



Family &
Community Services

Going Home Staying Home Practice Guidelines

Version 2

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Introduction

Specialist homelessness services (SHS) are a vital part of the broader service system that supports people experiencing, or are at risk of homelessness. These services provide crisis and medium-term accommodation, general support (advice, advocacy and living skills), basic support (meals, showers, and transport) personal/emotional support, financial and employment support as well as links to support services.

Going Home Staying Home (GSHH) is a reform initiative that will make SHS easier to access and will deliver a better balance between intervening early to prevent homelessness whilst improving crisis responses and post crisis support. It will ensure resources are allocated based on need and strengthen the focus on the quality of services delivered. The reform will also improve the structure and contracting of services and help to develop the industry and its workforce. The GSHH Reform Plan released in February 2013, outlines the following five reform strategies:

Strategy	Which will
Service delivery design	Ensure the right service design
Streamlined access for clients	Help clients access the services they need
Better planning and resource allocation	Locate services where they are needed most
Industry and workforce development	Enable organisations and staff to deliver the reforms
Quality, contracting and continuous improvement	Ensure ongoing improvement in quality and outcomes

Since the Reform Plan was released, there have been several months of intensive work and engagement with the Going Home Staying Home Sector Reference Group, Panel of Experts and working groups. This has resulted in the preparation of a number of program elements that will ultimately feed into the procurement stage of this reform.

These practice guidelines outline some of these elements and focus on:

- SHS outcomes and their role within a broader homelessness service system
- service delivery framework and design
- streamlining access
- implementing a quality assurance system.

The first version of the guidelines released in September 2013 was developed to assist applicants with the GSHH Prequalification Scheme.

This version of the guidelines is specifically for the tender stage of the procurement process and has been expanded to include more information regarding brokerage and SHS clients, including providing support to unaccompanied children under 16 years.

1. Clients of Specialist Homelessness Services (SHS)

SHS help about 53,000¹ people each year who are either homeless or at risk of homelessness.

The ABS statistical definition of homelessness refers to people who do not have suitable accommodation alternatives. According to the 2011 Census, about 28,000 people were classified as homeless on Census night in NSW and they were distributed as follows:

- 34% in severely crowded dwellings
- 23% in boarding houses
- 17% in supported accommodation for the homeless
- 17% staying temporarily with other households ('couch surfers')
- 7% in improvised dwellings, tents or sleeping out

A key focus of the GSHS reforms is to help these groups of homeless people to break the cycle of homelessness as well as focus on those at risk of homelessness that can be supported to remain in long-term safe accommodation.

SHS help people in different circumstances and with different levels of need. The main reasons that people sought help from specialist homelessness services in 2012-13 were:

- financial difficulties (44% of clients)
- housing affordability stress (19% of clients)
- relationship breakdown leading one or more household members to leave home without adequate alternative accommodation (32% of clients)
- fleeing domestic and family violence (32% of clients)
- inadequate or inappropriate dwelling conditions (22% of clients)
- drug and alcohol issues (20% of clients)
- mental health issues (17% of clients)
- leaving institutional settings² – including prison, without proper transition planning into stable accommodation (5% of clients).

1.1 Core SHS client groups

For planning purposes, SHS clients are classified into four mutually exclusive client groups.

Client Group	Description
Young people	Single men and women aged between 16 -24 years. SHS do occasionally assist young people under the age of 16 (refer below).
Single men	Aged 18 years and over, however most services targeting this client group would primarily support men over the age of 25, because younger clients often choose

¹Australian Institute of Health and Welfare – Specialist Homelessness Service Collection Annual Report, NSW Supplementary tables 2011-2012

² This includes young people leaving care without positive family or community connections or without support to live independently or prisoners exiting into the community not having the rental history, skills or income to access or sustain a tenancy

	to use youth homelessness services that may be more appropriate to their needs.
Single women	Aged 18 years and over, however most services targeting this client group would primarily support women over the age of 25 because younger clients often choose to use youth homelessness services that may be more appropriate to their needs
Families	People who present as part of a group, including couples with and without children, single people with children and other family groupings.

These broad demographic groups, cover more specific client groups that are commonly assisted by SHS organisations. Some of these groups include (but not limited to):

Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people comprise 7.8 percent of the homeless population but only 2.5 percent of the whole NSW population. Aboriginal people have homelessness rates more than three times the rate of homelessness in the non-Aboriginal population.³ Therefore this client group is a high priority for SHS.

People experiencing or escaping domestic and family violence

Domestic and family violence is one of the most commonly cited reasons for people seeking assistance from SHS. Women and children escaping domestic and family violence are more likely to report economic disadvantage and a decline in housing security and tenure after leaving their partner.⁴ They are also at greater risk of experiencing physical and mental health issues, poverty, social isolation and employment instability.

Rough sleepers

On Census night 2011, 1,922 people were identified as rough sleepers in NSW. Males represented 75 percent of this homelessness group. Recent research has identified that people who have initially become homeless as a result of mental health or substance use issues are more likely to experience rough sleeping.⁵ As a result, rough sleepers are particularly vulnerable to issues that can either exacerbate an existing mental illness or create conditions that can lead to mental illness.

³ 127.6 per 100,000 people who identified as Aboriginal or Torres Strait Islander compared to 36.7 per 100,000 people who did not (Source: 2011 ABS Census)

⁴ L. Goodman, K. Smyth-Fels, A. Borges and R. Singer (2009) When Crises Collide: How Intimate Partner Violence and Poverty Intersect to Shape Women’s Mental Health and Coping? *Trauma, Violence, & Abuse*, Vol. 10(4), pp.306-329

⁵ G. Johnson, and C. Chamberlain (2012) Evaluation of the Melbourne Street to home Program: Baseline Report, FAHCSIA, Canberra.

People leaving correctional facilities

People leaving correctional facilities are more likely to experience difficulties in accessing employment opportunities and mental health services, which can increase the risk of homelessness and recidivism.⁶

Young people leaving care

Approximately 50 percent of young people leaving care in Australia are likely to experience homelessness at some stage in their lives.⁷ Young people leaving care are more likely to have low income as a result of unemployment and have lower levels of education compared to the general population.

Young people under the age of 16

In some circumstances SHS provide services to unaccompanied children aged under 16 years (those who arrive alone without a parent or guardian). As a minimum it is expected that SHS who accommodate children aged 12-15 years will provide a safe environment given the particular vulnerabilities of this age group. An interim policy approach for this client group is provided at **Appendix A** and should be implemented as part of an initial risk and safety assessment to determine these children's immediate needs.

A more detailed policy for working with this age group will be developed in consultation with the SHS sector during 2014.

Culturally and linguistically diverse communities

Some culturally and linguistically diverse communities experience discrimination in accessing private rental and have difficulties affording appropriate housing due to financial insecurity. This is particularly the case for some recently settled migrants who are often vulnerable to homelessness.

SHS outcomes

SHS are a vital part of the broader service system that supports people who are experiencing, or are at risk of homelessness. SHS providers and mainstream agencies both contribute to the achievement of these four SHS Program outcomes:

- people who are at imminent risk of homelessness are identified and supported to remain safely in their existing housing, or to secure stable housing
- people who experience homelessness are rapidly and safely re-housed
- people who are in crisis are provided with safe and secure accommodation and supported to access stable housing
- people who are re-housed after becoming homeless are supported to stay housed.

⁶ E. Baldry, D. McDonnell, P. Maplestone, and M. Peeters (2003) *Ex-prisoners and accommodation: what bearing do different forms of housing have on social reintegration?* Australian Housing and Urban Research Institute (AHURI)

⁷ J Wood (2008) Report of the Special Commission of Inquiry into Child Protection Services in NSW, State of NSW

These outcomes contribute to Goal 13 from *NSW 2021* of supporting the most vulnerable people in the community as well as the broader NSW and Australian Government goals of reducing and preventing homelessness.

2. Role of Specialist Homelessness Services (SHS)

3.1 Role of SHS within the broader service system

SHS and mainstream services both contribute to preventing and reducing homelessness. In this context, the term ‘mainstream services’ refers to the full range of generalist and specialist non-SHS services delivered by government and non-government providers, including long-term housing, health, education, employment, justice, mental health, drug and alcohol services, child protection, family support services and the income support system.

Figure 1: Role of SHS in relation to mainstream services in preventing and addressing homelessness

Client Outcomes	SHS providers primary role	Mainstream services primary role
<p>People who are at imminent risk of homelessness are identified and supported to remain safely in their existing housing or to secure stable housing</p>	<ul style="list-style-type: none"> • Deliver a prevention and early intervention response (refer to section 4.3 below) • Collaborating with mainstream agencies to identify and respond to individuals and families at risk of homelessness • Providing information, referrals and coordination for individuals and families who need help navigating access to a range of services to address imminent homelessness • Working intensively with individuals and families to sustain existing tenancies where specialist assistance is needed 	<ul style="list-style-type: none"> • Collaborating with SHS to identify and respond to individuals and families at risk of homelessness • Delivering emergency relief and housing assistance services for people at risk of homelessness - where a timely response can resolve their needs without intensive, specialist assistance • Building internal capacity to better respond to clients at imminent risk of homelessness who require an intensive, specialist response • Supporting people to obtain and retain employment and training
<p>Establishing regional and local protocols/practices that best utilise SHS and mainstream resources to identify and support people who are at imminent risk of homelessness (including agreements about which individuals and families will be referred to SHS for assistance to sustain tenancies)</p>		
<p>People who experience homelessness are rapidly and safely re-housed</p>	<ul style="list-style-type: none"> • Deliver a rapid rehousing response (refer to section 4.4 below) • Work with real estate agents to help clients secure housing • Providing crisis accommodation while housing is being secured • Provide practical assistance • Provide follow-up support after housing. 	<ul style="list-style-type: none"> • Actively participating in case plans by implementing agreed housing and support responses where appropriate and according to core business • Providing Private Rental Brokerage Service, temporary accommodation, bond loans and rental assistance • Providing specialist support services (e.g. mental

Client Outcomes	SHS providers primary role	Mainstream services primary role
		health, D&A rehabilitation, family support services)
	SHS and mainstream services work together to identify individuals and families who have just become homeless and develop and implement a tailored case plan based on the right mix and housing and support responses	
People in crisis are provided with safe and secure accommodation and supported to access stable housing	<ul style="list-style-type: none"> • Deliver a crisis and transitional response (refer to section 4.5 below) • Provide supported crisis and transitional accommodation • Working with individuals and families to develop and implement tailored case plans. 	<ul style="list-style-type: none"> • Lead or actively participate in case planning by implementing agreed housing and support responses where appropriate and according to core business
	Partnerships between SHS and housing providers and mainstream services to develop and implement case plans aimed at moving people out of homelessness as quickly as possible and stabilising their housing.	
People who are re-housed after becoming homeless are supported to stay housed	<ul style="list-style-type: none"> • Deliver intensive responses for complex clients (refer to section 4.6 below) • Work with the client to develop a post-crisis transition plan • Undertake follow-up and support as agreed in the plan • Continuing to respond to requests from the client for ongoing information, advice and advocacy • Monitor housing sustainability and respond to triggers of homelessness risk in the initial housing stabilisation period. 	<ul style="list-style-type: none"> • Actively participate in transition plans by implementing agreed housing and support responses where appropriate and according to core business • Housing providers monitor homelessness risk post crisis (with client consent) referring to SHS as required • Providing specialist support services (e.g. mental health, D&A rehabilitation, family support services)
	SHS, housing providers and mainstream services working together to put in place a post-crisis transition plan to ensure clients continue to get the follow-up, the assistance and the support they need to stay housed.	

3.2 Collaboration within a broader service system

To be effective, SHS providers have an important leadership, promotion and collaboration role within the broader homelessness service system.

The table below shows the criteria and signposts that demonstrate capabilities for delivering effective homelessness services in a collaborative and connected way.

Table 1: Criteria and signposts of a collaborative SHS role

Criteria	Signposts
Demonstrated active role in	<ul style="list-style-type: none"> • Regular contact and communication with the full range

Criteria	Signposts
<p>raising awareness about homelessness and effective responses to prevent and respond to homelessness in mainstream services</p>	<p>of mainstream services to promote better identification and responses to risks of homelessness and actual homelessness</p> <ul style="list-style-type: none"> • Promotional and communication material about the service to inform mainstream services of the role of SHS in the service system
<p>Systems in place to deliver information, initial assessment, referral and coordination role for clients referred to or presenting at the service (when it is safe to do so).</p>	<ul style="list-style-type: none"> • Robust arrangements that ensure all clients referred to or presenting at the service receive as a minimum: <ul style="list-style-type: none"> ○ tailored information and advice appropriate to the client's needs and circumstances ○ an initial assessment of need to determine whether an SHS or mainstream service response is most appropriate for the client's needs and circumstances ○ assistance to support and coordinate the take-up of a referral where it is determined that another SHS or mainstream service is the most appropriate service response.
<p>Collaboration arrangements are in place with mainstream services to ensure integrated and coordinated responses across the full range of SHS and mainstream services relevant to client needs</p>	<ul style="list-style-type: none"> • Appropriate local protocols/practices are in place that define which individuals and families will be referred by mainstream services to the SHS (and which will not be referred) covering: <ul style="list-style-type: none"> ○ people who are at imminent risk of homelessness ○ people who are homeless and can be rapidly and safely re-housed ○ people who are in crisis and require safe and secure short-term accommodation and support prior to moving into long-term housing ○ people who were previously homeless and require support to sustain their tenancies. • Robust mechanisms for proactive and ongoing collaboration with the full range of service providers who contribute to addressing individual client needs, for example: <ul style="list-style-type: none"> ○ housing assistance services (including social housing and private rental assistance) ○ services to access education and employment opportunities

Criteria	Signposts
	<ul style="list-style-type: none"> ○ income support services ○ health services—particularly where homelessness is associated with mental health and drug and alcohol issues ○ specialist domestic and family violence support services and systems ○ child and family services including family support, child protection and early childhood services. ○ Aboriginal, CALD and other specialist services. ● Appropriate local protocols/practices are in place with mainstream services to promote their active participation in client case plans by implementing agreed housing and support responses.
Active participation in local service system planning	<ul style="list-style-type: none"> ● Proactive participation in FACS District and local planning mechanisms to ensure available SHS and mainstream resources are used effectively to support the achievement of the SHS delivery framework outcomes

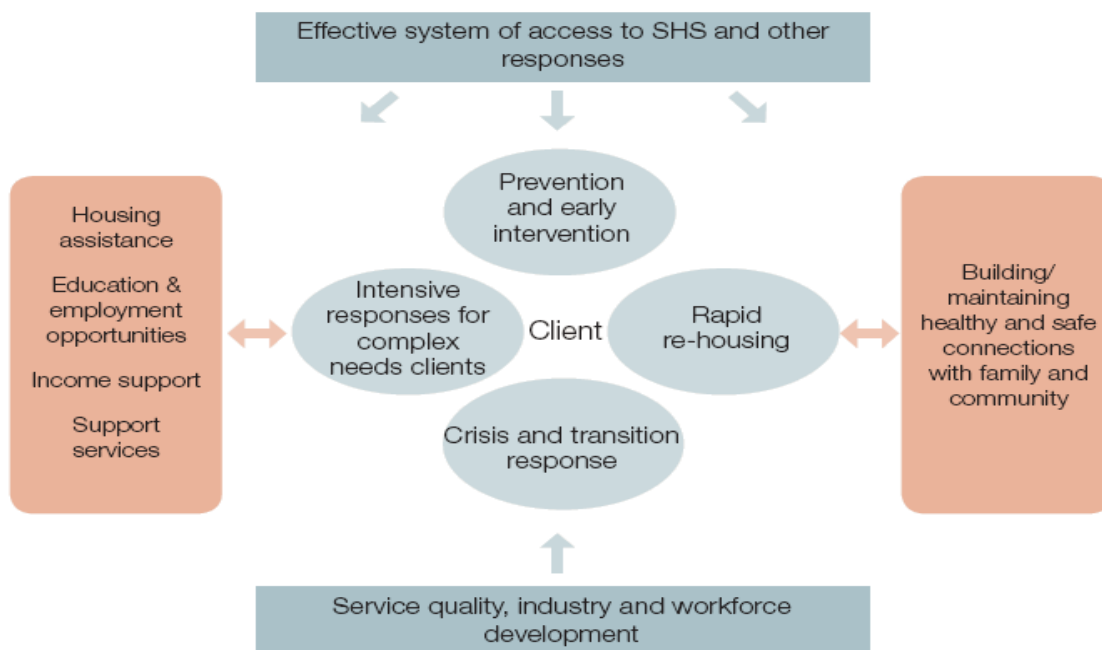
3. SHS Service Delivery Framework

4.1 Overview and principles

One of the strategies of the GHS reform is improving the design of services to help strengthen the focus on intervening early to prevent homelessness and on breaking the cycle of homelessness.

To support best practice service delivery, FACS has developed a new service design framework.

Figure 2: Specialist Homelessness Service Delivery Framework



The SHS delivery framework comprises four dimensions:

1. a client-centred approach that places the client at the centre of all service responses
2. evidence-based practice responses in four core areas - intervening early to prevent homelessness, rapid rehousing, crisis and transition responses and intensive responses for complex needs clients
3. SHS service system enablers including access, service quality, and industry and workforce development
4. 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 as 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 services 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:

- intervening early to prevent homelessness
- 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 practice responses areas.

4.2 Client-centred approach

A client-centred approach to service design 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 co-ordination
- flexible brokerage funding
- skilled case workers
- good relationships with housing providers
- linkages with the client's 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.

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	<ul style="list-style-type: none"> • Client-centred service design and planning that is strengths-based and linked to individual needs • Service promotional and communication material make 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Comprehensive policies and procedures for individualised case planning to ensure: <ul style="list-style-type: none"> ○ all case managed clients have an individualised case plan, including children accompanying adult clients ○ all case plans encourage client responsibilities and mutual obligations ○ all case plans tailor the duration and intensity of service response to reflect individual needs and client preferences ○ case plans outline the full range of SHS and mainstream services that will be provided that are 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 ○ all case plans will include points of review and ongoing monitoring to respond to changes in client circumstances. • 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.
Promoting client mutual obligations towards resolving and	<ul style="list-style-type: none"> • Robust mechanisms for setting and documenting client choices and goals

Criteria	Signposts
preventing their homelessness and having a range of opportunities for their input into setting and reviewing case plan goals and service responses	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 domestic and family violence), service design and planning is 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	<ul style="list-style-type: none"> • Flexible service delivery arrangements that allow case workers to undertake outreach and work cooperatively with specialist support services

4.3 Intervening early to prevent homelessness

Evidence-based practices and tools that underpin intervening early to prevent homelessness 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, police, 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 safely 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 a client 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 early intervention practice responses are outlined in Table 3.

Table 3: 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	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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, drug and alcohol, family support and mediation services) early childhood services, income support, financial help, and legal advice, education and employment opportunities and justice responses (e.g. Apprehended Domestic Violence Orders), community participation and family engagement opportunities ○ putting in place follow-up strategies to ensure the tenancy is sustained after the initial crisis is addressed ○ the profile of clients targeted and receiving early intervention service responses is consistent with District priorities including: <ul style="list-style-type: none"> ▪ clients at imminent risk of eviction ▪ clients requiring support to sustain existing tenancies ▪ clients requiring alternative accommodation to avoid the risk of harm.
Systems in place for working with individuals and families who are in care or	<ul style="list-style-type: none"> • Strong collaborative partnerships with relevant institutions (e.g. hospitals, prisons, OOHc providers, juvenile detention centres) • Specific policies and procedures for working with institutions—aligned to the Framework for Multi-Agency Transition Planning to Prevent

Criteria	Signposts
institutional settings in order to avoid exits into homelessness	Exits into Homelessness including: <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> ● Robust links and collaboration strategies with relevant mainstream services 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: <ul style="list-style-type: none"> ○ negotiating client responsibilities and advocating on behalf of the client to help them sustain their new tenancy ○ facilitating access to mainstream 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).

4.4 Rapid re-housing

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

- having collaborative arrangements with real estate agents and social housing providers that facilitate access to long-term accommodation
- 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
- following-up clients with their agreement after they have been housed to help them to sustain their tenancy.

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 is generally suitable 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 demonstrates an effective rapid rehousing 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
<p>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</p>	<ul style="list-style-type: none"> • 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.
<p>Systems in place for working with individuals and families to establish and then sustain new tenancies following rapid re-housing</p>	<p>Specific policies and procedures that allow:</p> <ul style="list-style-type: none"> • Assessment of clients within 24 hours of becoming homeless to determine whether a rapid re-housing service response is feasible and appropriate • The 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.

4.5 Crisis and transition response

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

This response requires access to crisis accommodation (short-term), transitional (medium-term) or temporary accommodation (emergency).

This response includes:

- providing safe short-term or medium term accommodation while the client’s homelessness is resolved
- providing case management and support to mitigate the impact of the immediate crisis
- helping connect clients to other services; such as to employment education and training, and to positive and safe family and community networks
- working with clients towards exiting these temporary arrangements into safe and affordable long-term housing
- providing post-crisis support as required to help the client to stay housed after crisis.

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 with complex needs who find themselves homeless due to a life crisis
- some homeless young people who need to further develop their skills to live independently and establish income support before moving into permanent housing
- some people who have lost their home due to financial crisis.

However, the service response should never be crisis or transitional accommodation without support and other services. This includes 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 cycling through temporary housing and never finding a permanent home.

The following criteria most strongly demonstrates 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
<p>Access to crisis/transitional properties or collaborative arrangements that allow allocations to crisis/transitional accommodation</p>	<ul style="list-style-type: none"> • Collaborative arrangements with other SHS and social housing providers that facilitate rapid allocations for suitable clients to crisis / transitional beds.
<p>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</p>	<ul style="list-style-type: none"> • Robust assessment processes to determine situations where crisis or temporary accommodation is the safest option for a client • Active case management arrangements to move clients who are in crisis accommodation and transitional accommodation into long-term housing with support if needed including: <ul style="list-style-type: none"> ○ 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.
<p>Systems in place for working with individuals and families to provide transitional accommodation with support, plus support to exit into long-</p>	<ul style="list-style-type: none"> • Specific policies and procedures for individualised case planning for clients receiving transitional accommodation including: <ul style="list-style-type: none"> ○ advocating to help clients secure long-term housing ○ facilitating access to mainstream support services to build the skills and resources needed to secure and

Criteria	Signposts
term housing	<p>sustain long-term housing (including but not limited to employment, education and training opportunities, as well as independent living skills)</p> <ul style="list-style-type: none"> ○ monitoring support to ensure transitional goals are achieved and the exit is seamless ○ working with housing providers and clients, promoting innovative housing solutions

4.6 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) as well as those with chronic health issues, drug and alcohol related problems, mental health issues or people at continued risk of domestic and family violence.

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

- providing intensive multi-disciplinary support needed for clients entrenched in homelessness.
- providing a housing first approach based on helping clients access and establish permanent housing linked to intensive and integrated support
- working with the client and other services to undertake multi-disciplinary case planning where multiple providers work together to wrap-around the services needed to address the client's needs. This could potentially include treatment and support for mental health or alcohol and/or 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
- providing assertive outreach, particularly to rough sleepers.

The following criteria most strongly demonstrates 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	<ul style="list-style-type: none"> • Collaborative arrangements with real estate agents / social housing providers that facilitate housing first allocations for clients with complex needs • Working with these housing providers and clients promoting innovative housing solutions.
Systems in place for coordinating the service response for individuals and families with complex needs	<ul style="list-style-type: none"> • Regular contact and robust collaborative arrangements with specialist support services (such as mental health or 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.
Expertise to deliver specialised models of care such as trauma-informed practice and narrative therapies to work with clients impacted by mental health, drug and alcohol, domestic and family violence and other complex issues	<ul style="list-style-type: none"> • 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 • Having the knowledge base to identify complex needs and building an appropriate referral network.

5 The Role of Brokerage in SHS

The evidence suggests that brokerage funding if used appropriately can enhance outcomes for clients. Brokerage funding refers to the flexible use of designated funds to purchase goods and services to enable eligible clients to achieve positive housing outcomes. Brokerage funding is to be provided as one of a range of strategies identified in the case management plan to address the identified needs of the client.

Brokerage funds are only to be used if there are no alternative sources of financial assistance available to address the identified needs of the client.

Brokerage funding may be provided as a component of SHS contracts. The provision of brokerage funds for SHS is based on the premise that their targeted use can assist people to access or maintain independent housing by addressing the issues that put them at risk of homelessness or prevent them from accessing housing.

- **Case management:** Brokerage funds can only be provided in the context of a written case management plan⁸ for the Specialist Homelessness Services Case Management [Resource Kit](#) for the purchase of goods and services considered essential to achieve client outcomes identified in the plan (except in the case of emergency).
- **No client is to be given money directly** - The organisation supporting the client through brokerage funding must organise payment for goods or services directly with the relevant supplier.
- **Brokerage funds should only be used if direct service delivery, case coordination, referrals, mainstream services or other avenues of funding are unable to supply the required goods or services in a timely manner.** Evidence of need to use brokerage funding and steps taken to exclude other options should be included in the request for brokerage funding.

The use of brokerage funds is guided by the following principles:

- **Person-centred focus:** Brokerage funding support is responsive to and driven by the needs of the client as identified in the case management plan and is respectful of their rights, dignity and confidentiality.
- **Client responsibility:** Brokerage funding is to be used to support clients to take responsibility for their own needs and to develop their capacity to live independently. This involves requiring the client to pay (or part repay) the brokerage funding, with a repayment plan as part of their case management plan, unless it's not appropriate for that client and this is documented in the case management plan. It also involves ensuring that issues that have led to the need for brokerage are addressed in the case management plan.
- **Flexibility:** Brokerage funds can be used flexibly to purchase goods and services required by the client and can be applied at any time along the service delivery continuum to obtain or sustain housing and/or to prevent homelessness.
- **Only to be used if needed:** Brokerage funds are only to be used if all other options are exhausted.
- **Value for money:** Goods or services purchased with brokerage funds should be paid for at a fair market rate. Care should be taken to ensure that the price is in line with the market rate and not inflated. Consideration must also be given as to whether the intended expenditure is the best use of resources to meet identified client outcomes.

Organisations administering brokerage funding are required to have clear administrative procedures in place. The preferred administrative arrangement for the delivery of brokerage funds is via a case coordination reference group. Alternatively, organisations need to have clear internal procedures with appropriate delegation for decision making.

Requirements for the administration of brokerage funding and the purpose for which they can be used are contained in the [Guidelines for the use of Brokerage Funds for Specialist Homelessness Services](#).

⁸ According to the Australian Institute of Health and Welfare's Specialist Homelessness Services Collection Manual (2012), a case management plan is a personal plan or support agreement that usually has a statement of the client's problems or needs, some goals for the client, and strategies to achieve those goals. It is usually developed between the client and agency as a result of an assessment process. The plan or agreement can relate to services provided by one agency or a number of agencies.

6 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.

Once the elements of the Streamlined Access System have been tested, consulted upon and approved, staff training will commence and supporting documentation will be made available.

6.1 No wrong door

Operating within a 'no wrong door' approach means that when a person or family presents or contacts an SHS provider they will at a minimum be provided with a range of access options, including provision of information, advice and referral to either an SHS provider or a mainstream provider. They will also receive an initial assessment from the service at which they present or be linked with a service that can provide the assessment.

The main aims of 'no wrong door' are that people who are homeless or at risk of homelessness:

- have easy access and a clear pathway to SHS and other mainstream services
- receive consistent and accurate information or advice
- receive an initial risk and needs assessment to determine their immediate needs
- do not have to visit multiple services before receiving assistance.

All SHS providers have primary responsibility for coordinating a client's initial response, which may include referring them to a mainstream service. In some cases, certain SHS providers may have limited participation in the 'no wrong door'. For example it is not appropriate for men to seek assistance by going to a women's refuge.

6.2 Consistent information, assessment and referral

Information, assessment and referrals start a process that can lead to long-term, sustainable client outcomes. Consistent assessment and referral tools are being developed as part of GSHS reforms.

The initial assessment will seek to understand a person's or family's immediate situation, resolve immediate safety issues, identify support needs and match these to the most appropriate response. This is either an SHS provider or a mainstream provider response.

Referral practices require the SHS provider to contact relevant service(s) and help the client to smoothly transition from one service to another. SHS providers are required to use the electronic referral systems currently being developed, to make and receive referrals.

SHS providers are expected to actively work with service networks to improve referral arrangements. This includes working closely with the homelessness State-wide Information and Referral Service (SIRS) which is under development through the GSHS reforms and other relevant access points such as the Domestic Violence Line, FACS District offices or local human services agency offices. The SIRS will provide over the phone information and advice, assessment and referral and will be available to clients and service providers.

6.3 Client information

New tools are being developed to support SHS providers to share client information in line with legislative requirements and client approvals through client consent/referral forms. SHS providers are required to take reasonable steps to ensure clients understand why the information will be shared and with whom and to seek their consent.

The tools will also outline clear parameters for disclosing client information beyond the scope of client consent. SHS providers will be expected to comply with these in circumstances such as unlawful activity or where it is suspected a young person or child is at risk of significant harm.

6.4 Accurate and up-to-date service information

A comprehensive service directory and linked vacancy management system that provides real-time information about service options and capacity is being developed. SHS providers are required to maintain their service information and regularly update vacancy / capacity management information as relevant information changes or becomes available.

6.5 Client Information Management System

The streamlined access system will be supported by a new Client Information Management System (CIMS). The CIMS will capture the functionality of all client records including initial assessments, client consent as well as case management and referral arrangements. It will incorporate protocols and business rules to enable these processes to occur. The CIMS will also support reporting requirements as part of the national Specialist Homelessness Services Data Collection.

Implementation of the CIMS is likely to occur after July 2014.

Quality Assurance System

7.1 Overview

The Quality Assurance System provides a way for SHS in NSW to identify, achieve and demonstrate quality service provision. The system provides a basis for continuous quality improvement within the service, guiding a service provider through a review against a set of quality requirements (standards, client charter and complaints handling) and identifying where improvements can be made.

The Quality Assurance System is also part of FACS processes for monitoring and ensuring the quality of the services it funds. It incorporates the requirements of the National Quality Framework for Homelessness Services (NQF) and is part of a nationally consistent approach to quality management in the SHS sector.

The contents of this section are subject to further change and consultation, in particular through the Sector Reference Group and Panel of Experts. This version provides prequalified organisations invited to tender for a service funded under the SHS Program with information on the key components of the Quality Assurance System and associated requirements for providers. A more detailed version of the Quality Assurance System will be finalised and made public before contracts are completed.

7.2 Quality components

There are three components within the Quality Assurance System:

Title	Description
The SHS Quality Standards (Appendix B)	The NSW SHS Standards build on the national SHS Standards.
The SHS Client Charter (Appendix C)	The Client Charter is based on the National Homelessness Statement of Principles, which is one of the components of the NQF and part of providing a consistent approach to quality service provision across the Australian SHS sector.
The SHS Complaints Mechanism (Appendix D)	This is a complaints management and monitoring system which incorporates the principles of the NQF.

7.3 Requirements

Progress against meeting the SHS Standards will be the main indicator of quality assurance for the SHS Program. SHS providers in NSW are required to demonstrate their progress in meeting the SHS Standards. Where a provider does not fully meet the Standards, they will be expected to demonstrate continuous quality improvement against the Standards over the course of the funding period. The long-term goal is for all providers to fully meet the SHS Standards. This is not a requirement for the next funding period, but where necessary providers are required to make progress towards fully meeting the Standards during this period.

Providers must have a Client Charter available to clients that reflects the content of the SHS Client Charter. This requirement is incorporated into the SHS Standards under *Standard 1: Promoting, upholding and exercising rights*.

Providers must also have a complaints policy and procedure that is compliant with the SHS Complaints Mechanism. This requirement is incorporated into the SHS Standards under *Standard 1: Promoting, upholding and exercising rights*. SHS providers are required to report on the number and resolution of complaints through the Community Services contract management framework.

FACS will provide guidelines to support providers in working towards compliance; these will be available before July 2014.

7.4 Assessment of compliance with quality standards

A provider's performance against the quality standards will be assessed either by the provider itself through a self-assessment, or by an external organisation, or by a combination of both. External assessment is preferred as best practice.

Where the SHS Standards are equivalent to another recognised quality framework, accreditation under these frameworks will be recognised as compliance with the relevant SHS Standards.

The long-term goal is for all SHS providers to be externally assessed and accredited against the SHS Standards. This is not a requirement for the next funding period however, it will ultimately become a requirement for all providers.

Appendix A: Children under 16 in SHS

Interim Policy

In some circumstances SHS provide services to unaccompanied children aged under 16 years (those who arrive alone without a parent or guardian). Where services are provided to this group, the following should be implemented as part of an initial risk and safety assessment to determine these children's immediate needs:

- SHS should apply the NSW Mandatory Reporter Guide and report young people to the FACS Child Protection Helpline where the outcome is a suspected risk of significant harm.
- It is not appropriate for unaccompanied children under 12 to be provided with accommodation in an SHS and these children should be reported to the FACS Child Protection Helpline immediately.
- Where an unaccompanied child aged 12 to 15 years is accommodated in an SHS, then an appropriate level of staffing and support is required by the service to ensure the safety of the child.
- Where the child is under the parental responsibility of the Minister for Family and Community Services, SHS may provide services to meet the child's interim needs but must report the child to the FACS Child Protection Helpline as soon as possible and within 24 hours. FACS-Community Services, or in some circumstances the relevant NGO with delegated responsibility for the child, should immediately arrange with the SHS to take over the responsibility for the child.
- All workers and volunteers should have undergone appropriate pre-employment checks and screenings including a working with children check and be assessed as appropriate by the SHS to work with this age group.
- SHS are generally able to use Chapter 16A of the *Children and Young Persons (Care and Protection) Act* to exchange information with FACS-Community Services and other prescribed bodies. That will help SHS determine whether the Minister has parental responsibility for the child or whether the child has current involvement from FACS-Community Services. This provision can also be used to obtain further information from a variety of other agencies that provide services to children and young people provided the relevant legal tests are met. An overview of the Act provisions can be found in the [Keep Them Safe Fact Sheet number 7](#).

A more detailed policy for working with this group will be developed in consultation with the SHS sector during 2014. Until then, as a minimum it is expected that SHS that accommodate children aged 12-15 years will provide a safe environment given the particular vulnerabilities of this age group.

Appendix B: The SHS Quality Standards

Structure of the Standards

The eight SHS Standards fall into two groups: those dealing with service delivery and those dealing with the governance and management of the organisation.

Service delivery (Standards 1 to 5)

The five Service Delivery Standards deal with the way in which services are provided to assist people who are homeless or at risk of homelessness and to support them to achieve safe, affordable and stable housing. These Standards describe the rights of clients, the principles that should underpin service delivery and how services should be delivered to achieve positive outcomes for clients.

Standard	Title	Description
1	Promoting, upholding and exercising rights	Clients receive services that promote and uphold their rights and safety and support them to effectively exercise those rights.
2	Service access and equity	Clients are provided with fair and transparent processes ensuring equity of access for all clients and identifying and removing barriers for clients who may experience disadvantage in accessing the service.
3	Decision making and participation	Clients are actively supported to make choices and decisions about their service and to actively participate as a valued member of their chosen community.
4	Service outcomes	Clients are assisted and supported to achieve positive outcomes by the development, delivery and review of quality programs and services that meet individual client needs.
5	Service system	Outcomes for individuals and communities are improved by the service provider working collaboratively with other service providers and agencies.

Governance and management (Standards 6 to 8)

The three Governance and Management Standards deal with the way in which the organisation supports the achievement of its service objectives. These Standards describe the leadership, direction and longer-term planning of the organisation and the systems and processes to carry out day to day activities.

Standard	Title	Description
6	Governance	The governing entity defines clear goals and purposes for the service provider, adapts to and manages change, develops strategies to achieve and monitor the service provider and is accountable for all its activities
7	Systems management	There are effective management systems and strategies to ensure the service provider's goals are met.
8	Human resource management	The service provider develops and supports its workforce, both paid and voluntary to ensure the effectiveness of its services.

Appendix C: The SHS Client Charter

Context

A client charter is an important way to give clients a clear, simple picture of their rights with regard to your service. It also demonstrates that the service has a commitment to respecting those rights and to providing clients with a quality service.

It is a requirement that SHS providers have a client charter. The Homelessness Charter is one of the components of the National Quality Framework (NQF) for Homelessness Services and part of providing a consistent approach to quality service provision across the Australian SHS sector.

How to make use of the charter

Each SHS provider should adapt the Client Charter template (provided below) to its own client's needs and adopt this formally within their services. In adapting the template, services should keep the existing content but may adapt wording to suit their client group and make any additions they consider appropriate.

The Client Charter should then be made available to all clients. How a service does this will depend on the particular circumstances and client group but may include:

- displaying the charter in key areas of the premises where clients will see it
- making the charter available in accessible formats or in other languages
- providing a copy of the charter to individual clients
- explaining the charter to clients as part of an intake process.

All staff and volunteers should be aware of the Client Charter and understand its purpose and use which may include:

- ensuring it is included in the orientation for all new staff and volunteers
- reviewing and discussing the charter and its use in staff development and training
- reviewing client's responses to and understanding of the charter as part of service review and planning processes.

The Client Charter template

Are you currently homeless or at risk of becoming homeless?

- We will work with you to make sure you receive the best possible assistance to avoid becoming homeless or, if you are homeless, to access safe, affordable and secure housing.
- We are committed to working with you in a respectful way that protects your dignity, is fair, and does not discriminate.
- You will be treated in a professional, courteous and caring manner, and receive the same quality and level of service based on your need, regardless of your gender, religious, cultural or linguistic background, sexual orientation, age, disability or family status.
- Your personal privacy will be respected and confidentiality protected, except where we have a legal obligation and we will explain to you what this means when you use our service.

- You have the right to use our service if it matches your need and what we are funded to provide.
- We will work in partnership with you to identify your needs and develop a plan with you and other agencies to meet your needs.
- You have the right to put forward a complaint and we will respond in a confidential, respectful and timely way.
- We will inform you of your rights and responsibilities when you receive a service from us.
- You will be provided with opportunities to take an active role in the decision making processes of our service.
- We will provide you with a range of suitable referral and support options so you can make a decision on who you prefer to work with.
- We aim for you to feel safe and we will have systems in place to ensure protection from harm.
- You can expect our service to meet health and safety requirements.
- We will regularly ask for your opinions and will seek suggestions on the services we offer.
- If you have a child under 16 years, you have the right to have their needs considered and linked to suitable responses.

As a client of a Specialist Homelessness Service you have a responsibility to:

- be respectful of others, including staff, volunteers and other clients
- be respectful of the organisation's property
- be an active participant in your service, including taking part in case planning and management sessions and fulfilling your commitments under your case plan
- actively and positively contribute to resolving your own homelessness or risk of homelessness
- participate in the service in a fit state (not under the influence of drugs or alcohol)
- maintain confidentiality regarding information about other clients or participants in groups or programs
- provide accurate information about yourself in order to receive the best service.

Appendix D: SHS Complaints Mechanism

Context

Under the SHS Quality Assurance System and Standards, it is a requirement that SHS providers implement a complaints management and monitoring system which incorporates the principles of the National Quality Framework for Homelessness Services.

All clients have the right to make a complaint about a service if they are dissatisfied with any aspect of the service. They have the option of making their complaint to the SHS provider (internal complaint) or to the NSW Ombudsman or other external body (external complaint).

SHS providers must have a system in place that enables clients and others to make complaints and for those complaints to be resolved where possible by the service. All complaints whether the SHS provider believes them to be well informed or not, must be treated with respect and handled seriously. Where an external complaint has been made, the SHS provider has a responsibility to engage with the external body dealing with the complaint.

Information on the number and resolution of complaints should be recorded by SHS providers and reported to FACS (as the funding body) through the Community services contract management framework.

Characteristics of an effective complaints mechanism

A complaint is any situation in which a client or someone acting on behalf of a client(s) tells an organisation that they are dissatisfied with the way in which the service has been delivered or the provider's general practices or policies.

Complaints may be made by clients about aspects of the service, or be made by other agencies or individuals acting on behalf of a client.

Complaints are best seen as just one part of a client feedback system with the focus being on actively gathering feedback on a continuous basis rather than passively waiting for complaints.

A well designed complaints handling system can also provide an important source of information for the provider, helping them to identify and deal with any issues that are impacting the quality of service delivery or that pose a risk to clients or the organisation.

A complaints handling mechanism should be based on the following principles:

- fair
- equitable
- objective and impartial
- confidential
- based on natural justice
- timely

A complaints handling mechanism should:

- follow a due process
- create an environment of openness and trust

- demonstrate a balanced approach
- follow a clear policy/procedure that everyone knows about
- monitor and report on the progress and outcomes of complaints.

Effective implementation of a complaints handling system is dependent on:

- people understanding their right to make a complaint and how to go about it. Where necessary, assistance should be provided to clients to help them prepare or lodge a complaint. Information about the service's complaint system should be included in any client service statement and at intake
- staff understanding the procedures and being skilled in creating an environment that welcomes complaints and feedback. Effective complaints handling should be incorporated in learning and development opportunities for staff.

How to implement the complaints mechanism

The SHS provider must have a complaints policy and procedure that reflects the requirements of this section in addition to other external requirements, legislation or contractual obligations.

The policy should describe the provider's commitment to ensuring that anyone using its services has the right to lodge a complaint or to appeal a decision of the organisation and that their concerns will be dealt with in a manner that is fair, accountable and transparent.

Complaints policies must outline:

- how complaints may be lodged with the provider – this should specify the information that will be needed, and what form it needs to be in
- who will receive the complaint and what process will be used to register the complaint
- how the complaint will be investigated – the process must be fair and thorough and individuals should be protected during the process
- the time frame for each step of the process
- how the complainant will be notified of the outcome and whether they will have any right of appeal.

Complaints handling procedures must:

- allocate responsibilities for receiving and managing complaints
- have set timeframes for dealing with and resolving complaints
- have a method for keeping a record of complaints, monitoring their progress and their resolutions
- provide guidelines to help staff resolve matters as informally as possible
- ensure that the client is kept informed of progress at each stage and informed of the outcome in writing.

A 'user friendly' version of the complaints policy should be made available as a pamphlet, poster or information sheet for clients.

Information recorded on the volume of complaints and their outcomes must be reported to Community Services through the contract management framework.