ACT Government
Community Services

Review of Good Practice Models and Guiding Principles
Specialist Homelessness Services

Introduction

This document presents findings of a review of i) key features of good practice models, ii) examples of good practice models applied internationally and nationally to support people experiencing and at risk of homelessness; and iii) key guiding principles for the design and delivery of homelessness services already applied by a number of services in the ACT.

This document aims to provide references and relevant examples for participants engaging in the service design workshops to consider in profiling existing and new initiatives during the commissioning process.

Key features of good practice models of homelessness services

Wide-ranging research conducted internationally and nationally by the *Australian Housing and Urban Research Institute (AHURI)* has found a number of key general features that are linked to an effective homelessness services system. These include:

- *A better balance between prevention, early intervention, and crisis services*: Research findings indicate that the existing homelessness service system in Australia is predominantly a crisis response to homelessness. Experiences from other countries including Finland, Norway, and the United Kingdom have shown that these countries have managed to reduce homelessness rates by concentrating on preventing homelessness and intervening early before homelessness becomes chronic.
- *Client- centred approach:* A client-centred approach ensures that all aspects of support and engagement with the client or family are tailored to their needs, preferences and goals.
- *Trauma-informed approach:* A trauma-informed approach begins with understanding the physical, social, and emotional impact of trauma on the individual, as well as on the professionals who help them. A trauma-informed approach is about changing the way we perceive the client we serve, the way our staff interact with the client, the delivery and type of services being offered, and the physical environment in which services are delivered from. This approach requires adhering to a number of principles including promoting safety for clients; trustworthiness and transparency; peer support; collaboration and mutuality; and empowerment, voice, and choice.
- *Culturally appropriate support*: Good practice responses seek to preserve and enhance connections to culture and leverage cultural strengths to assist clients.
- *Housing First approach*: Both international and Australian research clearly demonstrates that Housing First models are effective in enabling people sleeping rough and those experiencing chronic homelessness and acute needs to sustain tenancies. Although Housing First-style models were developed in the USA, Finland is often cited as the exemplar for this approach. The Finnish Government adopted a Housing First approach in 2007, and the number of long-term homeless people in Finland fell 33.3 per cent from 3,600 in 2008 to 2,400 in 2015.

- *Assertive outreach* is often combined with a Housing First approach - core features of assertive outreach models include:
  - Multidisciplinary teams to support people to transition out of rough sleeping
  - Persistent and proactive street-based engagement of rough sleepers
  - Targeting through a 'Vulnerability Index Tool'
  - Client centred practice
  - Long-term support to sustain housing
- *Integrated response* involves 'joint working' and can involve system-level or service-level integration, with the ultimate aim of creating linkages and connectedness among services to meet the needs of clients. Integration can be developed on a system-wide basis and be centrally managed or be generated at a service level involving the coordinated delivery of individual services within and/or across different sectors (service-level integration).
- *Place based approach* is about provision of local services that keep people connected to their local services. This line of system thinking shifts away from state-wide programs implemented in (top-down) specified locations to more place-based approaches which work within a geographical community, mobilising community stakeholders and leaders to address specific issues and social problems in their community.

Examples of good practice models

Good Practice Example 1 - The Alex model (Canada)

The Alex is a non-profit health and social services organisation that has provided integrated and accessible supports and thoughtful, comprehensive care to Calgarians for almost 50 years. With a full complement of health, housing, and community programs, the Alex is a hub of supports and outreach services for people who are experiencing homelessness, poverty, trauma, social isolation, or health challenges including addiction.

Most Alex clients are socially and economically disadvantaged and in poor health. They struggle to cope with multiple, complex physical, mental, emotional, social, and addiction challenges. These challenges are often due to adverse childhood experiences, intergenerational trauma, risk factors accumulated over time, and current social and behavioural determinants of health. Because Alex clients have poor health determinants and these determinants are inter-connected, so are Alex programs. The Alex programs provide integrated, welcoming, dignified care across health, housing, and food and social programs for infants, youth, adults, and seniors. This way the program can tackle challenges on all fronts to improve clients' physical and mental health, housing status, and income stability, and reduce social isolation, ultimately increasing clients' social inclusion and quality of life.

Health, Home, Humanity

Improve physical health: the Alex's three primary health care clinics include Community Health Centre, Senior Health Centre, Youth Health Centre and provide full-scope health care. The Community and Youth Health Buses function as mini community health centres, bringing wrap-around care to those who may encounter challenges accessing or navigating the traditional healthcare system. The Alex Dental Health Bus manages the delivery of both preventative and urgent dental care to children and youth in Calgary's higher need areas.

Improve mental health and addiction management: the Alex's Rapid Access Addiction Medicine clinic seeks to decrease clients' substance use and its associated harms, improve clients' mental and physical health challenges associated with substance use and, by extension, reduce clients' health system utilization. The Mental Health and Addiction Outreach Initiative is part of the prevention to recovery continuum of addiction and mental health services provided by the Alex. Mental health therapists at the Youth and adult counselling and psychiatry service provide counselling to youth aged 16 to 24.

Improve housing stability: The Alex provides three types of Housing First programs:

- Pathways to Housing supports independent living in the community, specifically targeting chronically homeless people with addiction, a psychiatric diagnosis, and a multitude of health and social issues, usually including involvement with the justice system. To help sustain housing, Pathways clients receive medical and psychiatric treatment and supports with daily living provided by a professional Assertive Community Treatment team.
- HomeBase, also a "scattered site" housing program, targets chronically homeless people with serious mental illnesses but typically without a history of multiple psychiatric hospitalizations and functional impairment. Independence is the goal, with clients receiving Intensive Case Management, a team-based approach to treatment in which case managers carry a caseload of clients to whom they provide direct support and for whom they broker services.
- Place-based permanent supportive housing is provided in two apartment buildings for individuals with chronic illnesses, disabilities, mental health issues, and substance use disorders who have experienced long-term or repeated homelessness. Support services are provided 24 hours a day and include case management.

Improve income stability: the Alex programs apply a trauma-informed lens and take a harm reduction approach to everything they do. This includes programs that work to directly increase clients' income and housing stability by helping them to get the benefits to which they are entitled, providing living skills training, supporting relationships with landlords, and improving clients' social connections, which can sometimes launch a virtuous circle of life improvement. The social work and peer support team includes mental health clinicians who provide individual and group counselling; social workers who act as counsellors, guides, and advocates; a justice navigator who provides legal information to youth and adults; peer support workers with "lived experience" who provide practical and emotional support; and volunteer accountants who provide a tax return service. These services support individual and family functioning, personal stability, housing access and stability, and access to income through employment and benefits.

Improve social support: in non-pandemic times, The Alex Community Food Centre (CFC) is a welcoming place for people to come together to grow, cook, share, engage in advocacy projects, and forge new friendships. Programs at the main Alex site and the Seniors Health Centre also foster social connections through meals and activities. During the first six months of the pandemic, however, the CFC joined forces with the youth and adult social teams to deliver emergency food, necessities, counselling, and help with accessing benefits to both Alex clients and other community members. Meals were prepared at the CFC and hampers delivered to the door to individuals and families, including the new moms in our pre-/post-natal program and to seniors who were unable to leave their apartments.

Good Practice Example 2 - Community of School and Services model (Victoria, Australia)

The Community of Schools and Services (COSS) model is emerging as an effective, evidence based early intervention model for young people at risk of homelessness. The COSS model is a place-based model that supports vulnerable young people and families to increase engagement with education and family issues. The model is a 'collective impact' initiative that brings together local stakeholders to collaborate around common objectives through shared governance arrangements and data sharing.

The COSS model screens all youth in the project area for vulnerability, allowing it to identify young people who are at-risk before they reach a crisis point. It then works with all at-risk youth through secondary education until they are on a pathway to employment.

The Geelong Project is an evaluated example of the COSS model in practice. Between 2013 and 2016, the number of young people entering the specialist homelessness service system in Geelong reduced by 40%. At the same time, early school leaving has reduced by 20% at the three secondary schools involved in the pilot.

According to Australian Housing and Urban Research Study (AHURI), the factors that appear to underpin the success of the COSS model include:

- Local community leadership from one of the participating key stakeholders, ideally the lead agency responsible for the early intervention support work.
- The establishment of a formalised community collective through a community development process.
- A population-screening methodology that can proactively identify vulnerable youth and families before they reach crisis point.
- A flexible practice framework that can efficiently manage proactive support to at-risk youth and their families, while still responding to crises.
- A single-entry point into the support system for young people in need.
- A data-intensive approach to identifying risks, monitoring and measuring outcomes.

The COSS model has also been implemented in Albury, NSW's Northern Rivers region and Mt Gambier and similar approaches are being trialled overseas in Wales, Canada and the US.

Guiding principles

The impact and effectiveness of homelessness services are underpinned by a set of practice principles that are supported by international research and evidence-based practice. This session highlights guiding principles currently applied by a number of homelessness services in the ACT.

Principle guiding design and delivery of specialist women's services

- *A rights-based approach* ensures that gender-based violence is recognised as a fundamental violation of human rights, which is systemic and is both a cause and consequence of gender inequality and discrimination.
- *A client-centred approach* works to ensure that specific attention is applied to individual women's and children's safety, confidentiality, and well-being throughout all functions of a service.

- *Perpetrator Accountability* means that services should be delivered in a manner that validates clients' experiences of violence, ensuring their needs and choices are paramount, while the violence is not condoned, tolerated, excused, minimised or perpetuated in any way.
- *Women Safety is central*: means specialist women's services put women's safety at the centre of their practices through a continuous process of ongoing risk assessment, safety planning and risk management.
- *Accessible Culturally Appropriate and Sensitive Services*: to ensure accessibility and responsiveness to individual circumstances and life experiences, specialist services must take into account and appropriately respond to survivors/victims who face multiple and intersecting forms of discrimination, including discrimination based on gender, age, culture, disability, ethnicity, sexual orientation, marital status, occupation, race, religion, or social status.
- *Advancing Gender Equality & Women's Empowerment* works to embed into practice a gendered understanding of violence, aimed at addressing the underlying inequalities and power imbalances that women encounter in day-to-day life.

Source: Australia Women Against Violence Alliance (AWAVA)

Principle guiding design and delivery of youth services at Salvation Army

Flexible, creative, and innovative

- We seek opportunities for young people to actively lead their journey. We create environments that promote the development of imaginative and dynamic pathways for young people and their communities. We encourage disrupting the present to create new and exciting opportunities for young people.

Holistic and Empowering

- We celebrate the uniqueness of each young person, considering their life experiences, skills and aspirations. We provide support that engages the whole young person, including physical, intellectual, emotional, social and spiritual well-being. We support young people to harness their personal power to determine their own future.

Person-centred and youth-focused

- We promote the leadership of young people throughout their journey, honouring individuality and choice. We ensure young people are central in driving all aspects of service design and delivery.

Evidence generated and outcomes focused

- We commit to a dynamic learning culture where research and evidence informs our practice. We believe holistic, sustainable outcomes are fundamental to enhance future life opportunities for all young people.

Accessible and inclusive

- We provide services that are readily available and beneficial for all young people. We challenge barriers to inclusion through ensuring fair and equitable access to support. We foster inclusive environments where young people feel welcomed and safe. We value, respect and embrace the diversity of all young people.

Source: Journey to Independence – National Model of Care – The Salvation Army

Principle guiding design and delivery of men's services, family's services, youth's services and rough sleeper's services at Saint Vincent de Paul

Assistive Outreach Practice Guideline:

- Person centre – a person's right to choose and control of process, strengths-based approach
- Trauma informed care and practice
- Culturally sensitive practice
- Harm-reduction practice
- Consistent and trust-based relationships
- Collaboration
- Honest communication
- Persistent outreach
- Predictability and flexibility
- Rapid response to referrals

Case Management Principle

- Pathways to assisting people to independence
- Housing first principles for the housing units allocated to Young Parents Program
- Specialist Homelessness Information Platform (SHIP) and Supported Accommodation Assistance Program (SAAP) Case Management processes
- Aboriginal and Torres Strait Islander Cultural Awareness Toolkit
- Trauma Informed Organisational Toolkit for Homelessness Services
- Property Allocation Matrix and joint conferences

Source: St Vincent de Paul documents

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