Systems-Informed Practice Guidelines

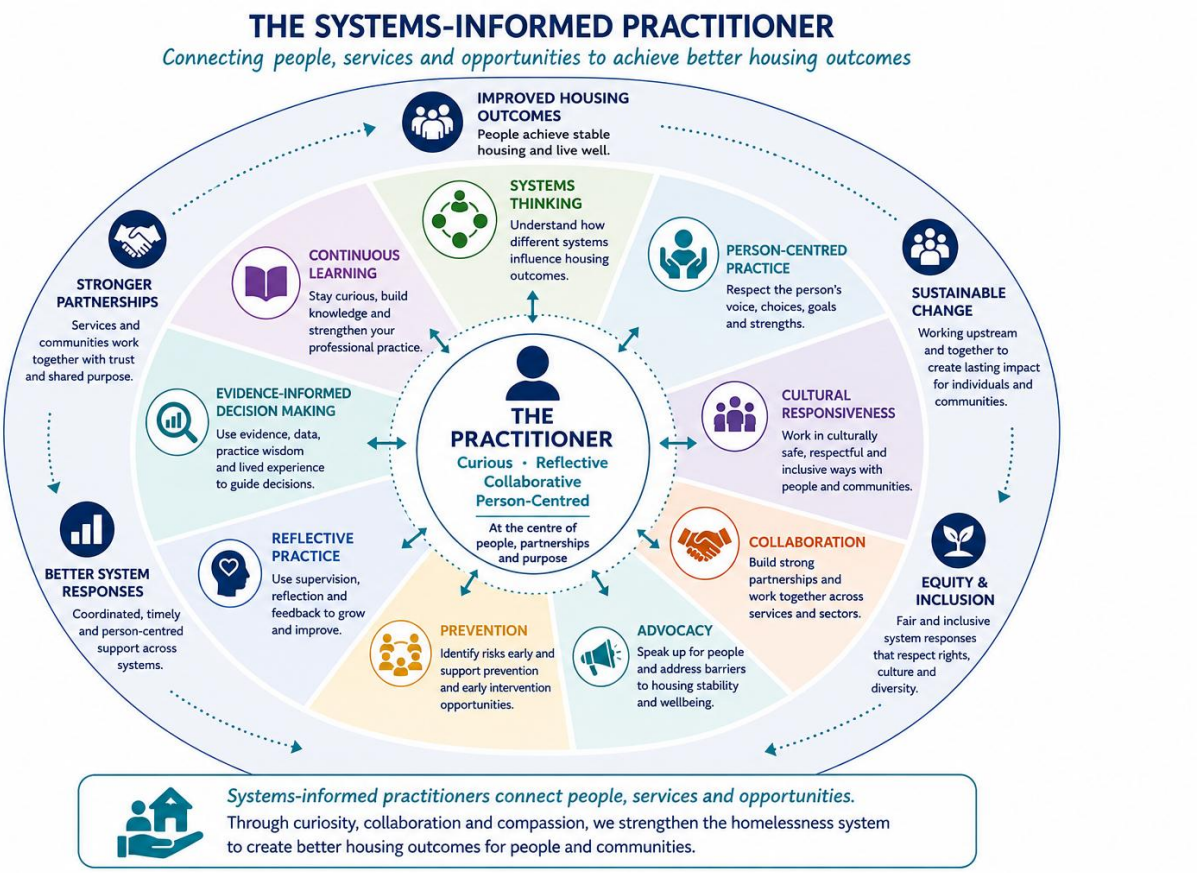
A practical guide for homelessness workers, case managers, supervisors and leaders

PURPOSE | To support assessment, engagement, coordinated intervention and advocacy that account for the interaction between people and the systems shaping their housing outcomes.

1. What is systems-informed practice?

Systems-informed practice recognises that homelessness is shaped by interacting individual, relational, organisational, community and structural factors. It moves beyond explanations focused solely on personal choices or behaviours, while retaining the person's agency, strengths and preferences.

Core practice question: "What is happening within and around this person, how are these factors interacting, and where can we act to improve their options?"



2. Guiding principles

Principle	Implement in practice
Person-led and rights-based	Seek consent, share decisions, uphold dignity, safety, autonomy and cultural rights.
Context before judgement	Explore affordability, income, trauma, disability, discrimination and service barriers before interpreting behaviour.
Strengths and relationships	Identify capabilities, trusted connections, community resources and existing protective factors.
Constrained choice	Check whether offered options are safe, affordable, accessible, culturally appropriate and sustainable.

Shared responsibility	Coordinate across services; do not place the full burden of navigating complex systems on the person.
Equity and accountability	Make adjustments, explain decisions, document barriers and escalate recurring systemic issues.

3. Holistic Assessment Considerations

System	Assessment focus / examples
Individual	Physical and mental health, daily needs, preferences, strengths, disability-related adjustments. What are their goals, strengths, health and daily support needs?
Immediate relationships	Family, friends, carers, peers, community, safety and informal supports. Who do they trust? Which relationships support their wellbeing?
Service connections	How housing, health, income, legal and employment supports communicate and coordinate. Are housing, health and centerlink and community services working together with the person?
Community and Systems	Eligibility, service capacity, rental market, transport, employment conditions, discharge pathways, housing policy, poverty, racism, discrimination and social attitudes. Are transport, costs, eligibility rules or housing shortages creating barriers?

4. A practical systems-informed workflow

1 Engage and establish safety

Ask what matters most now; check immediate safety, shelter, health and access needs. Explain role, consent and service limits.

2 Map interacting influences

Build a shared timeline and ecological map. Separate verified facts from assumptions and identify feedback loops.

3 Identify strengths and constrained choices

Explore supports already working, options declined and why; check accessibility and realistic consequences.

4 Plan across systems

Agree a small number of priorities, named actions, responsible services, timeframes and warm handovers.

5 Advocate and escalate

Address tenancy, income, healthcare and institutional barriers; document unmet need and systemic patterns.

6 Review sustainability

Check not only whether accommodation was obtained but whether it is safe, suitable and likely to be maintained.

5. Practice safeguards and professional judgement

- Avoid labelling people “non-compliant” without documenting barriers, preferences and attempts to adapt the service response.
- Distinguish immediate safety requirements from rules that can be flexibly applied or reasonably adjusted.
- Do not assume consent or agreement means meaningful choice when support or housing access is controlled by the service.
- Use culturally safe, trauma-informed and disability-responsive engagement; involve specialist supports with consent.
- Respect confidentiality and information-sharing requirements; coordinate only information necessary for agreed purposes.
- Recognise that system constraints do not remove the need for fair decisions, explanation, review and advocacy.

6. Case application: Michael, 46

Michael has been sleeping rough after losing a private rental. Casual work became unpredictable, rent increased, anxiety affected appointment attendance, and social connections weakened. He was recently discharged from hospital following diabetes complications.

Systems insight	Potential practice response
Income and rental pressures	Explore income entitlements, rental pathways and financial advocacy.
Health and housing interaction	Confirm safe accommodation and diabetes follow-up; coordinate health and housing support.
Anxiety and appointment access	Offer flexible contact, reminders, outreach and warm referrals.
Reduced informal supports	Ask whether reconnecting with trusted people is safe and wanted.
Service fragmentation	Agree who coordinates follow-up, referrals and review; avoid leaving Michael to navigate alone.

Case formulation: Michael's housing loss appears connected to interacting income, rental, health and social pressures. The service response should address immediate accommodation and the conditions needed to sustain it. Confirm assumptions with Michael rather than treating them as established facts.

7. Reflective practice questions

1. What structural or organisational influences might we be overlooking?
2. Whose definition of a "suitable" option are we using?
3. Where are we mistaking constrained choice for lack of motivation?
4. How do our eligibility, appointment and referral processes affect access?
5. Who holds decision-making power, and how can we share it more fairly?
6. Which agencies need to work together, and who is responsible for coordination?
7. What strengths and relationships could support sustainable outcomes?
8. What recurring barriers should be escalated for service or system improvement?

8. Supervision and case-review prompt

At each review, record: (1) the person's goals and perspective; (2) key interacting systems; (3) immediate and longer-term risks; (4) strengths and protective factors; (5) constrained options; (6) coordinated actions, owners and dates; and (7) barriers requiring escalation.

KEY MESSAGE **|** *Systems-informed practice shifts the question from "Why isn't this person engaging?" to "What conditions are shaping engagement, what can we adapt, and what needs to change across the system?"*

Practice note: *This guide supports professional judgement and does not replace organisational policies, safeguarding duties, applicable legislation or specialist clinical advice.*