Early intervention and prevention

- o   Tenancy (establishment) and sustainment

- o   Housing First models

- o   Assertive outreach and support

- o   Service integration and coordination

- o   Improved community participation and community connections

- o   Strengthening the homelessness workforce.

Queensland Opening Doors Strategy

The Queensland homelessness strategy is focussed on:

- o   The most effective approach to utilising existing resources
- o   Improvements to coordination across the broader service system
- o   "The aim is that people can more easily navigate through service systems to get the support they need to permanently end their homelessness.' (Opening doors fact sheet, Queensland Strategy for Reducing Homelessness 2011-2014, Department of Communities, 2011).

Three priorities were identified in the Queensland strategy:
Helping people avoid becoming homeless:
by improving housing outcomes for people exiting the care or custody of Queensland Government agencies, and helping people establish and sustain tenancies.
Helping people get ahead:
 through access to safe, affordable, well located and appropriate housing that is connected with support when needed, and increased opportunities for people who are homeless to get ahead through participation in education, training and employment.
Working together for stronger services:
by increasing the quality and strength of homelessness services, and the better use and sharing of data and building a stronger evidence base to guide service delivery.
   Queensland Strategy for Reducing Homelessness 2011-2014, Department of Communities, 2011).

The following key strategies have also been identified for Queensland:

"Reducing exits into homelessness
Existing policies, procedures and service models will be improved and expanded to better support
people to find stable accommodation after they leave health facilities, child safety arrangements, prisonor youth detention. This will include improved case management practices and ensuring that clients at risk of homelessness have individual plans in place to find sustainable housing.
Adopting a Housing First approach
The Queensland Government will increase its delivery of rapid access to stable housing for people

experiencing homelessness who will then be linked to support services that tackle the factors that led to homelessness in the first place.

Realignment of specialist homelessness services

The Queensland Government will work with homelessness services over the next three years to better meet the needs of people who are experiencing homelessness."

Queensland Strategy for Reducing Homelessness 2011-2014, Department of Communities, 2011).

Realignment will be guided by:

o   Collaboration with the non-government sector to identify the best set of services and to get the balance right between crisis, short and long-term accommodation and support.

o   Better integration of homelessness services with each other and with other services.

o   Systems and tools to support effective and coordinated service delivery.

o   Better matching the location and type of services with client needs.

o   Sustainability of services and delivery of consistent quality of service informed by contemporary models of good practice.

2.6   Housing and support

There is growing recognition that the provision of long term sustainable housing with wrap around support is critical to ending homelessness. The following diagram expresses these key elements and their relationship to each other:

Figure 6: The relationship of housing to support
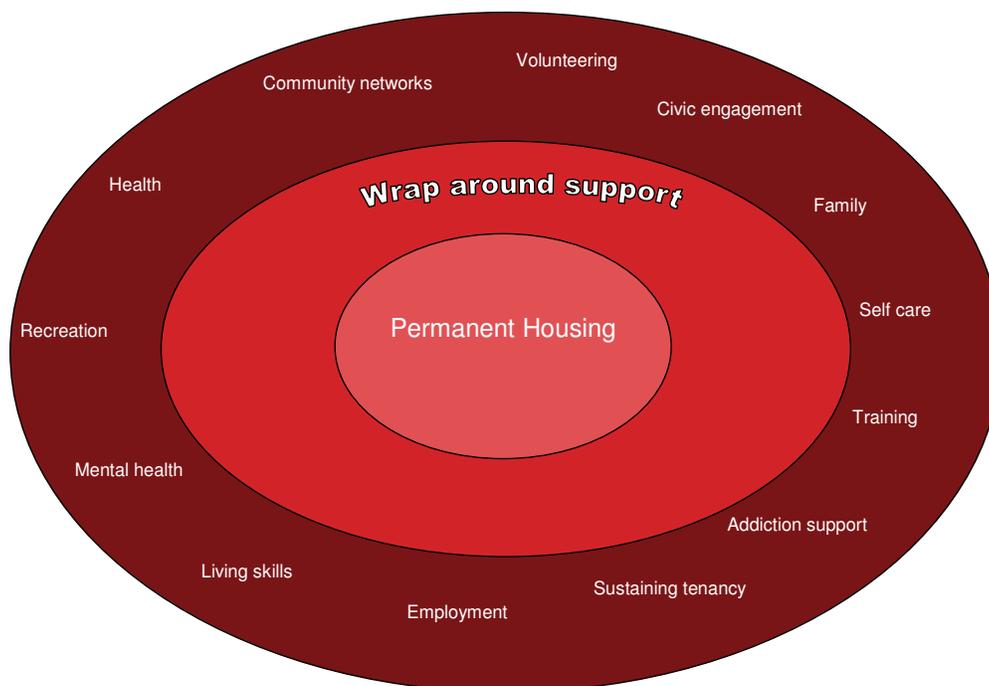
By nature of the types of support and resources that may potentially benefit homeless people, the context and rationale for integrated and coordinated service delivery are established. The diversity of needs that people may have are represented in th outer circle. Wrap around support in the context of permanent housing can then be an essential resource in access and coordination these wider opportunities and inputs to a person's care.

Discussion:

1. Define the geographical catchment for your service or cluster of services.

2. What drives homelessness in this region?

3. What is the profile of homeless people in your area?

4. In what ways could service integration assist the various client groups identified?

5. What examples of service integration and coordination already exist?

6. What would help to improve integration and coordination of services?

7. Discuss the various solutions to homeless outlined above. What specific solutions would best assist homeless people in your region? How could those solutions be strengthened in your region?

2.7   Resources that may help

The following resources may be helpful if you want to understand more about homelessness:

Figure 7: Resources on homelessness

	Title	Link
1	Facts on homelessness: you have a friend website based on information provided by the City of Sydney	http://youhaveafriend.homestead.com/FactsHelp-1.html http://www.cityofsydney.nsw.gov.au/community/homelessnessservices/InformationKitForVolunteers/Module1/WhatIsHomelessness.asp

2	The Road Home	http://www.google.com.au/url?sa=t&rct=j&q=the%20road%20home%20fahcsia&source=web&cd=1&cad=rja&ved=0CCAQFjAA&url=http%3A%2F%2Fwww.fahcsia.gov.au%2Fsites%2Fdefault%2Ffiles%2Fdocuments%2F05_2012%2Fthe_road_home.pdf&ei=0EVgUN6eMrHBiQe_uYC4BQ&usg=AFQjCNErbEGxPw-Y0yW4fVtfAlEjxBpx0g
3	Opening Doors: Queensland Strategy for Reducing Homelessness	http://www.communities.qld.gov.au/resources/housing/community-programs/opening-doors.pdf
4	Census of Population and Housing: Estimating homelessness.	http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/A83FE9CE21ABBC64CA257A7500148E57/$File/20490_2006.pdf

3.   Case coordination

3.1   Overview of case coordination practices

Case coordination or care coordination is a process utilised in a variety of contexts including aged care and health. Case coordination often emerges because most service systems have multiple parts and because people inevitably have varied and unique needs. In addressing homelessness, it is usually essential to integrate a number of resources, elements and contributions. Case coordination is an approach that brings together the support, housing and other assistance a person needs in ways that increase the likelihood of a permanent exit from homelessness or the sustainment of a tenancy at risk.

Case coordination is a way of working that strives to make the homelessness system work for people and reduce the risk that they fall through the cracks simply because a support and housing plan is fragmented and loose. The challenge with case coordination is to bring together the best possible mix of resources, support, housing options and other opportunities so that people no longer face a system that is too complex to navigate.

The following diagram highlights that case coordination is a process that includes a set of behaviours involving key workers in coordinating a range of contributions to the care and wellbeing of the person. Within this wider process of case coordination, Under 1 Roof uses case coordination meetings to convene front line workers from housing, support and advocacy agencies to achieve a holistic and integrated response.

Figure 8: Overview of case coordination
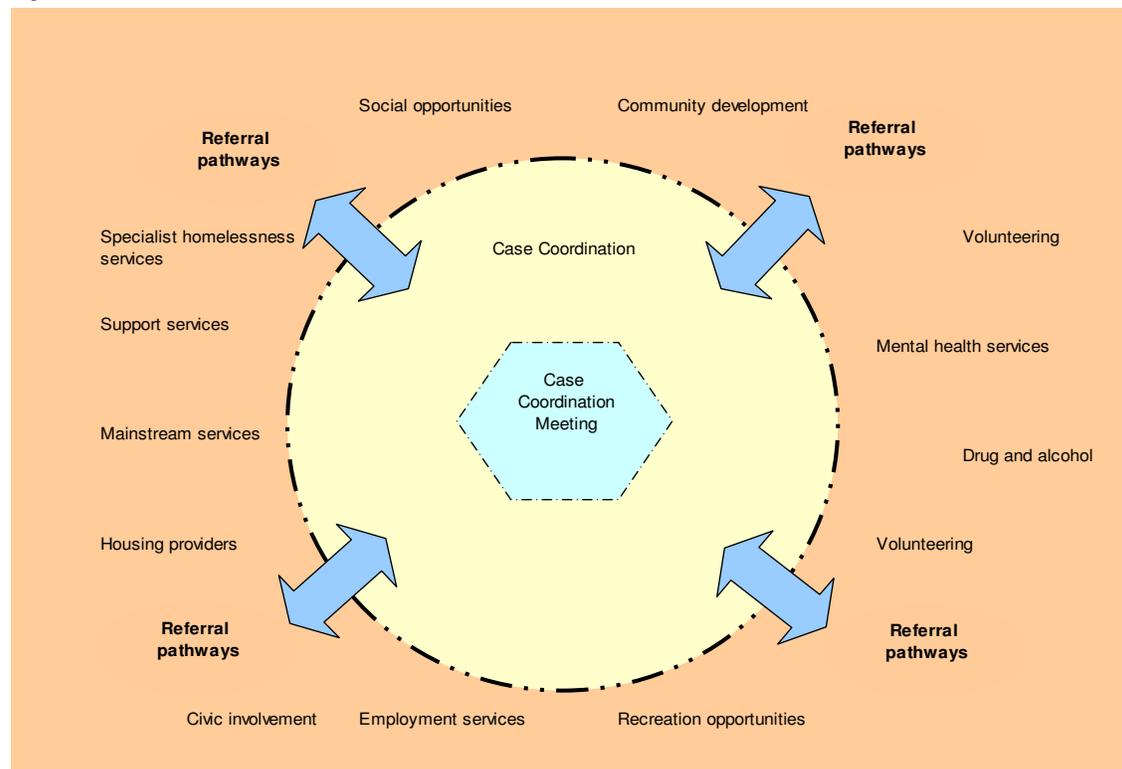
3.2　Definition and purpose

Case coordination is usually characterised by the following essential elements:

- A number of participants are involved
- Coordination emerges in the context that participants depend on each other to carry out diverse activities that contribute to the care and wellbeing of a person
- Each participant needs adequate knowledge about their own role, others' roles, and available resources
- To manage all aspects of care, participants rely on an exchange of information
- The integration of support activities has the goal of facilitating the appropriate delivery of coordinated care to homeless people.

Adapted from National Centre for Biotechnology Information (NCBI)
http://www.ncbi.nlm.nih.gov/books/NBK44012/

One definition of case coordination from a health context is adapted here for application to homelessness:

Case coordination is the deliberate organisation of supportive activities between two or more participants (including the person) involved in a person's care. Case coordination aims to facilitate the appropriate delivery of specialist and generalist services to a homeless person so they can exit homelessness and sustain a tenancy. Organising care involves the marshalling of personnel and other resources needed to carry out all required support activities, and is often managed by the exchange of information among participants responsible for different aspects of care.

Adapted from National Centre for Biotechnology Information (NCBI) (2010)
http://www.ncbi.nlm.nih.gov/books/NBK44012/

3.3　Outline of components

Key components of case coordination include:
- An assessment of the person with a focus on those factors that indicate a person may be vulnerable to poor integration of services
- Developing and agreeing on a support and housing plan
- Identifying key roles and resources and clearly allocating responsibilities
- Clear identification of key worker/ lead agency
- Communicating the plan to all participants including the person
- Implementing the plan
- Monitoring and adjusting the plan and identifying coordination failures if they arise
- Continuing implementation
- Measuring and evaluating outcomes.

3.4　Referral

3.4.1　General referral pathways achieved through multi-agency case coordination

Referral pathways are needed that facilitate multiple entry points and reduce the barriers to people getting appropriate housing and support according to their needs. Successful referral relies on accessibility, awareness of the services available and how they can be accessed.

Each consortium partner and case coordination participant has well-established, extensive networks. Face to face contact at case coordination meetings between practitioners has the added benefit that all participants learn more about what these and other agencies have to offer. This enhances the likelihood of the best match between clients' needs and an agency response.

Case coordination provides an opportunity to refer in to all consortium agencies during a focussed coordination meeting. Under 1 Roof case coordination provides an opportunity for front line staff to meet face to face to determine the best course for referral, facilitate this process and follow up outside the meeting and at future meetings to ensure sustained housing and support.

3.4.2   Referral to Under 1 Roof

To be accessible, referral processes need to be streamlined and simple. Front line workers are already extremely busy and case coordination needs to be a resource to them, to achieve better client outcomes. Under 1 Roof through various review processes has simplified referral processes as a basis for continuously improving accessibility and the likelihood that front line workers will use the process in their day to day work.

The referral process within Under 1 Roof involves a referral and assessment form[1] used by all consortium members. It includes:

- A risk assessment to assist in determining if a person would benefit from case coordination. Referral should be based on one or more of the following factors:

> The person has multiple, intersecting needs (refer to appendix 1 for a checklist of factors)
>
> The person has experienced episodes or long-term homelessness
>
> The person has experienced one or more examples of a housing placement deteriorating or ending, resulting in homelessness
>
> The person is currently housed and their tenancy is failing or vulnerable
>
> The practitioner involved with the person would find peer support and multi-agency input beneficial because the situation is complex.

- An informed consent tool, to secure informed consent in writing
- Demographic information
- An assessment of health, housing and support needs
- An assessment of other support services involved to assist with the coordination of those services.

The referral process for Under 1 Roof follows these steps:

---

[1] Please find the form in appendix 1.

Figure 9: Referral flow chart for Under 1 Roof Case Coordination - Stage 1

Referral agency considers case coordination may be beneficial for a client

Conduct initial assessment of client to determine suitability and need for case coordination using identified risk factors

Client assessed as requiring a referral to only one agency in the consortium or the reason for referral is housing only

Client assessed as having multiple and complex needs and may benefit from a multi-agency response

Make a direct referral

Discuss with client informed, written consent to case coordination

If client does not consent, provide direct services and/or refer directly to agencies where there is consent.

Secure written consent and ensure a copy is filed with the referring agency and primary support agency (this may be the same agency)

Figure 10: Referral flow chart for Under 1 Roof Case Coordination - Stage 2

Make a referral to case coordination via the support officer role or through any participating agency

Establish a time and date for the case coordination meeting and negotiate with client if they would like to attend.

Attend the meeting and present assessment including the ongoing contribution the referring agency will make

Document a support plan at the meeting and confirm a key worker and lead agency

Finalise support plan including various agency / worker roles

Document a housing and tenancy management plan

Continue implementation

Follow up a sustained housing outcome at 3, 6, 12 months

3.5   Informed consent

Informed consent is vital in the process of integrating housing and support options.

Several elements are essential to gaining informed consent:

Figure 11:   Essential elements in the process of gaining informed consent

- The worker's relationship with the client

- The way that case coordination is explained to the client

- A worker's ability to motivate clients to consider the potential benefits of case coordination

- A willingness by workers to continue to explore the possibility of integrated case coordination with the client at other times, even if they are reluctant at first.

- The direct provision of assistance by the referring agency even if consent is not achieved, as a basis for continuing to build a trusting relationship which could be an important resource into the future.

The process of securing informed consent needs to be careful and thorough. It is essential to:

- Inform the client of their legal rights

- Identify the agencies that information will be shared with

- Outline the process that will be followed to assist the person with their housing and support needs

- Explain how the person can get access to the information that is recorded about them

- Reassure the person that they have full access to the services provided by the referring/assessing agency even if they don't consent to case coordination.

3.5   Key skills and capacities

Assessment and referral

Assessment skills are essential to identifying the issues that need to be worked on and are essential to developing achievable goals, supporting planning and achieving positive outcomes.

Strong rapport building skills are necessary to achieve a thorough assessment that is focussed on outcomes. The front line worker's knowledge of U1R case coordination processes, understanding of the participating agencies, broader networks and available services enhance their ability to provide appropriate referrals and follow up.

Communication and collaboration

Skilled communication with the client or tenant, and between the housing and support providers around the case coordination table is important to ensure referrals are made and positive client outcomes are achieved.

The involvement of more than 10 agencies in case coordination means that the process is very dynamic. There can be tension between roles, functions and ideas. Many variables impact on the communication

processes that take place. The greater the focus on client outcomes, the more scope exists to manage and harness these tensions to achieve the best possible result.

Leadership

Leadership capacity is inherent to Under 1 Roof's ability to function as a consortium. It is not that there is one leader but rather, each participant demonstrates a degree of leadership in representing their agency through Under 1 Roof and working to build the connection between all of the agencies to achieve better outcomes.

The involvement of managers is an obvious form of leadership however leadership is active at all levels of the consortium. Leadership qualities include:

o   Being prepared to make suggestions and lead on their implementation
o   Taking responsibility for your own contribution and not necessarily waiting for someone else to take the first step
o   Focussing on client needs and maintaining quality communication with colleagues despite natural tensions between roles, functions and ideas
o   Being prepared to see things in a new light, to try new ways of working and to honestly reflect on their progress.
o   Seeing and challenging the full potential and scope of your role and that of others, and working to ensure that the synergy between these roles increases and improves capacity and outcomes.

Facilitation

The facilitation role at case coordination meetings is important to the progress and flow of each meeting. The facilitation role actively helps with:

o   Time keeping
o   Keeping the discussion on track and helping people to remain focussed
o   Deep and active listening
o   Contribution to problem solving
o   Helping to move the process forward and reach agreements on support and housing plans
o   Asking probing questions to help explore a set of issues or problems and reach new and innovative solutions
o   Helping to direct questions to participants based on expertise and services provided
o   Working to support and maximise participation
o   Listening for common ground – and trying to build an agreement as a result of the discussion
o   Challenging ideas and assumptions in a way that strengthens creative and innovative thinking
o   Being aware of group dynamics and working to support the group to be effective
o   Helping to use the structure of case coordination to build and strengthen relationships between participants
o   Supporting front-line practitioners particularly when they are grappling with situations that are very complex and where progress is difficult to achieve
o   Helping to set up case conferences if they are needed
o   Ensure documentation is up to date and circulated in a timely way.

Recording

Under 1 Roof has developed a simple spreadsheet for recording the decisions made at a meeting. This is projected onto a screen during the meeting so everyone can see the information as it is recorded. The

information is inputted by someone at the meeting using a lap top computer. This is ideal because it helps to facilitate the distribution of the minutes quickly thus enabling timely follow up.

A capacity to work constructively when tension is present

Sometimes conflict and tensions do emerge. At these times, it is particularly important to have the following in place:

o   A clear and shared understanding of roles and responsibilities
o   A capacity to persevere despite temporary difficulties in relationships
o   The structural arrangements of case coordination to allow people to function within supportive structures even when relationships are difficult
o   A capacity to negotiate and to engage in dialogue to understand the perspectives of others
o   Micro-skills in the processes of dialogue and deep listening.

3.6   Additional structural arrangements to support outcomes

3.6.1   Case conferences

A client's situation may indicate the need for a dedicated case conference where a sub-set of case coordination participants meet to decisively pursue an outcome. The drivers for a case conference may be:

o   Difficulty securing an outcome because of lack of housing options
o   Lack of progress for any other reason
o   Multiple support providers involved and a lack of clarity about who is the lead and what the plan is
o   A particularly complex set of issues requiring the involvement of more roles and resources
o   To provide a more supportive and less threatening environment for the client to participate in the coordination process.

Case conferences benefit from the involvement of an experienced practitioner in the facilitation role and require detailed note taking of the discussion and agreements so that all participants emerge with a clear picture of the plan going forward and what is expected of them. A case conference needs to gather all critical roles together to play their part in getting a breakthrough. An agenda for a case conference meeting might include the following topics:

Case Conference Agenda

1.   Welcome and introductions
2.   Recap of the situation by convenor of the meeting (including a rationale for case conferencing)
3.   Agreement through discussion about the issues that need to be addressed
4.   Problem solving each issue and agreeing and recording the following:
   o   Who is the lead support agency?
   o   What is the housing plan, and who needs to do what to make it happen?
   o   If permanent housing is not yet available, what is the interim plan to reduce risk and harm?
   o   What intensity of support is needed in the short and medium term?
   o   What are the greatest risks present and how will they be managed?
   o   What are the agreements, who is going to do what, and what are the time frames?
   o   Agree on a communication plan going forward so everyone is in the picture.
   o   Distribute minutes within two days.

3.6.2 Case review

A case review process can help to harness learning from a particular situation and improve practice. A case review might also reveal options and activities which may still be helpful to the overall situation depending on timing.

The reasons to trigger a case review might include:

o   Sustained difficulties in achieving the planned outcome (such as housing or support)
o   Continued complex and intersecting issues cause the tenancy to be at risk or to have ended despite everyone's efforts
o   Difficulties reaching agreement on the course of action or the desired outcome
o   Difficulties engaging all stakeholders needed to pursue an outcome
o   An adverse event has occurred despite continued effort by multiple stakeholders
o   A case study includes significant learning and/or outcomes worth explicit reflection, documentation and application to learning situations.

Case review process

A case review situation might be guided by the following key elements and steps:

o   Convene key stakeholders

o   Identify a person to independently chair the meeting (someone who has not been involved in the person's care and who is an experienced practitioner)

o   Involve at least two other experienced practitioners/managers who are independent of the situation

o   Nominate a scribe

o   Generate a summary of the intervention

o   Identify successes and where there were barriers to success

o   Analyse factors which contributed to success

o   Analyse factors which contributed to barriers

o   Develop an alternative set of actions responding to the identified barriers

o   Evaluate if any of those actions could still make a positive difference

o   Allocate tasks and responsibilities and monitor implementation through case coordination

o   Translate key learning into a report back to the case coordination group and the managers' meetings

o   Identify any general implications for learning and development and establish learning opportunities such as training.

3.6.3 Written agreements

In a situation where agencies are working closely together in a multiagency model, it can be helpful to consider documenting agreements such as a Memorandum of Understanding and a Code of Conduct. Under 1 Roof has a specific agreement to deliver a shared integration project which is written and signed by all participants.

A Code of Conduct has recently been developed which outlines agreements about standards of behaviour, service delivery and how respect among the agencies is defined and expressed. The Code of Conduct us included in appendix 3.

3.6.4 A framework of questions to help case coordination

The following questions may assist during case coordination meetings to explore the needs of a person and to reach a point that actions are defined:

1. Does anything additional need to be done to seek consent from the client for the housing provider and support provider to work together, and for the homeless person to be present at case coordination?

2. What risk factors are present?

3. What support will be provided responding to those risk factors?

4. What will be the frequency of support and for what duration?

5. Who is the key worker?

6. When will support be reviewed?

7. What key issues and markers will we all look for that may indicate a client needs more support or their tenancy is at risk?

8. What are the earliest signs of tenancy deterioration we should be looking for?

9. What will trigger contact between the support provider and housing provider?

10. What strengths and resources could be engaged to support the client?

3.7 Activities

Activity 1: Exploring case coordination in your region

1. Discuss the strengths and weaknesses in the following definition of case coordination:

   Case coordination is the deliberate organisation of supportive activities between two or more participants (including the person) involved in a person's care. Case coordination aims to facilitate the appropriate delivery of specialist and generalist services to a homeless person so they can exit homelessness and sustain a tenancy. Organising care involves the marshalling of personnel and other resources needed to carry out all required support activities, and is often managed by the exchange of information among participants responsible for different aspects of care. Adapted from National Centre for Biotechnology Information (NCBI) (2010) http://www.ncbi.nlm.nih.gov/books/NBK44012/

What would you do to improve this definition?

What do you like about this definition? Why?

2. Map existing case coordination activities in your region using the template in appendix 2. What are they, who do they serve and who is involved?

3. What client groups in your region might benefit from case coordination?

4. If there are no existing case coordination groups in your region what opportunities exist to explore this possibility with other stakeholders?

5. What steps could you take to gather people to discuss the possibility of case coordination?

6. Who could you connect with to help with the process?

Activity 2: Practicing case coordination: role playing a case study

A 35 year old man presents at a specialist alcohol and drug agency for assistance relating to his addiction. He is currently rough sleeping and for the first time in many years, has an expressed desire to move off the streets.

He has built strong rapport with a case manager at the alcohol and drug agency and as a result visits there every day for contact, a place to spend time, and to access support regarding his addiction.

As the support worker comes to know him, she learns about his traumatic past including the untimely loss of his wife, after which he deteriorated into rough sleeping.

He is expressing a desire to find housing and aspires to have contact visits from his child who is currently in the care of extended family members.

His physical health seems poor and the case manager is not sure when he last visited a GP or health service. It has obviously also been a long period of time where he has not had to pay rent, manage household bills or maintain a property. He has no furniture or chattels and regularly loses the few belongings he has because he has no option but to leave them where he has been sleeping. He doesn't recall much about the last time he signed a lease and is concerned about what to do.

The case manager is able to ascertain that he is already on the Department of Housing register of need and has an application number. He also explains he is in contact with one other support agency on a regular basis who had originally helped him to submit his application. This agency is not represented at the meeting.

He is unable to clearly describe his current income status. He is definitely on Centrelink benefits but has

had his benefits suspended in the past for reasons he is unclear about.

Apart from his immediate needs for housing, he describes feeling very lonely and having nowhere to go. The weekends are particularly hard on him and loneliness and boredom are very challenging and leave him feeling quite hopeless about the future.

1. Set the room up with a large table and chairs.

2. Distribute the following roles to participants on pieces of paper.
   - HACC funded support provider working with homeless people. Able to provide long-term support.
   - Homelessness Hub providing intake, assessment and referral.
   - Community Housing Provider A: various options including boarding houses, studio apartments and 1 bedroom apartments. Boarding house rooms available immediately.
   - Community Housing Provider B: studios and one bedroom units in portfolio and a new building coming on board in 3 months that may be appropriate.
   - Referring case manager from drug and alcohol specialist agency. Can remain involved in long term support arrangements with a focus on addiction issues.
   - Mental health specialist support provider
   - Homeless Health Outreach Team
   - Transitional housing provider
   - Case manager based at a drop in centre providing welfare assistance, case management and daily meals.
   - Community development worker based at the local community centre
   - Tenant Advocate.

3. Initially working alone, provide each participant with at least five minutes to reflect on their role in the role play. Provide paper for them to write a response from the perspective of their role to the case study.

4. Nominate a facilitator to guide the discussion about the role play and to invite input to the solutions.

5. Run the discussion for half an hour working towards a housing and support plan which is documented during the meeting.

6. After the role play, everyone is invited to write down three reflections about their role in the process: what were you happy with?

7. What, on reflection, would you have done differently?

8. In small groups of no more than 3, workshop the following questions:
   i. Generally what went well about the process?

   ii. Generally what could have been better?

iii.   What did you struggle with the most?

iv.   In what ways was it beneficial for the client?

v.   What is important about the facilitator role?

vi.   What is important about the scribe role?

vii.   What would you include in support plan?

Alternative activity:

Generate a case study based on your own work.

Identify roles relevant to your region.

Conduct the case study workshop (as above) for this scenario.

Activity 3: Presenting your assessment of a client to a case coordination group:

What assessment of this situation would you present to your colleagues at a case coordination meeting?

What do you think your colleagues need to know and how would you present the case in a way that started to build a picture of what a support and housing plan could look like? In the space below, write out the key points you would make as part of that assessment:

As a whole group, refine an assessment for presentation at the meeting. Document the key points that would be made:

Activity 4: Practicing informed consent

Work in groups of three and allocate the following roles:

o A worker
o A homeless person/person at risk of losing their tenancy
o An observer.

Use the information below to role play the process of seeking informed consent.

Please read this form through with the client and take the time necessary to help them understand what informed consent is.

Under 1 Roof (U1R) is a group of agencies working together to achieve better results for homeless people. U1R holds case coordination meetings every two weeks where a range of agencies work together in a very focussed way to achieve housing and support that can help a person to end their homelessness.

Agencies represented at the meeting include:
o List the agencies relevant to your context

By signing this, I agree to have my details presented at Under 1 Roof Case Coordination Meetings by my key support agency for assistance with housing and other support services listed above.

I understand that staff from an U1R participating agency may both seek and provide further information from or to staff from organisations listed above to assist with my housing and support needs. Any information that is collected will be stored in a secure and confidential manner and will only be used to help achieve the support plan I have agreed to with my key support worker.

Any contact with agencies outside of U1R will be discussed with me as part of my support plan and additional informed consent to disclose my personal information to them will be requested at that time. I also understand that as a condition of U1R's funding, anonymous information about me will be provided to the funding body (Department of Communities) about the help that is given. I understand that this anonymous information will contribute data to inform the annual program report of the funding agency

I understand if I have any questions or concerns about this data sharing that I can contact my key support worker at any time. I also understand that I can request to attend the Case Coordination Meeting to be a part of working out a plan that will assist me. It has been explained to me that <u>if I don't give consent to being assisted through the Case Coordination Meeting, I am still eligible for other types of assistance from individual agencies.</u>

This Agreement is for six months unless otherwise agreed. I understand that <u>I can withdraw consent for participation in case coordination</u> at any time by telling my key support worker.

Please read this privacy notice to the client:

The information in this assessment is being collected by your referring agency and will be presented to Under 1 Roof participating agencies. Participating agencies will discuss this information as per your consent to provide assistance with support services and housing options.

Please note that information held by U1R is subject to the provisions of the Right to Information Act 2009.
You also have the right to access information about you at any time by requesting this information from your key worker.

If there are any other individuals/organisations you DO NOT wish U1R to contact or speak to, please indicate here:

1. What went well?

2. What was challenging?

3. Experiment with different ways of saying things with the goal of helping the client to understand the process.

4. What skills are important in this process?

5. What guidelines and principles about seeking informed consent would you present to a group of colleagues to build their skills?

4. Tenancy sustainment

4.1 Definition

An essential part of ending homelessness is the sustainment of tenancies once people are housed. When people have ongoing needs, they can sometimes be vulnerable to a tenancy failing. As a result of being assisted, an individual or household may succeed in establishing a tenancy, but without access to ongoing support, be vulnerable to eviction. For some people, it may mean an accumulation of failed tenancies and a reduction in the level of hope and aspiration as they contemplate the future.

Tenancy sustainment involves a range of important roles and functions and emerged as a critical plank in the Rough Sleepers Initiative in the United Kingdom. This initiative was evaluated to have achieved a two-thirds reduction in the number of rough sleepers between the late 1990's and 2002 (Randall and Brown, 2002). Tenancy Sustainment Teams were a very important part of this success and worked intensively and assertively with households to sustain a new tenancy through the provision of support. This is similar to the assumptions underpinning supportive housing, where support is intensive and ongoing for those households who are vulnerable because of a combination of issues and needs.

Definition of tenancy sustainment

Tenancy sustainment is defined as:

- As approach to providing support that contributes to the reduction in homelessness through the prevention of tenancy breakdown among formerly homeless people.

- The purpose is to resettle and continue support to formerly homeless people.

(Department of Communities and Local Government, 2007,
Evaluation of Tenancy Sustainment Teams)

Activity

1. What are the strengths in this definition?

2. How could this definition better reflect a multiagency approach?

3. How else could it be strengthened?

4. Work with your team or group to refine and improve the definition provided to reflect diverse roles with a united purpose in sustaining tenancies.

4.2 Why sustain tenancies?

Activity: Brainstorm and prioritisation

1. First working alone, brainstorm a rationale for sustaining tenancies. Try to write down at least three ideas.

2. Share your ideas at your table. Generate one list.

3. Allocate each person 3 dots to prioritise those ideas.

4. Share the highest priority idea with the whole group.

4.2.1   Homelessness is bad for you:

There is ample evidence that homelessness is detrimental to wellbeing. Perhaps the most focussed way of understanding this is to examine mortality rates among homeless people:

o   Average age of death 47/43 (men/women) in study by Crisis, and 46 in another (O'Connell, 2005)
o   Most homeless people have multiple health issues
o   Drug and alcohol use: long term impacts
o   Exposure (heat and cold)
o   Higher rates of suicide
o   More traffic accidents, infections, falls

This information was compiled using a sample of 1731 people who were definitely homeless at time of death (Crisis, 2011:2).

Homelessness is especially bad for you if you are vulnerable because of one or of the following:

o   Drug and alcohol abuse
o   Mental health issues
o   Dual diagnosis
o   Violence including DV
o   Trauma
o   Chronic medical condition(s)
o   Chronic, ongoing rough sleeping
o   In and out of institutions (out of care, prison)
o   Disability

"Subsequent studies in major cities across the United States, Canada, Europe, Asia, and Australia have confirmed a persistent relationship between a lack of housing and excess mortality.

Despite a diversity of methodologies utilised across multiple continents, the current literature …………..demonstrates a remarkable consistency that transcends borders, cultures and oceans:
  homeless persons are 3–4 times more likely to die (prematurely) than the general population." O'Connell,
2005:13

4.2.2   Failed tenancies cost money/sustained tenancies save money

Another way of understanding the value of sustaining tenancies is to calculate the cost when they fail:

o   Process of eviction: costs include time, rent arrears, legal process etc
o   Process of establishing new tenancy: loss of rent, cost of cleaning, repairs, cost of inducting new tenant ……
o   Provision of crisis housing
o   Increased demands on other services including health care system
o   Increased criminal justice costs
o   Lost productivity
o   Involvement of emergency services
o   Cost benefit analyses can help us understand the cost of failed tenancies.

Habibis et al, 2012:5

4.2.3   Sustained tenancies build communities of belonging:

o   Sustained tenancies are a favourable context for building social capital around and between tenants

o   People with a long term connection to a place in turn, contribute to social capital and caring networks

o   People with a long term connection to a place build informal networks characterised by mutuality resulting in fewer demands on welfare services

o   People with a long term connection to a place, are more likely to be committed to their tenancy and will want to preserve it.

<div align="right">Habibis et al, 2012:5</div>

4.3 Roles

Under 1 Roof is a multi-agency response to homelessness. As such, there is recognition that tenancy sustainment is achieved through tightly weaving together a range of resources, inputs and ways of working to achieve a clear focus on the outcome of sustaining a tenancy. Under 1 Roof's framework views all of the different roles in relation to each other. The quality of each individual contribution is important but it is also important to improve and strengthen these relationships to ensure gaps close and a shared focus on outcomes is clear.

Under 1 Roof identifies the following roles as important to the sustainment of tenancies:

- Housing Provider: application process, signing of lease, induction/orientation, tenant participation, linking with broader community, receiving rents, managing arrears, maintenance, repairs.

- Support provider: provision of case management, provision of sustaining, wrap around support

- Specialist support: mental health, drug and alcohol assistance for example

- Tenant advice and assistance: making sure tenants understand and exercise their responsibilities and rights under the Residential Tenancies Act. Helping tenants to sustain the conditions of their lease through education and advice.

- Community development:
    - o   Working to build communities within buildings and among tenants
    - o   Working to build communities between tenants and the wider community
    - o   Works to link and connect people with each other and resources with the purpose of reducing social isolation, increasing community capacity and participation.
    - o   Working towards broader community education and understanding of social housing.

- Partnership with tenants: an agreed support and housing plan, tenants are involved in decisions and have responsibilities and roles to play.

Activity

In light of the roles defined above, revisit your definition of tenancy sustainment.

What would you change if anything?

Write down a new draft that would help to unite and focus these diverse roles.

Working in groups, brainstorm the essential functions that each of these roles play in the sustainment of tenancies? Each group should sit at a table with one of these roles written on a sheet of paper.
What activities and behaviours would be the focus of each role?   Be as specific as possible and ensure that the focus is on what each of these roles can do to sutain tenancies (not just a general role description).
After 10 minutes, rotate to a new table and continue to do this until you have had input to all the different roles.
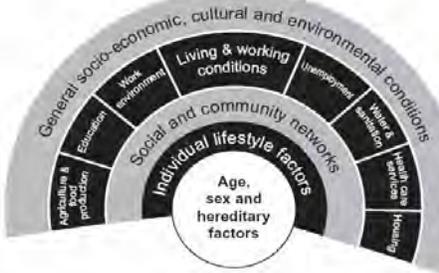
4.3   The contribution of different practice frameworks and models

A variety of different practice frameworks and models contribute to an understanding of the practice of tenancy sustainment including:

	Framework/model	Definition	Key elements relevant to tenancy sustainment
1	Housing First	"The key principle of 'Housing First' is the provision of long term stable housing as a first step, complemented by the coordinated provision of services needed by each individual/family to sustain that housing and manage their often complex needs. Importantly the housing is not contingent on people accepting or complying with support services or being drug free. Compliance with residential tenancy laws are the only requirement." Ruth Gordon "Housing First is an approach that centres on providing homeless people with housing quickly and then providing services as needed. What differentiates a Housing First approach from other strategies is that there is an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing." National Alliance to End Homelessness (2006)	Wrap around support is geared to tenancy sustainment. A range of supports and coordinated service provision aim to sustain housing.

	Framework/model	Definition	Key elements relevant to tenancy sustainment
		http://www.endhomelessness.org/content/article/detail/1425/	
2	First home, second home, third home	"**The First Home**: the self. The characteristics of this home are physical, mental, emotional, social and spiritual in nature. This home needs to be nurtured, rested, nourished and emotionally supported." "**The second home**: might cover any of the descriptions provided under the primary, secondary and tertiary definitions of homelessness. It is the place where we live, and it refers not only to the physical structure but to the living environment within which it is located. This home is where we sleep, where we begin and end every day, where we store our belongings, it may be where we socialise and interact with others". "**The third home**: is the larger community within which our first and second homes are located. It provides context to the lives that are lived within it and how that is realised at an individual level. Here the connectivity between individuals, multiple communities, the residential, business and visitors all meet in the same place. The quality of that home is defined by the relationships of all groups within it." Kraybill in Reynolds, 2007 Kraybill, 2012, http://www.nhchc.org/wp-content/uploads/2012/07/Seattle-Training-Core-Skills-Handout-Kraybill.pdf And Florence, 2010	Highlights several dimensions or elements that can contribute to tenancy sustainment. Support and resources at each of these levels can contribute to the sustainment of tenancies.
3	Recovery model	"It is important to remember that recovery is not synonymous with cure. Recovery refers to both internal conditions experienced by persons who describe themselves as being in recovery— hope, healing, empowerment and connection— and external conditions that facilitate	The notion of recovery as including hope, healing, empowerment and co-existing with the need for some people to have ongoing support. People are engaged and involved in their own recovery while the notion of

	Framework/model	Definition	Key elements relevant to tenancy sustainment
		recovery—implementation of human rights, a positive culture of healing, and recovery-oriented services." (Jacobson and Greenley, 2001 p. 482) • Recovery rather than cure • Implies for some people the need for ongoing support / intervention • Requires an underpinning understanding of chronic mental illness • Belief that things can get better, a better life is possible even if a complete cure is not possible.	linear progress towards an absolute 'cure' can still be challenged so that support can reflect the level of intensity and time-frame a person needs.

4	Assertive community practice	• An approach geared to severe mental illness
		• Comprehensive and flexible
		• Team approach
		• Frequent contact
		• Staff to client ratio small (1:10 approx)
		• Outreach to locations where problems occur rather than a clinical/building based approach
		• No time limit
		• The team is assertive in engaging individuals and monitoring progress.
		• High retention rate
		    Substance Abuse and Mental Health Services Administration (2008) *Assertive Community Treatment: The Evidence.* DHHS Pub. No. SMA-08-4344, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. http://store.samhsa.gov/shin/content//SMA08-4345/TheEvidence.pdf
		    Pages: 773-774
		
		• "Assertive community treatment offers significant advantages over standard case management programs
			• A more intensive, deliberate and persistent approach taking into account the complexity of some people's needs.
			• Assertive approaches are reflected in outreach, frequency of contact, use of teams to ensure availability of support even when staff are away
			• Assertive styles result in a higher retention rate of clients.

	Framework/model	Definition	Key elements relevant to tenancy sustainment
		in the care of homeless people with severe mental illness.	
		• Compared to standard case management, assertive community treatment is associated with significant improvements in rates of homelessness and levels of psychiatric symptom severity in the homeless mentally ill.	
		• The use of assertive community treatment leads to greater improvement in housing stability and symptom reduction early in treatment.	
		• While hospitalisation appears similar in assertive community treatment and standard case management, differences in hospitalisation rates and durations require further study."	
		Coldwell, Craig M.; Bender, William S. American Journal of Psychiatry 0002-953X v. 164 no. 3 Mar 2007 393-399 http://ajp.psychiatryonline.org/... http://www.aihw.gov.au/closingthegap/resources/qa .cfm?item_id=8900&ic_assessment_id=5230&gr oup_type=BB&group_id=7&q=&coll=GEN&perPa ge=all&detailList=SUMMARISE&start=27	
5	Social determinants of health	Dahlgren and Whitehead's Social Determinants of Health Rainbow. Source: Dahlgren and Whitehead (1991) cited in Leeds NHS Primary Care Trust, Date Unknown) in SACOSS (2008). The Social Determinants of Health.	The elements that comprise the social determinants of health highlight the many areas of support, resources and assistance that can contribute to wellbeing and tenancy sustainment.

Activity: reflection

On your own, reflect on the following questions:

- Which framework most resonates with you?

- Why?

- What do these frameworks suggest about sustaining tenancies?

- What do you disagree with or challenge?

At your table or in your group:

- Share one thing that resonated with you?

- Share one thing you don't agree with or would like to change?

- Share one thing from these frameworks that you consider essential to tenancy sustainment.

4.4   An integrated framework

The extent that different roles need to fit together to achieve better tenancy sustainment can be understood through the metaphor of an arch:

> "Arch construction depends essentially on the wedge. If a series of wedge-shaped blocks—i.e., ones in which the upper edge is wider than the lower edge—are set flank to flank …the result is an arch…"

> "In masonry construction, arches have several great advantages over horizontal beams, or lintels. They can span much wider openings because they can be made from small, easily carried blocks of brick or stone, as opposed to a massive, monolithic stone lintel. An arch can also carry a much greater load than *a horizontal beam can support*."

> Encyclopedia Britannica
> http://www.britannica.com/EBchecked/topic/32510/arch

An arch depends on each block being wedged tightly against another block.   In an image, it is easy to see the different and distinct blocks fitting tightly together as they form the arch, which not only creates a doorway but is strong and able to carry a heavy load and bear the weight of the structure above it.
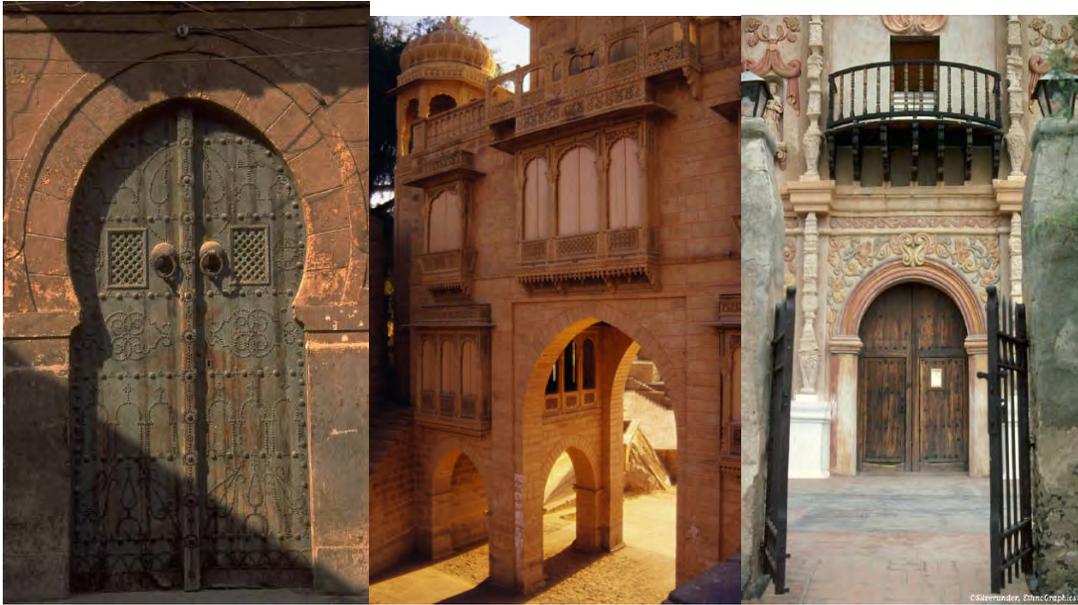
In this sense, the stones of the arch might represent different roles and resources that need to come together to ensure the door-way is sustained. The extent that they are wedged together with no gaps extends our understanding of how much the different roles and resources need to come together leaving no gap yet remaining distinct and ensuring that each unique contribution is made.

4.5   Sutaining tenancies and complexity

Developing a housing and support plan with the goal of sustaining tenancies is nearly always in the context of some complexity. Complexity can be driven by client circumstances and systemic issues. Complexity might relate to any or a combination of the following:

- Multiple health issues
- Mental ill-health
- Drug and alcohol addiction
- Behavioural issues emerging from other issues
- Disability
- Social isolation and lack of social support
- Complex family issues including the involvement of child safety services
- Contact with one or more institution such as hospital or prison
- Frequent contact with emergency services.

A careful early assessment can help to identify vulnerability and issues that may result in sufficient complexity to threaten the success of a tenancy. It may require intensive approaches to tenancy management and support provision to ensure that arrangements are appropriately comprehensive and robust for the scale of the issue. Case coordination practices, case conferences and case reviews might all, also be important mechanisms for ensuring a newly established tenancy assessed as facing risks, has the best possible chance of success.

One issue with an in-depth assessment of risk and vulnerability is that a prospective tenant can seem to require too much support for independent living options. Careful assessment is critical as is the

development of a robust support and tenancy sustainment plan which allocates clear roles and functions such as:

- Lead agency
- Key worker
- Back up team members if key worker is away or unavailable
- Identification of early risk factors and triggers for early intervention by one or more agency involved
- Clear protocols relating to identified risks and support needs including provision for timely interventions if certain issues begin to emerge
- Clearly documented roles and responsibilities for all agencies involved, particularly the primary support provider and the housing/tenancy manager
- A system of regular visits and outreach.

4.6   Principles and critical elements

Tenancy sustainment approaches to providing support and tenancy management, are characterised by several key characteristics. Tenancy sustainment approaches are generally:

- o   Persistent
- o   Assertive
- o   Protective
- o   Timely.

Other key practices, approaches and activities include the following:

At the beginning:
- o   High quality early assessment to identify vulnerability and risk factors for tenancy failure for example:
    - o   History of rent arrears, debt
    - o   Difficulty maintaining a property
    - o   History of chronic homelessness, housing instability, multiple health issues, mental health issues
    - o   Hoarding and domestic squalor issues.

- o   Pre-tenancy work:
    - o   planning
    - o   preparation
    - o   harm reduction
    - o   establishing other relationships
    - o   the development of an explicit plan to maintain existing support relationships once the tenancy is established.

- o   Seeking informed consent for information sharing and integration between various agencies depending on needs and support issues
- o   Undertake a thorough allocations process and comprehensive induction to housing option
- o   Develop a housing and tenancy sustainment plan
- o   Development of a support plan including attention to existing or potential social networks within and extending beyond the building a person resides into the wider community.

<u>Ongoing</u>
- o Identify early warning systems and protocols with the tenant and other agencies including for rent arrears
- o Seek creative and solution focussed possibilities that define the exact nature of the problem and break the problem down to understand its actual scope and impact
- o Multi-agency working (at least to link tenant with housing manager and support provider) including the possibility of joint visits and case conferences where the tenant agrees.
- o Timely referrals by housing providers to support providers and vice versa
- o Proactive support plans built around addressing vulnerability and implemented in a timely way. This should include clear actions and responsibilities involving all agencies and the tenant, about who is going to do what, when.
- o Ensuring tenant is supported to understand and exercise rights and obligations and that tenancy advice is sought early were a tenancy law issue exists.
- o Network with agencies that have prevention and early intervention approaches to work on the following opportunities:
  - o Community building, education and neighbourhood relations
  - o Community building involving tenants together.

Organisational
- o Develop agency policies and procedures reflecting the intention and practical steps needed to sustain tenancies (can include models, practices, targets, measures, data, evaluation)
- o Systems for follow up at intervals to measure over time whether the tenancy has been sustained.

Activity: Case Study 1

Shawn is a 45 year old single male with a mental health diagnosis of a personality disorder and post traumatic stress disorder. He has a history of drug addiction linked to past trauma.

He is currently housed in a private boarding house but presents at hospital in a crisis, requesting pain medication. His contact with accident and emergency staff deteriorates into conflict resulting in the involvement of security staff.

Shawn does have a history of being in and out of hospital. He has some difficult behaviours which escalate when Shawn is non-compliant with prescribed medications. Moving in and out of institutions has invariably resulted in Shawn losing whatever accommodation he has had, and usually any possessions he has managed to accumulate. Every new attempt at becoming housed is like starting all over again. This current presentation at hospital represents heightened vulnerability to eviction and primary homelessness particularly if he is hospitalised.

A referral is made by accident and emergency staff to the hospital social worker. The social worker explores Shawn's situation with him and finds out that Shawn sometimes sleeps rough in the inner city or couch surfs in other people's places. He expressed he would like his own quiet place and to get a cat.

He has good links with outreach and most drop in services. He does not seem to currently have a case manager or support worker. The social worker notes that contact with a support provider was in place but some years earlier.

The social worker seeks Shawn's permission to contact the previous support provider which he consents to. The social worker also thinks he needs a mental health assessment and arranges for this referral through the treating registrar.

In the meantime, the social worker makes contact with the former support agency to explore options and possibilities including whether the support provider is able to provide any assistance in light of the current events.

In your small group, role-play the conversation between the social worker and the support agency. Choose one person to be the social worker and one the previous support provider. Other members of the group should document as much text as possible from the role play as a basis for further discussion.

The social worker has noted the following key points to discuss with the support provider:

- A mental health assessment has been recommended but it is not certain whether Shawn will be hospitalised.

- An assessment of his existing accommodation will be important to determine:

    o Can Shawn remain living here while other, longer term options are pursued?

    o Is he up to date with rent and are there any other issues with his landlord or agent that could affect his tenancy?

    o If Shawn is happy to remain in this housing situation while other options are explored, then what support arrangements could be put in place to help Shawn sustain his tenancy including any related issues such as mental health, respite etc?

    o What contingency plans could be put in place to preserve the tenancy should Shawn be hospitalised?

Workshop: what would be the critical elements of a support plan and a housing plan to help Shawn manage his presenting issues and sustain his current and future housing? Summarise the key issues and develop possible solutions which could be explored with Shawn and form the beginning of a support and housing plan.

Activity: Case study 2

Sophie is a 27 years old with a three year old daughter Amira. Sophie identifies as Aboriginal, originally from far north Queensland. Sophie has been a victim of domestic violence and abuse since childhood. Sophie experiences panic attacks and anxiety, and previously used to self-harm when she was a teenager. Sophie has difficulty maintaining her own safety, particularly when she becomes involved with a partner. Things were going quite well in Cairns until three months ago, when the relationship with her family started to deteriorate.

As those relationships have now broken down, Sophie is looking for a home with her daughter in Brisbane.

Sophie has been staying at a family refuge in the Northern Suburbs of Brisbane for the past three months. Sophie has previously moved around a lot, been in and out of private rental and community housing (prior to having Amira) . She has an accrued debt from a previously failed tenancy.

Sophie has the support of a case worker from the refuge who assists her to make an application for social housing. As a result of some nominated referrals directly to community housing providers, Sophie is made an offer of housing.

Role play the conversation between Sophie and the case worker regarding her housing offer and support needs going forward?

o   What are Sophie's strengths?

o   What are her vulnerabilities and how could these be addressed in a supportive way?

o   Document ideas for a plan to secure and initiate the tenancy that has been offered.

o   Document ideas for a support plan in this situation. What specific measures would you consider?

o   What would a tenancy sustainment plan look like for Sophie?

5.   From Home to Place

5.1   Introduction

Once a tenancy is sustained, the opportunity exists to consolidate the housing outcome through actively developing a person's connections to the broader community in which they reside.

This can mean many things including:

o   Building connections between the person and the wider community in the form of recreational or social relationships with the goal of developing support networks and helping to structure time
o   Building connections between the person and the wider community through civic participation and volunteering
o   Building connections between and among the tenants of a particular building with the goal of improving the relationships within the building and increasing the sustainability of the building particularly where the building is a medium to high density development
o   Building supportive relationships within the broader community with the aim of improving community acceptance and support for the building and the tenants, and as a way of harnessing community contributions to the well-being of tenants.

The purpose of working from the foundation of a permanent sustainable home towards a broader sense of community and belonging is to consolidate permanent housing through deeper social relationships which contribute to wellbeing. Building broader social and community connections focus on overcoming social exclusion and disaffiliation.

5.2   A conceptual framework: understanding third home

In section 4.3, a framework by Kraybill helps define homelessness in relation to the following dimensions:

"The First Home: the self. The characteristics of this home are physical, mental, emotional, social and spiritual in nature. This home needs to be nurtured, rested, nourished and emotionally supported."

"The second home: might cover any of the descriptions provided under the primary, secondary and tertiary definitions of homelessness. It is the place where we live, and it refers not only to the physical structure but to the living environment within which it is located. This home is where we sleep, where we begin and end every day, where we store our belongings, it may be where we socialise and interact with others".

"The third home: is the larger community within which our first and second homes are located. It provides context to the lives that are lived within it and how that is realised at an individual level. Here the connectivity between individuals, multiple communities, the residential, business and visitors all meet in the same place. The quality of that home is defined by the relationships of all groups within it."

Kraybill in Reynolds, 2007

Kraybill, 2012, http://www.nhchc.org/wp-content/uploads/2012/07/Seattle-Training-Core-Skills-Handout-Kraybill.pdf

And Florence, 2010

As the following quote illustrates these three dimensions of home are inter-connected and mutually reinforcing:

> *'It seems clear that if we are to help people resolve their homelessness, we are compelled to direct our efforts even beyond addressing basic survival, health, and housing needs. As the saying goes, a house is not a home. We must assist them in making their housing into a home. In addition, we must also help them be more attuned to their own personal conditions, needs and care. And we must help them find their "place" in the larger community."*

Kraybill, 2012:2

The sustainment of tenancies and interventions to end homelessness could span all of these levels of home. This definition is important because it articulates how a sense of community is part of finding and sustaining home. This dimension to Kraybill's definition emerges as an area of practice which is underscored by particular methods and skills. As practitioners we can be mindful of the dimension of *third home* and bring to our practice the capacity to actively facilitate this in partnership with the person we are supporting.
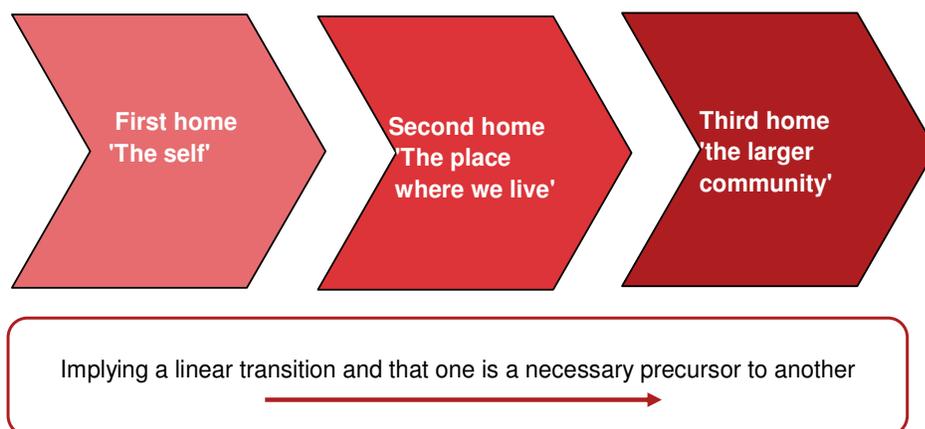
This chapter explores practice to facilitate 'third home' in more detail. This is not least because:

> *"There are numerous opportunities for participation and resources in this third home that permit us to meet the needs of our first and second homes. For example, it is in the context of the larger community that we are connected to health care, education, work, food procurement, transportation, socialization, purchasing goods, entertainment, the arts, politics, recreation and community service. This third home provides the social, economic, service and cultural context for our lives."*

Kraybill, 2012:2

Kraybill's careful analysis highlights that the journey out of homelessness is not a linear one from first home - second home - third home. It is a mistake to view these dimensions of home as a linear journey that looks like this:

Figure 12: A linear framework for thinking about 'First home, second home, third home' (based on the work of Kraybill, 2012)

First home 'The self' → Second home 'The place where we live' → Third home 'the larger community'

Implying a linear transition and that one is a necessary precursor to another

An alternative view is that these dimensions of home represent numerous starting points for addressing homelessness and that they also can be pursued together or in combination. In a diagram it might look more like this:

Figure 13: **A dynamic view of the relationship between first home, second home and third home, representing multiple starting points for intervention ((based on the work of Kraybill, 2012)**

First
home

Third
home
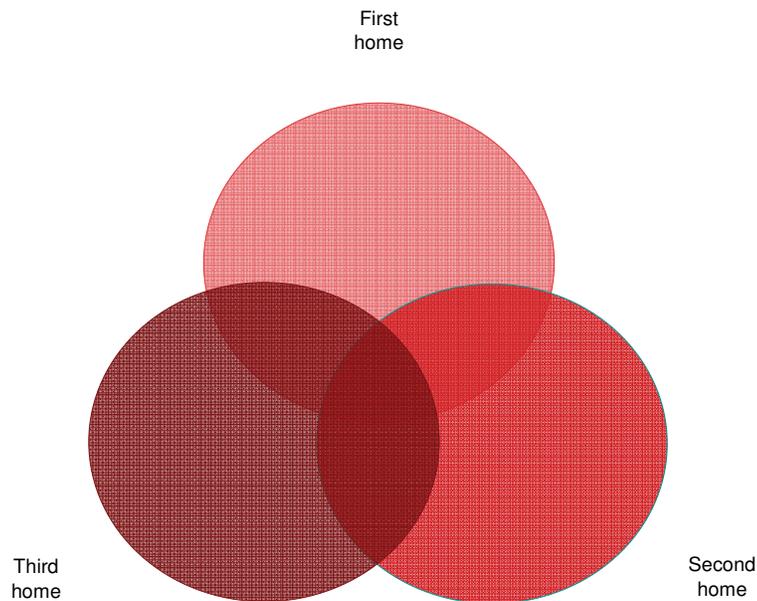
Second
home

The following case study highlights the possible relationship between first, second and third home.

Case study:

Ken mostly lived in private boarding houses in Brisbane's inner city although at times he fell into rough sleeping usually related to problems with alcohol. Ken had sustained a frontal lobe head injury early in his adult life which had a catastrophic impact on his life course which until that time had involved tertiary study. He was eligible for and in receipt of the disability support pension.

Ken befriended another boarding houses resident (John) who was connected to the local community centre through his own volunteer work. John was intent on introducing Ken to the local community centre as he demonstrated a genuine interest in the broader community and often did things to help other residents and to bring the household together. One Christmas for example, Ken gathered small financial contributions from everyone in the boarding house he was living in and went shopping for a celebratory lunch which was shared by everyone in the house.

One day, John arrived at the local community centre with Ken in tow, and made a point of introducing him to the centre coordinator. From that time onwards, Ken connected with various groups at the centre, and joined the group of volunteers who staffed reception. He was fantastic at welcoming residents from all walks of life. He was there nearly every day helping the centre to run in a myriad of ways.

Because of his natural leadership tendencies, Ken was an obvious choice to participate in a group of peer leaders from the boarding house community, trained in how to network with and link their peers into local services that could help them, including advice and information about their rights and obligations as residents of boarding houses. In this process, Ken got to know a lot about the local housing service and he would turn to them for assistance whenever his housing situation worsened.

He continued to move around various boarding houses and occasionally slept rough. One day the local housing service was told of a vacancy in permanent social housing that was targeted to people aged 50 years and over. There was no-one on the waiting list who was eligible and with a preference for this particular local area. The local housing service based at the community centre was able to link Ken with this opportunity and from that time onwards he was housed permanently in social housing, in a central location and close to the community centre where he spent so much time.

Ken continued with volunteering and helping out wherever he could. He was somewhat estranged from his family although he would save his money to be able to visit his very elderly father a couple of times a year. His health began to fail and he increasingly spent time in hospital.

His brother was passing through Brisbane, and knowing via his father that Ken was sick, decided without any announcement to visit him. He turned up at his home, and finding the unit empty, asked a neighbour if she knew where Ken was. She didn't exactly but assured him that the local neighbourhood centre would know. He visited the centre, found out that Ken was in hospital and where, and paid a surprise visit. Recounting this story later, Ken would say, "I was walking around, and when I went back to my room I could see a man was standing there. I didn't recognise him at first, and then I realised it was my brother…and I couldn't believe it. My brother had come to see me".

Ken eventually passed away and the reaction of all his friends at the community centre was one of profound sadness. They all came together and planned his funeral and memorial and people were lined up to speak. His family was represented at the funeral and expressed afterwards their profound happiness at the extended community Ken was a part of. His brother referred to this extended community as Ken's second family.

There is a permanent memorial to Ken at the centre where he spent so much time: a seat bearing his name and where people can come and participate in the hospitality he worked tirelessly to create and sustain for others.

Activity:

1. What aspects of this story represent the dimensions of first home, second home and third home?

2. What were the catalysts for Ken being connected with long term, permanent housing?

3. In what ways was third home a factor in Ken being connected with his brother?

4. Analyse this story to identify what interventions contributed to Ken's experience of third home?

5. Analyse this story to build a picture of what practices, methods and skills could contribute to facilitating 'third home' as part of ending homelessness?

4.3   Developing third home: scope

The following outline gives examples of the scope and diversity of activities that may contribute to third home as part of ending homelessness:

	Strategy	Example activities
1	Building connections between the person (before or after they are housed) and the wider community in the form of recreational or social relationships with the goal of developing support networks and helping to structure time.	o Coffee club o Participation in local social opportunities o Street gatherings / street meets o Community meal / community BBQ o Support for community space where different communities and sub-groups spend time
2	Building connections between the person and the wider community through civic participation and volunteering (before or after they are housed).	o Peer leadership strategies o Volunteer opportunities that are local o Participation of people in resident groups, advisory groups and other civic groups.
3	Building connections between and among the tenants of a particular building with the goal of improving the relationships within the building and increasing the sustainability of the building, particularly where the building is a medium to high density development	o Gardening groups o Walking groups (among tenants) o Building intranet o Building open house o Designing community rooms and activity spaces in a building that the broader community can access o Tenant participation groups
4	Building supportive relationships within the broader community with the aim of improving community acceptance and support for the building and the tenants, and as a way of harnessing community contributions to the well-being of tenants.	o Linking with local businesses to provide tenants with a welcome kit /welcome bag o Identifying local leaders supportive of social housing and involving tenants/homeless people in providing them with information and a brief about the building o Inviting local businesses and service providers to provide in-house social and recreational opportunities o Involve tenants in the maintenance of gardens as a way of improving the visual impact of the building and of generating positive image of tenants in the local community o Engaging local businesses and residents in raising funds and contributing resources to help end homelessness o Engaging local media in a positive information campaign about homelessness.
4	Building active partnerships between service providers to achieve holistic responses to homelessness.	o Multiagency/multi-disciplinary networks and consortia aimed at improving coordination and integration. o Homelessness Community Action Plans

These are only some examples. The following activity is aimed at generating more ways of achieving this level of community connectedness benefiting homeless people:

Activity:

1. Add any ideas you may have to the strategies listed above.

2. Against all of these strategies generate more ideas for activities and practices that might contribute to the facilitation of 'third home' among homeless people or people exiting homelessness?

3. What roles would a worker play to achieve each of these strategies?

4. What skills would a worker need?

4.4   Developing third home: methods

In the introductory part of this kit, community building methods were mentioned as relevant to the developing and sustaining of a consortium arrangement relevant to ending homelessness. The following methods are relevant to the strategies listed above and are derived from the work of Kelly and Burkett (2007):

o   The facilitation of dialogue: bringing people together to explore connections and identify things in common that they could work together on involves the active facilitation of dialogue. Dialogue is where there is a movement and flow of conversation where people are focussed on understanding the meaning of what someone is saying and work to explore that as much as possible for the opportunities and possibilities that are present. Dialogue moves beyond a conversation where the participants move the conversation to their own ideas or circumstances, to working to achieve a deeper kind of listening which really unveils the concerns, interests and motivations of people as a basis for exploring future actions. It is a vital building block in the process of bringing people together in community building processes.

o   Helping people to bond and band together: This part of the process moves beyond the one to one relationships that a worker has with people to introducing people to each other and facilitating dialogue between those people in a way that helps them to identify what they have in common and to explore how they might work together to respond to those interests, concerns and opportunities. This process can be illustrated as follows:

Figure 14: The role and relationship of the worker in banding processes which are developmental

Kelly and Burkett, 2007
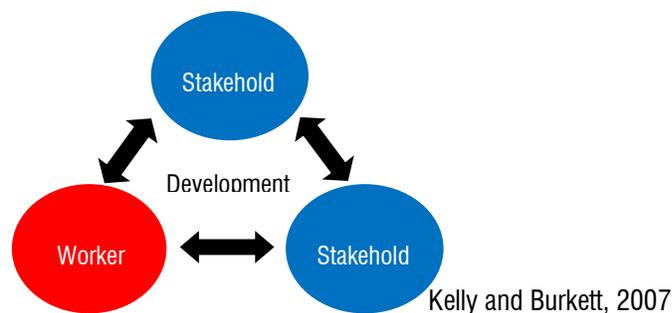
This is in contrast to usual service delivery relationships as follows:

Figure 15: Service delivery relationships

Service Delivery
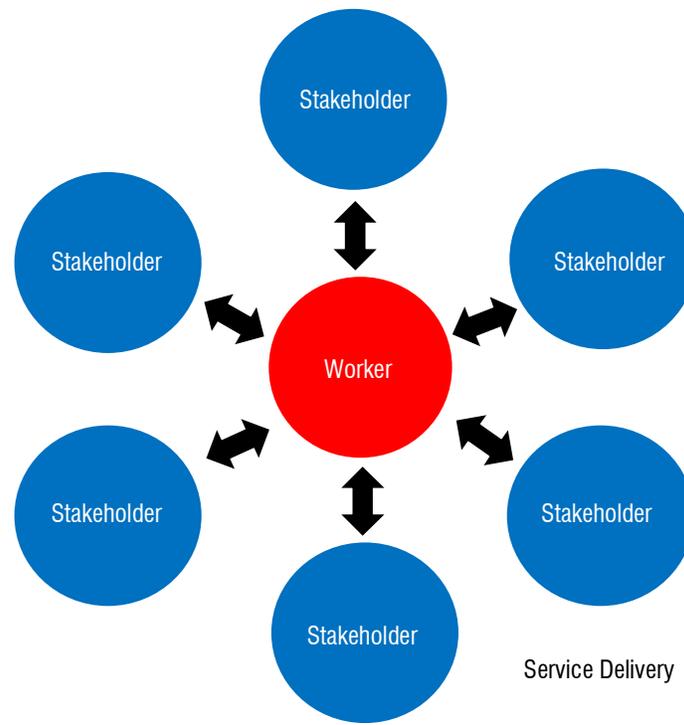
Kelly and Burkett, 2007

o   Building organisational arrangements and structuring the work

This can include forming or developing organisations that help to strengthen and structure participation and people coming together to work on things they care about and are interested in. This includes the development of structural arrangements to support people being more involved and making their contribution to the community. An example might include the structures needed to recruit and train peer leaders within the boarding house community. Another example might include the structure involved in tenant participation groups where there may be prescribed roles and ways of conducting the business of meetings.

The main purpose of structuring the work is to make it stronger. The main challenge is to introduce and develop structure that is supportive rather than stifling or destructive to relationships (Barringham, 2006).

o   Scaling across:

Scaling across involves building networks, alliances, consortia and other connections between and among organisations and institutions which have identified agreements about the work they would like to do together. Scaling across includes working across jurisdictions and between local and global movements to improve the wellbeing of communities.

Case study 1

An inner city neighbourhood centre provides a range of services and activities including an Open House program which actively invites local residents to informally visit. The main purpose of Open House, is to provide hospitality and encourage local residents to get to know each other. This is against the background of significant inner-city gentrification and the erosion of public and community space where people can spend time, sitting and talking. The Open House Program was re-affirmed by the agency during strategic planning as an important response, particularly in the context that the local shopping centre had removed all public seating in a bid to control who was able to spend time in the complex. It was also in the context that two shopping precincts in the area had employed private security companies to patrol public and private space, citing the behaviour of homeless people in public space as a driver for this decision.

The neighbourhood centre provided a range of activities and opportunities inclusive of many different demographic groups including families with young children. At one point, an intoxicated homeless man (Stan) was found to be regularly sleeping on a trampoline on the premises which is used by two weekly playgroups. Stan was constantly intoxicated and was a heavy user of methylated spirits. Stan burned holes in the trampoline through smoking and as it became colder, started to light fires at the edge of the building to keep warm. This was on the same side as an elderly neighbour who lived in an old timber house. Some nights it was possible to get a bed in a local hostel.

His behaviour at the Centre was the source of some frustration from other constituents using Open House. Staff relayed to the coordinator that there had been suggestions he should be banned. A neighbour to the rear of the neighbourhood centre was also complaining about a person sleeping at the Centre who was randomly calling out at night in a loud voice (no discernible words, just loud, anguished noises which the staff had also become familiar with during the day).

At that point, he was arrested by police for throwing coffee cups at passers-by and was due for court and sentencing. He was sentenced to three months in prison for a range of public nuisance charges.

There were some signs of Stan starting to connect more with the Centre. He would engage in conversations with the staff and liked to sit outdoors and drink coffee with other constituents. On playgroup mornings, he would sweep paths in preparation for the arrival of families and said to one staff person "I have packed up all my stuff so the kids can play". During Homelessness Week, the Centre held a BBQ in a nearby park for breakfast one day, and he emerged from the park having slept there the previous night and chided a staff member about why he didn't know about the BBQ – which possibly indicated a growing sense of connection and entitlement as someone who was starting to feel a greater sense of belonging there.

His background was tortured – he described serious and ongoing sexual assault as a child and eventual imprisonment for assaulting the perpetrator when he was 18 years old. He described hearing voices which said things that caused him great distress. As far as the staff could tell, his mental health issues were untreated and he regularly had pneumonia and was struggling to maintain his medications for that.
What is driving homelessness in this situation?

What community development issues are embedded in the case study?

What community development strategies could help?

What else would you do to assist Stan?

6.   References

Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies (Vol. 7: Care Coordination). Technical Reviews, No. 9.7.

To be completed.

7. Appendices:

Appendix 1:   Referral and assessment

Under 1 Roof Common Referral and Assessment Form
Version 29 August 2012

Summary Instructions and check list for agencies completing the Referral and Assessment Form:

This form is a tool to assess the needs and eligibility of people experiencing homelessness for referral to Under 1 Roof's Case Coordination Meeting.

- If you are new to case coordination, consult the information guide for explanations of the referral process.

- Use the risk checklist to determining if case coordination can assist the client (Part 1).

- Seek informed consent from the client using the **Informed Consent Form** attached

- After obtaining consent, you should complete the form, based on your agency assessment of the client, using case notes and other relevant information

- It is not appropriate for clients to complete the form on their own

- It is not appropriate to use this form as a comprehensive agency assessment tool. In the support planning stage, a strengths focussed assessment of other life domains should be completed to form an agency assessment

- Work through the entire form. Your aim is to identify whether the client needs **intensive and/or ongoing support** and a multi-agency response with any of the identified issues.

- The aim is to collect whatever information you can. If a client does not answer a question, or you do not feel that it is appropriate to ask it at that time please just focus on what can be documented and proceed with a referral even if all information is not available.

- Please include any additional issues in the section if you or your client consider that the client needs intensive/ongoing support under an issue not already sufficiently covered

Date	
Worker completing assessment	
Agency	
Email	
Phone contact	

Part 1: Risk checklists

Risk checklist: for use with clients who are currently homeless

Based on your own observations and all available evidence, Please use this checklist to assess:

- Whether the client has complex and interacting needs and issues that increase their vulnerability.

- Whether the client is experiencing multiple issues that would benefit from a multi-agency response.

Health, mental health and disability

dual diagnosis or observable symptoms

mental health diagnosis or observable symptoms

drug and/or alcohol use that could impact on housing (eg financially, behaviourally, type of housing)

the person has a diagnosed disability (please indicate if access is an issue)

undiagnosed physical health issues and/or diagnosis of one or more chronic diseases (please fill out vulnerability risk assessment – medical section attachment)

multiple contacts with emergency services

history of hospitalisations and exiting hospital into homelessness

currently exiting from hospital (including a mental health facility)

Assessment:

Housing / living situation

the person is excluded from one or more accommodation options

debt issues impacting on housing options

history of rapid cycling in and out of housing options/housing breaks down quickly

accommodated in short-term / crisis accommodation for more than three months

rough sleeping or equivalent (how long?)

household composition includes children

Assessment:

Social connections, safety and wellbeing

social isolation

the person does not identify active linkages with housing and support agencies including mental health services (if relevant)

person is having difficulty with their own personal care (hygiene, accessing meals)

the person / household is unsafe and has difficulty maintaining or contributing to their own safety

Assessment:

Culture

communication and/or language barriers

client would benefit from a more culturally appropriate response and the active engagement of specialist agencies

Assessment:

Vulnerability reflected in contact with key government agencies

income support issues

exiting prison or contact with corrective services

contact with child safety services

Assessment:

Risk checklist: for use with clients/tenants who are housed

Based on your own observations and all available evidence, please use this checklist to assess:

- Whether the client has complex and interacting needs and issues that increase their vulnerability.

- Whether the client is experiencing multiple issues that would benefit from a multi-agency response.

Health, mental health and well-being

mental health diagnosis OR observable symptoms (with or without a formal diagnosis)

drug and/or alcohol use that impacts tenancy (eg behavioural issues that impact on others)

the person has a diagnosed disability

undiagnosed physical health issues and/or diagnosis of one or more chronic diseases (please fill out vulnerability risk assessment – medical section attachment)

multiple contacts with emergency services in relation to health and well being

history of hospitalisations

observable changes in behaviour

Assessment:

Housing / living situation

the person has been breached (please outline circumstances and action required in summary p7)

the person is on a notice to leave (please outline circumstances include date p7)

the person is excluded from one or more other accommodation options (please identify which ones p7)

rental arrears

other tenants have made complaints about this tenant

neighbourhood disputes

property damage

you have reason to believe tenant is not staying at property

evidence of hoarding and squalor threatens tenancy

Assessment:

_____

Social connections, safety and wellbeing

    social isolation (eg. Tenant never leaves property)

    the person does not identify active linkages with support agencies including mental health services (if relevant)

    person is having difficulty with their own personal care (hygiene, accessing meals)

    the person / household is unsafe and has difficulty maintaining or contributing to their own safety

    Emergency services have been called in relation to safety and well-being of this tenant/s (how many times? __)

Assessment:

Culture

    communication and/or language barriers

    client would benefit from a more culturally appropriate response and the active engagement of specialist agencies

Assessment:

Vulnerability reflected in contact with key government agencies

    income support issues

    exiting prison or contact with corrective services

    contact with child safety services

Assessment:

_____

Part 2:   Informed consent

Please read this form through with the client and take the time necessary to help them understand what informed consent is.

Under 1 Roof (U1R) is a group of agencies working together to achieve better outcomes for homeless people. Under 1 Roof is under the management of <u>Mission Australia</u>. U1R holds case coordination meetings every two weeks where a range of agencies work together to achieve housing and support that can help a person to exit from homelessness.

Agencies represented at the meeting include:

139 Club Inc.

BRIC Housing Company

Brisbane Housing Company

Brisbane Youth Service

Communify

Footprints in Brisbane Inc.

Department of Housing

Mission Australia

New Farm Neighbourhood Centre including TAASQ and HART4000

Queensland Health (Homeless Health Outreach Team)

Queenslnd Intravenous Health Network (QuIHN)

Others (please state)

Aboriginal specific services:

Culturally specific services :

By signing this, I agree to have my details presented at Under 1 Roof Case Coordination Meetings by my key support agency for assistance with housing and other support services listed above.

I understand that staff from an U1R participating agency may both seek and provide further information from or to staff from organisations listed above to assist with my housing and support needs.   Any information that is collected will be stored in a secure and confidential manner and will only be used to help achieve the support plan I have agreed to with my key support worker.

Any contact with agencies outside of U1R will be discussed with me as part of my support plan and additional informed consent to disclose my personal information to them will be requested at that time. I also understand that as a condition of U1R's funding, anonymous information about me will be provided to the funding body (Department of Communities) about the help that is given. I understand that this

anonymous information will contribute data to inform the annual program report of the funding agency

I understand if I have any questions or concerns about this data sharing that I can contact my key support worker at any time. I also understand that I can request to attend the Case Coordination Meeting to be a part of working out a plan that will assist me. It has been explained to me that <u>if I don't give consent to being assisted through the Case Coordination Meeting, I am still eligible for other types of assistance from individual agencies.</u>

This Agreement is for six months unless otherwise agreed. I understand that <u>I can withdraw consent for participation in case coordination</u> at any time by telling my key support worker.

<u>Please read this privacy notice to the client:</u>

The information in this assessment is being collected by your referring agency and will be presented to Under 1 Roof participating agencies. Participating agencies will discuss this information based on your consent to provide assistance through the coordination of support services and housing services.

Please note that information held by U1R is subject to the provisions of the Right to Information Act 2009. You also have the right to access information about you at any time by requesting this from your support worker.

If there are any other individuals/organisations you DO NOT wish U1R to contact or speak to, please indicate here:

Client 1

Name:_____**Signature:**_____

Date: ___ / ___ / 2012

Client 2

Name:_____**Signature:**_____

Date: ___ / ___ / 2012

Client Consent

Please indicate that the client has provided consent for a period of up to six months to share this information for the purposes of obtaining access to accommodation and/or support services including through the Case Coordination Meetings	
Consent	**Assessor Signature**
This information will be provided to U1R agencies and the case coordination meeting and will be used solely for the purpose of access support and/or accommodation services provided by U1R participating agencies.	
Assessor's name	**Date**

Part 3:   Referral and assessment form

Primary reason for referral to U1R (including housing and support needs):

1.   Personal Details

Service Name	Client Name and DOB
Referral in date (meeting date)	Case Worker
Date consent signed	Best contact methods for client (eg phone number, agency, address, email). List more than one method to assist contact and follow up.

2.   Culture and Language

I identify as an Aboriginal person	Yes No		
I identify as a Torres Strait Islander person	Yes No		
Country of origin if not Australia	Ethnicity	Year of arrival in Australia	
Level of spoken English	Very well Not very well Not at all		

Preferred language spoken:	Is an interpreter needed? Yes No

3.   Housing

Current housing status and location (eg. rough sleeper / couch surfing /housed but needs support/ suburb location) **Please put address here if person is currently housed**
Housing needed for (single/couple/family/group)
Housing application number or plan to get one
Housing Goals identified by client/tenant

4.   Income and Employment

Income type   **Please request proof of income / income statement and attach to this form if possible.** **If proof of income is not available, put in place arrangements to get proof of income.**
Income issues: For example, is a review of income needed?
Employment and training needs, including any identified employment skill set:
Debt / gambling issues

5.   Vulnerability assessment of health needs.

Medical conditions that impact person's ability to function.

No impairment	Minor or temporary health problem(s)	Stable significant medical or physical issue(s), or chronic medical condition(s) that is being managed	Chronic medical condition(s) that is not well-managed or *significant* physical impairment(s)	Totally neglectful of physical health, extremely impaired by condition, serious health condition(s)
No health complaints; appears well; would likely access medical care if needed	Cast or splint but able to take care of daily activities; recovering from minor surgery and doing well with self-care; acute medical problem such as a respiratory or skin infection but takes medications; follows up with medical provider	Chronic but stable medical problems such as diabetes, emphysema, high blood pressure, heart disease, seizure disorder, Hepatitis C or B, HIV disease; cancer in remission; has clinic or doctor and takes meds more often than not; smaller or larger stature/size making person vulnerable; sight or hearing impaired; has not been in hospital for overnight stay in last 3 months; OR over 60 years old w/o reported conditions but does not access care even for routine checkups	Poorly managed diabetes or hyper-tension, undergoing treatment for Hep C; needs home oxygen; liver failure; kidney failure requiring dialysis, sleep apnea requiring C-PAP; HIV disease not adequately treated; dementia; severe arthritis affecting several joints, pregnancy, frequent asthma flares, recurrent skin infections, cancer. Symptoms without known explanation: swelling, untreated open wounds, shortness of breath, recurrent chest pain, unexplained weight loss, chronic cough, cognitive impairment, incontinent of urine or stool. Not taking meds as prescribed or frequently loses them; can't name doctor or last time seen; hospitalized in last 3 months; illiterate or non-English speaking.	Untreated AIDS, terminal illness that is worsening; missing limb(s) with significant mobility or life activity issues; obvious physical problem that is not being cared for such as large sores or severe swelling. Blind, deaf and/or mute, severe dementia, uncontrolled diabetes, refuses to seek care; breathing appears difficult with activity; can't name or doesn't seek regular medical care; more than one hospitalization in past year.
1	2	3	4	5

Source: DESC Vulnerability Assessment Tool
http://www.desc.org/vulnerability.html

Please don't use this form to report or indicate sensitive health information.
Please indicate any Implications for housing and support plan:

6.   Support relationships

What other services does the person have contact with? Please list organisations, services received and key contact person. This can include drop in, recreational options, employment, support services, health services etc.	
Please provide an assessment of the frequency and intensity of support needed for discussion at the meeting:	
Are you currently working with any other support agencies where you have a key worker or case manager? Discuss with the client other agencies that are currently involved in assisting them in a direct way. Please indicate that this information is voluntary and won't prevent the client from receiving assistance through case coordination. Seek the client's consent to involve organisations and/or support workers who have links with the person/s and can assist to complete the referral and provide continued support, linkages or housing options.	

Name	
Organisation	
Contact Details	
Consent to contact from client	
Type of assistance they can provide (ongoing support for example)	
Plan for involvement in case coordination	

Other information	

7. Referral agency role

What can the referral agency provide in terms of services and support into the future?

8. Brokerage

Brokerage Allocated   **Yes** ☐   **No** ☐

Amount $
Purpose_____

Immediate next steps: to be completed at the case coordination meeting as a result of discussion	
Overview of the immediate plan	
Tasks for the client to follow up	
Tasks for the worker to follow up (if additional workers are involved, please indicate which worker to follow up each task)	
Next appointment	Date: Location:
Key things to follow up at the next appointment.	

Please list any planned referrals to other services	
Referred Service	**Reason**

Appendix 2: Template for mapping case coordination groups

Name of group	
Target group(s)	
Eligibility	
Referral and assessment process	
Entry and exit points (in particular what criteria determine when a person is exited from case coordination?)	
Framework and model	
Communication to / from referral agency (How a referral is followed through and how outcomes and support plans are communicated back to the referring agency).	
Funded programs	
Capacity	
Roles and responsibilities of referral agencies	

Meeting frequency
Contacts
Other information

Apendix 3: Code of conduct

hjGuiding principles

o   We strive for continuous improvement

o   We are committed to social justice

o   We work collectively to be appropriately resourced and sustainable

o   We strive for no exits into homelessness.

Service accessibility

o   We promote U1R and ensure it is accessible to all relevant services and to clients

Quality

o   We work within and respect the requirements of legislation and policy

o   We are committed to accurately reporting client information

o   We maintain high standards of documentation to support decisions that are made.

How we work

o   We all participate in referring clients to U1R and responding to the needs of clients by contributing our expertise, knowledge and resources.

o   We are committed to natural justice in our engagement with each other.

o   We acknowledge that agencies are underpinned by different approaches, values and paradigms and respect these differences.

o   We acknowledge the thoughts and ideas of each other.

o   We seek to understand others' points of view and, where necessary, give others the benefit of the doubt.

o   We acknowledge capacity issues and limitations among our partners.

o   We are team players and we cooperate.

o   We make decisions without bias and we don't discriminate on the basis of irrelevant characteristics.

o   We are transparent with information enabling a good match between clients , properties and support services.

o   As a consortium we work out our concerns with each other and we uphold and respect each others' reputations in public.

o   We act responsibly when we are aware of unethical behaviour.

o   We identify, declare and manage conflicts of interest.

- We take responsibility and acknowledge if something is not working. Through dialogue, we provide solutions and address issues when they occur.

- We do what we say we'll do and if we can't we seek assistance from others.

- We share responsibility for sustaining tenancies

Our approach to clients

- We are committed to what is best for the client and to working jointly towards that.

- We are strengths focussed

- We work at problem solving, developing a plan, and timely responses

- We uphold the highest standards of confidentiality

- We ensure rigorous processes of informed consent

- We continue to provide direct service if informed consent for case coordination is declined.

Appendix 4:   Additional resources

	Author	Title	Publisher	Link
1	Chappell, Chris	Case Coordination Group Handbook	Case Coordination Group Townsville	http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=3&ved=0CFAQFjAC&url=http%3A%2F%2Fwww.cichappell.com%2Fresources.htm&ei=Tv0CUJvPCeaziQfz-73cDg&usg=AFQjCNGyzpi56UXLkOv2h55jbfZXuQiMDg&sig2=Sj1VYZSK42F_zEsafguFIQ
2	Conner, Janice (2011)	Tenancy Sustainment: not just the latest buzz word.	Shelter Scotland	www.shelter.org.uk
3	Crisis	Homelessness a silent killer	Crisis	http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CFQQFjAA&url=http%3A%2F%2Fwww.crisis.org.uk%2Fdata%2Ffiles%2Fpublications%2FHomelessness%2520-%2520a%2520silent%2520killer.pdf&ei=JP4CULH6Aq-ZiAey7tmECA&usg=AFQjCNHGtUtV2Bo2Npw_32ShvxEWMlbXLw&sig2=fVrcy6Axv8o27Tg9IPNV7g
4	Glasgow Housing Association	Tenancy Sustainment Strategy and Action Plan	Glasgow Housing Association	http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=2&ved=0CFEQFjAB&url=http%3A%2F%2Fwww.gha.org.uk%2Fcontent%2Fmediaassets%2Fdoc%2FTenancySustainmentStrategy2007.pdf&ei=NfwCUJGYLae4iAeo_7ypCA&usg=AFQjCNGGI2SIIrZYSXuI4OBoLeFDwghgOg&sig2=O_2qTlHd3M57sKgZlEle_A
5	Gronda, Hellene (2009)	What makes case management work for people experiencing homelessness?	AHURI Final Report 127	http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=3&sqi=2&ved=0CFsQFjAC&url=http%3A%2F%2Fwww.ahuri.edu.au%2Fpublications%2Fdownload%2F90437_fr&ei=Lv0CUK3yC6-ZiAey7tmECA&usg=AFQjCNGwushGGhITz-bSPFLFYlHqn8mwxA&sig2=4-vBfAjlL6-moPE2g0gn_w
6	Habibis, Daphne; Atkinson, Rowland; Dunbar, Terry; Goss, D; Easthope, H and Maginn, P.	A sustaining tenancies approach to managing demanding behaviour in public housing	AHURI Final Report 103	http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CFAQFjAA&url=http%3A%2F%2Fwww.ahuri.edu.au%2Fpublications%2Fdownload%2F40327_fr&ei=HfsCUO6RLLGSiAfQ0cCnCA&usg=AFQjCNEuHdxmi_H1pza-

	Author	Title	Publisher	Link
				fL1ZbTHm8TZzgw&sig2=NhSxVi_iC-Wb27EON0240g
7	Johnson, Guy; Parkinson, Sharon and Parsell, Cameron	Policy shift or program drift? Implementing Housing First in Australia	AHURI Final Report 184	http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CFAQFjAA&url=http%3A%2F%2Fwww.ahuri.edu.au%2Fpublications%2Fdownload%2F30655_fr&ei=CP4CUPayK5CYiAemxpyJCA&usg=AFQjCNEEqZl3HEaJ1vhshauG8spEQYqkkQ&sig2=Lx31lmQ-PLXBWCxTI_0WbA
8	Lomax, Delia and Netto, Gina (2007)	Evaluation of Tenancy Sustainment Teams	Department of Communities and Local Government	http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CFEQFjAA&url=http%3A%2F%2Fwww.communities.gov.uk%2Fpublications%2Fhousing%2Fevaluationtenancy&ei=5v0CUOjWHsmViAen_u3MBg&usg=AFQjCNEl4bYd32Inf24T8B1SvYcdX8U99Q&sig2=9UlBugewmD3DMkin-5YXiQ
9	Morse, Gary	A review of case management for people who are homeless: implications for practice, policy and research	Homelessness Symposium	http://aspe.hhs.gov/homeless/symposium/7-Casemgmt.htm
10	Newman, Tony and Samoiloff, Jenny	Sustaining Tenancies	Department of Human Services Victoria	http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CEsQFjAA&url=http%3A%2F%2Fnhc.edu.au%2Fdownloads%2F2005%2FDayTwo%2FNewmanT_Paper.pdf&ei=uv4CUKaMDs6ViQfW8fj0Bw&usg=AFQjCNG5LOTylv_CLBqSKgIIqbCUg4eQQw&sig2=Rjplj9RoPOelGhyapgI7AA
11	Pawson, Hal	Approaches to promoting tenancy sustainment	School of the Built Environment Heriot-Watt University	http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=6&ved=0CFkQFjAF&url=http%3A%2F%2Fscotland.shelter.org.uk%2F__data%2Fassets%2Fpdf_file%2F0007%2F38239%2Fhal_pawson.pdf&ei=d_0CUOEKptmKB8mMqZAI&usg=AFQjCNFCc0hGILlQyd3SVHH7jpB7xoROuQ&sig2=u0TvhAGkPIpztUa_8eC-dw
12	Pawson, Hal; Donohoe, Tony; Munro, Moira; Netto, Gina; Wager, Fiona (Heriot-Watt University) and Littlewood, Mandy.	Investigating Tenancy Sustainment in Glasgow	Glasgow Housing Association and Glasgow City Council	http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CE8QFjAA&url=http%3A%2F%2Fwww.sbe.hw.ac.uk%2Fdocuments%2FPawson_et_al_2006_Investigating_Tenancy_Sustainment_in_Glasgow.pdf&ei=SXQDUKu

	Author	Title	Publisher	Link
				BA8aQiQeaweSdCA&usg=AFQjCNEEzfhi7lfHMP5-blIEU0xGBjBvYQ&sig2=pjOUrM46gehgoHx2iFWxgg
13	Rockingham Forrest Housing Association	Supporting successful tenancies policy statement	Rockingham Forrest Housing Association	http://www.rfha.org.uk/pdf/Supporting%20Successful%20Tenancies%20Policy%20May%202010.doc
14	Scott, Suzie	Developing a tenancy sustainment strategy	Glasgow Housing Association	http://scotland.shelter.org.uk/__data/assets/pdf_file/0020/191207/preventing_homelessness_sustaining_tenancies.pdf
15	Shelter Scotland	Tenancy Sustainment Conference	Shelter Scotland	http://scotland.shelter.org.uk/professional_resources/training_and_conferences/seminars_and_conferences/event_presentations/tenancy_sustainment_conference
16	US Department of Health and Human Services	Assertive Community Treatment: the evidence	US Department of Health and Human Services	http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CEwQFjAA&url=http%3A%2F%2Fstore.samhsa.gov%2Fproduct%2FAssertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT%2FSMA08-4345&ei=oP4CUKLmD5KeiQfD-42pCA&usg=AFQjCNFl_nz3gxU8heDUKKd66GDB-T3sRQ&sig2=gxa2aZmyql4zS8OrHuaiLQ
17	Watson, Leigh	Improving access to private rental and sustaining private rental tenancies for people experiencing, or at risk of homelessness in the ACT.	ACT Shelter	http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CEkQFjAA&url=http%3A%2F%2Fwww.homelessnessaustralia.org.au%2FUserFiles%2FFile%2FInform%2FINFORM%25202012%2FImproving%2520access%2520to%2520private%2520rental%25202012.pdf&ei=cf4CUKf1EeW1iQf7tdyeCA&usg=AFQjCNEw2DNW-_2Z-dCZxYoZ5kTZ81kiaA&sig2=M0isn10C7md3jj6G2ebHnw
18	Wentworth Community Housing	Housing First	Wentworth Community Housing and Housing First	http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=16&ved=0CFwQFjAFOAo&url=http%3A%2F%2Fwww.homelessnessnsw.org.au%2Fuploads%2F50463%2Fufiles%2FGeneral_Meeting%2FProject_40_Workshop_presentation.pdf&ei=2P8CULG-F6G1iQfJwJHsBw&usg=AFQjCNGd3exghRRUR-HNugcAtDb1tdddPg&sig2=wurjvs26GQEAFfAki0Lz1w