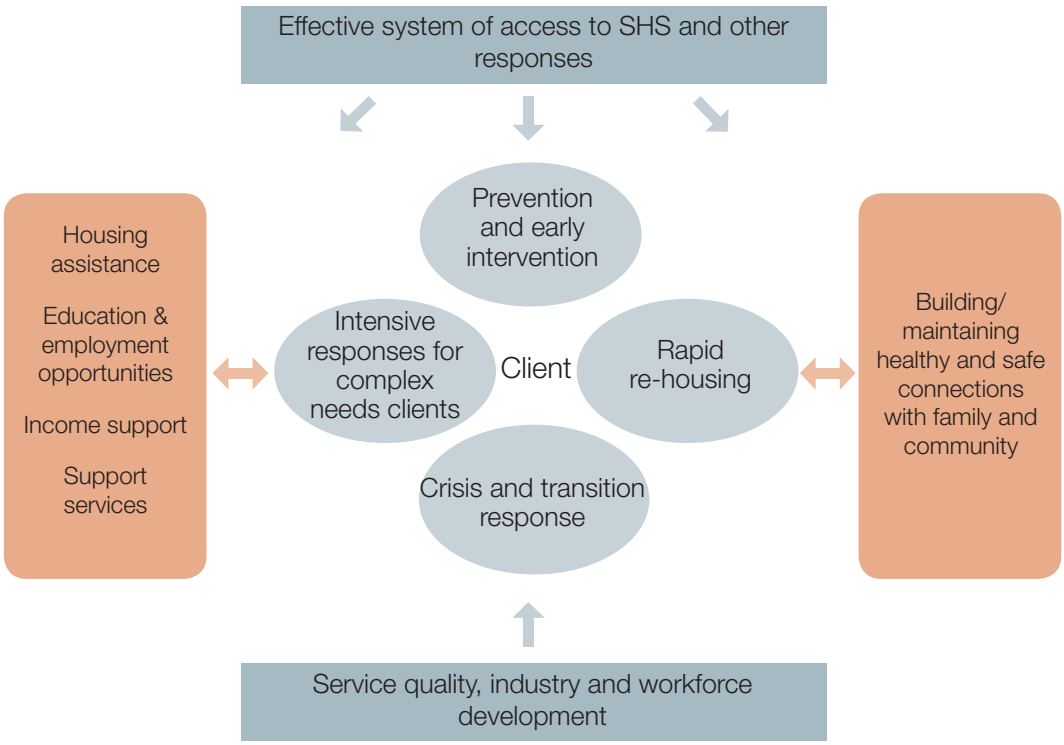
2 SHS Service Delivery Framework

2.1 Overview and principles

One of the strategies of the GHSH reform is improving the design of services to help strengthen the focus on prevention and early intervention and on breaking the cycle of homelessness.

To support best practice service delivery, FACS has developed a new service delivery framework (at Figure 2 below).

Figure 2: Specialist Homelessness Service Delivery Framework



The SHS delivery framework comprises four dimensions:

- a client-centred approach that places the client at the centre of all service responses
- evidence-based practice responses in four core areas of prevention and early intervention, rapid re-housing, crisis and transition responses and intensive responses for complex needs clients
- SHS system enablers including: access, service quality and industry and workforce development
- links with other human services to ensure SHS responses are part of the broader service system, and building/maintaining connections with family and community.

The framework does not prescribe particular service models or delivery arrangements. It recognises that services need to be responsive to local delivery contexts and different client needs. The framework is intended to be equally applicable to generalist SHS and to those that specialise in working with particular client groups such as young people, victims of domestic and family violence or Aboriginal people. Similarly, the framework is intended to apply to a range of accommodation and non-accommodation related services.

The framework applies evidence-based practice responses according to individual client need, organised around:

- prevention and early intervention
- rapid re-housing
- crisis and transition
- intensive responses for complex need.

These practice responses are not stand-alone service types or models, but rather flexible client-centred responses that the evidence indicates are most appropriate for different stages and levels of clients' needs and circumstances.

Each of the sections below outlines the criteria and signposts that most strongly demonstrate alignment with the evidence for a client-centred approach and the four service response areas.

2.2 Client-centred approach

A client-centred approach to service delivery means that each service response is built around the needs of the individual client rather than a programmatic or predetermined service offer.

The service response is based on the particular circumstances of each client, their experiences and choices. This includes individually tailoring the intensity and duration of support and the accommodation setting in which support will be delivered. A client-centred response also considers the needs of the family or household in achieving a long-term housing outcome, including the needs of children.

A client-centred approach is strengths-based with a focus on building individual and family capacity, skills, resilience and connections to community. In an effective client-centred approach you expect to see:

- collaboration with other services
- case management and coordination
- flexible brokerage funding
- skilled case workers
- good relationships with housing providers
- linkages with family and community
- consumer choice and client involvement
- culturally appropriate and trauma-informed practice
- assessment tools that link client needs to the best service response.

A client-centred approach must be informed by evidence-based practice for working with specific population groups and client needs. For many services this is done by specialising in services for specific groups of clients, for example victims of domestic and family violence, people exiting prison, young people at risk and so on.

Criteria and signposts of a client-centred approach

The following criteria can demonstrate a client-centred approach, as well as the examples of key signposts that may be used (along with other indicators) to demonstrate capability against these criteria.

Table 2: Criteria and signposts of client-centred approach

Criteria	Signposts
Commitment to a client-centred approach	✓ Client-centred service design and planning that is strengths-based and linked to individual needs ✓ Service promotional and communication material makes explicit the commitment to a client-centred approach.
Appropriate client feedback and complaints mechanisms to ensure the responsiveness of the service to individual needs, circumstances and concerns	✓ Robust mechanisms for collecting client feedback—both directly from clients and indirectly from advocates and other service providers that work with clients ✓ Easy client access to mechanisms to lodge complaints and for the prompt resolution of complaints ✓ Use of client feedback and complaints in service planning to improve responsiveness to individual client needs.
Systematic policies and procedures to ensure each service response is built around individual client needs	✓ Comprehensive policies and procedures for individualised case planning to ensure: • all case managed clients have an individualised case plan, including children accompanying adult clients • all case plans include client responsibilities and mutual obligations • all case plans outline duration and intensity of service response to reflect individual needs and client preferences • all case plans outline the full range of SHS and mainstream services that will be provided consistent with client needs • all case plans outline how services will be integrated and coordinated • all case plans consider, and where relevant, have specific actions to ensure client safety. ✓ Quality assurance processes to ensure client-centred case plans translate into client-centred service responses ✓ Regular updates to case plans with changing service responses to reflect changing client needs and choices.

Criteria	Signposts
Promoting client mutual obligations towards resolving and preventing their homelessness and having a range of opportunities for their input into setting and reviewing case plan goals and service responses	✓Robust mechanisms for setting and documenting client choices and goals ✓Regular reviews of case plans with evidence of client input in reviewing progress and updating goals Robust mechanisms for measuring and reporting client outcomes.
Collaboration arrangements are in place to ensure integrated and coordinated responses across the full range of SHS and mainstream services relevant to client needs	✓For signposts refer to section 1.3 above.
Cultural, age and gender appropriate evidence-based practice of working with clients	✓Profile of clients is consistent with agreed/planned focus of service targeting ✓Comprehensive policies and procedures for planning and delivering cultural, age and gender appropriate service responses to client needs e.g. working with Aboriginal clients ✓Where a provider specialises (e.g. working with Aboriginal clients, young people or women escaping DFV), service design and planning are focussed on the adoption of evidence-based practice appropriate to these clients ✓Service should be accessible to people with a disability.
Flexibility for support arrangements to be delivered through outreach and to follow the clients as their needs change	✓Flexible service delivery arrangements that allow case workers to undertake outreach and work cooperatively with specialist support services ✓Tailoring of the intensity and duration of SHS case effort to reflect varying client needs and SHS roles in particular cases.

2.3 Prevention and early intervention

Evidence-based practices and tools that underpin prevention and early intervention responses include:

- promoting awareness of the causes of homelessness and the early warning signs and factors indicating that a person may be at risk of becoming homeless
- working closely with 'first-to-know' services (such as housing providers, correctional facilities, schools, domestic and family violence services, child and family services and other services) to identify people at risk of becoming homeless

- working in conjunction with relevant services, to provide personal, emotional and practical support to help people at risk of becoming homeless to stay housed
- working with others to promote innovative housing solutions
- facilitating access to income support, other financial help, legal and/or financial advice, family support and mediation services and tenancy advice and support services
- advocating on behalf of the client to help them access services and navigate the service system
- helping clients to access education and employment opportunities and to build positive connections with family members, where possible, and with the broader community
- providing and facilitating access to post-crisis support to sustain people in their accommodation.

The criteria and signposts that most strongly demonstrate alignment with the evidence about effective prevention and early intervention practice responses are outlined in Table 3.

Table 3: Prevention and early intervention criteria and signposts

Criteria	Signposts
Systems in place for working with individuals and families to sustain existing tenancies or find alternative accommodation where specialist assistance is needed	✓ Robust links and collaboration strategies with 'first-to-know' agencies to ensure appropriate referrals are received to case manage clients at imminent risk of homelessness (where the client does not have the financial and/or family and community support to resolve their crisis or avoid the risk of harm) ✓ Specific policies and procedures for individualised case planning for clients receiving early intervention responses including: • negotiating client responsibilities and advocating on behalf of the client to help them sustain their tenancies • facilitating access to specialist mainstream support services (e.g. mental health, family support and mediation services), early childhood services, income support, financial help, and legal advice, education and employment opportunities, community participation and family engagement opportunities • putting in place follow-up strategies to ensure the tenancy is sustained after the initial crisis is addressed • profile of clients targeted and receiving early intervention service responses is consistent with District priorities, including: – clients at imminent risk of eviction – clients requiring support to sustain existing tenancies – clients requiring alternative accommodation to avoid the risk of harm.

Criteria	Signposts
Systems in place for working with individuals and families who are in care or institutional settings in order to avoid exits into homelessness	✓ Strong collaborative partnerships with relevant institutions (e.g. hospitals, prisons, OOHC providers, juvenile justice centres) ✓ Specific policies and procedures for working with institutions—aligned to the *Framework for Multi-Agency Transition Planning to Prevent Exits into Homelessness,* including: • integrated transition planning • multi-agency case management.
Systems in place for working with individuals and families who were previously homeless and have been successfully re-housed who require support to sustain the new tenancy	✓ Robust links and collaboration strategies with relevant mainstream housing and support agencies to coordinate individualised case planning for clients who were previously homeless and have been successfully re-housed ✓ Specific policies and procedures for individualised transition plans for clients who were previously homeless and have been successfully re-housed, including: • negotiating client responsibilities and advocating on behalf of the client to help them sustain their new tenancy • facilitating access to specialist mainstream support services needed to sustain their new tenancy (e.g. mental health services, family support and mediation services, income support, financial help, legal advice, education and employment opportunities, community participation, and family engagement opportunities) • putting in place follow-up strategies to respond to ongoing requests from the client for information, advice and advocacy (after the end of the transition plan).

2.4 Rapid re-housing

Rapid re-housing refers to short-term targeted assistance to minimise the time that a person spends being homeless, in circumstances where appropriate accommodation can be readily sourced and the client's needs are such that rapid re-housing is feasible. Rapid re-housing requires:

- allocation rights to long-term housing properties and/or collaborative arrangements with real estate agents and social housing providers that facilitate rapid re-housing allocations
- capacity to assess clients within 24 hours of becoming homeless to determine whether a rapid re-housing service response is feasible and appropriate
- capacity to develop and commence implementing individual rapid re-housing case plans for suitable clients within 48 hours.

Whilst a rapid re-housing approach can be applied to many clients, the fundamental difference is the complexity of needs. A rapid re-housing approach generally works for people who have the capacity to settle quickly back with family or friends or into private

rental, social housing or other affordable and safe long-term housing options which they can sustain with low-level support.

A rapid re-housing approach has different target client groups to Housing First models that work with rough sleepers who were likely to be chronically homeless with complex needs.

The following criteria most strongly demonstrate an effective rapid re-housing response with examples of key signposts that may be used (along with indicators) to demonstrate capability towards these criteria.

Table 4: Rapid re-housing criteria and signposts

Criteria	Signposts
Arrangements in place to access properties either directly or via collaborative arrangements that facilitate rapid sourcing of and/or allocations to affordable private rental, social housing or other suitable long-term housing	✓ Allocation rights to an agreed number of long-term housing properties ✓ Collaborative arrangements with real estate agents / social housing providers that facilitate rapid re-housing allocations for suitable clients ✓ Innovative housing solutions such as shared accommodation ✓ Collaboration with Reconnect and other services that help newly homeless people to go back home where this is a safe, supportive and affordable option.
Systems in place for working with individuals and families to establish and then sustain new tenancies following rapid re-housing	Specific policies and procedures that allow: ✓ Assessment of clients within 24 hours of becoming homeless to determine whether a rapid re-housing service response is feasible and appropriate ✓ Development of individual rapid re-housing case plans for suitable clients within 48 hours of becoming homeless ✓ Arrangements for providing follow-up support after housing.

2.5 Crisis and transition response

Crisis and transition practice responses provide safe and affordable short-term or transitional accommodation with support to exit these temporary arrangements into long-term housing with post-crisis support when it is safe and feasible to do so.

There are a range of situations where a crisis or transitional accommodation service is the most appropriate response for a client's individual needs, such as for:

- some women and children escaping domestic and family violence
- some people discharged from institutions such as medical facilities or prisons
- some young people who need to acquire the necessary skills to live independently and establish income support before moving into permanent housing.

However, the service response should never be crisis or transitional accommodation only. It must also involve individualised support to mitigate the impact of the immediate crisis and the support necessary to exit, at the appropriate time, into long-term housing with post-crisis support. This is essential to prevent people from transitioning in and out of temporary housing without ever finding a permanent home.

The following criteria most strongly demonstrate an effective crisis and transition response with examples of key signposts that may be used (along with other indicators) to demonstrate capability against these criteria.

Table 5: Crisis and transition response criteria and signposts

Criteria	Signposts
• Access to crisis/ transitional properties or collaborative arrangements that allow allocations to crisis/transitional accommodation	✓ Allocation rights to an agreed number of crisis / transitional beds ✓ Collaborative arrangements with other SHS and social housing providers that facilitate rapid allocations for suitable clients to crisis / transitional beds.
• Systems in place for working with individuals and families to initially provide crisis accommodation with support, plus support to exit these temporary arrangements into long-term housing with post-crisis support	✓ Robust assessment processes to determine situations where crisis or temporary accommodation is the only safe option for a client ✓ Active case management arrangements to move clients who are in crisis accommodation transitional accommodation into long-term housing with support if needed, including: • advocating to help clients secure long-term housing • facilitating access to specialist and mainstream support services to address immediate crisis needs (e.g. mental health; income support; legal advice) • putting in place strategies for the client to exit crisis accommodation, at the appropriate time, into long-term housing.
• Systems in place for working with individuals and families to provide transitional accommodation with support, plus support to exit into long-term housing	✓ Specific policies and procedures for individualised case planning for clients receiving transitional accommodation including: • advocating to help clients secure long-term housing • facilitating access to mainstream support services to build the skills and resources needed to secure and sustain long-term housing (including employment, education and training opportunities and independent living skills).

2.3 Intensive responses for clients with complex needs

Practice responses for clients with complex needs recognise the additional, intensive, multi-disciplinary support needed for clients entrenched in homelessness (e.g. long-term rough sleepers) and those with chronic health issues, drug and alcohol related problems and mental health issues.

The focus of the response for clients with complex needs should include:

- a housing first approach based on establishing permanent housing linked to intensive and integrated support
- intensive, multi-disciplinary case plans where multiple providers work together to wrap around the services needed to address the client's needs – potentially including treatment and support for mental health or alcohol and/or other drug problems, support to transition from correctional facilities or out-of-home care, support to deal with trauma, support to deal with domestic and family violence, and specialist services such as financial or legal advice
- assertive outreach, particularly to rough sleepers.

The following criteria most strongly demonstrate an effective response for complex needs clients with some of the key signposts that may be used (along with other indicators) to demonstrate capability against these criteria.

Table 6: Criteria and signposts for responses for clients with complex needs

Criteria	Signposts
• Access to properties to support a housing first approach	✓ Allocation rights to an agreed number of long-term properties to support a housing first approach ✓ Collaborative arrangements with real estate agents / social housing providers that facilitate housing first allocations for clients with complex needs.
• Systems in place for coordinating the service response for individuals and families with complex needs	✓ Regular contact and robust collaborative arrangements with specialist support services (such as mental health, drug and alcohol services) ✓ Robust assessment processes to identify clients with complex needs requiring intensive, multi-disciplinary support ✓ Specific policies and procedures for individualised case planning for clients with complex needs ✓ Robust mechanisms for establishing intensive, multi-disciplinary teams for managing complex need cases, including establishing the roles and responsibilities of all agencies contributing to the case plan.

Criteria	Signposts
• Expertise to deliver trauma-informed practice and to work with clients impacted by mental health, drug and alcohol, domestic and family violence and other issues	✓ Relevant staff training and resources to ensure staff are equipped to manage a range of challenging behaviours and complex situations ✓ Specific collaborative arrangements and policies and procedures to ensure needs are identified and appropriate referrals are made.

3 Streamlined access

SHS providers are expected to provide a coordinated and consistent response to clients to ensure they can access the services most appropriate to their needs. In practice, this means that people will receive consistent information, assessment and referral, regardless of where or how they come into contact with the service system.

The streamlined access system will be supported by clear and consistent tools, guidelines and systems that make it easy for clients to get information. This includes using technology to share information to prevent clients from having to re-tell their story as well as systems that provide up-to-date, real-time information about service options and capacity.

The streamlined access system also aims to divert demand away from SHS where a mainstream response is more appropriate. This will be done through consistent assessment, referral, and information sharing practices and continuing to build stronger links with other human services.

SHS providers are required to comply with the following principles and practices of the streamlined access system:

- operate as part of a 'no wrong door' access system
- undertake consistent assessment and referral practices
- connect clients to mainstream services where appropriate
- share client information (with client consent and within legislative requirements)
- provide accurate and up-to-date service information including information on vacancy/ capacity management
- use the SHS Client Information Management System.