



ACT Specialist Homelessness Services Sector Shared Practice Framework

Options Paper

ACT Specialist Homelessness Services Sector Shared Practice Framework
development project

DRAFT

Prepared by the Centre for Social Impact Flinders

Associate Professor Selina Tually, Ms Tess Cunningham, Dr Zurina Simm, Dr
Sharyn Goudie and Ms Kelly McKinley

December 2024



Acknowledgement of Country

The Centre for Social Impact at Flinders University acknowledges the Traditional Owners of the lands on which its campuses are located, these are the Traditional Lands of the Arrernte, Dagoman, First Nations of the South East, First Peoples of the River Murray and Mallee region, Jawoyn, Kaurna, Larrakia, Ngadjuri, Ngarrindjeri, Ramindjeri, Warumungu, Wardaman and Yolngu people. We honour their Elders and Custodians past and present.

The Centre for Social Impact at Flinders acknowledges the Ngunnawal people as Traditional Custodians of the lands now known as the Australian Capital Territory and recognise any other people or families with connection to the lands of the ACT and region. We honour their Elders and Custodians past and present.

Address for Correspondence

Associate Professor Selina Tually
Centre for Social Impact Flinders
College of Business, Government and Law
Flinders University
Sturt Road, Bedford Park, South Australia 5042
GPO Box 2100 Adelaide SA 5001
selina.tually@flinders.edu.au

Suggested Citation: Tually, S., Cunningham, T., Simm, Z., Goudie, S., and McKinley, K. 2024, *ACT Specialist Homelessness Services Sector Shared Practice Framework development project*, Centre for Social Impact Flinders, Flinders University.

Keywords: Shared Practice Framework, homelessness, outcomes, common assessment, service coordination.

Publisher: Centre for Social Impact Flinders.

Centre for Social Impact

The Centre for Social Impact (CSI) is a national research and education centre dedicated to catalysing social change for a better world. CSI is built on the foundation of four of Australia's leading universities: UNSW Sydney, The University of Western Australia, Flinders University and Swinburne University of Technology. Our **research** develops and brings together knowledge to understand current social challenges and opportunities; our postgraduate and undergraduate **education** develops social impact leaders; and we aim to **catalyse change** by drawing on these foundations and translating knowledge, creating leaders, developing usable resources, and reaching across traditional divides to facilitate collaborations.

Disclaimer

The opinions in this report reflect the views of the authors and do not necessarily reflect those of the Community Services Directorate or ACT's specialist homelessness services sector.

Acknowledgements

The authors would like to acknowledge the sharing of wisdom and experiences from members of Joint Pathways executive and network, the specialist homelessness services sector in the ACT and the ACT Community Services Directorate in the development of this Options Paper.

Acronyms

ACT	Australian Capital Territory
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
AHVT	Australian Homelessness Vulnerability Triage Tool
CSD	Community Services Directorate
CSI	Centre for Social Impact
CIMS	Client Information Management System
CHIMES	Community Housing Information Management E System
COS	Client Outcomes Survey
DEX	Data Exchange
DHPW	Department of Housing and Public Works (Qld)
DHUD	Department of Housing and Urban Development (US)
PWI	Personal Wellbeing Index
SAHA	South Australian Housing Authority
SHS	Specialist Homelessness Services
US	United States
VI-SPDAT	Vulnerability Index – Service Prioritization Decision Assistance Tool
VMS	Vacancy Management System (NSW government)

Contents

Acknowledgements.....	iii
Acronyms	iv
List of Figures	vii
1. Introduction.....	1
The ACT Specialist Homelessness Services Sector Shared Practice Framework Options Paper.....	2
Purpose.....	2
Methods.....	2
Structure	2
How to engage with this Options Paper	2
2. Shared practice and Shared Practice Frameworks	3
What is a Shared Practice Framework and what does shared practice mean?	3
Why does the ACT need a Shared Practice Framework?.....	5
3. Moving to an <i>ACT Specialist Homelessness Services Sector Shared Practice Framework</i>.....	7
A collective vision	7
Underpinning principles.....	11
Practice level principles	11
Systems level principles	13
Consistent practices and tools.....	14
What are assessment and intake practices and tools?	14
Why are consistent assessment and intake practices and tools important?	14
What assessment and intake practices and tools are being used in the ACT?	16
Consistent practices and tools: options for consideration	17
A proposed tool	17
Introduction to service	18
Client details.....	18
ID	19
Accompanying individuals	20
Accommodation situation.....	20
Money/work/study.....	21
Mental health	22
Physical health	22
Disability	23
AOD	23
Legal.....	23
Other supports (formal and informal)	23
Life skills	24
Material needs	24
Strengths/goals/interests	24

Worker reflections/service response.....	24
Other tools to consider as part of the Shared Practice Framework toolbox	26
4. Considerations in moving to an ACT Specialist Homelessness Services Sector Shared Practice Framework	27
5. The Shared Practice Framework journey: What's next?	29
How you can help	30
References	31
Glossary.....	36

List of Figures

Figure 1: Key elements of an ACT Specialist Homelessness Services Sector Shared Practice Framework....8

Figure 2: ACT Homelessness Sector Program Logic (version c. July 2023)9

Figure 3: ACT Homelessness Sector Outcomes Suite (version 1.0, 25 August 2022)..... 10

Figure 4: Stages in the ACT Specialist Homelessness Services Sector Shared Practice Framework
development project..... 29

1. Introduction

The ACT is undertaking a commissioning process which aims to design, fund and deliver a fit for purpose human services system within the ACT by 2030. Through this sector reform journey, the Community Services Directorate (CSD) has heard the calls from practitioners and services users, committing to building a homelessness sector that:

- invests in early support¹;
- is integrated and coordinated;
- has strong intake, assessment and data management systems;
- is inclusive and culturally sensitive²;
- offers greater flexibility; and,
- provides meaningful support to people navigating the complex experience of homelessness (Communication Link 2022; CSD c. 2023; see also the Homelessness Sector Program Logic included as Figure 2 later in this document).

The objective of the ACT Specialist Homelessness Sector Shared Practice Framework is to develop common communications and practices in the initial screening of people presenting to specialist homelessness services, in the assessment and prioritisation of need, and in referrals.

Commissioning identified several improvements to facilitate these commitments for the homelessness sector, and the need for greater sector collaboration and connection:

- improving vacancy management and data collection systems;
- co-designing and embedding a shared practice framework, including a common assessment tool and/or processes — both of which centre on cultural sensitivity and facilitate greater sector collaboration;
- enhancing the capacity of the sector to support clients to achieve suitable and affordable housing;
- enhancing the capacity of the sector to support clients to address other wellbeing related needs across, for example, the domains of employment, education and training, safety, health, access and connectivity, social connection, identity and belonging, self-determination, living standards and basic needs; and,
- establishing, tracking and improving outcomes for people journeying through the homelessness services system (Communication Link 2022; CSD c. 2023).

In mid 2024 CSD engaged the Centre for Social Impact at Flinders University (CSI Flinders) to work with homelessness sector partners, service users, government and other stakeholders to build an ACT Specialist Homelessness Services Sector Shared Practice Framework, including assessment tool(s) and processes (through what we are calling the ACT Specialist Homelessness Services Sector Shared Practice Framework development project). The Shared Practice Framework will set the foundation for consistent ways of working across the sector. The Framework will enhance collaboration while ensuring the flexibility needed by specialist homelessness services supporting different groups within the homeless population and that operate with varied ethos and approaches to service delivery. The Framework is founded on the *proposed* practice level principles of person-centred, trauma-informed, intersectional, culturally sensitive, and, system level principles of early support and housing first.

This Options Paper is the first output of the ACT Specialist Homelessness Services Sector Shared Practice Framework development project.

¹ Often also referred to as early intervention, see Glossary for definition.

² As an acknowledged step on the path to a system that is culturally responsive and experienced by First Nations people and communities as culturally safe, see also Glossary for definitions.

The ACT Specialist Homelessness Services Sector Shared Practice Framework Options Paper

Purpose

The ACT Specialist Homelessness Services Sector Shared Practice Framework Options Paper (this options paper) is the starting point of the Shared Practice Framework development journey. The Options Paper has been developed as a foundation to engage with the sector and thus includes a series of options for consideration and evolution by the sector. For further guidance on how to use this Options Paper, please see *How to engage with this Options Paper* below.

Methods

The ACT Specialist Homelessness Services Sector Shared Practice Framework Options Paper draws together the extensive evidence built during the commissioning and reform process to date, building from *Commissioning for Outcomes – Homelessness Sector Strategic Plan for Homelessness Sector* and the *ACT Program Logic document*. The discussion and options presented also reflect initial conversations held between the CSI Flinders project team, members of the Joint Pathways Executive group, several arms of CSD and representatives of partners in the specialist homelessness services sector in the ACT. The Options Paper also incorporates findings of a rapid review of relevant evidence from the academic and practice literature on homelessness to inform the discussion and options presented. The Shared Practice Framework development project has Flinders University Human Research Ethics approval (protocol 7663).

Structure

The Options Paper is structured as follows:

Section 1 (this section) provides an overview of the Shared Practice Framework development project and context in which this project has emerged and evolved.

Section 2 provides an overview of shared practice frameworks in the context of homelessness and the human services and what a shared practice framework will deliver for the ACT sector.

Section 3 steps through moving towards an ACT Specialist Homelessness Services Sector Shared Practice Framework, including establishing the agreed vision the homelessness sector is working towards (a sector 'north star') and principles underpinning practice. This section discusses the form and importance of consistent assessment and intake practices and tools, and provides a window into what current assessment and intake practices look like in the ACT. The final part of this section puts forward some options for consistent assessment and intake practice, to be the centrepiece of the Shared Practice Framework.

Section 4 outlines key considerations in the move to a Shared Practice Framework; opportunities and barriers to operationalisation of the Framework.

Section 5 identifies what's next in the Shared Practice Framework development journey.

How to engage with this Options Paper

As noted, this Options Paper is the starting point for conversations about an ACT Specialist Homelessness Services Sector Shared Practice Framework. Accordingly, the paper provides both context and considerations related to moving to a Shared Practice Framework. Proposed elements for the framework are included throughout the paper (marked with a lightbulb icon). Questions are included at the end of many sections, and these will form the basis of consultations about the Framework and its elements. The CSI Flinders project team welcome feedback on the structures, options and considerations raised, and are always happy to talk about this project and the evolving Shared Practice Framework.

Please contact us via: selina.tually@flinders.edu.au

2. Shared practice and Shared Practice Frameworks

What is a Shared Practice Framework and what does shared practice mean?

Over the past two decades, the idea of a practice framework has been adopted by particular areas or disciplines within the human services, including child and family welfare (Connolly 2007) and social work (Healy 2022; Stanley, Baron and Robertson 2021) as a way to reflect the need for consistent practice responses and to support collaborative action. Stanley, McGee and Lincoln (2012, p. 243) describe practice frameworks as ‘schematic templates for practice...not based on or informed by organisational imperatives but designed through and informed by value-based practice’. Such frameworks are both a concept and a tool for practitioners (Connolly 2007, p. 835). As a concept, a practice framework ‘provides a clear understanding of what is important to the work, and how this informs interventions’ with clients, whereas as a practitioner tool, ‘it provides a theoretically informed intervention logic...to support best practice’.

The adoption of a practice framework has been considered in situations where there is a need for practice (or service) reform. In a review of social work practice in the London Borough of Tower Hamlets, Stanley, McGee and Lincoln (2012, p. 240) argued that to reform practice by undoing pre-existing, dominant methods is complicated and requires a whole of system approach. In the case they present, priority was given to practice reforms that moved away from repeated, multiple and descriptive assessments of clients, implying that practice frameworks have a role not only in reforming practice but also in standardising methods of working (through application of a shared framework, i.e. influencing and setting collective practice).

Shared practice – the type of practice framework this project is concerned with – is about setting the ways that different organisations work towards a common goal. Within the homelessness sector in general, a shared practice approach would manifest in the collaborative work practices of different homelessness service partners including government agencies.

Shared practice frameworks in action

Examples of shared practice exist in the Australian homelessness sector. Arguably one of the most prominent examples is a foundation of the Victorian homelessness system, which underwent an extensive reform process between 2006 and 2011, resulting in the adoption of the Opening Doors Framework (Langmore 2022, p. 17). Prior to the reform process, homelessness agencies tended to operate independently. The Opening Doors Framework was developed over 2005-06 to coordinate area-based services, and as ‘a practice and systems approach to provide timely and effective access to homelessness and social housing services to people seeking assistance’ (Victorian Government 2008, p. 1). It was developed to ‘improve client assessment, referral, resource allocation and coordination across the Victorian Homelessness Service System’ (Mohr 2013, p. 34). Importantly, the Framework is consumer-focused and emphasises equity of access to resources within the Victorian homelessness service system through collaborative practices between Government and agencies. The Framework strives to reduce duplication of services and avoid the need to assess clients multiple times (Langmore 2022, p. 17). Thus, an important element of the Framework is the creation of collaborative networks that together coordinate a client-focused homelessness system.

Other Australian jurisdictions are working towards shared practice, or elements of it, in their homelessness systems. In WA, for example, Housing First and No Wrong Door approaches are at the centre of movements towards system coordination and shared practice, with both approaches woven into the state’s ten-year strategy on homelessness (Department of Communities WA 2020). For WA, the primary goal of these collective approaches in practice is to provide people with stable and safe housing, responsively and without judgement or preconditions (i.e. Housing First; see Milaney 2011; Gaetz, Scott and Gulliver 2013). The No Wrong Door approach aims to ensure a seamless support experience for people experiencing or at risk of homelessness, and regardless of which agency or service they connect with.

Housing First is also a foundation of Canada’s homelessness strategy (Government of Canada 2024) which offers an example of a more mature approach to shared practice, in this case through what is simply referred

to as 'coordinated access'. Canada's coordinated access approach to homelessness support is an agreed process (and a philosophy) based on the No Wrong Door approach. It promotes the rapid connection of people seeking assistance because of homelessness or housing crisis with housing and support providers. A critical element in the approach is collecting consistent information about people and their needs and consistent communication between support and housing providers so that 'all service providers know how to properly direct an individual or family to the right service in a community, no matter where they first drop by or which number they call' (Government of Canada 2019, p. 42). A common assessment tool and agreed outcomes define how agencies work with clients within the coordinated access approach.

Notably, coordinated access as an approach and ideology has filtered into Australia through the Advance to Zero movement and methodology (www.aah.org.au/atoz-resources), with place-based rather than jurisdiction-wide adoption. Within these place-based contexts, processes such as the collection of by-name data about people experiencing homelessness (in the case of the Advance to Zero movement, generally people sleeping rough) and assessment of their vulnerability through a tool such as the Australian Homelessness Vulnerability Triage Tool (AHVTT)³ (adapted from the Vulnerability Index – Service Prioritisation Decision Assistance Tool (VI-SPDAT)) form cornerstones of service coordination (the Advance to Zero movement's term for coordinated access).⁴

The NSW Government also offers an example of shared practice in action, or perhaps more accurately as in most jurisdictions, evolving shared practice. NSW's journey of shared practice follows reform of the homelessness sector over many years now, which has seen the state move towards outcomes-based commissioning in the homelessness sector, i.e. tracking outcomes from sector interventions. The journey to outcomes-orientation in the human services landscape has required significant investment in tools and processes to support collection of outcomes data, embedding outcomes tracking in the sector via staged implementation and training, and remains a work in progress. Helpfully, many of the tools being used for outcomes tracking are freely accessible, alongside the Human Services Outcomes Framework (Departments of Community and Justice 2024) and documents detailing learnings from the journey in NSW.⁵

NSW's homelessness sector reform journey is ongoing, with recent changes based on the findings of an extensive review of the homelessness services landscape by EY (2023). The EY review offers some important insights in terms of the need for shared practice and the architecture to support it. Collaboration between government and non-government agencies was identified as a key barrier to sector outcomes (pp. 61-63), alongside well recognised challenges related to funding and the supply of housing. More specifically, the EY evaluation identified two other notable shortcomings:

- need for a more coordinated and integrated systems approach vis a vis the central in-take and assessment process (EY 2023, pp. 147-148). While initiatives such as Link2Home, a statewide telephone service that facilitates a central intake process and provides a referral pathway to SHS, and a common assessment tool aligned with a No Wrong Door approach, already exist. In fact, during the evaluation period, Link2Home staff reviewed the intake assessment questions with the aim of focusing on more critical at-risk questions. Yet, specific recommendations were made by EY to further refine the Link2Home assessment process to enhance information sharing with service providers, reduce duplication in assessment and referral, and more closely align with the common assessment tool. In other words, streamlining the Link2Home assessment process is expected to help minimise multiple re-telling of clients' stories, thus embracing a trauma-informed referral process.

³ See the guide, [About the Australian Homelessness Vulnerability Triage Tool \(AHVTT\)](#).

⁴ There is currently a validation project for the AHVTT (<https://about.uq.edu.au/experts/project/65325>).

⁵ See <https://dcj.nsw.gov.au/about-us/nsw-human-services-outcomes-framework.html>, <https://dcj.nsw.gov.au/about-us/facsiar/evidence-hub.html> and <https://dcj.nsw.gov.au/about-us/facsiar.html>

- need for better integration of systems and processes to enable capacity to track outcomes (EY 2023, p. 154). The evaluation highlighted the value placed by service providers on collecting, monitoring and reporting on client outcomes data. Given ongoing capacity and time constraints within the sector, a recommendation was made to potentially integrate existing datasets like Link2Home, VMS and CIMS with others aligned with the Department of Communities and Justice such as DEX, to more effectively track client outcomes and journeys through the system. A further recommendation was made to automate outcomes data collection through mechanisms like the Client Outcomes Survey (COS) and Personal Wellbeing Index (PWI) to enable higher levels of outcomes-related data capture.

Why does the ACT need a Shared Practice Framework?

In high-pressure, values driven fields like the homelessness sector, disconnection and tension between service providers is common. This is in part due to the high-stakes, high-stress environment and the strong values, care and sense of right and wrong practitioners bring to the work (Page et al. 2018). Fragmentation also results from tendering processes that produce competition amongst service providers (Neville 2000) – making it more difficult to see that we are working towards a collective goal. A Shared Practice Framework is a uniting document underpinned by the understanding that, whilst an organisation’s target demographics and the finer details of practice may differ, the ultimate goal is the same: to achieve better outcomes for those experiencing or at risk of homelessness. By explicitly naming a shared purpose and building on the ways of knowing, seeing and working that unite the sector, greater collaboration can be fostered with the ultimate goal of better meeting the needs of those we serve.

As noted earlier, the specialist homelessness services sector in the ACT has been driving calls for a Shared Practice Framework (including common assessment tool and processes). Such calls have been made because:

- the effectiveness of the central intake service is limited without everyone working together to support its role and pathways to and from the service for people experiencing or at risk of homelessness;
- the number of people experiencing or at risk of homelessness in the ACT is increasing, as is the complexity of their circumstances, thus requiring specialised support that does not necessarily all sit within one service (or the homelessness sector), therefore requiring closer collaboration and coordination among services and responses (ACT Government 2023b; Communication Link 2022); and,
- work to orient services to outcomes – guided by the agreed *Homeless Sector Program Logic* (see Figure 2), a shared outcomes framework (see Figure 3; also Communication Link 2022, pp. 20-29) and the *ACT’s Wellbeing Framework* (ACT Government 2020) – is near to impossible without collaboration around data and impact. It follows that for shared outcomes to be achieved, a framework of shared practice needs to be in place to guide work practices and data collection (i.e. through common tools).

A Shared Practice Framework will work to ensure consistency in terms of the ways agencies work to both understand and assess people’s needs – for intake, for prioritisation and for referrals. It will also support smoother pathways through the system for people experiencing or at risk of homelessness, including within and between agencies, as the same information will be collected and shared, with the aim of minimising retraumatisation and maximise positive service and support experiences and outcomes for clients.

Commissioning of the ACT’s central intake service (currently called OneLink and operated by Woden Community Services) offers an opportune moment to develop shared practice in the ACT’s specialist homelessness services sector. The central intake service was created in the ACT not only as ‘the central intake, assessment and referral service for Homelessness Services and Child, Youth and Family Services (CYFS) in the ACT’ (OCM 2022, pp. 9-10), but is also a mechanism for coordination of some responses (allocations to emergency accommodation in hotels and motels, for example) and referral to specialist homelessness services. Building shared practice around this service therefore makes sense. It will benefit

all agencies, as all people experiencing or at risk of homelessness (including youth and families) *should* connect with this service in the first instance, or via other doorways in the system, in order to have their crisis-related needs assessed and be supported to access relevant specialist homelessness services to meet their support and housing needs.

There are important learnings or recommendations from the operation of the OneLink service from 2016 to the current time captured in a thorough evaluation by professional services firm O'Connor Marsden (OCM 2022). The evaluation noted positives from the service's operation. Service users valued their engagement with frontline staff and generally reported feeling 'safe and respected, regardless of their service outcome' (OCM 2022, p. 3). The single point of referral was also seen as a positive aspect of OneLink. Structural challenges were also identified as impacting OneLink's operations, particularly severe housing supply challenges.

Areas for direct service improvement identified in the OneLink evaluation of particular relevance to the present project are recommendations supporting a common assessment tool, aimed at improving practice quality and stressing the importance of the next service being culturally sensitive. In relation to *common assessment* and *cultural* sensitivity, the evaluators noted that while a centralised intake process constitutes good practice, a new approach to assessment that is common across the sector should consider the needs of people from culturally and linguistically diverse, First Nations, and the LGBTIQ+ communities, and people escaping domestic and family violence (OCM 2022, p. 34). Further, a shared assessment process using shared practice tools may eliminate the need for clients to re-tell their stories to multiple services, and with appropriate consultation, offer a culturally sensitive service for First Nations people. In terms of *practice quality*, the evaluators noted consistency in practice is maintained when all service providers use common assessment tools with specific intake modules for different client cohorts, and the flexibility to adjust for complex client needs (OCM 2022, pp. 84-85). Through a Shared Practice Framework, suitably qualified and trained staff should aim to support a consistent client experience.

Please give us your thoughts

The remaining sections of this paper identify options for shared practice and common assessment for the consideration of people with lived and living experience of homelessness in the ACT and for the specialist homelessness services sector and relevant other organisations.

Options presented are genuinely for questioning, pulling apart or agreeing with.

Developing an ACT Specialist Homelessness Services Sector Shared Practice Framework that is valued by and useful for agencies requires honest and robust conversation, challenge and consensus.

3. Moving to an *ACT Specialist Homelessness Services Sector Shared Practice Framework*


Moving to an ACT Specialist Homelessness Services Sector Shared Practice Framework involves thinking about, deciding on and committing to a range of Framework elements:

- a *vision* to capture what it is the homelessness sector are working to achieve together;
- underpinning *principles* to guide how the sector works together and how they support people experiencing homelessness;
- consistent *practices and tool(s)*, which should include specific tools supporting needs or risks experienced by specific groups or for specific programs, and outcomes tracking tools;
- Framework *governance*.

Note: A model for Framework governance is not proposed in this *Options Paper*. Rather this will be co-designed with the sector as part of ongoing conversations about the structure and role of Joint Pathways. Governance considerations will also be captured as part of the development of the Framework.

Figure 1 shows how the elements could fit together to form the Shared Practice Framework. Associated actions, like outcomes tracking and supporting tools, are part of a broader and longer-term conversation for the sector, although opportunities exist for using data collected for the Framework for outcomes tracking.


Each of the elements above is discussed in this section of the *Options Paper*, with key questions about each element raised for the sector to answer.

	<p>Questions</p> <p><i>Do the elements and structure of the Shared Practice Framework sit well with you?</i></p> <p><i>What do you like about the structure? What changes would you suggest to the elements or Framework structure?</i></p> <p><i>Do you have any comments or thoughts on Framework governance?</i></p>
--	--

A collective vision

A critical element of any shared practice framework is a vision statement; the collectively set and agreed goal or outcome of sector work. A vision in this respect represents the aspiration or 'north star' for the sector. All work being undertaken to support people experiencing or at risk of homelessness should align with, or build towards (even incrementally), this collective goal or outcome.

From our review of key ACT homelessness sector documents — many of them related to the commissioning and reform process — we feel the agreed collective vision for the ACT homelessness sector is:

	<p>Proposed ACT Homelessness Sector Vision Statement</p> <p>Working together to reduce homelessness in the ACT and to support clients to attain secure, suitable and affordable housing.</p>
---	---

This vision is drawn from the *ACT Housing Strategy* (2018), *ACT Wellbeing Framework* (2020), *Homelessness Sector Program Logic* (presented as Figure 2) and Outcomes Framework (Figure 3).


	<p>Questions</p> <p><i>Does the vision statement outlined for the ACT homelessness sector resonate with you/your organisation?</i></p> <p><i>What do you like about this vision statement? What changes would you suggest to ensure it reflects your thoughts/needs and experiences?</i></p> <p><i>Do you have any comments on the Homelessness Sector Program Logic (Figure 2 overleaf)</i></p>
---	---

Figure 1: Key elements of an ACT Specialist Homelessness Services Sector Shared Practice Framework

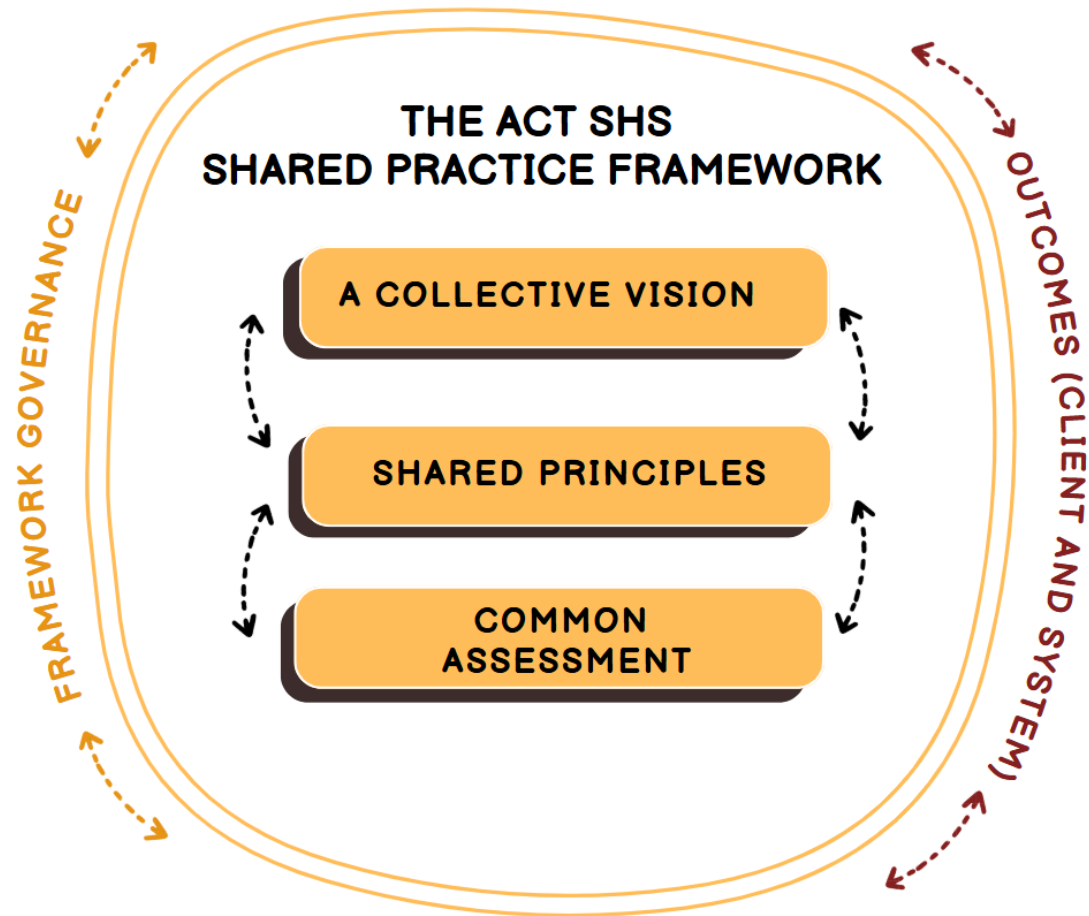
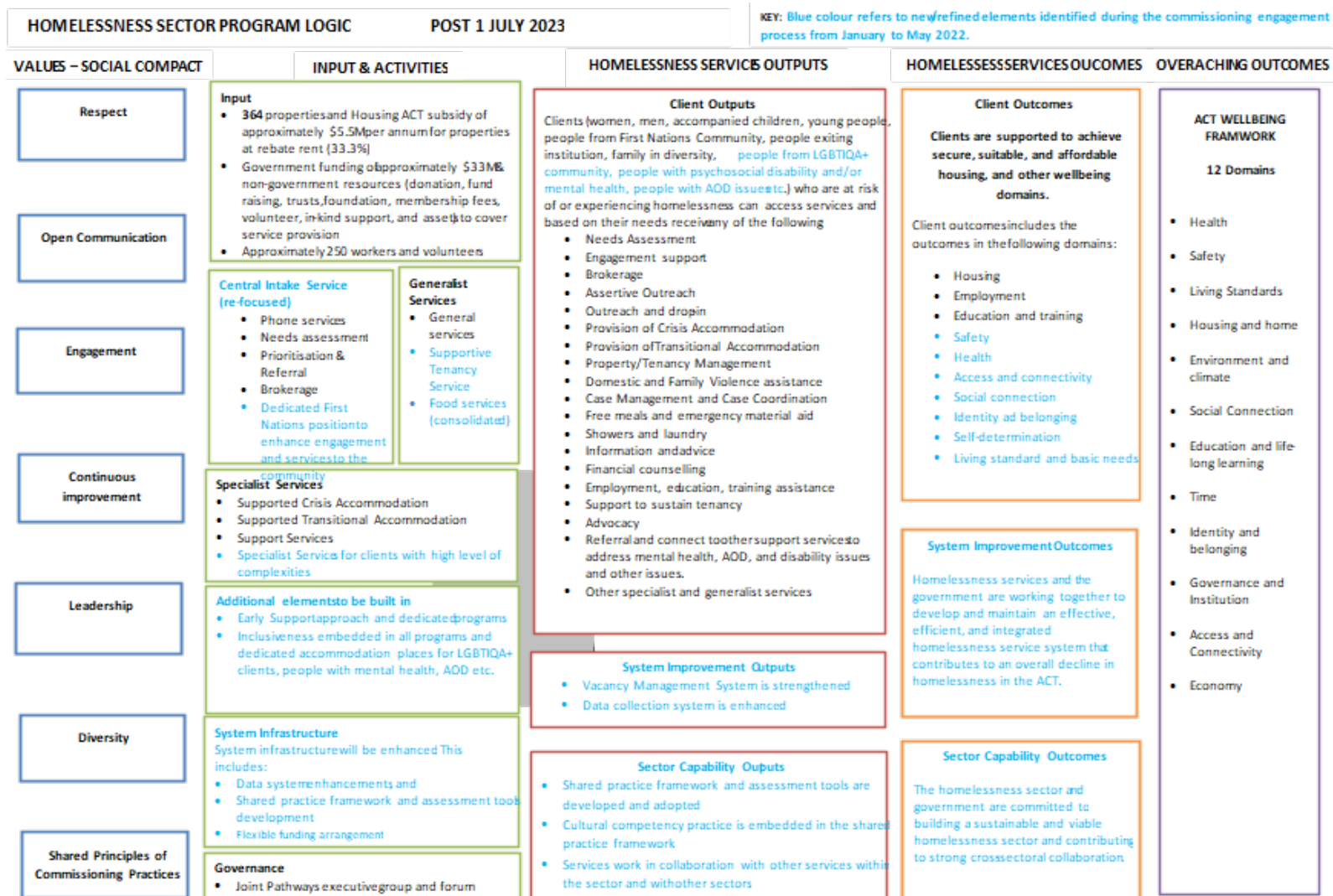


Figure 2: ACT Homelessness Sector Program Logic (version c. July 2023)



Source: supplied by CSD.

Figure 3: ACT Homelessness Sector Outcomes Suite (version 1.0, 25 August 2022)

HOMELESSNESS SECTOR OUTCOMES (version 1.0) – 25 August 2022			
A suite of varying outcomes from which the most suitable and relevant to a service will be selected to measure service in a way that suits its objectives and nature of service			
Clients Outcomes	Indicator	Means of verification	Frequency
1. The core client outcomes are secure, affordable, and suitable housing and other wellbeing outcomes			
1.1. Housing			6 monthly
<ul style="list-style-type: none"> Clients are supported to achieve safe, affordable, and appropriate housing and to sustain tenancy. 	<ul style="list-style-type: none"> Number and % of clients who have been supported to improve their housing circumstance Number and % of clients who have achieved half of more of their identified housing goals Number and % of clients who have demonstrated a capacity to sustain a tenancy (pay rent on time, maintain property, live in harmony with neighbours). 	<ul style="list-style-type: none"> SHIP data Explore Modified SCORE or Amplify Social Impact Online or other tools 	
1.2. Employment			6 monthly
<ul style="list-style-type: none"> Clients are supported to participate in pre-employment activities, volunteering activities, paid employment, and apprenticeships relative to their skills, experience, and/or preference. 	<ul style="list-style-type: none"> Number and % of clients participating in employment Number and % of clients who have improved employment circumstance (volunteering, casual work, part-time, and full-time job) 	<ul style="list-style-type: none"> SHIP data and Modified SCORE or Amplify Social Impact Online or other tools 	
1.3. Education and training			6 monthly
<ul style="list-style-type: none"> Clients are supported to gain the skills and education needed for to participate meaningfully in their life. 	<ul style="list-style-type: none"> Number and % of clients participating in education and training Number and % of clients who have gained paid employment directly in relation to their education or training plan. 	<ul style="list-style-type: none"> SHIP data and Modified SCORE or Amplify Online or other tools 	
1.4. Safety			TBC
<ul style="list-style-type: none"> Clients are supported to feel safe and be free from harm in their accommodation/home, in their neighbourhood and wider community. Clients are supported to safely leave domestic and family violence and be placed into safe and appropriate accommodation/housing when the timing is suitable and safe for them to do so. 	<ul style="list-style-type: none"> Number and % of clients who reported improved satisfaction with their safety within their accommodation or home. 	<ul style="list-style-type: none"> Modified SCORE or Amplify Social Impact OnLine or other tools 	
1.5. Health			TBC
<ul style="list-style-type: none"> Clients are supported to access the services they need to lead healthier lives and manage illness. 	<ul style="list-style-type: none"> Number and % of clients who reported improved physical wellbeing. Number and % of clients who reported improved mental wellbeing. 	<ul style="list-style-type: none"> Modified SCORE or Amplify Social Impact Online or other tools 	
1.6. Access and connectivity			TBC
<ul style="list-style-type: none"> Clients are supported to connect with tailored services that can support them holistically to meet their needs and improve their wellbeing. 	<ul style="list-style-type: none"> Number and % of clients who reported improvement in accessing services. 	<ul style="list-style-type: none"> Modified SCORE or Amplify Social Impact Online or other tools 	
1.7. Social connection			TBC
<ul style="list-style-type: none"> Clients are supported to improve their interaction with and/or be connected with family, friends and community groups. 	<ul style="list-style-type: none"> Number and % of clients who reported improvement in their sense of family, friend and/or social connection. 	<ul style="list-style-type: none"> Modified SCORE or Amplify Social Impact Online or other tools 	
1.8. Identity and belonging			TBC
<ul style="list-style-type: none"> Clients are supported to participate in fully in society regardless of their age, gender, cultural background or disability. 	<ul style="list-style-type: none"> Number and % of clients who reported improved sense of being able to express their identity, feel a sense of belonging and participate equally in society. 	<ul style="list-style-type: none"> Modified SCORE or Amplify Social Impact Online or other tools 	
1.9. Self-determination			TBC
<ul style="list-style-type: none"> Clients are supported to make free choices and manage their own life. 	<ul style="list-style-type: none"> Number and % of clients who reported improvement in their ability to make their own choices to and feel more in control of their lives. 	<ul style="list-style-type: none"> Modified SCORE or Amplify Social Impact Online or other tools 	
1.10. Living standard			TBC
<ul style="list-style-type: none"> Clients are supported to access food service and emergency materials, and be economically secure and have the means to help manage their own lives 	<ul style="list-style-type: none"> Number and % of clients who have access to food and emergency materials Number and % of clients who reported having better resources to manage their lives 	<ul style="list-style-type: none"> Modified SCORE or Amplify Social Impact Online or other tools 	
1.11. Others – to be added by services if needed			
System Improvement Outcomes	Indicator	Means of verification	Frequency
2. Homelessness services and the government are committed to working together to develop and maintain an effective, efficient, and integrated homelessness service system that contributes to improving the experience of service users, and an overall decline in homelessness in the ACT.	<ul style="list-style-type: none"> Vacancy Management System is used consistently and effectively across services Data collection system is enhanced Quality data collection process and practice are adopted by all services Evidence informed approach and client feedback are used to inform homelessness service planning, design and implementation Collaboration indicator 	<ul style="list-style-type: none"> 6 monthly performance review Joint Pathways (JP) to undertake annual review - using Modified SCORE or Amplify Social Impact Online or other tools at system level 	6 monthly
Sector Capability Outcomes	Indicator	Means of verification	Frequency
3. The homelessness sector and government are committed to building a sustainable and viable homelessness sector and contributing to strong cross-sectoral collaboration to support shared clients to achieve positive outcomes.	<ul style="list-style-type: none"> Shared practice framework and assessment tools including ACT DFV Risk Management Framework are adopted by all services Cultural competency practice is embedded in the shared practice framework and promoted Sector Capability Framework is developed and implemented to help plan, track, develop, and retain a responsive, skilled, professional sector workforce that are capable to respond to service needs and demand Services work in collaboration with other services within the sector and with other sectors including but not limited to mental health, AOD, and DFV to develop integrated response and address interface challenges to support shared clients 	<ul style="list-style-type: none"> 6 monthly performance review JP to undertake annual review - using Modified SCORE or Amplify Social Impact Online or other tools at sector level 	6 monthly

ACT WELLBEING FRAMEWORK

12 Domains

- Access and connectivity
- Economy
- Education and life-long learning
- Environment and climate
- Governance and institutions
- Health
- Housing and home
- Identity and belonging
- Living standards
- Safety
- Social connection
- Time

Source: supplied by CSD.

Underpinning principles

Alongside a vision statement, the ACT Specialist Homelessness Services Sector Shared Practice Framework will serve to articulate the agreed principles underpinning how agencies will work together to achieve their collective vision and support people connecting with and journeying through the homelessness services system. Through the consultation and co-design workshops that occurred in phases one and two of the commissioning process, a number of key principles, theories and approaches – ways of working – repeatedly emerged. It is these repetitive principles – principles that correlate with the best practice literature (MacKenzie et al. 2020; Spinney et al. 2020; Gaetz and DeJ 2017) – that we suggest could define and underpin shared practice in the ACT homelessness sector.

In the following discussion we offer a series of underpinning principles for the ACT Specialist Homelessness Services Sector Shared Practice Framework. We offer these for debate, adoption and/or refinement. We categorise these principles as either:

- practice level principles: those which can be readily enacted by individual organisations, teams and practitioners without significant systems level investment; and
- system level principles: those which cannot underpin practice without additional infrastructure and resource commitment.

A series of values has previously been articulated for the ACT homelessness sector in the *Homelessness Sector Program Logic* (c. 2023). The values – respect; open communication; engagement; continuous improvement, leadership; diversity – have also been reflected in the principles outlined below.

Practice level principles

Person-centred

Throughout various consultation and co-design processes, the importance of all homelessness service provision being underpinned by person-centred approaches emerged repeatedly (Communication Link 2022). This assertion, from both practitioners and those with lived and living experience, aligns with the existing evidence base, with Gaetz and DeJ (2017), MacKenzie et al. (2020), Spinney et al. (2020), and the SAHA and CSI Flinders (2023) all identifying person-centred approaches as integral to best practice in homelessness service provision.

Person-centred approaches place each individual experience(s) of homelessness and of navigating the system of supports at the heart of practice (McCormack and McCance 2017). Person-centred approaches are underpinned by a strengths-based orientation and work to centre agency, choice and self-determination (Payne 2021). Person-centred approaches see the relationship between a service user and a practitioner as a collaborative partnership in which service users are active participants and contributors. Person-centred approaches emphasise the importance of flexibility (another salient theme emerging from the co-design process) and resist rigid, prescriptive or top-down interventions.

A person-centred approach is a holistic approach, working with those experiencing homelessness as whole people with needs that extend beyond simply their need for safe, stable and affordable housing (McCormack and McCance 2017). Person-centred practitioners work with clients to explore and address issues that are interconnected with homelessness, such as mental health, trauma, addiction, financial or legal challenges, among others. As such, person-centred approaches align strongly with the call from practitioners and those with lived experience to build a homelessness sector that collaborates, both internally within the sector and with other key service providers, to offer robust and meaningful support to those with complex needs.



Proposed principle for the ACT Specialist Homelessness Services Sector Shared Practice Framework

Person-centred

We work collaboratively, centring the wants, needs, values and strengths of each person we work with.

Trauma-informed

Trauma-informed practice is a defining element of good practice in the homelessness sector (Calgary Drop-in Centre and OrgCode n.d.; CSI 2023; Gaetz and DeJ 2017; Murphy 2015; Spinney et al. 2020). It has also been raised repeatedly by the homelessness sector as an essential underpinning of practice.

A trauma-informed approach begins with an understanding that most people accessing homelessness services have experienced some form of trauma, and, for many, trauma has been a persistent and pervasive feature of life (Calgary Drop-in Centre and OrgCode n.d.). A trauma-informed approach is one that is attuned to the many complex ways that trauma can influence the development, mental and physical health, communication styles and behaviours of trauma survivors. Trauma-informed approaches encourage us to challenge preconceived notions about how people *should* behave, instead meeting people where they are – with an understanding that trauma can live on in a person’s nervous system long after an event has ended and can manifest in complex, and sometimes challenging, presentations (Levenson 2017). A trauma-informed approach is one that is attuned to the ways that homelessness, or the threat of homelessness, can, and often is, experienced as a trauma and the ways that homelessness services respond can at times exacerbate or produce trauma (Gaetz and DeJ 2017). A trauma-informed approach is underpinned by a commitment to building services and working in ways that are centred around safety, predictability, reliability and trust. Such approaches also seek to centre choice and restore a sense of agency in people’s lives, at all points possible (Levenson 2017).

A trauma-informed approach recognises and seeks to mitigate (through collective care approaches) the impact of vicarious trauma for sector practitioners from working in high stress, crisis-based environments.



Proposed principle for the ACT Specialist Homelessness Services Sector Shared Practice Framework

Trauma-informed	We understand the diverse impacts of trauma. We practice in ways that prioritise people’s agency and support healing and avoid re-traumatisation.
-----------------	---

Intersectional

The need to practice in ways that are intersectional – ways that consider how the multiple and interconnected social identities we inhabit shape our social positions, lived experiences and journeys into and through homelessness and service engagement – was a strong theme in co-design processes (Communication Link 2022) as it is also in the best practice literature (Gaetz and DeJ 2017). An intersectional approach encourages us to work from an understanding that no one person experiences homelessness or homelessness sector support in the same way and people’s identities cannot be understood in isolation. Instead, we all occupy multiple identities that interact to afford us privilege, oppression and/or, most often, a complex mix of both (Cho, Crenshaw and McCall 2013). For those experiencing homelessness, however, their identities (for example, gender, race, class, disability, sexuality etc.) often converge to produce multiple, intersecting oppressions that can increase barriers to service engagement, housing access, employment, safety and wellbeing (Spinney et al. 2020). The experiences of First Nations women, for example – for whom experience of homelessness often sits alongside, and is compounded by, experiences of sexism, racism, social exclusion, poverty, criminalisation and colonisation – help to elucidate how multiple forms of oppression produce systemic disadvantage, highlighting the importance of an intersectional lens in homelessness service provision (Gaetz and DeJ 2017).



Proposed principle for the ACT Specialist Homelessness Services Sector Shared Practice Framework

Intersectional	We recognise the many complex forces shaping the lives of those we work with. We seek to challenge marginalising and discriminatory systems and structures and leverage action across programs and service systems.
----------------	---

Culturally responsive

Culturally responsive practice requires the sector at large to design, build, deliver and evaluate homelessness services in ways that recognise and are responsive to the needs of people from various cultural identities and ethnicities (SAHA and CSI 2023; Gaetz and Dej 2017; Spinney et al. 2020). A culturally responsive system (and practitioner) is one that does not simply draw upon Eurocentric ways of knowing and being (i.e. theories like attachment theory that are underpinned by Eurocentric assumptions about family) but instead works collaboratively with diverse cultural groups and centres multiple ways of knowing and being (i.e. lived experience led and decolonising approaches).

A culturally responsive system and practitioner is one that recognises the very real impacts of, and barriers and traumas that can be produced by, systemic, structural and interpersonal forms of racism and Eurocentrism. Such forms of racism may be subtle or overt. Culturally responsive practice calls upon practitioners to recognise colonisation not as an historic event, but an ongoing practice that continues to produce harm, marginalisation, oppression and exacerbates the risk of homelessness in the lives of First Nations and racialised people today (Gaetz and Dej 2017). This practice is vital for ensuring the homelessness sector understands, challenges and does not perpetuate the barriers and challenges that often shape the experiences of racialised people in the Australian colonial context.



Proposed principle for the ACT Specialist Homelessness Services Sector Shared Practice Framework

Culturally responsive

We recognise that our cultural identities shape our worldviews and lived experiences and centre this in practice. We engage in ongoing processes of individual, service and system level reflection, working to reduce and eradicate racism and inherent biases.

Systems level principles

Early support

Like most states and territories in Australia, the ACT homelessness sector currently works from a crisis response approach, with limited capacity to meaningfully engage in prevention and early support. Research demonstrates that early support approaches (often referred to as early intervention and prevention approaches or responses) can reduce the prevalence, severity and prolonged impacts of homelessness, whilst reducing demand for crisis-based responses over time (Gaetz and Dej 2017; Spinney et al. 2020). Early support approaches however, cannot be implemented through the drive and dedication of practitioners alone. Additional targeted funding is required to support a genuine early intervention and prevention focus in practice (see Spinney et al. 2020).



Proposed principle for the ACT Specialist Homelessness Services Sector Shared Practice Framework

Early support

We are committed to breaking the cycle of a crisis-oriented system and strive to innovate and collaborate on new models of service delivery to reduce and prevent homelessness.

Housing First

Both co-design data (Communication Link 2022) and international and Australian-based research (Spinney et al. 2020) emphasise the importance of the homelessness sector adopting a Housing First approach – an underpinning assumption that sees housing as a fundamental human right.

A Housing First approach argues that all people deserve access to safe and stable housing without preconditions, such as sobriety or mandated addiction treatment (Spinney et al. 2020). Through a Housing First approach, access to safe and stable housing is seen as a necessary precursor to meaningfully

addressing other health, wellbeing, legal or lifestyle-related challenges. It is for this reason that a Housing First approach is conceptualised as a system dependent principle, for without greater investment in housing options, a Housing First approach becomes difficult. It is important to recognise that within the current crisis-based approach, meaningful work is still being done with people prior to them being housed.



Proposed principle for the ACT Specialist Homelessness Services Sector Shared Practice Framework

Housing first

We believe that all people should have access to secure, suitable and affordable housing and the support they need.



Questions

Do the principles outlined feel right as the underpinnings of the Shared Practice Framework?

Do the brief summaries of each principle align with your ideas about them?

Do you agree with the proposed principle titles and descriptions for the Shared Practice Framework (i.e. the information in the yellow boxes)?

What, if anything, would you add, change or remove?

Do you feel that culturally sensitive practice is enough?

Consistent practices and tools

What are assessment and intake practices and tools?

Assessment and intake practices and tools are an essential first step in understanding and addressing the needs of people (clients) experiencing homelessness. It is, however, important to delineate between intake and assessment. Intake, also commonly referred to as screening, is designed to screen clients and direct them to the most appropriate services. Intake/screening is a process of identifying which service may meet a client's needs, their eligibility to access a service, and potential immediate risks to the client or others. Intake may require obtaining information about overarching issues facing the client at that point of time, without completing a full situation/needs history with the client. As noted in the Practice Guidelines for Queensland's Homelessness Information Platform (DHPW 2021, p. 14) intake/screening has the following purposes: determine who is seeking assistance and their primary needs; assess immediate safety needs; check for existing client record; clarify expectations; and connect to relevant service for an assessment.

In contrast to intake processes, assessments for clients are more in-depth and provide a more comprehensive insight into the client's situation, history and needs. Assessment processes generally inform referrals, case management and allocation processes (for housing and support). Completing an assessment also provides an opportunity to build rapport between clients and workers and identify shared goals.

Why are consistent assessment and intake practices and tools important?

Shared practice requires a quality triage and assessment process within a coordinated system where there is consistency in the information collected, how such information is used for triage/prioritisation and 'always done with consent' (Government of Canada 2019, p. 46). The coordinated access system in Canada, for example, has a pre-established intake procedure, where client details are entered into a centralised information management system. This process ensures that clients do not have to repeat their story multiple times to services; a situation that can lead to frustration for clients, duplication of records (data) or inconsistent records/data (Government of Canada 2019, p. 51). The use of a common assessment tool also enables a community to determine homelessness needs and priorities for advocacy (around new or expanded responses to homelessness), and, depending on the tool used, can provide a consistent method for establishing the level or intensity of need for each client (sometimes called acuity) (Government of

Canada 2019, p. 54). Shared intake and assessment processes should capture sufficient information to inform how clients are supported post assessment.

Assessment

In both the Australian and global context there exists an array of homelessness specific intake and assessment tools, with variations in how they are deployed. Some tools require participants to self-report, with no input from an assessor, whilst others see the relationship as more mutual and encourage (with client consent) assessor input. Tools, like the VI-SPDAT, or its Australian version the AHVTT, target chronic homelessness and seek to assess risk of mortality, whilst others adopt an early-intervention lens. Some tools produce numerical scores and only capture quantitative data, whilst others are more narrative in style, seeking to produce information that is meaningful for referrals and case-management in a specific context. Some tools claim to be evidence-based, and preferred for practice on these grounds.

Whilst there exists no universally appropriate assessment tool, the Canadian experience with coordinated access offers learnings for others working towards service coordination through use of a common assessment tool. Such learnings include that a quality assessment tool is client-centred, tested, appropriate, does not cause further trauma, is reliable, i.e. provides consistent results, and accounts for the needs and circumstances (complexities, risks, vulnerabilities) of all population groups (First Nations people, women and children escaping domestic and family violence and youth) (Government of Canada 2019, p. 55). There also needs to be recognition of cultural factors that may impact on how clients respond to the tool and levels of trust between clients and services (Alves and Roggenbuck 2021; Kithulgoda et al. 2022).

It is noteworthy that whilst the push for tools to be 'evidence-based' is one that makes sense in certain contexts, a tool being 'validated' and 'reliable' does not mean that it will be universally applicable or beneficial in other contexts. Such tools are often validated in only one geographic, demographic or cultural context or are validated to produce a certain type of data (Shaw and Hannah-Moffat 2013) e.g. risk of mortality score for chronic rough sleepers. This means they cannot be widely applied to other contexts with rigour or efficacy. Whilst undoubtedly providing benefits when used in the context for which they were intended, such tools can still be critiqued for their reductive nature, whereby complex human experiences like that of homelessness and the many forces that shape it become reduced to rigid quantifiable categories, undermining the agency of the client to contribute to shaping an interview process and reducing human lives and experiences to a numerical score (Grainger 2021; Willse 2015). These tools are often targeted towards producing measurable data and simplifying the incredibly complex process of resource allocation, and may not be suited to building trust, producing meaningful referrals or informing case-management processes. Collecting other data alongside these tools can reduce some of these limitations, as can ensuring other tools and forms of advocacy around clients and their needs are supported.

A main challenge in developing assessment and intake practices and tools is the need to have a process that is timely and responsive to the client's needs while also providing enough relevant information to stakeholders with varying needs (for programs, for different types of support, for government versus non-government sector processes and responses). Therefore, it is essential that an assessment includes agreed upon definitions and language to increase trust between stakeholders. Furthermore, due to the crisis nature of many homelessness services and the real threats to the client's safety and security it is important that these tools are 'brief', whilst still eliciting meaningful information. Additionally, tools need to accurately reflect the services available in the community, to ensure that the information being obtained is relevant and appropriate for the response (US DHUD 2015).

Another key challenge is the way that assessment and intake information is collated and how accessible it is for other services. Along with the type of assessment tools utilised it is important to consider where and how responses to these tools are kept and shared with other relevant services. Where data about a client is kept has proven to be a major barrier in the efficacy of the tools and the benefits of the tools for the clients (Slota et al. 2021). Consequently, both the sector and funders need to collaborate to develop a data sharing agreement and/or a data management platform or system (Gaetz 2019).

What assessment and intake practices and tools are being used in the ACT?

No common assessment tool is in use across the homelessness sector in the ACT. Currently, baseline data is collected to meet the requirements of reporting as part of the Australian Institute of Health and Welfare's (AIHW) data collection, with the central intake service using a tool it has developed and refined for its own purposes. Specialist homelessness services in the ACT have generally evolved their own assessment and referral process – some services doing so over many decades and at least one service using a proprietary tool. Assessment tools are largely tailored to understanding clients' needs and backgrounds, supporting pathways to particular programs and meeting contractual obligations.

A consistent assessment process for housing needs is used by Housing Assistance (Housing ACT), systematising information collection about housing needs, including a means of prioritising housing need to assist in the allocation of public housing.

A comprehensive Domestic and Family Violence Framework is in use in the ACT and will continue to be the primary Framework and tools used to assess risk and other issues associated with the presence of domestic and family violence in people's lives. This Framework and its components would be used alongside the Shared Practice Framework (Community Services Directorate 2022). Practice here must prioritise the safety and risk assessment of people and families experiencing domestic and family violence.

Specialist Homelessness Services Collection (AIHW)

All Australian government funded specialist homelessness services are required to collect baseline data about the people accessing homelessness services (AIHW 2023). This data is less a client information management tool and instead a collection of the types of people accessing or seeking to access homelessness services, their reasons for seeking assistance, how long they are supported for, and assistance provided. Such data is an important (although imperfect) tool for providing insight into unmet demands for services, and also provides a system level view of the changing pathways to homelessness.

Some Australian jurisdictions have developed client information management system (data management platforms) that are able to feed relevant data to the AIHW (and allow agency use and analysis of data), therefore avoiding double entry across systems. South Australia's Homeless 2 Home (H2H) database does this, for example, although the state housing authority in SA (the SA Housing Trust) established and manages this database in a different way to other jurisdictions, allowing greater control and use of H2H by the sector that is more akin to a case management platform (a function recently under review in SA).

The application and assessment process for public housing in the ACT

Housing Assistance (Housing ACT) uses its application and assessment processes to identify early the key vulnerabilities and risk factors experienced by applicants. The application and assessment process gathers important information about applicants' risk factors to ensure consistency and transparency in how public housing is allocated. The process relies on predominantly closed questions (yes/no) making it useful for identifying the broader and more consistent challenges faced by an individual or family (household). In this way it is appropriate as an assessment for public housing allocation. The process is less appropriate for crisis or short-term housing responses, which rely on greater detail about the specific issues that a client or family is facing. The process has also not been designed for use by community housing providers and would need the direct input of community housing providers to be appropriate (evolved) for their housing context.

Questions



How can we ensure the appropriate intersection between the ACT DFV Framework, Housing Assistance (Housing ACT) public housing assessment processes and the common assessment tool as part of the Shared Practice Framework?

Consistent practices and tools: options for consideration

Within Australia, there is not currently a consistent approach to how intake and assessments are completed across homelessness services. This inconsistency can be explained in part by the complicated nature of pathways into homelessness as well as the complex way homelessness services have been developed and funded (Spinney et al. 2020). Different assessment and intake tools have been developed for different purposes. One tool with some level of coverage and adoption across Australia and internationally is the previously mentioned VI-SPDAT. As noted earlier, the VI-SPDAT has been developed for a particular context, chronic rough sleeping, although variations also did exist for youth and families and the tool was developed as a decision assistance tool to work alongside other tools and processes. It is not an intake tool: it is an assessment tool for a particular purpose. An Australian version of the VI-SPDAT, the AHVTT, has been developed and is the foundation of the by-name list in Advance to Zero communities nationally.

VI-SPDAT

The VI-SPDAT is a tool that is endorsed by the Australian Alliance to End Homelessness. A combination of the Vulnerability Index and Service Prioritization Decision Assistance Tool that originated in Canada and the United States, the tool provides a numerical value to assist in allocating housing and aligned support. The tool was developed with chronic rough sleepers, a very specific homelessness demographic, and works from a risk-of-mortality lens for prioritising housing which, in many contexts, may not be appropriate. Further, Slota et al. (2021, p. 329) highlight that this tool is limited due to its deficit-based nature and ‘focus on discrete events, rather than patterns of behaviour’. The tool is also shown to be biased against Black clients, as they may be less likely to trust the tool and services, leading them to under report issues and therefore not be allocated services appropriately (Kithulgoda et al. 2022). Work is underway to validate the AHVTT in the hope of addressing validation related criticisms of the tool. Work is also ongoing around a culturally responsive solution to support ending homelessness for First Nations people and communities.

A proposed tool

From previous co-design processes, we can see that any assessment form produced in collaboration with the ACT homelessness sector (practitioners and service users) needs to be one that:

- helps the sector to develop a shared practice and build collaboration;
- is trauma-informed, reducing the number of times a client must narrate potentially traumatic experiences (Levenson 2017); and,
- produces information that is person-centred and is meaningful to the specific context of the ACT.

In seeking to present an assessment tool that reflects the values, principles, services landscape and needs of the ACT homelessness sector, whilst eliciting information that is meaningful for referral and case management process, we have surveyed an array of tools currently being used in the Australian and international context.⁶ This process has led us to believe that there exists no pre-existing, publicly available tool that could be transplanted into the ACT context to meet the needs identified through co-design and commissioning processes. As such, we suggest that the ACT homelessness sector would benefit most from a purpose built, context specific tool that borrows key elements from many different existing tools and makes meeting AIHW data requirements more streamlined. Developing an assessment tool is a task that unearths many tensions, particularly between the need to elicit sufficient information to meet data recording requirements and produce meaningful referrals and case-management plans. In the following we present the first draft of a possible assessment tool – a tool that will continue to evolve and develop through further co-design processes occurring in December 2024.

⁶ The tools surveyed include the: Specialist Homelessness Services Initial Assessment Form (NSW); the Multi-agency Assessment and Referral Form (formerly used in SA); the Common Homelessness Assessment and Referral Tool (Qld); the VI-SPDAT, used globally; the new Application and Assessment process currently being developed in the ACT; and the current OneLink assessment form. This process was also informed by the ‘Table of Homelessness Specific Tools’ produced by the Homeless Hub (2017).

The ACT Shared Specialist Homelessness Services Sector Intake, Assessment and Referral Form (SHARF) – proposal v.1

The * symbol indicates an AIHW minimum data set requirement question

Assessment date: _____

Worker name: _____

Introduction to service

- ☐ Share your name, explain your role and how you can assist
- ☐ Explain why you will ask these questions/collect this information
- ☐ Discuss confidentiality (explain the limits e.g. duty of care/child protection/mental health, who within your team/the sector you might share their information with and why)
- ☐ Ask language/do they need an interpreter? ☐ Yes ☐ No
- ☐ * Has client given consent for engagement/support ☐ Yes ☐ No
- ☐ Is there anything the client needs to make them feel more safe/comfortable (i.e. door open, something to fiddle with, female only interviewer etc.)

- ☐ Screened for DFV ☐ Yes ☐ No
- ☐ Presentation method
- ☐ * If referred, by who? _____



Questions/reflections

The above aims to present a checklist of all important information a worker must share and/or gain from a client in the initial stage of the assessment.

- *Do you have any feedback for us on this section? Anything you would add, change or, excluding the AIHW required questions, remove?*
- *At what point would a worker usually screen for DFV? Does it belong before this process, during it, or after it?*
- *The AIHW does not require you to ask about presentation method, however this can be helpful data for services to track. Does this feel relevant/helpful, or would you prefer it be removed?*

Client details

* Full name: _____

Preferred name: _____

Any other names you have been known by: _____

* What is your gender? ☐ Female ☐ Male ☐ Non-binary/gender-fluid ☐ Trans-masc
☐ Trans-femme ☐ Prefer not to say ☐ Other: _____

Which pronouns feel best for you? ☐ She/her ☐ He/him ☐ They/them ☐ Other: _____

* DOB and age: _____

Contact details: _____

* Aboriginal or Torres Strait Islander: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ None

If yes, ask them what language/term feels best

i.e. First Nations, Aboriginal, language group etc.

* Country of birth:

* Year first arrived in Australia:

Visa/citizenship status:

* Disability: (Ask if there are any disability related things you need to know now to make the interview accessible, then flag that you will discuss in more detail later in the assessment)

☐ Yes

☐ No

* NDIS: ☐ Yes ☐ No ☐ In progress ☐ Don't know

* ADF ☐ Yes ☐ No

* Main language other than English spoken at home:

* Proficiency in spoken English: ☐ Very good ☐ Good ☐ Not good ☐ Not at all ☐ Don't know



Questions

- Any feedback on this section? Anything you would add, change or remove?
- Do you think the sector requires any additional training/information regarding how to routinely ask about gender and pronouns?
- In some jurisdictions the 'any other names you have been known by' question is used to identify any duplicate files. Is this currently helpful/likely to be helpful in the future in the ACT context?
- The AIHW only requires you to record whether a client is Aboriginal, Torres Strait Islander, both or neither. Given that culturally responsive practice emerged as a key principle of the Shared Practice Framework, would asking about other ethnic or cultural identities provide important information for your service/the sector?

ID

I have access to the following documents:

☐ Birth certificate

☐ Driver's license

☐ Visa/migration papers

☐ ID card

☐ Passport

☐ Concession/health care card

☐ Medicare card #:

CRN

Would you like me to copy and safely store any ID for you?

☐ Y ☐ N

Details:

Do you need help applying for/accessing any ID documents

☐ Y ☐ N

Details:



Questions

- Any feedback on this section? Anything you would add, change or remove?

Accompanying individuals

* I am looking to be housed as an: ☐ Individual ☐ Couple ☐ Family ☐ With pets ☐ Other

Relationship details:

Are you, or anyone you are seeking housing with, pregnant? If so, do you know the expected due date? Do you need support accessing pregnancy services?

Needs of accompanying individuals (e.g. pets, disability, children, are children enrolled in childcare/school etc):

*Any CYPS involvement? (be sure to document for each child)



Questions

- Any feedback on this section? Anything you would add, change or remove?
- Question one seeks to ascertain AIHW required data regarding 'unit head' and 'presenting unit'. We recognise that to hierarchise a 'unit head' can be problematic, particularly in the context of public housing leases, relationship breakdown, gendered norms and Family and Domestic Violence. We'd appreciate your reflections on how this data requirement is currently being managed and possible ways the sector could manage going forward.
- The final question in the section seeks to cover the AIHW requirement for data on 'type of care arrangements' for children under 18. Does this feel sufficient and user friendly to you? How are you currently, or how can we assure we move towards, gaining this information in trauma-informed ways?

Accommodation situation

Can you tell us a bit about your housing history, your current housing situation and anything that has led to it? * From this you need to be able to distil previous episodes of homelessness and the living arrangements/type of dwelling/tenure/conditions of occupancy/suburb client resided in at presentation and for the week preceding.

* Roughly how long has it been since you lived in the same place for more than 3 months? Details? (suburb, state and/or facility name required). Maps onto AIHW requirement for 'time since last permanent place to live', defined as 'a conventional dwelling' where a person has resided for 3+ months.

Are there any housing needs (e.g. cultural, religious, safety, physical access) that we will need to consider?

Do you feel comfortable talking about your family relationships? Is there anyone in your family who might be able to support you in any way?



Questions

- Any feedback on this section? Anything you would add, change or remove?
- Question one seeks to distil the 'living arrangements/type of dwelling/tenure/conditions of occupancy/suburb client has resided in for past week' and 'previous episode(s) of homelessness' for AIHW. We recognise that often people are highly transient, even over a single week, and might lose track of the number of times they have experienced homelessness. How do you currently manage this? Do you have any ideas about how this could/should be approached by the sector?
- The question regarding family situation is one frequently used in the youth homelessness sector and might be more relevant for certain demographics than others. However, it can also be helpful in avoiding homelessness/exploring other options when shelters are full etc. Does this appear to you like a helpful, optional question to have on an assessment form?

Money/work/study

* Are you currently working or looking for work? Full time, part time etc.?

* What is your main source of money?

When will you be paid next?

Do you have a job network provider? Details:

* Are you currently registered for, but waiting to receive, a Centrelink payment?

* Are you currently going to school, studying or doing any training? If so, what, what capacity/where?

Is there anyone (past landlord, business, dealer, government agency etc.) that says you owe them money? Details:

Do you have a bank account, or do you need help getting one?



Questions

- Any feedback on this section? Anything you would add, change or remove?
- The AIHW requires 'attendance status' and for school age students, you must be able to record whether they are: 'enrolled and attending; enrolled but not always attending; enrolled but not attending; enrolled but waiting to commence; home schooled; neither enrolled nor home schooled'. Would you benefit from an overt prompt for these options, or does the current question suffice?

Mental health

Is there anything it might be helpful for us to know about your mental health? How do you generally feel day to day? Do you ever struggle with feeling depressed, sad, anxious or anything else? Do you have supports/helpful strategies? Do you take any MH medication? * AIHW requires data on whether client has ever been diagnosed with, and/or received services for a mental health condition and for how long the client has received services

Would you like us to know about any triggers/things that might make you feel particularly unsafe/stressed/uncomfortable/angry etc.? E.g. for some trauma survivors a certain sound or smell might trigger memories etc. Any gendered considerations?



Questions

- Any feedback on this section? Anything you would add, change or remove?
- The AIHW drop-down options for mental health services received are: 'currently receiving services; received services in the last 12 months; received services more than 12 months ago; received services, no timeframe reported; no services ever received; don't know; n/a'. Would it be helpful to have these options recorded within this tool, or will you be able to gain enough information to make an assessment through more open questioning?

Physical health

How is your physical health? Do you have any allergies, illnesses, diseases etc. that impact your life? What supports do you have/need around this?



Questions

- Any feedback on this section? Anything you would add, change or remove?

Disability

Do you have a disability (diagnosed or undiagnosed) that impacts your day-to-day life, what kind of housing you can access, that you require support with or that you think we should know about? Any housing considerations supports/strategies in place?



Questions

- Any feedback on this section? Anything you would add, change or remove?

AOD

Do you use drugs and/or alcohol? How often? Does this impact your life negatively in any way? Will drinking or drug use make it difficult for you to stay housed or pay your rent? Do you have/want any support around AOD?



Questions

- Any feedback on this section? Anything you would add, change or remove?

Legal

Do you have any legal issues (upcoming court dates, orders, violence or protection orders etc.) that might be helpful for us to know about/that you need support with? History of incarceration?



Questions

- Any feedback on this section? Anything you would add, change or remove?

Other supports (formal and informal)

Do you receive support from any other organisations/workers? If so, do you mind sharing who, what role they play in your life, contact details etc? An additional third-party consent form must be completed in order to contact/share information with another agency.

Is there anyone in your personal life (a friend, a family member, a partner etc.) who is a good support person for you?



Questions

- Any feedback on this section? Anything you would add, change or remove?
- Does the sector have information disclosure consent forms they are already using? Should they be incorporated into the shared assessment form?

Life skills

Have you ever lived by yourself before? How do you go taking care of things like cooking, cleaning, budgeting etc.? Do you need any assistance with general life tasks?



Questions

- Any feedback on this section? Anything you would add, change or remove?

Material needs

Do you currently have access to food and water, a place to shower, wash your clothes etc.? Do you need any material assistance i.e. food, blankets, bedding, clothes etc.?



Questions

- Any feedback on this section? Anything you would add, change or remove?
- Are there services in the ACT that provide shower and/or clothes washing facilities, material aid etc.? If not, should this question be removed so as not to encourage people to expose a need that you cannot meet, or is it important data that could be used to advocate for these services?

Strengths/goals/interests

Do you have any interests/activities/hobbies that you enjoy? Do you have any strengths that you are proud of? Any goals for the next few months?



Questions

- Any feedback on this section? Anything you would add, change or remove?

Worker reflections/service response

* What reasons does the client report for seeking assistance? What are the presenting issues? What is the main reason for seeking assistance?

What is most important for the client? What must be done first? What are the next steps?



Questions

- *Any feedback on this section? Anything you would add, change or remove?*
- *The AIHW requires workers to record both the primary presenting and additional presenting issues. They offer a list of 27 options, which is likely to be time consuming and taxing to go through with a client. How is the ACT currently managing? Is this something you go through systematically with a client, or is this a worker discretion question?*

Other tools to consider as part of the Shared Practice Framework toolbox

Along with intake and assessment tools is the possibility of incorporating outcomes tracking tools as part of a toolbox within the Shared Practice Framework. Outcomes tracking tools are tools designed to measure changes in a client's experience or the impact of responses or support (interventions, programs) in their journey through the system or their lives. Outcome measurement can be based on self-report, performance-based, or reliant on observer/worker perception.

While outcome measures are separate from intake and assessment tools, it is important that where practical and useful, data being collected aligns to reduce doubling up on data collection and improve links between the presenting needs of clients, services provided, and the associated outcomes. To identify changes over time it is necessary to complete outcome measures early in the case management process, and then at regular intervals until support is closed, or ideally, even post-support at a logical point in time.

While, as with intake and assessment tools, there are no universally applied/adopted outcomes measurement tools in place in the homelessness sector, there are a couple of tools that are in use that might be worth looking at. The Personal Wellbeing Index is one such tool, which is relatively easy to deploy and can be used at multiple time points to measure change in a client's subjective wellbeing. There are limits to its utility though, as outlined below. We have also included a brief write up on the Outcomes Star here, although there is a movement against this particular tool as noted.

Like with assessment and intake tools there is a lack of culturally validated and culturally responsive outcomes measurement tools. This is something that will need to be considered in any work around outcomes measurement. It is important to be clear on what is meaningful to measure and how it is most appropriate to understand and measure outcomes for First Nations (and other) people and communities.

Personal Wellbeing Index

The Personal Wellbeing Index (PWI) is a free, validated tool with three different versions: PWI – Adult; PWI – Intellectual Disability; and PWI – School Children (International Wellbeing Group 2024). Furthermore, the adult version is available in over thirty different languages (see acqol.com.au/instruments). The PWI is a Quality of Life tool that aims to measure a person's 'selective wellbeing' 'based on each person's own perceptions and feelings about their life' (International Wellbeing Group 2024, pp. 1-2). Using a Formative Index, the tool focuses on specific domains that developers believe would accurately determine one's subjective wellbeing (International Wellbeing Group 2024, pp. 1-7). Participants are asked to rate their satisfaction in the domains of standard of living; health; life achievement; personal relationships; safety; community connectedness; and future security. Each domain is rated on a ten-point scale ranked from 'No satisfaction at all' to 'Completely satisfied'. The option exists to add other domains associated with Global Life Satisfaction and Religion/Spirituality.

Homelessness Outcomes Star

The Homelessness Outcomes Star is one of a suite of Outcomes Stars developed by Triangle Counselling at the behest of St Mungo's in the UK (Good and MacKeith 2022). Currently, the tool is used in the UK, parts of Europe and Australia. Based on motivational interviewing techniques, the Homelessness Outcomes Star relies on individuals making an initial assessment on a 10-point scale across ten domains (Good and MacKeith 2022, p. 143). 'Scores within set ranges are banded into five classifications: "stuck" (1-2), "accepting help" (3-4), "believing" (5-6), "learning" (7-8) and "self-reliance" (9-10)' (Johnson and Pleace 2016, p. 34). A score is created based on these assessments, and these scores are then revisited by the clients and workers at non-set intervals over time. It has been argued that the Homelessness Outcomes Star is useful for measuring metrics over time (Harris and Andrews 2013; Burns et al. 2008; Petersen et al. 2014). On the other hand, some criticism has questioned the underlying foundation of the tool, which positions people struggling with certain domains as 'stuck' or 'unable to comply' – placing the responsibility on the individual rather than taking into account structural factors impacting on the client and/or the changeable nature of being in crisis (Johnson and Pleace 2016).

4. Considerations in moving to an ACT Specialist Homelessness Services Sector Shared Practice Framework

There are several practical considerations to be worked through in the move to an ACT Specialist Homelessness Services Sector Shared Practice Framework. These considerations have been raised in initial conversations with the sector and in the practice literature.

- **Cultural responsiveness and cultural safety**

Strong concerns exist about the cultural safety and responsiveness of particular structures and processes in the ACT homelessness sector currently, including the central intake service. Given the importance of the central intake service to the functioning of the ACT homelessness system, and the opportunity presented by commissioning of this service and developing the Shared Practice Framework, dedicated attention must be directed to cultural responsiveness in practice and ensuring First Nations people, and people from diverse cultural backgrounds, feel safe, their knowledges and experiences respected and are appropriately supported when accessing and journeying through the homeless system.

- **Framework reach and inclusion (including within CSD)**

Questions have been raised about the reach of the Framework, specifically which services it applies to and how it will be applied. For example, services have questioned whether all services will use the common assessment tool and how the data will be generated, stored and shared. Questions have been raised regarding how a common understanding of elements, language and processes can be fostered across agencies, and how a balance between ensuring the central intake services' key responsibilities for intake and assessment can be balanced with client needs and existing relationships with services. These considerations are particularly important for smaller and bespoke services receiving limited funding for their specialist homelessness services offering.

A key question also remains about the application or alignment of the Shared Practice Framework with social housing assessment processes.

- **Data sharing**

The Shared Practice Framework is fundamentally a structure and process(es) for supporting sector collaboration and coordination. Trauma informed practice, as a defining principle of the Framework, requires that people do not have to tell their stories repeatedly to different workers to access support (including housing). Sharing information about people's circumstances and support needs is essential to the success of the Framework. Data sharing in this respect is about shared commitment, ideology, practice and supporting data management infrastructure.

- **Data infrastructure and data management**

How the data collected through the common assessment tool(s) is collected and stored is a key consideration for the development, implementation and functioning of the Framework. This project is working alongside the SHIP Data Enhancement project within CSD.

- **Consent**

Ensuring robust and transparent consent processes is best practice in data collection and management. Consent processes that also fit with data sharing, data uses and users (research use and outcomes tracking, for example) and data management (including storage) must be developed.

- **Reporting**

Clear ideas are needed about the purposes, value and ease of reporting, audiences and types of outputs.

- **Governance**

How the Shared Practice Framework is to be governed is a question that has been raised and needs focussed attention. This conversation is not isolated from conversations generally about

collective governance mechanisms for the specialist homelessness services sector. Models of such governance mechanisms exist elsewhere and could be looked at for their structure and strengths, alliances in the South Australian context for example, or service coordination and strategic steering committees in Advance to Zero communities.

- **Outcomes measurement**

CSD and the homelessness sector have a shared desire to understand the impacts of homelessness support. The Framework provides an opportunity to think about the data being collected in terms of its usefulness for outcomes tracking, recognising of course the limits to using data designed for intake, assessment and referrals for this purpose.

- **Continuous learning and improvement**

The Shared Practice Framework is being designed for continuous learning and improvement, to be achieved through an initial piloting of the common assessment tool and processes and deliberate staging of implementation with reflection and evolution points.

- **Training**

Embedding the Shared Practice Framework will require training for workers, at operational/frontline levels in particular but also for non-operational staff. Training (and sector championing) through a train the trainer approach is part of the Shared Practice Framework development project, and a training session will be recorded for ongoing sharing.

- **Induction**

The unique challenges of the ACT workforce in terms of recruitment challenges, the size of the labour pool and churn have been widely recognised. Given this operating reality for the sector, resources to support the induction of new people to the sector and to CSD will be needed.

- **Commissioning**

Further commissioning offers potential for alignment of new services and partners with the Framework. It also reinforces the need for Framework training and information for inducting new workers and partners into the homelessness sector and use of the Framework.

As noted earlier, we also acknowledge the impact of sector reform, particularly fatigue related to reform and commissioning, as well as the impact on the sector workforce from the scale of the homelessness challenge, the Covid-19 pandemic and, relatedly, churn across all levels of the workforce. This said, it is clear from sector engagements thus far, that the sector is ready to embrace processes that streamline their work and support better outcomes for people journeying through the system.

The Framework and its ongoing evolution and monitoring takes a lens of utility and practicality, with the considerations above part of the development journey.



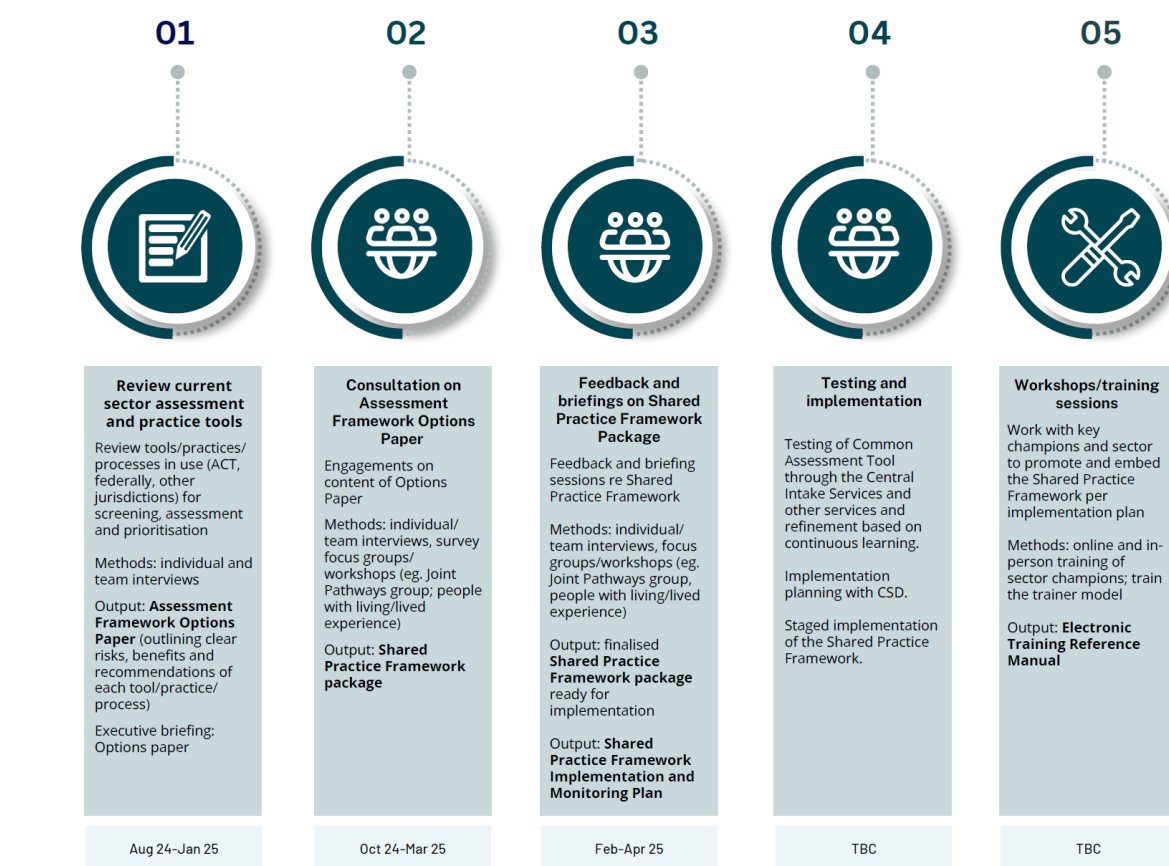
Questions

*Do you have any thoughts (including ways forward) on the considerations raised?
Are there other considerations you would like to raise?*

5. The Shared Practice Framework journey: What's next?

This Options Paper is the start of the journey to developing the ACT Specialist Homelessness Services Sector Shared Practice Framework, which will ultimately include an agreed assessment process (or processes) and tool (or tools) to ensure more consistent practice (and understandings) across the ACT homelessness sector. The Framework supports other key bundles of work in the ongoing ACT reform process, including data improvement work, orienting homelessness services system activities to outcomes and commissioning of the Central Intake Service. Figure 4 provides a summary of the key stages of the ACT Specialist Homelessness Services Sector Shared Practice Framework.

Figure 4: Stages in the ACT Specialist Homelessness Services Sector Shared Practice Framework development project



June 2024

June 2025

The next stage of the Shared Practice Framework development journey is a series of broader engagements with a range of stakeholders to work towards consensus on key elements of the Shared Practice Framework as outlined in this document. Engagements will include both face-to-face and online individual and group interviews and focus groups with:

- people with lived and living experience of the ACT homelessness services system (particularly intersections with the sector post-reform);
- managers and workers in the specialist homelessness services sector and relevant intersecting sectors;
- members of Joint Pathways Executive and network;
- representatives of the Community Services Directorate; and,
- other key operational groups and relevant peak bodies.

An online survey may also be used to gauge broader sector thoughts (including from operational/frontline staff) on the tools, practices and processes as proposed in the Options Paper (TBC).

Consultations on the Options Paper are the basis for the formulation of the draft ACT Specialist Homelessness Services Sector Shared Practice Framework, which will be available for further sector and lived experience feedback in 2025. Implementation of the Framework will occur (likely in stages) from around March 2025.

Implementation and embedding of the framework will include delivery of training sessions for the specialist homelessness services sector and intersecting sectors. An electronic training/reference manual will also be developed for use as an induction resource for the sector. Training sessions will utilise a train the trainer approach to enable participants to train others in their organisation/etc. One training session will be held online (via Teams) to allow recording of the session for use as an ongoing resource. An essential element of this phase of the project will be the participation of some governance group members and other key stakeholders in training and championing the Framework during development, leading into implementation and during early stages of implementation and beyond. Implementation and embedding of the Framework will be structured around continuous learning and improvement to ensure the suitability and utility of the Framework.



Questions

Do you have any thoughts on the next steps in the Shared Practice Framework development journey?

Are we missing anything or anyone in terms of the Shared Practice Framework development?

How you can help

We need your help to:

- provide feedback on the ideas raised in this Options Paper about the Shared Practice Framework, addressing the questions asked.
- spread the word to your colleagues and networks about the Options Paper and this project.
- connect us with people with living and lived experience of the ACT homelessness system.

Please contact us via selina.tually@flinders.edu.au.

We thank you for your help in the Shared Practice Framework development journey.

References

- ACT Government 2023a, *Commissioning Outcomes – Homelessness Sector, Strategic Investment Plan for Homelessness Sector*, Community Services Directorate, Housing ACT, Canberra, viewed 15 November 2024, <https://www.communityservices.act.gov.au/commissioning/sectors-in-progress/homelessness-and-housing>.
- ACT Government 2023b, *Homelessness commissioning: supporting service users with high and complex needs and other barriers*, ACT Government, viewed 21 November 2024, https://www.communityservices.act.gov.au/_data/assets/pdf_file/0009/2231793/High-and-complex-commissioning-information-booklet.pdf.
- ACT Government 2020, *ACT Wellbeing Framework*, Treasury and Economic Development Directorate, Canberra, viewed 21 November 2024, https://www.act.gov.au/_data/assets/pdf_file/0004/1498198/ACT-wellbeing-framework.pdf.
- ACT Government 2019, *ACT Housing Strategy*, Environment, Planning and Sustainable Development Directorate, Canberra, viewed 27 November 2024, https://www.act.gov.au/_data/assets/pdf_file/0012/2400501/ACT-Housing-Strategy.pdf
- Alves, T. and Roggenbuck, C. 2021, *Final Report: Towards a Youth Homelessness Strategy for Victoria*, prepared by AHURI, Australian Housing and Urban Research Institute Limited, Melbourne, viewed 15 November 2024, <https://www.ahuri.edu.au/sites/default/files/documents/2021-11/AHURI-Prof-Services-Final-Report-Towards-a-Youth-Homelessness-Strategy-for-Victoria%20%282%29.pdf>.
- Australian Institute of Health and Welfare (AIHW) 2023, *Specialist Homelessness Services collection manual – August 2023*, cat. no. HOU335, AIHW, Canberra.
- Australian Bureau of Statistics (ABS) 2012, 4922.0 – *Information Paper - A Statistical Definition of Homelessness*, viewed 15 November 2024, <https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4922.0Main%20Features22012>.
- Australian Housing and Urban Research Institute (AHURI) 2018, 'Brief: What is the Housing First model and how does it help those experiencing homelessness?', AHURI, Melbourne, viewed 15 November 2024, <https://www.ahuri.edu.au/analysis/brief/what-housing-first-model-and-how-does-it-help-those-experiencing-homelessness>.
- Burns, S, MacKeith, J and Graham, K 2008, *Using the Outcomes Star: impact and good practice*, Research Report, Homeless Link and Triangle Consulting, London.
- Calgary Drop-In Centre and OrgCode n.d., *Person-centred and trauma-informed considerations in a housing-focused shelter*, viewed 8 November 2024, <https://calgarydropin.ca/wp-content/uploads/2023/11/PERSON-CENTRED-AND-TRAUMA-INFORMED-CONSIDERATIONS-IN-A-HOUSING-FOCUSED-SHELTER-FINAL-NOV-7.pdf>.
- Cho, S., Crenshaw, K.W. and McCall, L., 2013. 'Toward a field of intersectionality studies: Theory, applications, and praxis'. *Signs: Journal of women in culture and society*, 38(4), pp. 785-810.
- Commonwealth of Australia 2024, *National Agreement on Social Housing and Homelessness, Federal Financial Relations*, Canberra, viewed 27 November 2024, <https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2024-06/nashh-final.pdf>.
- Commonwealth of Australia 2017, *National strategic framework for Aboriginal and Torres Strait Islander Peoples' mental health and social and emotional wellbeing 2017–2023*, Department of the Prime Minister and Cabinet, Canberra, viewed 16 December 2024, <https://www.niaa.gov.au/resource-centre/national-strategic-framework-aboriginal-and-torres-strait-islander-peoples-mental>.

- Communication Link 2022, *Housing ACT – Homelessness Commissioning strategy partnership engagement: final report*, viewed 11 November 2024, https://www.communityservices.act.gov.au/_data/assets/pdf_file/0008/2074193/Homelessness-Commissioning-Insights-Report-v1.pdf.
- Community Services Directorate c. 2023, *Commissioning for Outcomes – Homelessness Sector, Strategic Investment Plan for Homelessness Sector*, CSD Housing ACT, ACT Government, Canberra.
- Community Services Directorate 2022, *ACT Domestic and Family Violence Risk Assessment and Management Framework: Supporting an integrated domestic and family violence system*. ACT Government. https://www.act.gov.au/_data/assets/pdf_file/0006/2388453/ACT-Domestic-and-Family-Violence-Risk-Assessment-Framework.pdf
- Community Solutions 2021, 'What is a by-name list?', Community Solutions, New York, viewed 18 November 2024, <https://community.solutions/what-is-a-by-name-list/>.
- Connolly, M., 2007, 'Practice frameworks: conceptual maps to guide interventions in child welfare', *British Journal of Social Work*, vol. 37, pp. 825-837.
- Department of Communities WA 2020, *All Paths Lead to a Home: Western Australia's 10-year strategy on homelessness 2020-2030*, Government of Western Australia, viewed 11 November 2024, <https://www.wa.gov.au/government/document-collections/all-paths-lead-home-western-australias-10-year-strategy-homelessness-2020-2030>
- Department of Communities and Justice 2024, *What is the NSW Human Services Outcomes Framework?*, DCJ, NSW Government, <https://dcj.nsw.gov.au/about-us/nsw-human-services-outcomes-framework/what-is-the-nsw-human-services-outcomes-framework.html>.
- Department of Health and Human Services (Vic.) 2019, *Aboriginal and Torres Strait Islander Cultural Safety Framework—part 1*, DHHS, Melbourne, viewed 16 December 2024, <https://www.dhhs.vic.gov.au/sites/default/files/documents/202004/Part%201-Aboriginal%20and%20Torres%20Strait%20Islander%20cultural%20safety%20framework-20190620.pdf>
- Department of Housing and Public Works (DHPW) Qld 2021, *Practice Guidelines: Queensland Homelessness Information Platform*. Queensland Government.
- Dodd, R., Rodrigues, N. Sequeira, T. and Watkins, L., 2020, *Housing First Principles for Australia*, Homelessness Australia, viewed 16 November 2024, <https://homelessnessaustralia.org.au/homelessness-resources/housing-first/>.
- EY (Ernst and Young) 2023, *Specialist homelessness services program evaluation: Department of Communities and Justice-final report*, EY, Sydney, viewed 18 November 2024, <https://www.facs.nsw.gov.au/download?file=857646>.
- Gaetz, S., 2019, *This is Housing First for youth: Europe, a program model guide*, Canadian Observatory on Homelessness, Toronto, viewed 09 November 2024, <https://housingfirsteurope.eu/blog/this-is-housing-first-for-youth-europe-a-program-model-guide/>.
- Gaetz, S. and Dej, E., 2017, *A new direction: a framework for homelessness prevention*, Canadian Observatory on Homelessness Press, Toronto, viewed 8 November 2024, https://homelesshub.ca/wp-content/uploads/2024/04/COHPreventionFramework_1.pdf.
- Gaetz, S., Scott, F. and Gulliver, T., 2013, *Housing First in Canada: supporting communities to end homelessness*, Canada Homelessness Research Network, Toronto, viewed 11 November 2024, <https://www.homelesshub.ca/sites/default/files/HousingFirstInCanada.pdf>.

- Good, A. and MacKeith, J., 2021, Psychometric validation of the Homelessness Star. *Journal of Social Distress and Homelessness*, 31(2), 142–151. <https://doi.org/10.1080/10530789.2021.1906475>
- Government of Canada 2024, *Reaching home: Canada's homelessness strategy directives*, Government of Canada, viewed 21 November 2024, <https://housing-infrastructure.canada.ca/homelessness-sans-abri/directives-eng.html>.
- Government of Canada 2019, *Reaching home: coordinated access guide*, Employment and Social Development Canada, Ottawa, viewed 31 October 2024, https://publications.gc.ca/collections/collection_2019/edsc-esdc/Em12-66-2019-eng.pdf.
- Grainger, G.L., 2021, Punishment, support, or discipline? Taking stock of recent debates about homeless governance in neoliberal cities, *Sociology Compass*, vol. 15, no. 8, e12909, <https://doi.org/10.1111/soc4.12909>.
- Harris, L. and Andrews, S., 2013, *Implementing the Outcomes Star in a multi-disciplinary environment*, The Salvation Army, St. Kilda, viewed 07 November 2024, <https://www.outcomesstar.org.uk/research-item/implementing-the-outcomes-star-well-in-a-multi-disciplinary-environment-full-document/>.
- Healy, K., 2022, *Social Work Theories in Context: Creating Frameworks for Practice*, 3rd edn, Bloomsbury Publishing, London.
- International Wellbeing Group 2024, *Personal Wellbeing Index manual: 6th Edition, Version 2*, pp. 1-55, Cummins, R.A. (ed.), Australian Centre on Quality of Life, School of Psychology, Deakin University, Geelong, viewed 17 November 2024, <http://www.acqol.com.au/publications#Open-access>.
- Homelessness Australia 2023, *About Homelessness*, viewed 16 November 2024, <https://homelessnessaustralia.org.au/about-homelessness/>.
- Johnson, G. and Pleace, N., 2016, 'How do we measure success in homelessness services?: Critically assessing the rise of the homelessness outcomes star', *European Journal of Homelessness*, vol. 10, no. 1, pp. 31-51.
- Kithulgoda, C.I., Vaithianathan, R. and Parsell, C., 2024, 'Racial and gender bias in self-reported needs when using a homelessness triaging tool', *Housing Studies*, vol. 39, no. 8, pp. 1951-1973.
- Langmore, S., 2022, 'Opening doors: a collaborative approach to homelessness assistance', *Parity*, vol. 35, no. 7, pp. 17-19.
- Levenson, J., 2017, 'Trauma-informed social work practice', *Social Work*, vol. 62, no. 2, pp. 105-113.
- MacKenzie, D., Hand, T., Zufferey, C., McNelis, S., Spinney, A. and Tedmanson, D., 2020, *Redesign of a Homelessness Service System for Young People*, AHURI Final Report No. 327, Australian Housing and Urban Research Institute Limited, Melbourne, viewed 9 November 2024, <https://www.ahuri.edu.au/research/final-reports/327>, doi:10.18408/ahuri-5119101.
- McCormack, B. and McCance, T., (eds) 2017, 'Underpinning principles of person-centred practice', in *Person-centred Practice in Nursing and Health Care: Theory and Practice*, 2nd edn, Wiley Blackwell, pp. 13-36.
- Milaney, K., 2011, 'The 6 dimensions of promising practice for case-managed supports to end homelessness, part 1: contextualizing case management for ending homelessness', *Professional Case Management*, vol. 16, no. 6, pp. 281-287.
- Mohr, J., 2013, 'Opening doors framework: reflections on best practice in specialist homelessness services integration and coordination', *Parity*, vol. 26, no. 5, pp. 34-7.

- Murphy, N.F., 2015, Nine guiding principles to help youth overcome homelessness, in Quinn, M., McKegg, K. and Wehipeihana, N., (eds), *Developmental evaluation exemplars: principles in practice*, Homeless Youth Collaborative on Developmental Evaluation, pp. 63–82.
- Neville, A., 2000, 'The implementation of competitive tendering in the Australia social welfare sector', *Just Policy: A Journal of Australian Social Policy*, vol. 18, pp. 15-23.
- O'Connor Marsden (OCM) 2022, *Community services directorate: Housing ACT evaluation of the central intake service*, OCM, viewed 20 November 2024, https://www.communityservices.act.gov.au/_data/assets/pdf_file/0005/2098967/OneLink-Evaluation-Report.PDF.
- Page, S.B., Stone, M.M., Bryson, J.M. and Crosby, B.C., 2018, 'Coping with value conflicts in interorganizational collaborations', *Perspectives on Public Management and Governance*, vol. 1, no. 4, pp. 239-255.
- Payne, M., 2021, *Modern Social Work Theory*, 5th edn, Bloomsbury Publishing, London.
- Petersen, V., Ellis, P., Lorenz, R. and Armbricht, E., 2014, 'An interventional study of guiding homeless persons to self-reliance using the Outcomes Star for Homelessness', *Critical Scholars Review*, vol. 7, no. 1, pp. 30-41.
- Ramsden, I., 2002, Cultural Safety and Nursing education in Aotearoa and Te Waipounamu, PhD thesis, Victoria University of Wellington, New Zealand, viewed 12 December 2024, https://www.croakey.org/wp-content/uploads/2017/08/RAMSDEN-I-Cultural-Safety_Full.pdf.
- Shaw, M. and Hannah-Moffat, K., 2013, 'How cognitive skills forgot about gender and diversity', in G. Mair (ed.), *What Matters in Probation*, Taylor & Francis, United Kingdom, pp. 157-74.
- Slota, S.C., Fleischmann, K.R., Greenberg, S., Surka, M., Evans, K.S., Snow, J., Rodriguez, S. and Zimmerman, T., 2021, 'Just Infrastructure? Field Research on a Standardized Assessment Tool for a Continuum of Care for People Experiencing Homelessness'. *Proceedings of the Association for Information Science and Technology*, 58, pp. 327-336. <https://doi.org/10.1002/pa2.460>
- South Australian Housing Authority (SAHA) and Centre for Social Impact 2023, *SA Homelessness Outcomes Framework*, South Australian Housing Authority, Adelaide.
- Spinney, A., Beer, A., MacKenzie, D., McNelis, S., Meltzer, A., Muir, K., Peters, A. and valentine, K., 2020, *Ending homelessness in Australia: A redesigned homelessness service system*, AHURI Final Report No. 347, Australian Housing and Urban Research Institute Limited, Melbourne, viewed 9 November 2024, <https://www.ahuri.edu.au/research/final-reports/347>.
- Stanley, T., Baron, S. and Robertson, P., 2021, 'Examining practice frameworks – mapping out the gains', *Practice: social work in action*, vol. 33, no. 1, pp. 21-35.
- Stanley, T., McGee, P. and Lincoln, H., 2012, 'A practice framework for assessments at Tower Hamlets children's social care: building on the Munro Review', *Practice: Social Work in Action*, vol. 24, no. 4, pp. 239-250.
- Tually, S., Tedmanson, D., Habibis, D., McKinley, K., Akbar, S., Chong, A., Deuter, K. and Goodwin-Smith, I., 2022, *Urban Indigenous homelessness: much more than housing*, AHURI Final Report No. 383, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/383>, doi: 10.18408/ ahuri3222701.
- U.S. Department of Housing and Urban Development 2015, *Summary Report Assessment Tools for Allocating Homelessness Assistance: State of the Evidence*, Washington, D.C., February 2015.

Victorian Government 2008, *Opening Doors: better access for homeless people to social housing and support services in Victoria – Framework*, Department of Human Services, Victoria, Melbourne, viewed 2 October 2024, <https://www.nwhn.net.au/media/5xinkl51/opening-doors-framework.pdf>.

Willse, C., 2015, *The Value of Homelessness: Managing Surplus Life in the United States*, University of Minnesota Press.

Glossary

By-name data (and By-name list data)

A comprehensive list of every person in a community who is experiencing homelessness, updated in as close to real time as possible. 'Using information collected and shared with their consent, each person on the list has a file that includes their name, homeless history, health, and housing needs.' (Community Solutions 2021).

Commissioning

'Commissioning involves working collaboratively with sector partners, and people with lived experience, to plan, design, invest in and deliver the best health and support services for Canberrans'. (ACT Government 2023a, *Commissioning Outcomes*).

Coordinated access/service coordination

An ideology/philosophy and approach to homelessness support that promotes the rapid connection of people seeking assistance because of homelessness or housing crisis with housing and support providers. A critical element in the approach is collecting consistent information about people and their needs and consistent communication between support and housing providers so that 'all service providers know how to properly direct an individual or family to the right service in a community, no matter where they first drop by or which number they call' (Government of Canada 2019, p. 42). A common assessment tool and agreed outcomes define how agencies work with clients within the coordinated access approach.

Service coordination is the Advance to Zero movement's term for Coordinated Access. Service Coordination is different in that it operates in a place-based context rather than jurisdiction-wide.

Culturally responsive

Culturally responsive practice is an action-focused way of working centred around providing culturally safe and responsive services that recognise and meet the needs of people from various cultural identities and ethnicities, respecting their 'cultural protocols, practices and values' (The Commonwealth of Australia 2024, p. 15).

Cultural safety

Tually et al. (2022) provide a comprehensive summary of the term cultural safety in their report *Urban Indigenous homelessness: much more than housing*. They note key contributions from a range of sources on cultural safety, summarising that 'Aboriginal and Torres Strait Islander cultural safety is defined as an environment that is safe for Aboriginal people and Torres Strait Islanders, where there is no assault, challenge or denial of their identity and experience.' (Williams 2008 in Department of Health and Human Services Victoria 2019, p. 7).

Importantly, cultural safety is self- or community-determined, and is 'a mechanism which allows the recipient of care [or any service] to say whether or not the service is safe for them to approach and use. Safety is a subjective word deliberately chosen to give the power to the consumer' (Ramsden 2002, p. 6).

In practice, cultural safety is about addressing power differentials and ongoing reflection about different ways of knowing, being and doing. 'Cultural safety builds on knowledges, tools and resources reflective of Aboriginal and Torres Strait Islander principles and ways of working. It includes cultural awareness, cultural sensitivity, cultural knowledge, cultural respect and builds...[the] cultural capabilities of the...workforce'. (Commonwealth of Australia 2017, p. 15; edited to broaden from the original health practitioner specific context).

Cultural sensitivity

Cultural sensitivity is the awareness *and* judgement-free acceptance of people, behaviours, beliefs and values from different cultures. Cultural sensitivity is often considered one step on a continuum towards cultural safety, with cultural competency and cultural responsiveness other (action-driven) steps on the same continuum.

Early intervention

Early intervention, sometimes also framed as early support, is an approach to working that seeks to intervene early, with people experiencing vulnerabilities or who are at risk of experiencing hardship, before crisis occurs or problems compound and/or become more entrenched.

Homelessness (broad definition)

While there is no universally accepted definition of homelessness (Homelessness Australia 2023), in Australia a commonly used definition is that used by the Australian Bureau of Statistics (2012) which describes homelessness as occurring: 'When a person does not have suitable accommodation...', including 'people who are sleeping rough, staying in improvised dwellings/tents, supported accommodation, transitional housing, boarding houses, couch surfing, with friends/relatives or in severely overcrowded dwellings' (ACT Housing Strategy 2018, p. 46). Homelessness may be visible or invisible and can include sleeping rough, in cars or tents, couch surfing, living in improvised dwellings or in overcrowded situations.

Housing First

Housing First is a rights-based approach to housing, underpinned by an assumption that housing is a fundamental human right that should not be conditional i.e. upon abstinence from substances or participation in programs etc. (Australian Housing and Urban Research Institute 2018).

See also Dodd et al. 2020, *Housing First Principles for Australia*.

Intake and assessment

Intake is a process of screening for both eligibility and immediate risks, while assessments are more in-depth and provide a more comprehensive insight into the client's history and current needs.

Intersectionality

A theory that considers how the multiple and interconnected social identities we inhabit shape in significant ways our social positions and lived experiences. Intersectionality helps to illuminate the often interrelating and compounding oppressions experienced by those we work with.

Person-centred (also client-centred)

Focuses on working collaboratively, centring the wants, needs, values and strengths of each person a sector/team/practitioner works with.

Prevention

Homelessness prevention 'refers to policies, practices, and interventions that reduce the likelihood that someone will experience homelessness. It also means providing those who have been homeless with the necessary resources and supports to stabilize their housing, enhance integration and social inclusion, and ultimately reduce the risk of the recurrence of homelessness.

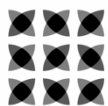
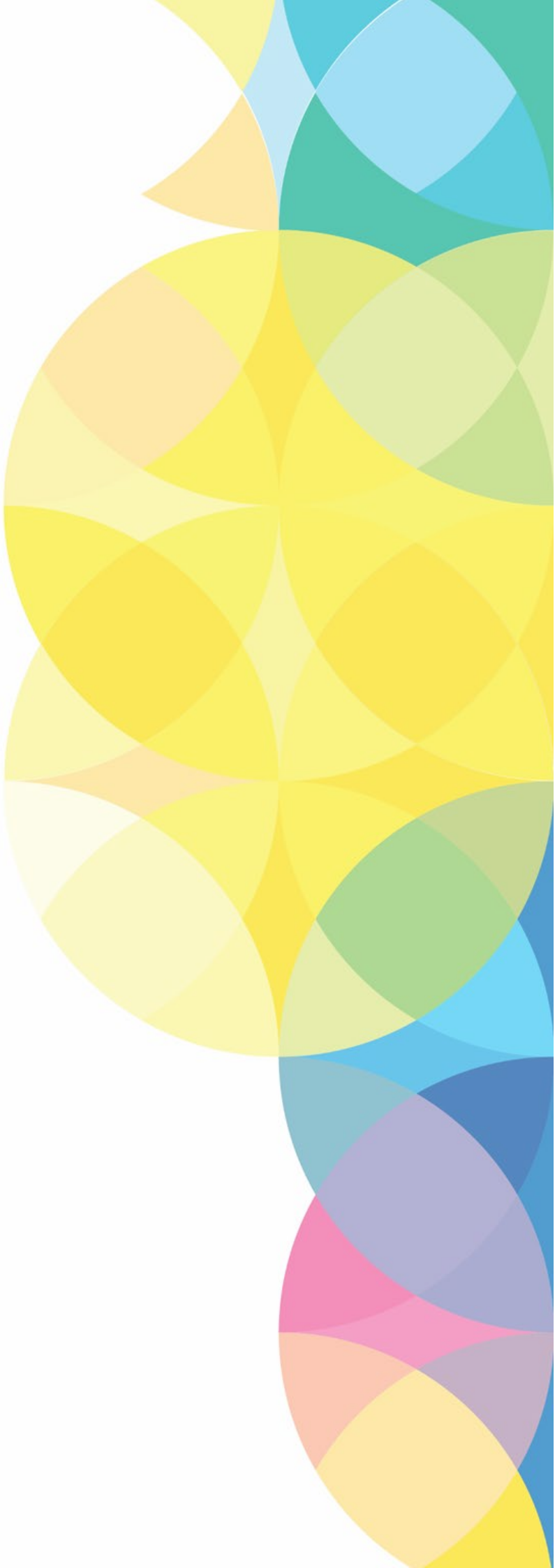
The causes of homelessness include individual and relational factors, broader population-based structural factors, and the failure of many public institutions to protect people from homelessness. This suggests that homelessness prevention must not only include interventions targeted at individuals, but broader structural reforms directed at addressing the drivers of homelessness. That not only communities but all orders of government, and most departments within have a responsibility to contribute to the prevention of homelessness is in keeping with a human rights perspective.' (Gaetz and DeJ 2017, p. 35).

Trauma-informed

Is an approach that understands the diverse impacts of trauma, emphasises safety, stability, predictability, trust and agency and encourages organisations/practitioners to practice in ways that support healing and avoid re-traumatisation.

Sources: per in text, also from Ending homelessness: a toolkit for local government, see

https://www.lga.sa.gov.au/_data/assets/pdf_file/0021/1660224/9-FS-An-Ending-Homelessness-Glossary.pdf



CENTRE
for **SOCIAL**
IMPACT



Flinders
University