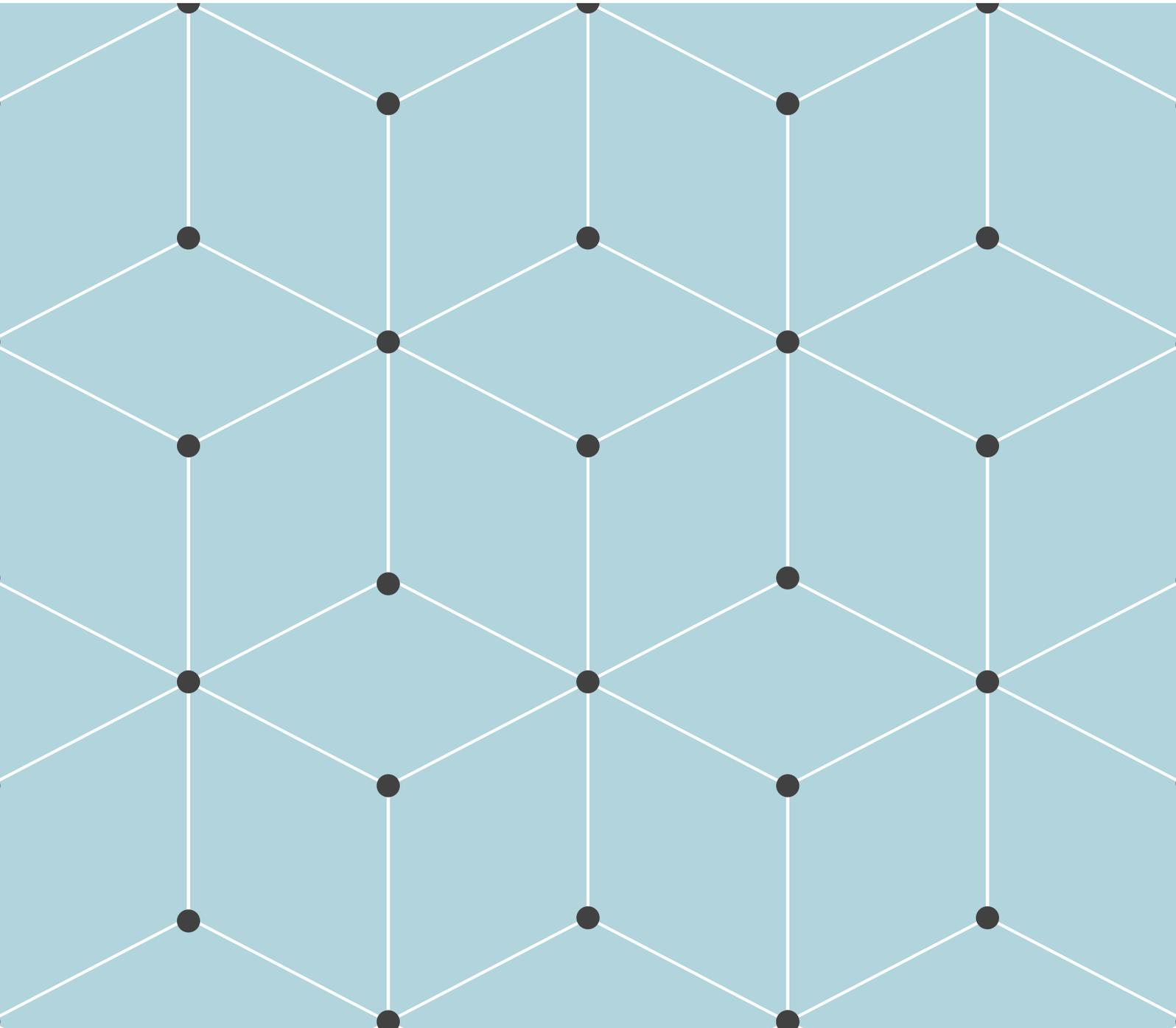


THE COLLABORATION OF HOMELESSNESS AND MAINSTREAM SERVICES

Housing and Homelessness Policy Consortium (ACT)



This report was undertaken as part of the Housing and Homelessness Consortium, ACT.

About the Consortium

The Housing and Homelessness Policy Consortium has been formed in order to consolidate work in peak bodies in the ACT to achieve the optimum result in supporting ACT housing and homelessness policy, through leveraging resources across the ACT community sector.

Consortium members

ACT Shelter Inc. is an independent peak community organisation funded by the ACT Government to provide strategic advice and advocacy on housing policy issues that affect people on low to moderate incomes, and people with no income. Our role is to provide an informed voice on policy issues that impact on housing justice. This voice is informed by policy research, close collaboration, networking and consultation with community organisations and other stakeholders working on housing and associated issues. Using this information we promote housing justice and better housing outcomes for people on low incomes in all housing types – including social housing, private rental and home ownership. (ACT Shelter is the lead organisation for the Consortium).

www.actshelter.net.au

The ACT Council of Social Service Inc. (ACTCOSS) is the peak representative body for people living with disadvantage and not-for-profit community organisations in the Australian Capital Territory. ACTCOSS has the twin roles of representation and advocacy. The ACTCOSS's principle objectives are: the representation of disadvantaged people; the promotion of equitable social policy; and; the development of a well-resourced, cohesive and sustainable community sector. ACTCOSS is a membership based organisation whose membership is drawn from the community services sector, advocacy and self help groups, and committed individuals. Key social policy areas that ACTCOSS examines include housing and homelessness, mental health, disability services, health, employment and economic policy, corrections, gambling, community sector workforce issues, consumer rights and complaints bodies.

www.actcoss.org.au

The Women's Centre for Health Matters Inc. (WCHM) is a community-based not for profit organisation which works in the ACT and surrounding region to improve women's health and wellbeing. WCHM believes that health is determined not only by biological factors, but by a broad range of social, environmental and economic factors known as the 'social determinants of health'. The environment and life circumstances that each woman experiences have a direct impact on her health, and in many cases, women's poor health is rooted in social disadvantage. For these reasons, WCHM is committed to taking a whole-of-life and social approach to women's health, by focusing on areas of possible disadvantage. WCHM uses research, community development and health promotion, and also undertakes research and advocacy to influence systems' change with the aim to improve women's health and wellbeing outcomes.

www.wchm.org.au

The Youth Coalition of the ACT (Youth Coalition) is the peak youth affairs body in the Australian Capital Territory and is responsible for representing the interests of people aged between 12 and 25 years of age and those who work with them. The Youth Coalition works to actively promote the well being and aspirations of young people in the ACT with particular respect to their political, cultural, economic and social development. The Youth Coalition is represented on many ACT advisory structures and provides advice to the ACT Government on a range of issues related to young people and youth services.

www.youthcoalition.net

This publication is copyright. Apart from any information permitted under the Copyright Act, no part may be reproduced without prior written permission from ACT Shelter Inc. (excluding Consortium members). Non-profit associations and groups have permission to reproduce parts of this publication as long as the original meaning is retained and proper credit is given to ACT Shelter Inc. All other individuals and organisations seeking to reproduce material from this publication should obtain the permission of the Executive Officer of ACT Shelter.

Project coordination and research

Research, consultation and writing for this report was undertaken by James O'Donnell, Policy and Research Officer, ACT Shelter who was employed to undertake a number of projects and general policy work as part of the Housing and Homelessness Policy Consortium.

Contact information

Leigh Watson
Executive Officer ACT Shelter
E: executiveofficer@actshelter.net.au
P: 02 6247 3727
www.actshelter.net.au
GPO Box 927, Canberra ACT 2601

Acknowledgements

ACT Shelter Inc. wishes to acknowledge the many community and other organisations, including members of ACT Shelter, whose feedback has contributed to the development of this report.

In particular we would like to thank the following people: —

ACT Shelter committee members for peer reviewing the final report:

- Travis Gilbert
- Julie Evans

For presenting on the topic at the ACT Shelter member forum on 31st March:

- Chris Stokman (Manager Early Morning Centre);
- Shannon Pickles (Director of Special Works. St Vincent de Paul Society - Canberra/ Goulburn); and
- Sue Sheridan (former Manager First Point).

Thank you to Housing ACT for provision of funding to the Housing and Homelessness Policy Consortium.

© ACT Shelter Inc. July 2014

CONTENTS

Contents	2
Executive summary	3
Recommendations	9
Introduction	14
What is collaboration?	16
Collaboration in context: homelessness in the ACT	20
Why collaborate?	24
Rethinking prevention	29
Collaborative service delivery in the ACT	31
Human Services Blueprint	33
Homelessness services as a platform	38
Health	41
Housing	49
Justice and community safety	54
Education and training	57
Employment and income	60
Conclusion	64
References	65

EXECUTIVE SUMMARY

This report summarises the findings from the first research project undertaken using the funding provided by the ACT Government to a housing policy consortium led by ACT Shelter, and including the ACT Council of Social Service, the Women's Centre for Health Matters, and the Youth Coalition of the ACT. The policy consortium came together to conduct research and analysis that could inform adoption and implementation of a long term cross portfolio investment and long term procurement strategy in the ACT that will:

1. meet demand for affordable housing in the bottom two income quintiles;
2. reduce the number of people in Canberra who do not have a home to call their own;
3. pool funds from across portfolios to maximise prevention of and early intervention in homelessness, reduce demand for crisis services, facilitate prompt access to and maintenance of stable, affordable, appropriate housing for people who have been homeless; and
4. ensure housing and homelessness support services can respond effectively to meet current and emerging needs.

This research project relates to items 3. and 4. in this list. Its premise was that:

- Homelessness is firstly a failure of economic policy settings (labour market, housing market, income support) and secondly a failure of existing services and supports to respond to individual vulnerabilities.
- The prevention of homelessness is therefore a whole-of-government responsibility requiring collaboration between the economic policy levers that create jobs, ensure adequate income when people are not in paid work, provide affordable housing and enable access to the a range of social supports, including services that help people to access jobs and housing.
- We can reduce, respond better to and address risks for repeat homelessness if we increase access to mainstream services by people who are or have experienced homelessness.
- A critical success factor in increasing access to mainstream services is building partnerships between specialist homelessness and mainstream services, and promoting collaboration in policy, provision and direct practice.

This report seeks to address whether and how collaboration has been embedded in the practises of homelessness and mainstream service providers in the ACT. Findings from ACT and interstate collaborative initiatives inform our analysis of the feasibility of, benefits accrued by and further opportunities for collaboration.

This research focused on mainstream settings, and the experience of people known to specialist homelessness services in accessing and benefiting from mainstream services.

A major gap that emerged in our analysis is that the experiences of Aboriginal and/or Torres Strait Islander peoples, who are more likely to be homeless, but less likely to be accessing either specialist homelessness or mainstream services, are not as visible as they should be.

Other gaps that emerged were the invisibility in our analysis of mainstream and specialist homeless service collaborations with families, children and young people in contact with the care and protection system, and of people living with the effects of trauma (either as a result of childhood abuse, sexual assault and/or domestic and family violence).

The policy consortium will be conducting follow-up consultations in the next phase of this project to address these gaps in our analysis - and more importantly, partnering with leaders in Aboriginal and/or Torres Strait Islander community controlled organisations, with NGOs involved in the care and protection systems, and with trauma-informed services to amplify their experiences and evidence so they inform our advocacy agenda.

Our next research project will focus on items 1. and 2. in the list above, providing advice on strategies to increase supply of housing that is affordable to key workers earning lower incomes, students and older women. Our third project will further investigate issues arising from this project, for example the impact of domestic and family violence and trauma on housing stability and a lifetime risk of homelessness.

Our fourth topic for research and analysis will be determined in consultation with key stakeholders.

Methodology

This project looked at how mainstream services could be leveraged to contribute more to prevention of and early intervention in homelessness, reducing demand for crisis services, facilitating prompt access to and maintenance of stable, affordable, appropriate housing for people who have been homeless.

The report presents our analysis of the capacity of formal and informal mechanisms to establish and sustain collaboration that will make a positive difference to people who are or have been homeless and will make better use of the funds invested in specialised and mainstream services.

This research included:

- a desktop review of recent ACT and national literature and evidence on collaboration between homelessness and mainstream services;
- data analysis of data collected under the ACT and Australian Specialist Homelessness Services data collection and other sources;
- a forum held by ACT Shelter on 31 March 2014 with attendees from community housing and homelessness service providers, Housing ACT, Centrelink (Australian Government Department of Human Services) and health service providers;
- a workshop session at the Joint Pathways meeting of housing and homelessness service providers on 8 April 2014;
- a series of in-depth qualitative interviews with participants from ACT homelessness and mainstream services; and
- attendance at conferences, workshops and presentations, including the NSW Shelter conference *Possibilities and Realities: Private rental housing as a solution* on 30 April 2014.

Findings

The key issues that have arisen in this research are:

- Income poverty and a failure of the housing market to offer a product to low income households are a substantial cause of homelessness in the ACT.
- Many citizens in Canberra lack access to and do not gain benefits from the high quality mainstream services (eg primary care, hospital care, school age education) available in this city.
- The costs of inadequate responses to homelessness are not recognised or calculated in mainstream services (eg longer bed days in acute health care settings, increased use of emergency health services, reduced capacity to complete education or get and keep a job).
- Credible research has been published that provides evidence about the costs and savings possible from different forms and ways of intervening to reduce the incidence and impacts of homelessness.
- Many citizens are unable to access targeted services (eg mental health, drug and alcohol) early enough and for long enough to address their individual vulnerabilities and risks of homelessness.
- Single access points (eg Mental Health Crisis Assessment and Treatment Team and First Point) enable us to better understand unmet need, but this increased visibility is not coupled with adequate resources to address this increased visibility of need. This compromises the credibility and use of single access points.
- There is a lack of coherence in assessment of need, planning, design, resourcing and evaluation related to homelessness across ACT portfolios. The Human Services Blueprint is a promising framework for addressing this problem.
- There is good collaborative practice in a number of settings and across providers. However, these are not always explicitly funded. Effective working relationships can be fragile, partnerships are time consuming, resource intensive and reliant on the goodwill and networking skills of key individuals in services.
- There are critical gaps in collaboration between specialist homelessness services in the education, employment and health systems.
- The good collaborative practices already underway in the ACT can inform and guide better policy, provision and practice in other settings and systems.
- Increased collaboration between mainstream and specialist homelessness services is feasible both practically and economically.
- There are effective approaches in the ACT and elsewhere that should be adopted expanded or deepened to extend their reach and impact. There are two main opportunities to try something new – the implementation of the Human Services Blueprint and the development of partnerships in the private rental market.

Key insights

- Homelessness, as one of the worst consequences of socioeconomic deprivation, imposes a significant human cost on the psychological, social and economic wellbeing of individuals and communities. This in turn places a substantial economic cost on government through increased expenditure on health, welfare and justice systems, as well as lower economic activity and taxation revenue.
- Some people become homeless because of a lack of affordable housing options, so bricks and mortar solutions can meet their needs. For people who are homeless with multiple and complex needs, providing a roof over their heads is a necessary but not sufficient response. These people need holistic, person-centred support that includes collaboration between homelessness and mainstream services
- Citizens in Canberra are entitled to effective and holistic responses to their needs. Responding in this way will deliver benefits to multiple parts of government and the community.
- The importance of collaboration within and across sectors is increasingly recognised across homelessness and mainstream services. At the policy levels, the National Partnership Agreement on Homelessness funds initiatives in the ACT that embed collaborative practise and aim to reduce demand for funded programs across portfolios and jurisdictions. Outside of the homelessness sector, housing and homelessness are central considerations in recoveryoriented models of mental health services, as well as in transitioning people exiting detention back into the community.
- Funding is attached to most or all of these collaborative initiatives, reflecting the costs and resources involved in collaboration. Outside of funded initiatives, mainstream and homelessness services have limited resources, most of which must be devoted to addressing specialised needs, at the expense of holistic, collaborative service responses.
- Positive and well-designed collaborative initiatives can nevertheless add to the already considerable burden on homelessness and other community service organisations without a single, coherent framework for collaboration and adequate funding for frontline service delivery.
- The Human Services Blueprint represents a whole of government approach to human service delivery in the ACT. The Blueprint is still in the developmental stage, but will trial models of integrated service planning, design, administration, delivery and evaluation that respond holistically to the needs of people. Such an approach has the potential to integrate the currently fragmented range of formal and informal, funded and unfunded collaborative approaches.
- To fulfil this role, the Blueprint demands considerable commitment to changing practices across government and the community, as well as a full and proper assessment of the funding requirements for frontline service delivery and developing and maintain effective collaborative practices.
- The workforce of homelessness and mainstream services is critical in responding to homelessness. Much of the day-to-day collaboration that currently occurs is through relationships between frontline staff. These are seen to deliver the most effective and meaningful outcomes for people experiencing or at risk of homelessness. However, building and maintaining these relationships can be difficult, time consuming, resource intensive and reliant on the goodwill and networking skills of key individuals across services. Relationships are often impermanent as individuals change jobs and positions.

- The capacity of mainstream service workers is growing and increasingly supported by policy settings. This capacity will be further improved through dialogue and interaction with people experiencing or at risk of homelessness and homelessness services. Nevertheless, all services operate within funding constraints with workers typically restricted to providing services within their area of speciality:
 - Social workers in the hospitals identify and address the social, material and psychological needs of hospital patients who are homeless or at risk of homelessness.
 - In the Throughcare programs, the expertise of workers in the community services sector is engaged to provide the supports needed to help people exiting detention to transition well into the community.
 - A number of GPs have increased their engagement with homelessness services and people experiencing homelessness, for example, through establishing a GP practice at the Early Morning Centre.
 - Clinical case managers in the ACT mental health system develop and implement recovery plans with people that place considerable emphasis on psychosocial supports, such as housing, as part of a more holistic approach to mental health service delivery than has been offered in the past.
 - Officers under the Australian Government funded Partners in Recovery program work with people experiencing homelessness who have severe and persistent mental illness to facilitate access to a range of services and supports, including accommodation.
 - Through Centrelink's Homeless Outreach Program, officers work collaboratively with homelessness service providers to help people who are homeless or at risk of homelessness to access or maintain income support and re-engage with the income support and employment services system.
- Service collaboration is not a substitute for affordable and accessible accommodation. Rather, mainstream service delivery and housing should be considered as complementary to one another. Accommodation for the homeless is an important *first* step. For many people, pathways out of homelessness require holistic, collaborative service responses that address the individual and structural causes of homelessness.
- Service collaboration will deliver the best outcomes where mainstream and specialised are adequately funded to meet the frontline service delivery needs of the population. All services in the ACT operate under funding constraints and most operate at or beyond their capacity. This restricts the time and resources mainstream and specialised services are able to devote to service collaboration and addressing the needs of people accessing homelessness services.

Next steps

This report brings together information about the current activity, areas for growth and potential for new activity that will increase the contribution of mainstream services to prevention of and early intervention in homelessness, reducing demand for crisis services, facilitating prompt access to relevant services and maintenance of stable, affordable, appropriate housing for people who have been homeless.

The report:

- shares the rationale paying attention to this issue and our analysis, key insights, findings and recommendations;
- provides a starting point for engaging with experts who can work with to incorporate the experiences and needs of people experiencing homelessness who are not highly visible in the material that informed this report; and
- provides a platform for consulting with key stakeholders in specialised homelessness support services and mainstream services.

Follow-up consultation questions:

- Have we captured the overarching issues?
- Have we missed any research or practice that should inform stakeholders?
- Do our recommendations cover the key priorities for action?
- What resources could be deployed to implement the recommendations?

Once we have consulted with key stakeholders we will finalise the paper for presentation to relevant Ministers.

RECOMMENDATIONS

What is collaboration?

1. The ACT Government and homelessness services providers should agree to a suitable, effective framework for collaboration with mainstream services that would facilitate flexible and responsive approaches to addressing the housing and support needs of people and people experiencing or at risk of homelessness:

- adopt a whole-of-government and community plan to invest in and evaluate housing, homelessness and other support services;
- share information about existing collaborative efforts in the homelessness sector that have been effective and sustainable;
- engage health, employment and other services in regular communication;
- leverage off existing partnerships and contacts in the sector;
- provide training and development to support staff in building and maintaining relationships that foster and embed collaboration;
- create protocols for sending and receiving information and referrals; and
- increase data literacy, quality and availability for decision-makers in government and non-government organisations.

Rethinking prevention

2. The ACT Government should implement measures to better integrate social and economic policy levers to ensure employment and housing adequately address the structural deficiencies that lead to socioeconomic disadvantage and homelessness:

- create and mandate job opportunities for local job seekers through capital works and infrastructure investments;
- create explicit pathways into employment for the most vulnerable and disadvantaged job seekers, including through service integration;
- align charges in social and affordable housing with the capacity to pay of all ACT residents who are outside of the private housing market; and
- include expectations about identifying and responding to risks of homelessness in funding agreements with universal and targeted services.

Collaborative service delivery in the ACT

3. Homelessness service providers should maintain or implement approaches to case management planning that explicitly articulate the role of mainstream service delivery:

- identify client needs that could or should be addressed through other services;
- estimate the time and resources required to provide support that could or should be delivered by mainstream services;
- identify appropriate services and individuals that could be brought into existing or benefit from new partnerships by applying the lessons from existing partnerships in the homelessness sector;

- document the areas and how efforts to build partnerships have been successful or not;
- enable staff to access training and support to develop and maintain collaborative relationships;
- feed back to government and the homelessness sector information on success and barriers to collaborative partnerships and costs incurred in developing and sustaining these partnerships; and
- governments should recognise the costs of collaboration and build these into funding agreements.

Human Services Blueprint

4. The ACT Government and homelessness service providers should utilise and drive the implementation of the Human Services Blueprint as a coherent framework for systematising service collaboration across government and the community:

- adopt and/or develop and disseminate online tools to create and maintain linkages across service sectors;
- implement a workforce development plan to increase the skills and capacity of workers to identify and respond to individual needs across service types to co-design and initiate appropriate service plans including collaborative responses to specific circumstances;
- create shared funding and assessment approaches and ICT platforms across the ACT Government; and
- integrate the various collaborative approaches underway across the ACT (eg Throughcare, HASI/ HARI, Strengthening Families, Our Place) under the Blueprint and broaden to a larger number of people in our community.

5. The ACT Government should expand the Human Services Gateway to create an access point to the broader human services system that is highly accessible, cognisant of and responsive to individual needs and a platform for broader collaboration across services:

- establish linkages and referral pathways to the broader human services system, including ACT Government mental health services;
- invest the efficiencies arising from combining access points in increasing operating hours of the Human Services Gateway, the capacity of staff to identify and respond to client needs and improving lines of communication between the Gateway and service providers;
- utilise the Gateway as a platform and mechanism for greater collaboration between homelessness services and gps, real estate agents, mental health services and employment service providers; and
- investigate options for tailoring Gateway services to different service users, for example, separate hotlines for certain groups and creating more direct access points under a 'no wrong door' approach.

6. The ACT Government should utilise the Human Services Blueprint Local Services Network to build the practical evidence for collaborative service delivery:

- strengthen the involvement and engagement of health, education and justice portfolios, Centrelink and employment services in the design of the Network; and
- measure the costs and benefits of preventative approaches to homelessness.

7. The ACT Government and homelessness service providers should explore cost-effective ways to extend the principles and parts of the Strengthening Families model to work with a larger range of individuals and families that come into contact with the ACT Human Services system:

- assess people based on the complexity of their needs;
- assign lead workers to work with individuals and families at varying levels of intensity;
- develop a tailored and collaborative service response to meet the needs of individuals and families;
- identify and coordinate access to services; and
- identify and report on service gaps.

Homelessness services as a platform

8. Homelessness service providers should continue to operate as a platform for their guests and service users to engage with mainstream services, and assert their social and economic rights and independence:

- build the skills and confidence of people to provide them the resources to engage with mainstream society and services;
- engage with mainstream services to explore options for flexible service delivery, including outreach;
- develop the skills and experience of staff in appropriately and positively supporting and responding to individuals; and
- create pathways and access points to mainstream services that are flexible and responsive to individual needs and circumstances.

9. Mainstream services should adopt the service model that treats people as guests, providing safe places in which people can build trust and exercise choice and control over what and how they access support.

10. The service models that develop through the Human Services Blueprint need to clearly articulate and embed the role of outreach in system design and service delivery.

Health

11. The ACT Government should adopt a whole-of-government approach to increasing the availability of crisis and emergency housing, using a costing model that recognises the effect of the current shortage on other government and community services across portfolios (eg emergency department presentations, acute care bed days, crisis mental health services, domestic violence services and trauma recovery services) including:

- measure the number of people exiting a service or institutional setting without appropriate accommodation;
- invest in increasing the supply of short-term accommodation; and
- create better exit points for people currently in short-term accommodation through social housing, affordable rental options and wrap around supports including health, education and employment.

12. The ACT Government should commit to the continuation and expansion of HASI/ HARI recognising the need for diverse approaches to the delivery of housing and support services to ensure there are diverse options for effective and efficient exit points for people needing to access or ready to move on from the health, justice and homelessness systems:

- commit to the continuation and expansion of HASI/ HARI;
- broaden the scope of housing and support initiatives for people exiting a range of service and institutional settings, including hospitals, out of home care, adult and juvenile detention and refuges;
- implement shared funding models to deliver housing and support service models;
- integrate housing and support service models under the Human Services Blueprint; and
- create explicit pathways for people to engage in education, training and employment.

13. Services should extend and replicate existing partnerships in the homelessness sector to provide pathways for people into the health system:

- extend partnerships between homelessness services and GPs to provide access points to clinical and community mental health services in the ACT;
- include clinical and community mental health services in the ACT in community-based housing and homelessness forums (such as Joint Pathways);
- implement regular case conferencing between clinical and community mental health services and related recovery services (such as trauma, domestic violence, drug and alcohol, employment and education); and
- identify individuals who may be eligible for or benefit from mental health services and programs, including Partners in Recovery, health in mind and ACT Government and community mental health services, and facilitate their access into those services.

14. Health services should engage with homelessness and other community sector organisations to identify opportunities to provide health outreach services to people experiencing or at risk of homelessness, eg:

- provide people experiencing or at risk of homeless with priority access to services; and
- learn from the social health model used in the Aboriginal Community Controlled Health Organisations, which is effective in engaging Aboriginal and/or Torres Strait Islander peoples in service delivery and provides holistic care.

Housing

15. The ACT Government should contribute seed funding to support development of a partnership between the private real estate industry and the Supportive Tenancy Service to increase its reach into the private rental market, recognising the benefits of tenancy support to government, landlords, real estate agents and tenants.

16. The ACT Government should create a network of real estate agents, tenancy support providers and government representatives to provide a range of practical support for people at risk of losing their tenancy and capacity development for the sectors involved in the network:

- increase the capacity of real estate agents to respond to tenancy issues, such as rental arrears, without the need to resort to eviction;
- provide real estate agents with linkages and contacts to tenancy support services, such as Supportive Tenancy Service, where tenancy issues arise;
- facilitate access to rental listings in private and community-managed shared accommodation for those that seek support from specialist homelessness services;
- work with the real estate industry to determine the return on investment and feasibility of a program that would assist people experiencing homelessness to access and sustain private rental (eg the Doorway program in Victoria); and
- investigate the potential for rental subsidies in addition to public housing investment.

Justice and community safety

17. The ACT Government should investigate integrating the Throughcare model into the Human Services Blueprint and alongside similar models of service delivery such as Strengthening Families.

Education and training

18. The ACT Government should adopt a whole-of-government approach to expanding housing and education models, recognising that these can provide long lasting benefits to individuals and multiple parts of government:

- build on the Engaging Schools Framework and VET industry partnerships to build capacity to incorporate addressing the causes and consequences of homelessness in education settings;
- adopt a shared funding model across the ACT Government to invest in the continuation and expansion of funding for housing and education models;
- commit to the continuation and expansion of funding for youth homelessness programs such as Our Place; and
- integrate housing and education collaboration under the Human Services Blueprint.

Employment and income

19. Homelessness service providers should continue to position themselves as a platform and intermediary for people to engage in employment and education:

- identify people who have a desire and capacity to work;
- identify whether there are employment or work experience opportunities
- establish regular and formal dialogue between the homelessness sector and like-minded employment service providers, such as through Joint Pathways; and
- work collaboratively with Centrelink and health professionals (eg GPs) to ensure people are able to access the appropriate level of support from employment service providers.

INTRODUCTION

Background

The 2008 Australian Government White Paper on Homelessness, *The Road Home: A National Approach to Reducing Homelessness*, set the policy context for collaboration between homelessness and mainstream services (Australian Government, 2008). Collaboration was embedded within each of the White Paper's three strategies for preventing and responding to homelessness:

- Turning off the tap: the use of mainstream social and economic policy to address the structural drivers of homelessness including poverty, unemployment and a lack of affordable housing and to intervene early to prevent homelessness at critical points, such as by not exiting people into homelessness from hospitals, prisons and other institutional settings;
- Improving and expanding services: the development of collaborative mechanisms between homelessness and other services, such as Centrelink to create a seamless and responsive service pathway for people who are homeless or at risk of homelessness; and
- Breaking the cycle: collaboration to deliver personalised wrap-around services for people with entrenched or chronic homelessness, with a particular focus on housing investment, assertive outreach and improving the social and economic engagement of people experiencing homelessness.

These principles have been at least partially embodied in initiatives funded under the National Partnership Agreement on Homelessness and delivered in the ACT (ACT Government, 2013a). Centrelink, now part of the Australian Government Department of Human Services, received funding under the *Homeless Outreach Program* to employ officers to engage with people experiencing homelessness and services. Likewise, ACT-based homelessness initiatives embed collaborative practise, such as *Coming Home* for women leaving detention and the ACT *Street to Home* program for engaging people with chronic homelessness.

Collaboration has also been embedded within mainstream service policy in the ACT with a central role for homelessness services. The Australian Government funded *Partners in Recovery* program engages with and coordinates services for homeless and other disadvantaged individuals with severe and persistent mental health issues, while *Throughcare*, like *Coming Home*, provides services including accommodation support to assist people leaving detention to transition back into the ACT community. A number of these initiatives are partly premised on the understanding that homelessness and socioeconomic disadvantage represent significant costs on mainstream services, particularly in terms of higher rates of hospitalisation, imprisonment and welfare dependence.

Outside of funded initiatives, there is a general recognition and practise of cross sector collaboration within the ACT. Without a coherent framework for collaboration across government and the community sector though, collaboration tends to be fragmented, ad-hoc and a burden on the time and resources of homelessness service providers. The recent launch of the ACT Government and community *Human Services Blueprint* offers the opportunity to develop and implement that framework.

This report seeks to address whether and how collaboration has been embedded in the practises of homelessness and mainstream service providers in the ACT. Findings from ACT and interstate collaborative initiatives inform the benefits and opportunities for collaboration.

Specialist Homelessness Services

ACT homelessness services, or more formally, ACT Specialist Homelessness Services are a collection of primarily community sector organisations that with funding from the ACT and Australian governments deliver a range of accommodation and support services for people who are homeless or at risk of homelessness. This includes providers of crisis, short term and transitional accommodation, outreach support, case management, tenancy support and practical material support, information and advocacy. ACT Government policy and funding responsibilities for Specialist Homelessness Services sit with the Housing ACT division of the Community Services portfolio of the ACT Government.

Mainstream services

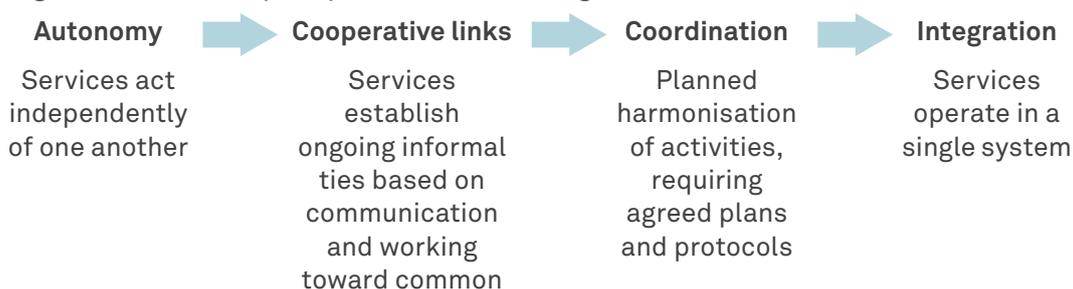
The advisory team for this report chose not to be overly prescriptive in defining mainstream services. Rather, the needs of people experiencing or at risk of homelessness determine the scope of services to be included. For practical reasons though, the report has focused on the following services areas:

- Health
- Housing (with a focus on the private rental market)
- Education and training
- Employment and income support
- Justice and Corrections Services

WHAT IS COLLABORATION?

Recent research presents human service collaboration or integration as a continuum (Fine et al., 2000; Phillips, 2011). At one end of the continuum is the absence of collaboration or highly informal, loosely arranged cooperative links. Progressing along the continuum, collaborative forms become more structured and formalised, possibly involving contractual arrangements or Memoranda of Understanding. At the far end of the spectrum is a fully integrated, seamless service delivery system.

Figure 1: Fine et al. (2000) Continuum of integration



Existing research and the consultations for this report emphasise that the point in the continuum at which services collaborate should not be overly prescriptive or pre-determined. Collaboration can be difficult, time consuming, resource intensive and reliant on the goodwill and networking skills of key individuals across services. For these reasons, collaborative approaches must be suited to the context and intended purpose of collaboration, ideally responding to the unique and individualised needs of people accessing support (eg Phillips, 2013). This underlines the importance of creating platforms for collaboration that facilitate partnerships that respond to the unique needs of the people involved (including service users, staff, volunteers, management and funders). Below are some ways in which collaborative platforms that have been found to be effective.

Service networking

Forums and directories that help to identify and facilitate networking between services are platforms for the development of collaborative relationships. In the ACT, regular, scheduled forums like Joint Pathways bring together homelessness services providers, along with complementary and mainstream services, such as StreetLaw and Centrelink's Homelessness Outreach Program.

Formal and informal dialogue through regular, scheduled forums provide an avenue for service providers to identify common interests, objectives and set the foundations for future working relationships.

The Youth Coalition of the ACT, in conjunction with the Alcohol, Tobacco and Other Drug Association (ATODA) ACT and the Mental Health Community Coalition run the Co-Morbidity Bus Tour. The bus tour takes service workers from the youth, mental health and alcohol, tobacco and other drug sectors to visit services operating across the three sectors. Participants acquire a better understanding of how each of the services and sectors operate and develop linkages and networks with other service workers.

Consultations also revealed the need for two way flows of information between homelessness and mainstream services about what services are available. A number of people who participated in the consultations, particularly homelessness service providers pointed to the availability and need for information and fact sheets in libraries, medical practices, schools and real estate agencies. Online directories, such as the Health Directorate's directory of health services in the ACT, have the advantage of being easier to update and disseminate, though depend on the online accessibility of users.

Access points

For many people in the ACT homelessness services system, physical and psychological factors act as barriers to mainstream services. Consultations highlighted that young people, women and children escaping violence and trauma, men who are chronically homeless, and people with a mental illness have significant barriers to accessing mainstream services. For this reason, referrals (particularly cold referrals), can have limited success in engaging these cohorts with mainstream services.

Homelessness services providers play a critical role in overcoming these barriers. In providing a safe and comfortable venue while building the confidence and social skills of individuals, homelessness services create common ground between mainstream services and people experiencing homelessness.

Mainstream services need to recognise homeless and disadvantaged people as an important client group and be flexible in how they deliver services. The newly formed partnership between the Early Morning Centre, the National Health Co-op and the ACT Medicare Local to deliver GP services to people at the Early Morning Centre is an excellent example of this in practice.

Equally important are referral systems from mainstream to homelessness services. As the central access point for housing and homelessness services in the ACT, First Point simplifies and streamlines access to these services for mainstream service providers and their clients. However, for institutions such as The Canberra Hospital which attempt to prevent people from exiting into homelessness, First Point *appears* to act as a barrier in that homeless patients discharged from the Hospital are generally not able to be immediately placed into emergency accommodation.

The failure of First Point to place people into accommodation does not relate to First Point per se, but to the chronic shortage of short term and emergency accommodation. To that extent, service collaboration is not a substitute for affordable and accessible accommodation.

The Human Services Gateway consolidates three existing access points in the community services portfolio. These are the Child, Youth and Family Gateway; the central access point for housing, incorporating Housing ACT, First Point and Supportive Tenancy Services; and disability services, particularly those delivered under the National Disability Insurance Scheme (NDIS).

Over time, the expansion of the Gateway to incorporate primary and mental health services, and perhaps education, employment and real estate services could provide an access point for people to these critically important services as well as a point of contact for service providers to build collaborative networks and partnerships.

Integrated case management

Integrated case management is an increasingly common collaborative tool in the ACT. Centralised and independent case managers work with individuals and families to coordinate and facilitate access to a range of services, generally on an as-needed basis.

The Australian Government funded Partners in Recovery program employs officers to work and develop relationships with people who have persistent and severe mental illness, while brokering access to a range of clinical and psychosocial supports, including homelessness services. Likewise, under the Strengthening Families program, participating families appoint a Lead Worker to play a similar role in brokering access to a range of support services.

The most critical component of integrated case management approaches is having frontline workers with skills and capacities to develop positive relationships with families, in addition to the skills and authority required to access a range of services.

Case coordination

Case coordination involves dialogue between service providers or agencies around common individuals and families. One form of coordination in the ACT is case conferencing, where providers or agencies working in different fields and with different expertise meet to share information on common cases, develop integrated service plans and develop networks and relationships. Managers in the Our Place program, for example, meet with school staff including principals and counsellors where truancy, behavioural or other issues arise among students in the Our Place program.

Case coordination in the ACT is generally less formalised and generally occurs as needed, rather than as a structured, recurring activity. Homelessness services would most benefit from case coordination with health service providers, particularly clinical mental health services and GPs.

The applicability or value of case coordination will, of course, depend on the number of common cases between homelessness and mainstream services and the ability to identify those common cases.

In the case of Our Place, managers initiate and develop relationships with the schools and educational institutions program participants attend. In other cases, though, identifying mainstream case workers is not straightforward. An online platform for identifying common cases, services and service workers in a way that protects the privacy of individuals and families would be highly valuable. This could be achieved through the platform envisaged in the Human Services Blueprint discussion paper (ACT Government, 2013b).

Shared data, ICT, contractual and assessment tools

The data, IT, contractual and assessment tools are the architecture that support collaborative partnerships. The ACT Government has recently committed to streamlining contractual relationships with community sector providers, while Housing ACT has introduced an outcome-based performance reporting framework for homelessness services that explicitly recognises the value of service collaboration. Through the Human Services Blueprint, these initiatives could be further integrated into the broader human services system, which has also committed to exploring data sharing processes and common IT platforms.

A number of community service providers deliver services across multiple funding domains, particularly homelessness, health and justice. For example, Toora Women Inc provides supported accommodation, counselling and outreach for women who are homeless, at risk of homelessness, escaping family and domestic violence, exiting detention and recovering from alcohol and other drug addiction. Anglicare provides supported accommodation, primary health services and case management particularly for young people including those who are homeless or at risk of homelessness.

Having a single provider receive funding for delivering multiple service types offers the potential to deliver integrated services. In reality though, the nature of funding agreements and bureaucratic processes impose constraints. The Community Services Directorate is moving towards having a single project manager for organisations that have multiple contracts with the Directorate.

For organisations that have funding agreements across multiple directorates, service providers will continue to have to work with a different project manager with their own specific policy goals and responsibilities. This makes it hard to get buyin and support for a more collaborative, holistic approach to service delivery.

Collaborative service planning and whole of government strategies

The Human Services Blueprint represents a whole-of-government approach to human service delivery in the ACT. The Blueprint is still in the developmental stage, but will trial models of integrated service delivery that respond holistically to the needs of people. Such an approach has the potential to replace current fragmented and informal collaborative approaches, but requires considerable commitment across government. The Blueprint will strive for integration across also levels of government and the community sector, from frontline workers to high level strategic decision makers.

Whole-of-government approaches to homelessness appropriately place the responsibility for the prevention of and response to homelessness across multiple service domains. In the short to medium term, the Blueprint offers the potential to assign the costs and benefits of homelessness policy and provision across different domains, offering insights for the longer term design of funding and service delivery models in preventing and responding to homelessness.

COLLABORATION IN CONTEXT: HOMELESSNESS IN THE ACT

Feedback from consultations clearly asserted that collaboration between homelessness and 'mainstream' services should not occur for its own sake. Rather, collaboration should be first and foremost a response to the needs of people experiencing or at risk of homelessness. This is embodied in the shift to personcentred approaches across the ACT and Australia, in which tailored services are wrapped around the individual in a way that empowers the individual to select the services and supports that best meet his or her needs (Community Services Directorate, 2014a).

The collaborative service response is therefore flexible and responsive to individual and unique needs, rather than rigid, directive or overly pre-determined. The design of an integrated or collaborative service system must in turn understand the characteristics of the homeless population and anticipate their likely service needs. This warrants an assessment of the homeless population in the ACT.

Counting the homeless

On the night of the 2011 Census, 9 August 2011, 1,785 people were counted as homeless in the ACT (ABS, 2012a). This equates to 50 homeless people for every 10,000 ACT residents. This is the second highest rate of homelessness of all states and territories in Australia, behind only the Northern Territory (see Chart 1).

Chart 1: Homeless people per 10,000 residents, by state, 2011 Census



Large numbers of people experiencing homelessness were counted in the suburbs of Campbell, Turner, Kambah, Reid and Narrabundah. Given that 62% of people experiencing homelessness in the ACT were counted as living in supported accommodation for the homeless, this is likely to reflect the location of supported accommodation services, rather than the socioeconomic characteristics of these suburbs.

Importantly, the Census count represents a point-in-time estimate of homelessness. Research indicates though that homelessness is a dynamic, rather than static process, with individuals and families transitioning into and out of homelessness over a wide variety of time periods (Johnson et al., 2013; Chigavazira et al., 2013; Scutella et al., 2012).

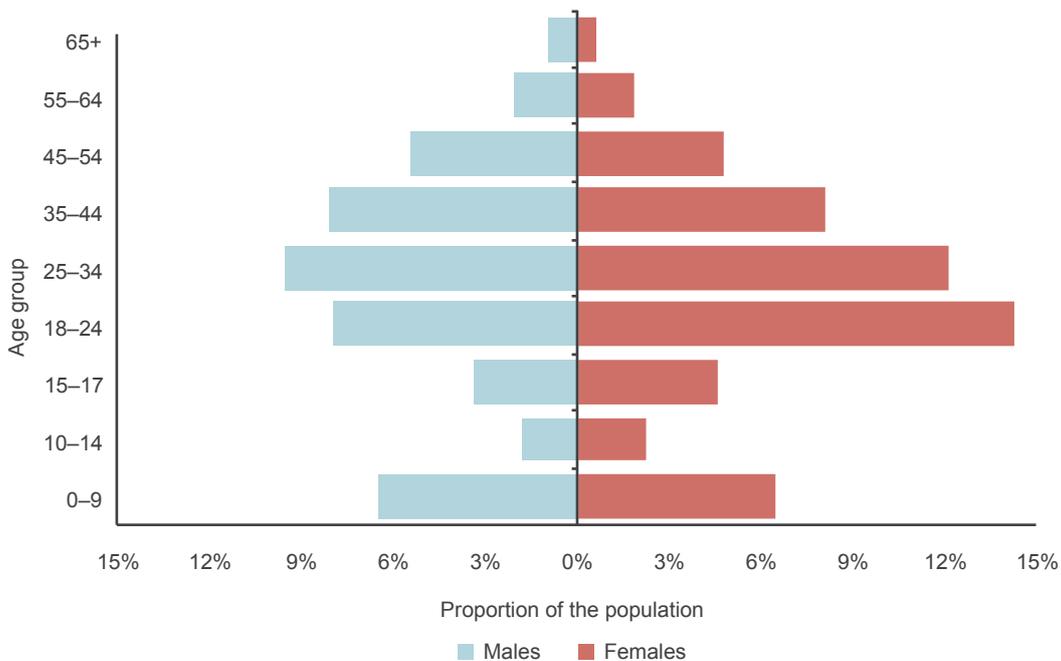
Census counts are also likely to underestimate the problem of homelessness in the ACT and across Australia. While notable efforts were made to improve the enumeration of the homeless for the 2011 Census, it is notoriously difficult to identify and count the homeless, particularly those who live on the streets ('sleeping rough') and stay temporarily with friends and family ('couch surfing'). An alternative, though still incomplete measure, is to count the number of people coming into contact with the Specialist Homelessness Services system.

Specialist Homelessness Services Data

In 2012-13, 5,367 people are reported to have sought support from Specialist Homelessness Services in the ACT (AIHW, 2013a). This equates to a rate of 143 clients for every 10,000 ACT residents – the third highest rate behind the Northern Territory and Victoria.

The age and sex profile of people who accessed support is substantially different from those counted on Census night, indicating that there are differences between the people counted as homeless at any particular time and those that seek support over a year (see Chart 2).

Chart 2: Specialist Homelessness Services, ACT, by age and sex, 2012-13



The profile of people accessing support in the ACT is relatively young and female. Almost one half (47%) were aged 24 years or younger, while more than half (55%) were female. The largest cohorts were females aged 18 to 24 years (14%), females aged 25 to 34 years (12%) and males aged 25 to 34 years (9%) (see Chart 2).

Homeless cohorts

Consultations indicated that relationship or family breakdown and inadequate or inappropriate dwelling conditions are the leading causes of homelessness among young men and women. Most young people are staying temporarily with friends and family (eg 'couch surfing') at the time of accessing homelessness services in the ACT. This suggests that youth homelessness is a somewhat hidden and underestimated problem.

Young parents with children, particularly single mothers, constitute one of the largest cohorts of people accessing homelessness services in the ACT. Of females accessing homelessness support in 2012/13 and aged 15 years and over, 17% reported the parenting payment as their main source of income (AIHW, 2013a). There were also large proportions of people aged 0 to 9 years (13%) and presenting as part of a family unit with a single parent with children (17%).

The difficulties for young people in accessing affordable housing are compounded by the disadvantage they face in the ACT labour market. In the 12 months to June 2014, the unemployment rate for 15 to 24 year olds in the ACT was 10.8% (ABS, 2014e), compared with a 3.3% unemployment rate for the total population in June 2014 (ABS, 2014f). Data from the Department of Employment show that there are very few job vacancies in the ACT for young people without University of trade qualifications (Department of Employment, 2014). Young people with employment largely work in low wage, casual and part-time jobs in the Retail Trade and Accommodation and Food Services industries (ABS, 2011).

These factors, coupled with the inadequacy of Centrelink benefits drive youth homelessness. As is the case for the ACT population as a whole, most young people report a Centrelink benefit as the main source of income on presenting to ACT homelessness services (AIHW, 2013a). Research by Anglicare (2014) has shown that there are very few private rental listings in the ACT that are affordable for people working in minimum wage jobs or receiving a Centrelink benefit, even in share housing. It is not surprising therefore that young people who leave their family homes due to family breakdown often experience homelessness. Recent and proposed changes to the Parenting Payment, Newstart Allowance and Youth Allowance by successive Federal Governments will further drive youth homelessness in the future and place considerable pressure on the ACT housing and homelessness system.

Family and domestic violence is one of the main triggers for homelessness risk among women of all ages in the ACT. In 2012-13, family and domestic violence was reported as the main reason for females presenting to the ACT Specialist Homelessness Services system in 15% of presentations and a supplementary reason in a further 13% of presentations (AIHW, 2013a). In most cases, females presenting to homelessness services due to domestic and family violence are accompanied by children. According to the findings from consultations and recent research (Watson, 2014), the trauma associated with violence and homelessness has an immediate and ongoing impact on the mental and emotional wellbeing of individuals and families subject to violence. Family and domestic violence is as such one of the main causes of homelessness for people with a mental illness (AIHW, 2013b).

People with a mental illness generally make up a significant cohort of people accessing homelessness services in the ACT. According to the Specialist Homelessness Services data collection, 18% of people reported mental health illness as a reason for accessing homelessness support in 2012-13, while 17% were identified as having a mental health need (AIHW, 2013a). The number and proportion of males who sought support due to mental health issues (437; 21%) was considerably higher than the number and proportion of females (371; 14%).

Given that females are significantly more likely than males to have a mental or behavioural problem in the general ACT population (ABS, 2012b), this indicates that either males with a mental illness are more likely to fall into homelessness than females or females with a mental illness are less likely to access homelessness support or report their illness.

As with the Census counts, the Aboriginal and Torres Strait Islander population in the ACT is highly overrepresented in the number of people accessing homelessness services. In 2012-13, 772 Aboriginal and/or Torres Strait Islander people accessed homelessness services in the ACT (AIHW, 2013a). This equates to 14% of all people who accessed services, despite the fact that the Aboriginal and/or Torres Strait Islander population makes up only around 1% of the total ACT population (ABS, 2011). This is nevertheless considered an underestimate of the problem of homelessness among Aboriginal and Torres Strait Islander people in the ACT as many are seen to be reluctant to use mainstream homelessness services.

Of those 772 people who presented to ACT homelessness services and identified as Aboriginal and/or Torres Strait Islander in 2012-13, 458 or 59% were female (AIHW, 2013a). Almost half (48%) of these females were aged 18 to 34 years. Consultations revealed that family and domestic violence is the single largest cause of homelessness among this group. The trauma associated with both violence and homelessness is experienced not only by young females but also in many cases by their young children. In 2012-13, 28% of Aboriginal and/or Torres Strait Islander people presenting to homelessness services in the ACT were aged 0 to 14 years.

Among the broader Aboriginal and/or Torres Strait Islander population, inadequate and inappropriate housing and relationship or family breakdown are the largest causes of homelessness among Aboriginal and Torres Strait Islander people.

WHY COLLABORATE?

For many individuals and families that do fall into homelessness, homelessness is a temporary, transitional phase which homelessness services can respond to through their own resources (Johnson et al, 2013; Culhane et al, 2011). For many others though, homelessness comes associated with a range of health, legal, socioeconomic and family issues, requiring a holistic and cross-sectoral service response.

With this in mind, Phillips et al. (2011; p.10) proposes five objectives for collaboration relating to improved client access, equity and outcomes, greater organisational and system efficiency, accountability and cost-effectiveness. These rationales were echoed by ACT homelessness and mainstream services consulted during this research.

Responding to need

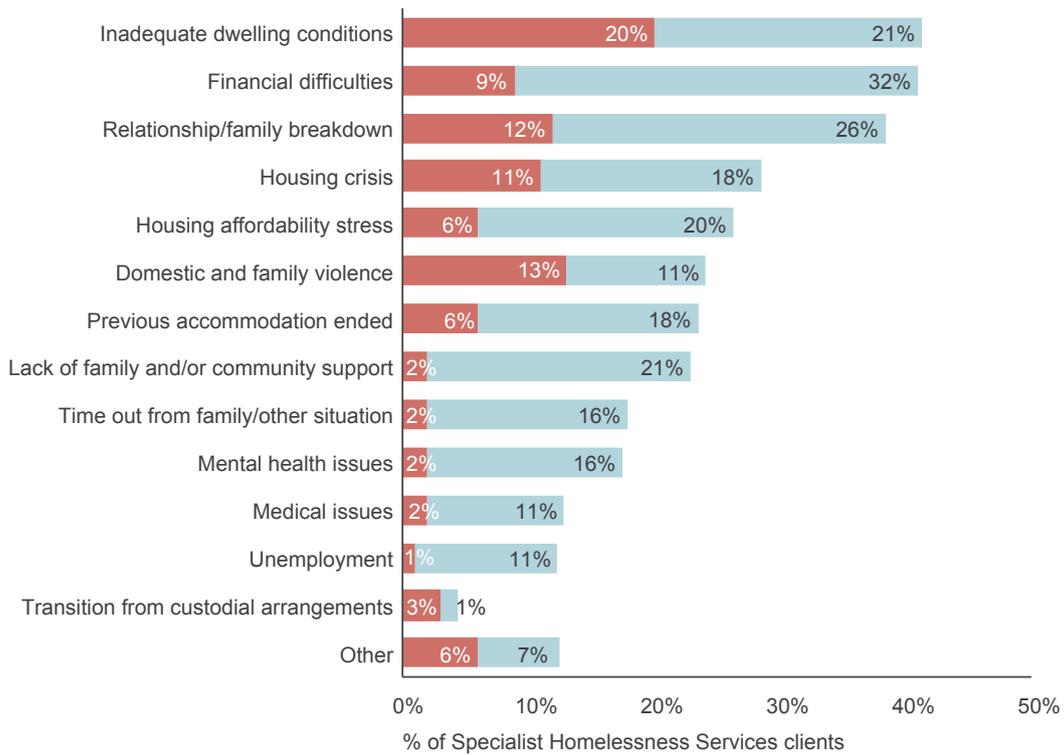
Homelessness is a complex problem, often though not always, caused by and contributing to an interwoven set of social, personal, economic and structural factors. As revealed through the consultations for this report, the desire and intent to meet the diverse and often multiple needs of clients is the primary driving force for collaboration within and across the ACT homelessness sector.

Recent findings from the Australia-wide *Journeys Home* survey show that those people with the most chronic housing instability have poorer physical and mental health, higher levels of psychological distress, higher exposure to childhood violence, weaker mainstream and social networks, greater financial distress and greater contact with the criminal justice system than similarly disadvantaged groups with stable housing (Johnson et al, 2013). A smaller scale survey by the Australian Housing and Urban Research Institute (AHURI), found that clients of specialist homelessness services are heavy users of non-homelessness services such as health, justice and welfare services, compared with the Australian population on average (Zaretsky, 2013).

Likewise, in the ACT, high proportions of people in contact with the Specialist Homelessness System are reported to have one or multiple service needs (AIHW, 2013a). In 2012-13, there were almost 17,000 reported reasons for accessing support and more than 55,000 identified needs among 5,367 people accessing homelessness support. This is in addition to the potentially large number of latent and undisclosed reasons and needs.

Of the reasons given for accessing homelessness support and that illustrate the need for cross-sector collaboration, 41% of people reported financial difficulties, 30% reported one or more health related issues (18% of whom reported a mental health issue), 24% reported domestic and family violence and 4% reported the fact they were leaving custodial arrangements. Chart 3 shows the most common main and secondary reasons given for accessing homelessness service in the ACT in 2012-13 as a proportion of all clients.

Chart 3: Reasons for accessing Specialist Homelessness Services, ACT, 2012-13



Source: AIHW, 2013a

Most, if not all clients of Specialist Homelessness Services were identified as having multiple service needs. Outside of housing and accommodation needs, the majority of people required advice or information (85%), advocacy (66%) and other basic assistance (54%), most of which was provided by Specialist Homelessness Services providers. There were also a long list of needs that could be met well through cross sector collaboration, including material aid/brokerage (35%), family and relationship assistance (33%), transport (32%), financial information (26%) and health and medical assistance (22%). Some of these needs are given in Chart 4.

Clients of Specialist Homelessness Services in the ACT are far less likely to be employed than the general population. Of those aged 15 years and over, less than one-in-five clients were employed (19%) or enrolled in education or training (18%). While this is an obvious point, it is nevertheless important as a lack of employment represents a significant barrier to re-engagement with the mainstream community and economy including the housing market. Those who were unemployed, but looking for work, made up 69% of the total labour force of Specialist Homelessness Services clients and the single largest income source for all clients aged 15 years and over was the Newstart Allowance (22%). Receipt of the Newstart Allowance is contingent on recipients meeting job search requirements.

Provided the ACT economy can create enough job opportunities in the period ahead, there is significant scope for expanded collaborative efforts between the homelessness sector and employment services providers to increase access to work that offers enough income to establish and sustain suitable housing.

Chart 4: Selected identified needs of Specialist Homelessness Services clients, ACT, 2012-13



Source: AIHW, 2013a

Integrated funding arrangements

Given the diverse and multiple needs of people accessing homelessness services, addressing homelessness extends beyond the jurisdiction of the homelessness sector – or any one particular service sector. As Rhonda Phillips and her colleagues from the University of Queensland articulated in their 2011 report on integrated responses to homelessness,

“...complex problems such as homelessness extend beyond the boundaries of individual agencies with specific functional responsibilities and require the combined resources of a wide range of agencies encompassing health, housing, employment education, child protection and community support services”

(Phillips et al., 2011: p.3).

As most services in the ACT operate at or close to capacity and funding from government sources is not growing at the same rate as growth in demand, the rationale for collaboration is to better meet the needs of people within existing resources. Each service type whether considered homelessness or mainstream is funded and organised along specialised lines. In an environment of limited funding, services are typically restricted to providing their specialised service to those with highest need.

However, many people, particularly people experiencing or at risk of homelessness, have multiple and complex needs that do not neatly fit within single funding sources. Moreover, adequately addressing one service need (eg homelessness) often requires addressing other multiple and overlapping service needs (eg mental health, employment). It therefore follows that multiple specialised services are required to efficiently address the multiple specialised needs of people experiencing homelessness.

The economic case for collaboration

Emerging and established research contends that effective responses to homelessness can deliver substantial cost savings to other areas of government. As stated above, people experiencing homelessness, particularly those living in the most unstable forms of homelessness, have considerably higher utilisation of physical and mental health services, greater contact with the criminal justice system and greater reliance on welfare support (Johnson et al 2013; Zaretsky et al, 2013).

Homelessness imposes a significant cost on the ACT and Australian governments. Zaretsky et al (2013) contend that if the use of health, justice and welfare services by clients of Specialist Homelessness Services across Australia could be reduced to average population levels, this could result in savings to government estimated at \$29,450 in 2010-11 dollars per client per year (this is equivalent to approximately \$31,638 in 2014 dollars (ABS, 2014c)). If even a portion of these savings could be realised, they could substantially or wholly offset the cost of housing and homelessness services.

The lifetime benefits of successfully helping people into full-time employment and home ownership would further offset these costs. A single person earning the November 2013 average weekly earnings in the ACT of \$1,315 (ABS, 2014a) could expect to pay \$13,770 per year in income tax to the Australian Government alone (ASIC, 2014). While ACT Government revenues are not directly levied on income, tax revenues in 2012-13 made up around 3.5% of gross state product in the ACT (ACT Government, 2013c; ABS 2013a), which if applied to average weekly earnings would contribute approximately \$2,400 per year to ACT Government revenue.

The success of homelessness programs in realising these cost savings and benefits have been mixed.

Evaluations of the Doorway program in Victoria (Nous Group, 2013) and the HASI program in NSW (McDermott et al. 2010; McDermott et al. 2011; Bruce et al. 2012) found substantial cost offsets to mental health services. Zaretsky et al (2013) found that supported accommodation for single men and women delivered substantial savings of \$1,389 and \$8,920 per client per year respectively in reduced health justice and net welfare payments (2010-11 dollars).

While there have been some minimal measured outcomes from short employment programs, no savings were identified for clients of tenancy support services. The Journey to Social Inclusion evaluation calculated modest short term returns of between 0.15 and 0.22 for every dollar invested and larger longer term returns of \$1.30 for every dollar invested where lives saved over a ten year time frame were included (Johnson et al., 2014).

As the latter study found, accommodation for the homeless is an important *first* step. For many people, pathways out of homelessness require holistic, collaborative service responses that address the individual and structural causes of homelessness. The economic case for collaboration therefore lies in its ability to realise some of the potential cost savings and benefits from homelessness programs.

One of the shortcomings of homelessness policy and responses identified across the ACT and Australia has been the inability to get large numbers of people into paid employment (eg Zaretsky et al., 2013). While this reflects the complexity of issues faced by people experiencing homelessness, it also highlights the need for collaboration between the economic policy levers that create jobs and the holistic range of social supports, including employment services that help people to access jobs.

Given the oversupply and skills mismatch between job seekers and job vacancies, there is also a need to raise income support and housing assistance payments in the private rental market to a level that ensures people have adequate income to meet housing costs.

RETHINKING PREVENTION

Homelessness in the ACT, as elsewhere, is a social and economic cost on individuals and the community. Equally, homelessness, specifically the failure to prevent or respond to homelessness, represents a failure of our society and economy to protect and empower those individuals who fall into homelessness.

Homelessness is associated with poor physical and mental health outcomes, low participation in education and employment, greater reliance on welfare and high levels of contact with the criminal justice system (Johnson et al. 2013; Zaretsky et al. 2013).

As a cause and consequence of socioeconomic deprivation across multiple domains, the response to homelessness is therefore the responsibility of multiple domains of society and economy. The Specialist Homelessness Services system intervenes at the point at which the mainstream services and supports fail to protect individuals and families from imminent risk of homelessness. Earlier prevention creates in the words of Culhane et al. (2011) an 'efficiency problem' – resources are drawn away from those most in need towards those with lesser needs who may or may not actually become homeless.

In an era of limited funding, homelessness services are restricted to providing for those most in need at the point at which they are in most need, despite the undoubted social and economic benefits of earlier intervention.

The prevention of homelessness and the unlocking of these benefits therefore primarily rests in the 'mainstream'. The social supports and personal development received from friends and family and the education, employment, good health and ability to afford a place to live that are facilitated by support from informal networks in the community contribute immeasurably to the protection of the individual from the worst consequences of socioeconomic deprivation, including homelessness.

The role of the broader community and mainstream services in preventing homelessness, though critical, is largely unquantifiable and invisible even to those providing the supports and services.

This role is commonly referred to as primary prevention, in which homelessness is prevented before it arises as a risk (Culhane et al., 2011).

The policy levers aimed at primary prevention of homelessness are principally economic and structural, which according to Parsell and Marston (2012: p.34) "address the underpinning housing supply and poverty problems that are fundamental in order to achieve primary homelessness prevention."

Fundamentally, this is concerned with an economy and society that provides adequate levels of employment and income and a supply of housing that is affordable within those incomes.

Secondary prevention seeks to identify and address the risk of homelessness in its earliest stages, shifting the focus of the response from mainstream society and the structural policy levers to more specialised services that address and protect people from the consequences of socioeconomic disadvantage. These include the individual-level

social services – healthcare, education and employment services. Tertiary prevention, akin to early intervention, seeks to prevent people from entering homelessness at the point of crisis. While services such as *Supportive Tenancy Service* and *Domestic Violence Crisis Service* operate at this point, most social housing and homelessness services are only resourced to provide services to those with the highest needs already in the homelessness system. This limits access to and effectiveness of secondary prevention.

The consequence of failure at any of these three levels of prevention is homelessness. As Pinkney and Ewing (2005: p. 2) put it,

“...the homelessness service system bears the costs of the failure of other, generally better resourced service systems. Most of the people who request assistance from homelessness services have been clients of other service, such as the health system, Centrelink, housing, child protection or the criminal justice system. In turn homelessness can result in additional demands on these same services in both the short and the long term.”

Homelessness is firstly a failure of our housing and labour market, and failure of the income support system to provide adequate income to meet housing costs. It is secondly a failure of informal, universal, targeted and specialised services and supports to respond to individual vulnerabilities.

This analysis illustrates the critical and different roles each part of the human services system has to play in preventing homelessness. Economic policy levers can address market failures. The broader community and universal services can provide protective factors, identify and respond to risk factors. Targeted services and informal support networks can address individual vulnerabilities, provide early intervention and recovery support. The specialist, acute and crisis services can provide specialised responses to homelessness and its causes, facilitate relapse prevention and support access to other services systems.

COLLABORATIVE SERVICE DELIVERY IN THE ACT

In the experience of the Specialist Homelessness System in the ACT, there is much goodwill and recognition of the value of collaboration across human services providers in the ACT. This has manifested in the creation of some local initiatives including Throughcare for people exiting detention, the Housing and Accommodation Support Initiative and Housing Assistance Recovery Initiative (HASI/ HARI) as well as nation-wide Australian Government initiatives, such as Partners in Recovery.

As these initiatives demonstrate, effective collaboration operates at all organisational levels, from high-level strategic policy coordination to perhaps most importantly, productive working relationships between frontline staff.

Outside of these funded initiatives though, much of the collaboration that currently occurs is through relationships between frontline staff. Without dedicated funding for collaboration, it is difficult for services, particularly smaller organisations, to devote resources to developing and maintaining those relationships.

Homelessness services report positive working relationships at staff level with General Practitioners (GPs), mental health nurses, school counsellors, legal professionals and a number of others. These are seen to deliver the most effective and meaningful outcomes for people experiencing or at risk of homelessness.

Developing and maintaining these relationships though is difficult. It requires the time and skill sets of particular individuals to identify which mainstream services could deliver a mutual benefit for their organisations, identify appropriate and willing partners for collaboration and develop and nurture relationships.

Without senior and strategic level buy-in, collaboration often operates outside funding and outcomes restraints, relying on the goodwill and commitment of frontline staff. These collaborations are often impermanent as staff change positions and jobs.

Proposed deliberative collaborations between mainstream and homelessness services must be able to demonstrate benefits to all parties and the people they service. All services are constrained in their resourcing, so any proposal that may be seen to divert resources away from policy priorities and core service responsibilities must demonstrate cost neutrality or a cost benefit to those services. The ACT needs to build a model that could be put to ACT Treasury, to governing bodies in non-government organisations and funding administrators to secure additional funding for collaborative projects on the rationale that initial funding will deliver cost offsets in future – including in portfolios and programs not directly involved in the collaboration.

Employment service providers under the Australian Government's Job Services Australia (JSA) have been identified as an important partner for collaboration.

Homelessness services report that JSA providers are difficult to engage and have shown limited interest in collaboration.

The output-based funding model in which JSA providers receive a modest and unindexed fee for each 13 week job placement incentivises providers to narrowly focus on placing the most job ready clients in each stream into short to medium term job placements as quickly as possible. There is little incentive, even a disincentive to adopt a holistic approach to service delivery that includes assisting people into stable and secure housing alongside more targeted employment support.

The receptiveness of ACT Government funded mental health services to collaboration has been mixed.

There is a view that these services are primarily focused on clinical treatment and management to the exclusion of general assistance and support for people with mental health issues, which often falls to the homelessness sector and the community mental health sector. While there are opportunities for collaboration between the homelessness and community mental health sectors, access to community mental health is restricted to people referred by a clinical case manager.

In recent years, this clinical focus is beginning to change with the adoption of recoveryoriented models of mental health services (Australian Health Ministers Advisory Council, 2013). As embodied in the Fourth National Mental Health Plan, 2009-2014, the shift to a holistic focus on clinical and psychosocial support places a central focus on collaboration within and across service sectors (Australian Health Ministers' Conference, 2009). Initiatives operating in the ACT including the Partners in Recovery program and the HASI/ HARI represent practical examples of this shift.

Collaborative efforts at the policy and strategic levels generally have failed in the past because they do not filter down to front line staff. This is in part due to the relationship between homelessness and mainstream services and the bureaucratic systems that create constraints within and across organisations.

For example, where a Memoranda of Understanding crosses multiple service lines within a single organisation, there has to be ownership and input within each service line management. This creates bureaucratic complications, confusion and delays. Such bureaucratic systems exist in all the large government directorates, but also within some of the large nongovernment organisations.

There is no overarching framework for coordination across multiple mainstream and homelessness services. Rather than a single, coherent system which homelessness services can link into, there are multiple, sometimes overlapping collaborative models that respond to specific target groups or contexts. While delivering positive and valued outcomes within their spheres, programs like Partners in Recovery, the Homelessness Outreach Program and Throughcare target specific groups of people or needs. The Human Services Blueprint launched in June 2014 recognises and will attempt to respond to this gap. The Blueprint is still in an embryonic form though, so it is important for homelessness service providers to engage early in its development.

HUMAN SERVICES BLUEPRINT

In June 2014, the ACT Government launched the Human Services Blueprint. Developed in partnership across government and the community sector, the Blueprint intends to provide a framework for integrating human services in the ACT – community, health, education and justice – into a single, streamlined, person-centred system.

The Blueprint and accompanying technical specifications set out the high-level architecture for the new system (Community Services Directorate, 2014a). Still in its developmental stage, the Blueprint will take an iterative approach to designing the precise mechanics of integrated and collaborative service delivery. In 2014-15, the Blueprint will see the implementation of pooled funding arrangements and joint governance structures.

Funding in the 2014-15 Budget has been provided for the continuation and establishment of three initiatives that have been rolled into the Blueprint under the banner of *Better Services*. These initiatives are:

1. The launch of a twoyear Local Services Network in West Belconnen to trial integrated service delivery models;
2. The consolidation of access points for housing, homelessness, disability and child, youth and family services into the Human Services Gateway; and
3. The continuation and expansion of the *Strengthening Families* program to work closely with disadvantaged families who have experienced difficulties accessing services.

Community sector stakeholders involved in the development of the Blueprint, including homelessness service providers, view the Blueprint as a vehicle for driving cultural change across the government and nongovernment sectors. Through this change, it is hoped that collaboration will become central to organisational processes, public administration and workforce knowledge and skills.

In terms of improving our response to homelessness, the Blueprint provides the opportunity to design an integrated system that ties together prevention, early intervention and coordinated responses to homelessness across government. In the view of homelessness services, this could be best achieved through the following measures:

- online integrated case management to automate collaborative processes, such as identification of appropriate services and personnel, information sharing and referral processes;
- training and capacity building for government and non-government staff to operate across service divisions; and
- streamlined and coordinated funding arrangements and performance reporting to facilitate and incentivise vertical (within service divisions) and horizontal (across service divisions) integration.

The Blueprint has been developed as a whole-of-government initiative, with governance structures involving multiple directorates, including Community Services, Education, Health, Justice and Community Safety and Chief Minister and Treasury, as well as representatives from Australian Government and community sector agencies. Nevertheless, consultations highlighted some concerns that the Blueprint is being largely driven by the Community Services Directorate with mixed levels of engagement and support from other Directorates.

The commencement of the Local Services Network provides an opportunity to cement crossgovernment support. This could be achieved by having multiple directorates lead the ground up design of the network.

Local Service Network

In the 2014-15 Budget, the ACT Government committed \$1.3 million over two years to launch a pilot Local Services Network in West Belconnen. The pilot will implement a placebased approach, trialling models of service coordination and delivery for residents of West Belconnen and local service providers. The pilot will reportedly involve local level governance, flexible and pooled funding, data sharing and outcomes tracking and evaluation. The pilot comprises three phases:

1. Develop – community needs analysis, launch design and policy development
2. Operationalise - implement the system design elements
3. Evaluate – measure and evaluate performance and outcomes

Given the reportedly low level of primary and secondary homelessness in West Belconnen (ABS, 2012a), the pilot and evaluation may have limited applicability to homelessness.

Given high levels of socioeconomic disadvantage in West Belconnen (ABS, 2013b), they may present a unique and significant opportunity to quantify the short run costs and benefits of integrated approaches to the prevention of and early intervention to reduce homelessness. Through the evaluation, costs and benefits could also be assigned to different service domains such as health, housing, education or justice and community safety. This could provide important insights for the future funding of homelessness prevention and response, including how costs should be assigned between mainstream and specialist homelessness services.

Realising the full potential of the pilot and evaluation to monitor and quantify the costs and benefits of integrated service delivery generally can be difficult and time consuming. Ideally, the Blueprint should pursue data collection and linkage between community services, health, housing, education, justice, Centrelink and homelessness data collections. Data should be collected and monitored for people inside and outside of the pilot to allow for robust comparison and quantification of outcomes. Due to the processes involved in data collection and linkage, including client confidentiality and matching, design of this aspect should commence as soon as practicable.

As has been foreshadowed through the Blueprint governance taskforce, collaboration should extend beyond ACT Government funded services. Collaborative partnerships with Centrelink, employment service providers and primary health providers, as well as philanthropic social enterprises could trial innovative and cost-effective approaches to employment and health care delivery. One example is to offer employment to people experiencing homelessness as early as possible (Steen et al. 2012). Combined with housing and wraparound supports, early employment can contribute to building social skills and confidence.

Consideration must also be given to how service delivery may be affected for people living outside the pilot areas. While service access may be nominally unchanged, service coordination for people in the pilot may improve access to services at the expense of people outside the pilot, particularly in service sectors that are stretched in their capacity. Aside from the obvious and important equity concerns, this may compromise the evaluation of outcomes.

Human Services Gateway

In the 2014-15 ACT Government Budget, \$322,000 was committed to establish the Human Services Gateway. Established on 1 July 2014, the Gateway establishes a single entry point for individuals and families accessing a range of services in the ACT. Initially, the Gateway will integrate three existing service access points, namely, the Child, Youth and Family Gateway; the Central Access Point for housing, incorporating Housing ACT, First Point and Supportive Tenancy Services; and disability services, particularly those delivered under the National Disability Insurance Scheme (NDIS).

In the short to medium term, the potential should be explored to integrate or provide a bridge to other human services. If the *Human Services Gateway* is unable to secure access to human services outside of the community services portfolio the credibility of the Gateway will be compromised. This will lead to confusion, frustration and perhaps disengagement on the part of people seeking support.

Among the first priorities should be to explore the possibility for linking with the area-based community mental health teams, bulk-billing General Practitioner (GP) practices across the city, the afterhours GP hotline and Centrelink offices.

The Gateway could also serve as a platform and mechanism for collaboration between homelessness services and other government and non-government services that can help to prevent and respond to homelessness. This might include real estate agents and employment service providers.

Some participants in the consultations suggested that there is value in services or facilities that would assist people who present to the Gateway to access a private rental tenancy and/or employment services. Given recent rises in rental vacancy rates and low unemployment in the ACT, real estate agents and employment service providers may be able to deliver mutual benefits by helping to fill these respective gaps. Establishing these partnerships may also provide the bases for further collaborative efforts.

Efficiencies that might arise through the integration of access points provide an opportunity to invest in the staffing and resourcing of the Gateway. Concerns were raised during consultations that First Point is not funded to provide a 24/7 service and is limited in its funding during business hours.

The pooling of resources across access points could be used to increase the staffing and operating hours of the Gateway. Critical to this will be investment in the capacity and capability of staff to identify and respond to a diverse and potentially complex range of service needs.

Initiating and maintaining contact with people who are homeless or at risk of homelessness is one of the major challenges for central access. This challenge is made particularly difficult by the fact that central access may not be suitable or appropriate for all groups of people. Consultations highlighted that central access can be particularly discouraging or threatening for young people, people with mental illness, Aboriginal and/or Torres Strait Islander peoples and women who have experienced family and domestic violence.

In designing the Human Services Gateway, the goal should be to create an efficient and streamlined access point in its backroom functions, and a tailored and specialised service for people accessing services.

One approach might be to create separate hotlines with their own branding for specialised needs. Calls to these hotlines would be received in the Gateway by personnel with the appropriate skills and experience to respond to those specialised needs. Another approach might be to adopt more of a 'no wrong door' approach while still retaining the principles and benefits of central access by integrating IT systems such that people can present directly to, and be logged in the system, by specialised and mainstream services.

Strengthening Families

Strengthening Families is a co-design project involving the ACT Government, community sector organisations, a private consultant *ThinkPlace* and disadvantaged families currently accessing services across multiple aspects of the ACT service system. The project initially involved two stages, the first to research and listen to the experiences of families trying to navigate the service system. The second stage involved using the findings from the first stage to design a service coordination and delivery model for a small group of families.

ThinkPlace performed and published evaluations of both stages of the project, finding that the model achieved meaningful outcomes and greater levels of access to services for families in the program (ACT Government and ThinkPlace, 2013; 2014). In the 2014-15 Budget, the ACT Government announced additional funding of \$455,000 for one year to extend and expand the *Strengthening Families* program to work with 50 vulnerable families (ACT Government, 2014).

The full continuum of support available for families in the Strengthening Families will not be necessary or cost effective for individuals and families with less complex needs. However, the principle of listening to individuals and families, working with them to develop a plan and goals and helping them to achieve those plans through an integrated approach to service delivery could be the foundation for service delivery across many client types.

Stage 1 Listening to Families: as part of the first stage of *Strengthening Families*, nine families known to have experienced multiple service needs and difficulties making progress were interviewed to capture their experiences and interactions with services. The experiences of six families were translated into service journey maps.

For five out of six families, inappropriate housing was a trigger for interaction with the services system. These five families were all identified as having multiple and complex needs, experiencing mental health issues and children put at risk by themselves or family members. All families experienced relationship issues, either abuse, domestic violence or family breakdown, while four out of five families experienced a financial crisis.

Stage 2 Strengthening Families: The nine families who participated in the *Listening to Families* phase were invited, along with seventeen other families identified by Directorates to participate in the second phase. Ten families agreed to participate, all of which were known to have experienced multiple service needs and difficulties making progress.

Families in the program develop a Family Information Profile. The profile contains information on the family, including their story and future plan. Profiles are stored and shared electronically, although families own the profile and choose who they share it with.

Families select a Lead Worker who works with the family to create a support network to help them achieve plans. Interactions between families and Lead Workers are based on a relational model where the Lead Workers listens and understands what families need and then works with them to develop solutions. Lead Workers coordinate and streamline service provision and advocate on behalf of the family.

An important part of the project is to harness and strengthen the natural connections families have in their communities as an access point to the human services system. Natural connections include schools, churches, medical centres and neighbourhood centres.

The families involved in the project have multiple and complex needs, requiring interactions with multiple parts of the service system. The evaluation characterised the necessary service response as a pyramid. Appropriate and secure housing is at the base of the pyramid and is the foundation for any holistic service response. The physical, mental and emotional health and wellbeing of all families, particularly children, is also critical in setting this foundation. From this foundation, families build their sense of belonging and connections to the community. It may also involve the family resolving legal matters. From here, families can assert their economic independence through education, training and employment.

This co-design project demonstrated that service collaboration can and should be structured around the specific needs of individuals and families. This should be delivered in a way that progressively puts in place the structures to propel people towards social and economic independence.

The evaluation findings indicate that collaboration to address housing issues is critical in the first instance, followed by collaboration with government and community providers of health, child protection, legal, education and employment services.

The expansion of Strengthening Families adds to the number of existing programs that coordinate tailored support packages or plans to individuals and families. Existing programs include Throughcare, the Youth Justice Framework and the Engaging Schools Framework. While such initiatives are generally welcomed, they collectively place further pressure on the limited capacity of mainstream and specialised services to deliver frontline services. The Human Services Blueprint should be used to integrate and streamline these programs under a coherent framework. However, the success or effectiveness of these initiatives will still be restricted by the funding and resources available to deliver frontline services.

HOMELESSNESS SERVICES AS A PLATFORM

One of the most important roles of homelessness services in the ACT is as a platform for reengaging people with mainstream society and services. Dedicated homelessness services create a safe, comfortable and welcoming environment for those people who have disengaged whether through accommodation or non-accommodation supports. The skills and capacity of homelessness services to connect with the most vulnerable and disadvantaged to provide specialised support, and to facilitate and/or advocate for connections with other services, supports or systems is critical to the ability of mainstream services to fulfil their mandates to serve as large a cross-section of the population as possible.

The Early Morning Centre and the Roadhouse, for example, provide a meal and a friendly social environment. They also create and utilise existing collaborative networks, including with the Partners in Recovery program and Centrelink, to form the basis for reengagement. A key to the success of these services rests in strategically creating connection points between their guests and mainstream services that is neither overbearing nor threatens their comfort in the environment. Research and practice experience has found that services are most effective when guests choose if, when and how they engage with available support.

This approach expresses the principles of choice and control, and develops the capacity of vulnerable people to have agency in their lives. These services provide a model for how mainstream services could improve the accessibility to and effectiveness of services to the most disadvantaged.

Access and engagement with employment and education and training services has been minimal. There is recognition though that in dealing with some of the most disadvantaged members of the community, stabilisation and re-engagement is an important first step in delivering positive socioeconomic outcomes over the long term.

Early Morning Centre

The Early Morning Centre (EMC) is a free service run by UnitingCare Canberra City (the community service arm of the Canberra City Uniting Church) for homeless and vulnerable people. The service operates five days a week from Northbourne Avenue in the city. The service has two parts – breakfast, followed by a drop-in support and referral service.

EMC has a strong ethic of working with other services, acknowledging that it cannot by itself meet all the needs of its guests. EMC has current and ongoing relationships with the ACT Medicare Local, Centrelink and Northside Community Services through the Partners in Recovery Program. There have also been recent collaborations with a Registered Training Organisation, the Community Safety and Justice Directorate and ACT Government mental health services.

Each week, an officer from the Homelessness Outreach Program at Centrelink comes to the EMC to talk with people. A number of guests of the EMC have difficult or even broken

relationships with Centrelink. Officers work to rebuild those relationships and reengage people with the support available through Centrelink. Officers from the Partners in Recovery program also visit the EMC on a weekly basis, engaging with people with severe and persistent mental illness.

Through a collaborative partnership between EMC, the National Health Co-op (formerly West Belconnen Health Co-op) and the ACT Medicare Local, EMC have very recently established a medical clinic. General Practitioners (GPs) from three clinics around Canberra will work on a weekly roster system to deliver health services to guests of the EMC. The service began with free flu vaccinations.

Recently, EMC worked with a Registered Training Operator (RTO) in the ACT to deliver a nine week Certificate II in community services. Nine people from EMC started the course and five people graduated. Of these, at least one person is now employed, another is in further education and another is doing voluntary work.

Areas in which there are opportunities for improved collaboration include between the EMC, employment service providers and ACT Government funded mental health and alcohol and other drug providers.

Roadhouse

The Roadhouse, run by the Red Cross provides an afternoon and evening service where homeless and disadvantaged people receive meals and the opportunity to access information and support services.

As with the Early Morning Centre, the Roadhouse provides a community and a venue for social interaction that fosters a safe and welcoming environment. The service model tends to be reactive, responding to people as they ask for help. This helps to protect the safety and comfort of the environment and respects the right of people coming to the Roadhouse to have choice and control over when and how they connect with support.

There is a strong focus on building the confidence of guests, improving their social and life skills that lead to more knowledge and empowerment. Activities are run weekly, which guests can volunteer to participate in, including walking groups and a book club. The Roadhouse works with St Vincent de Paul's Street to Home program to identify people new to living on the streets.

Officers from the Partners in Recovery program come to the Roadhouse on a regular basis and on request. The Roadhouse and homelessness services generally, provide an important venue for program officers to engage with people, owing largely to the trust and confidence people place in these services. In the past, staff from providers of the Australian Government's employment services system, Job Services Australia have come to the Roadhouse and managed to engage some people. People often do not turn up to appointments though and that collaboration has subsequently faded.

In terms of the homeless guests of the Roadhouse, some have been rough sleepers for a long time with lived experience on the streets. There is also a cohort of people who experience transient homelessness, particularly males who are homeless due to relationship breakdown. This cohort is invariably ill-equipped to living on the street.

While the Roadhouse will call First Point, there is rarely immediate accommodation available. This highlights a shortage of emergency accommodation, as well as a lack of affordable housing options for people currently in emergency accommodation to exit into.

Street to Home

Street to Home is an assertive outreach program where officers actively seek out those sleeping rough. Run in the ACT by St Vincent de Paul, Street to Home identifies and monitors people sleeping on the street through the 'Who's New on the Streets' committee, a cross-sectoral group with representatives from organisations including the Police, City Rangers, mental health services and Centrelink. The program coordinates service delivery to people on the streets, rather than through office-based appointments.

The program also has a housing component with six units available for housing people who are sleeping rough with a particular focus on wrapping physical and mental health services around them. In 2012-13, Street to Home provided outreach support for over 70 people, with more than 20 offered accommodation (Community Services Directorate, 2013).

A 2013 evaluation of the Brisbane Street to Home program (Parsell et al., 2013) found largely positive outcomes for people in the program.

Over a 12 month period, 40 out of 42 people (95%) housed under the program sustained their housing across the 12 months, while most people reported reduced psychological distress and improved quality of life. There was also less reported contact with the criminal justice system. On the other hand, there were no significant improvements in employment and education outcomes, alcohol and tobacco abuse and emergency health service utilisation. One of the problems identified in the Brisbane evaluation was a lack of wrap around supports once people were housed through the program. The problem was due to the absence of external, mainstream service providers with the capacity and resources to provide ongoing outreach based services to people in the program.

Participants in the program were identified as having primary health, mental health, drug and alcohol and employment and education needs among others, which in the absence of dedicated mainstream services had to be provided by the Street to Home program staff.

The lack of outreach among mainstream service providers was also identified as a problem in the ACT. Aside from the Australian Government funded Partners in Recovery program and the Homelessness Outreach Program, there are no dedicated access points into mainstream services for people experiencing homelessness. This is understood to relate to a lack of capacity and resources within mainstream services.

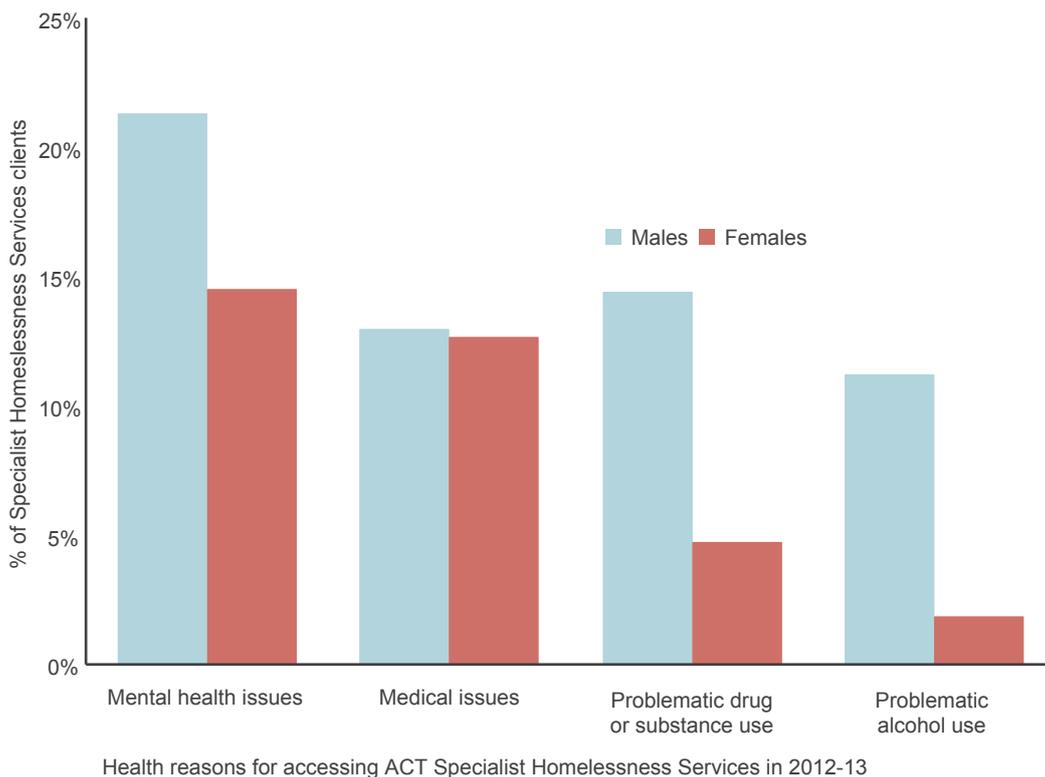
The Human Services Blueprint offers an opportunity to move towards a system providing centralised access through outreach to a range of mainstream and specialised services. As the Strengthening Families project team found, key to success will be individuals and systems with the authority to access and secure placements in mainstream services across multiple domains (ACT Government and ThinkPlace 2013; 2014).

HEALTH

People who are homeless are well known to have poorer physical and mental health than the general population (Zaretsky et al., 2013; Johnson et al. 2013). Data from the Specialist Homelessness Services data collection suggests that poor health is a significant contributing factor causing homelessness (AIHW, 2013b), while the World Health Organisation’s (2014) Social Determinants of Health research agenda points to socioeconomic deprivation, including homelessness, as a cause of poor health.

In 2012-13, 1,361 people reported one or more health related reasons as a reason for presenting to Specialist Homelessness Services in the ACT (AIHW, 2013a). This represented 29% of all people who presented. Slightly more males (706) than females (655) presented due to a health related reason. As can be seen in chart 6, mental health issues were the most common health reason, a reason for 29% of male presentations and 14% of female presentations.

Chart 5: Health related reasons for presenting to Specialist Homelessness Services, ACT, 2012-13



Source: AIHW, 2013a

More generally, the specialist homelessness system in the ACT provides significant support for people with mental illness.

In 2011-12, the AIHW reported that there were 1,113 people in the ACT with a mental health issue who were clients of the specialist homelessness system (AIHW, 2013b). This equates to 300 people for every 100,000 ACT residents, the second highest rate in Australia, behind only the Northern Territory (326 people for every 100,000 NT residents). The majority of these people in the ACT were living in supported accommodation (198 people per 100,000 ACT residents).

Across Australia, the main reason given by individuals with a mental health issue for seeking assistance from specialist homelessness services was domestic and family violence. The AIHW (2013b) reported that in 2011-12, 16% of presenting units (whether individuals or families) with a mental health issue gave domestic and family violence as the main reason for seeking assistance from the specialist homelessness system.

While a number of males present to specialist homelessness services due to domestic and family violence, this is a particularly critical issue for females with a mental health issue in the ACT. A 2014 study by the Domestic Violence Crisis Service found that of 35 people who had remained in their homes after domestic violence, all had developed posttraumatic stress disorder and more than half were homeless within 12 months (Watson, 2014). The high prevalence of domestic and family violence issues is both a cause of mental health issues and a cause of homelessness.

Mental health and alcohol and other drug

Concerns were expressed during consultations with homelessness service providers that clinical and community mental health and alcohol and other drug services do not work particularly well together within their sectors, across their sectors or with other sectors, including homelessness services.

For example, feedback was received that people experiencing homelessness often have difficulties accessing clinical and community mental health services, particularly where they have a mental health and alcohol or other drug comorbidity.

However, a series of reforms in mental health policy and programs in recent years has driven a considerable improvement in service coordination within and outside the sector, coupled with practical initiatives to improve relationships between frontline workers.

Nationally, mental health services have shifted to a recovery model under a national framework for recovery-oriented mental health services (Australian Health Ministers' Advisory Council, 2013). The framework prioritises holistic and person-centred recovery from mental health illness with equal emphasis on clinical and psychosocial supports delivered in clinical and community settings. *The Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014* sets the agenda for how the recovery model is implemented across Australia with specific priorities for developing integrated approaches between mental health and housing support services (Australian Health Ministers' Conference, 2009). The *ACT Mental Health Services Plan, 2009-2014* sets out the structure of the ACT mental health system in line with the recovery model (ACT Health, 2009).

It is this policy context that has given rise to ACT and Australian government initiatives that address the risk factors for poor recovery from mental health problems, including housing and homelessness. Initiatives include Partners in Recovery, health in mind, headspace and the Housing Assistance Recovery Initiative (HARI).

At the frontline level, the recovery model has facilitated deeper collaboration and integration of services between clinical and community mental health services, mental health and alcohol and other drug services and a greater recognition of the value of housing and homelessness services. This is supported and strengthened through highly valued initiatives such as the co-morbidity bus tour.

Crisis Assessment and Treatment Team (CATT)

The Crisis Assessment and Treatment Team (CATT) is the ACT Government-run crisis response for emergency mental health situations. CATT is a 24 hour, seven day a week outreach service that provides mental health assessment and treatment at the location of the emergency or in the most appropriate setting.

The experience of CATT for some homelessness service providers has been that the service is not always responsive to incidents involving people who are homeless. In actual fact, CATT does respond to such situations and particularly in the last few years has improved how and where it responds to incidents involving people who are homeless including people with no fixed address. However, CATT is only funded and mandated to deliver emergency services. CATT advises that where mental health incidents involving people who are homeless are assessed by them as requiring the involvement of CATT, homelessness service providers are not always able to articulate how the situation represents an emergency.

While homelessness and mental health service providers indicated a preference to not involve the Police where possible, the ACT Police has developed significant skills and capacities to respond to mental health related incidents through the Mental Health Community Policing Initiative. Through the initiative, the Police have improved access to training and support to respond appropriately to mental health related situations, particularly those involving violence or the threat of violence.

Adult Community Mental Health Teams

The service mandate for non-emergency situations is that the Adult Community Mental Health Teams provide area based mental health services across Canberra. Operating between regular business hours, services operate out of Civic, Belconnen, Gungahlin, Woden and Tuggeranong. The teams provide appointment-based, drop-in and home-based services responding to all presentations and referrals under a 'no wrong door' approach.

Duty officers responding to mental health presentations, or CATT officers in the case of emergencies can make clinical mental health assessments in the office or in a location most appropriate for the individual. In extreme situations, officers are able to admit people into the acute hospital-based mental health unit for assessment. In most cases, assessments are referred to multi-disciplinary teams including psychiatrists and social workers.

Clinical case managers are assigned to work with people to develop recovery plans.

Recovery plans work under the recovery model and are guided by the national framework for recovery-oriented mental health services (Australian Health Ministers' Advisory Council, 2013). These plans set out a holistic pathway to recovery centred on the clinical and psychosocial supports that individuals view as important to their recovery and wellbeing. As the community mental health teams have primary responsibility for clinical recovery, fulfilment of the recovery plan requires close collaboration between clinical case managers and community service providers of the psychosocial supports including community mental health providers, as well as homelessness service providers.

The assessment and treatment of people with a mental illness is always made easier where the person provides consent. For many people who do not recognise or acknowledge their mental illness, this can be problematic.

Case workers in the homelessness services sector have an important role here in working with people to build their confidence and trust to address their mental health issues.

In the absence of voluntary consent, the community mental health teams can instigate procedures for involuntary treatment. In these situations, officers obtain Treatment Orders from the ACT Civil and Administrative Tribunal (ACAT) where they can demonstrate either an immediate or longer term risk in not enforcing treatment.

Housing and Accommodation Support Initiative/ Housing Assistance Recovery Initiative (HASI/ HARI)

HASI/ HARI are ACT programs that provide clinical mental health support, along with secure housing and tenancy management. Housing and tenancy management is provided by Housing ACT, while clinical support is provided by ACT Health. The Mental Illness Fellowship of Victoria provide support services to help people live as independently as possible.

HARI receives funding under the National Partnership Agreement on Improving Public Hospital Services (ACT Government, 2013d), while HASI receives funding under the National Partnership Agreement on Homelessness (2013a). Both National Partnership Agreements are due to expire at the end of 2014-15, placing both programs at risk.

HASI and HARI were modelled on the HASI program that has been run in NSW since 2002.

A recent series of evaluations by the Social Policy Research Centre at the University of New South Wales has found the program to be a highly successful and effective model for cross-sector collaboration (Bruce et al., 2012; McDermott et al., 2011; McDermott et al., 2011).

To date, there are no publically available findings from the ACT-based HASI/ HARI – findings from NSW may be indicative of the range and scope of costs and benefits.

Housing and Accommodation Support Initiative, NSW

The NSW Housing and Accommodation Support Initiative (HASI) provides access to stable housing, accommodation support and clinical mental health services for people

living with a mental illness. Established in 2002, the program has grown to provide services to over 1,000 people across NSW.

The program is a partnership between NSW Health, Housing NSW and community service providers. NSW Health has funding responsibility for ongoing clinical care and accommodation support. Housing NSW provides public and community housing properties and tenancy management services. Community service providers deliver the accommodation support and community housing.

To be eligible for the program, people must be 16 years or over, have a diagnosed mental illness, require support services and have the ability and desire to live in the community. By the time of the third evaluation, the most common illnesses of people in the program were schizophrenia (65%), schizo-affective disorder (11%), depression/anxiety (10%) and bipolar disorder (9%). More than half of participants (54%) had coexisting conditions, most commonly alcohol or drug dependency (28%), physical health (12%), intellectual disability (10%), physical disability (5%) and acquired brain injury (3%). At the time of entering the program, around 57% had secure accommodation (most commonly in public housing), while the remainder were experiencing primary, secondary or tertiary homelessness (Bruce et al., 2012).

HASI operates under a *Recovery* model. The goals of the program are to deliver improved mental health, stable housing, improved quality of life and increased community participation through a cost-effective service delivery model. Eligible adults with a diagnosed mental illness who require support services to live independently in the community receive different levels of support packages. Packages provide access to ongoing clinical mental health services, psychosocial rehabilitation services, assistance to participate in the community and housing. People in the program develop Individual Service Plans (ISP) that include goals they will try to meet while in the program.

High level support packages prioritise people who are in hospital, homeless or at risk of homelessness, and who find it difficult to maintain their tenancy without support. Low level support packages are focused on people with low levels of psychiatric disability who are already living in social housing or the private housing market but whose housing might be at risk because of mental health support needs.

In terms of outcomes, the evaluations (Bruce et al., 2012; McDermott et al., 2011; McDermott et al., 2011) reported that most participants in the program experienced mental health improvements in all support level packages. Results showed significant clinical and statistical improvement in psychological distress and behaviour. The majority maintained their tenancy, regularly used appropriate services in the community and increased their independence in activities of daily living. Most strikingly, participants had significantly fewer hospital admissions after joining the program – the evaluation reported a 60% decrease in the average number of days spent in hospital per year, and a 68% decrease in the average number of days hospitalised per mental health admission after joining the program.

In terms of costs, the total contracted accommodation support cost was \$118.3 million (2009-10 dollars) over four years and 1,076 support packages. Project management costs amounted to \$1.2 million. Housing NSW purchased 88 properties for \$25.8 million.

The total cost of the program was therefore \$145.2 million, or \$33,738 per person per year in 2009-10 dollars. The average estimated cost savings from the reduction in mental health inpatient hospitalisations alone was \$27,917 per person per year. The average net cost was therefore estimated at \$5,821 per person per year. If even a fraction of the reduction in hospitalisations could be maintained post-HASI support, cost savings would wholly offset the costs of the program in a short space of time.

Social Work Department, The Canberra Hospital

Teams of social workers at the Canberra Hospital provide hospital-based counselling support for patients, families and carers. Separate teams provide services in mental health, chronic medical and surgical, rehabilitation and aged care and cancer settings. Social workers perform a number of roles, including assessing issues and concerns, preparing discharge plans, providing counselling and crisis support, advocating on behalf of patients and providing information to patients on services and supports available inside and outside the hospital. People can be self-referred or referred by family, carers or hospital staff where the patient provides consent.

Social workers are resourced to provide services within the hospital setting, generally from the time patients are admitted until they are discharged. Prior to discharge, social workers develop discharge plans that assist people to engage with services and supports in the community. For many people, including people experiencing homelessness, discharge needs are complex requiring intensive health and psychosocial support.

People that receive support from social workers are often in crisis, particularly when they come through the Emergency Department. Large numbers of people are homeless or have housing issues, the majority of whom have mental health and/or alcohol and other drug issues.

The social work teams have built and sustained positive working relationships across homelessness and other community services. In cases of family and domestic violence, the Domestic Violence Crisis Service are highly responsive in working with people subjected to violence and social workers and coordinating other supports including housing and protection. Social workers also work frequently with Street to Home and Samaritan House, coordinating homelessness support, providing referrals and following up with individuals where possible.

For people who are homeless when leaving hospital, there is a clear and chronic lack of crisis and emergency accommodation. Social workers are very rarely able to secure immediate accommodation through the central access point, First Point. Without appropriate accommodation, homeless and marginally housed people will often stay in hospital longer than what they would wish or is clinically desirable. Aside from the more important human aspect, this also creates pressure on in-hospital bed space and is a very expensive way of accommodating people.

Many other people experiencing homelessness though will choose not to remain in hospital and the hospital cannot prevent them from leaving. This often results in primary and secondary homelessness, principally 'rough sleeping' and 'couch surfing'. In these situations, social workers will call First Point and ensure a case is logged. They often help people write an application for public housing and provide support letters. Outside of these measures, social workers provide information and referrals, including to Street to Home, the Early Morning Centre and Safe Shelter where appropriate, as well as material

support including swags and clothing. Although only resourced to provide in-hospital support, social workers will follow up where possible either with the individual directly or through Street to Home.

Collaborative working relationships between the hospital and the Specialist Homelessness Services system are described by social workers as constrained by the funding and operational arrangements under the central access model for housing and homelessness.

The central access point, First Point is only available during regular business hours whereas the accommodation needs of people exiting the hospital routinely arise after hours. During business hours, social workers calling First Point will often not get through and have to leave a message. Prior to First Point, social workers were able to build collaborative relationships with refuges and other emergency accommodation providers. These relationships are perceived to have delivered better access for people leaving hospital and stronger relationships between frontline workers across services.

The transition to the Human Services Gateway offers opportunities to pool the resources of central access points across the community services portfolio to better resource and respond to incoming calls. Efficiencies from the Human Service Gateway could also be put towards improving systems for communicating the lodging and filling of vacancies between First Point and homelessness services.

Consideration should be given to adopting more of a 'no wrong door' approach where individuals could present to First Point or homelessness services directly. This could be achieved while retaining the principles and benefits of central access through better integration of IT systems. The role of First Point should also be enhanced to be proactive in coordinating support and maintaining contact with people.

Primary healthcare

Primary healthcare is the first level of care or entry point to the health system and includes General Practitioners (GPs), Specialists and allied health professionals (such as clinical psychologists). Appropriate access to GP services, including GP outreach is critical in delivering health services to people experiencing homelessness, as well as providing an entry point to the broader health system. GPs also provide access to the wider mental health system through referrals to specialist (eg Psychiatry), allied (eg Psychology), hospital-based and community mental health services.

In terms of mental health, GPs delivered 25,653 Medicare subsidised mental health related services in the ACT in 2011-12 (AIHW, 2013b). This equated to 69 services per 1,000 ACT residents, which though substantial was considerably below the rate for Australia as a whole (98 per 1,000 Australian residents).

For a number of years the ACT has had and continues to have a shortage of GPs, which places restrictions on the ability of GPs to respond proactively to the needs of the homeless population. In 2012-13, there were 246 Full-time Equivalent (FTE) GPs in the ACT (Department of Health, 2014). This equated to 6.5 GP FTE for every 10,000 ACT residents, well below the rate for Australia (8.0 GP FTE per 10,000 residents). Nevertheless, GPs are active in addressing the health needs of people experiencing homelessness, assisted by the ACT Medicare Local.

ACT Medicare Local

The ACT Medicare Local works to coordinate the delivery of primary healthcare services and create better pathways between primary and hospital-based healthcare. The ACT Medicare Local recently completed a health needs assessment of the Canberra community. Recognising the importance of the social determinants of health, socioeconomic disadvantage and homelessness were identified as significant factors that impact upon the physical and mental health in the Canberra the community. The ACT Medicare Local is helping to facilitate greater access to primary care through their partnership with the Early Morning Centre and the National Health Co-op to deliver GP services at the Early Morning Centre.

The ACT Medicare Local also manages a number of Australian Government programs, including the Partners in Recovery Initiative, health in mind (formerly known as ATAPS) and New Access. While Partners in Recovery supports people with severe and persistent mental illness, health in mind and New Access are free services that support people with mild to moderate mental illness. The health in mind program in particular targets people experiencing or at risk of homelessness who are referred by a GP.

Partners in Recovery

The Partners in Recovery (PIR) initiative commenced in October 2013 and provides coordinated support for people with severe and persistent mental illness and complex needs. Due to the nature of their needs, most people in the program experience or have experienced homelessness. People may be self-referred, or referred by friends, family or other services where the person provides consent.

Partners in Recovery is based on the Collective Impact model of collaboration, in which Support Facilitators are appointed to work with and build relationships with individuals in the program to develop recovery plans. Based on these plans, Support Facilitators coordinate and facilitate access to existing health and support services including primary care, specialist mental health, community mental health, alcohol and other drug treatment services, income support services, education, employment and housing support. The ACT Medicare Local has partnered with ten Support Facilitators who work across six community sector organisations to deliver the program. People who participate in the program may also be able to access flexible funding, which can be used to access some types of health services and secure short-term accommodation.

Partners in Recovery facilitates and coordinates access to services rather than provides services directly. Its effectiveness is therefore constrained by the ACT Government funded mental health services that by and large operate at beyond capacity.

HOUSING

The lack of affordable options across the housing continuum, including public, community and private housing for rent or to buy, places considerable stress on the ACT Specialist Homelessness Services system. Demand for public and community housing, collectively known as social housing, far exceeds current supply.

As of June 2014, there were 2,300 applicants on the Social Housing Waiting list, with reported average waiting times of four months for the highest priority applicants and more than a year for standard applicants (Community Services Directorate, 2014). Consultations revealed that most standard housing applicants that are assessed as having neither high nor priority needs are unlikely to ever secure a place in public housing.

In recent years, growth in the stock of social housing (ACT Government, 2014; Community Services Directorate, 2007) has failed to keep pace with population growth (ABS, 2014b). The community housing sector in the ACT is small and reasonably specialised (ACT Shelter, 2013). The ACT Government has committed to exploring options to expand the supply of community housing following a report prepared by ACT Shelter in 2013 (ACT Shelter, 2013). This will include the development of a strategic plan in conjunction with community housing sector to grow the stock of community housing.

The lack of affordability in the private housing market creates additional pressure on the social housing and homelessness systems in the ACT. In 2012-13, 26% of people reported housing affordability stress as a reason for presenting to Specialist Homelessness Services in the ACT, compared with 18% across Australia (AIHW, 2013a). Additionally, a much higher proportion of ACT residents (41%) reported inadequate or inappropriate dwelling conditions as a reason, compared with Australia (21%). This category captures household stress from overcrowded, unsuitable or unsafe dwelling conditions (AIHW, 2013a).

The private rental market in the ACT

Despite recent declines in asking rents across the ACT, the private rental market remains unaffordable for lower income households. Anglicare Australia (2014) recently released its Rental Affordability Snapshot for April 2014. The Snapshot, undertaken on Saturday 5 April 2014, audited local newspapers and real estate websites for rental accommodation listings that were affordable (up to 30% of household income) and appropriate for lower income households.

The Snapshot for Canberra and Queanbeyan found that of 3,371 rental listings:

- No properties were affordable for single income families relying on a minimum wage job, even with rental assistance and Family Tax Benefit A and B. None were available for single income families receiving the single parenting payment or Newstart allowance.
- Only 14 properties were affordable for couple families with 2 children, where both parents held fulltime minimum wage jobs and received Family Tax Benefit A, including rental assistance. None were available for parents receiving Newstart allowance.
- For singles, there were 280 listings that were affordable for singles earning the fulltime minimum wage (8% of all listings), 97 for singles receiving the age pension (97 properties) and one for singles receiving Newstart allowance. Almost all, if not all properties were in share accommodation. No properties were affordable for singles receiving the Disability Support Pension or Youth Allowance.

Clients of Specialist Homelessness Services in ACT, not surprisingly, have a similar income profile. In 2011-12, 84% of clients were either receiving a government benefit, awaiting a government benefit or receiving nil income at the time of first reporting, while 15% were receiving employee or business income (AIHW, 2013a). This might suggest that there are limited opportunities for collaboration between the homelessness sector and the private rental market.

Facilitating access to rental listings in shared accommodation may therefore be the most viable option for collaboration between homelessness and real estate agents in the immediate term.

However, there are signs that the affordability crisis in the private rental market is easing and will continue to do so in the near future. According to SQM Research (2014a), median asking rents in Canberra have come down by 15% for houses and 9% for units in the three years to June 2014. Likewise, the residential vacancy rate has risen from less than 1% to 2.3% in the three years to May 2014 (SQM Research, 2014b). Importantly, while this may be true for the rental market as a whole, it may not necessarily reflect improved rental conditions for households at the lower end of the market.

Further, falling rents and an increasing number of vacancies will not improve housing affordability for lower income households if it is driven by, or associated with job losses and/or cuts to government benefits. However, with less demand for rental properties and the potential for lost revenue arising from higher vacancy rates, real estate agents and landlords should have a greater financial incentive to work collaboratively with the homelessness sector to help people acquire and maintain tenancies.

The establishment of a network of real estate agents, tenancy support providers and government representatives could provide a range of practical support for people at risk of losing their tenancy and capacity development for the sectors involved in the network. This would provide the opportunity to:

- Share information and develop mutual interests between real estate agents, tenancy support services, government, tenants and landlords
- Increase the capacity of real estate agents to respond to tenancy issues, such as rental arrears, without the need to resort to eviction

- Provide real estate agents with linkages and contacts to tenancy support services where tenancy issues arise
- Facilitate access to rental listings in shared accommodation for those that seek support from specialist homelessness services
- Explore the potential for a program that would assist people experiencing homelessness to access and sustain private rental (eg the Doorway program in Victoria).

Supportive Tenancy Service

The *Supportive Tenancy Service* (STS) is an existing and highly regarded model in the ACT for engaging with different landlord types, including private landlords and real estate agents. STS provides intensive case management, including crisis support, outreach, advocacy, advice and referral to people that are at risk of losing their tenancies. STS works with tenants and landlords across all tenancy types to address the issues that threaten tenancies and help people to remain in their homes.

The majority of people STS work with live in public or community housing, though a substantial proportion live in privately rented accommodation (ACT Government, 2013a). A partnership with real estate agents may further expand the reach of tenancy support and focus support towards prevention and early intervention.

In 2012-13, of those who stated their housing situation at the time of presenting to ACT Specialist Homelessness Services, 40% of people at risk of homelessness were living in private housing, 44% were in public or community housing and 15% were living in some other housing situation, while the majority of those who presented as homeless were staying rent free with friends or family (AIHW, 2013a).

There is significant potential to ease pressures on the homelessness system through early intervention to maintain tenancies outside of public and community housing.

STS receives funding under the National Partnership Agreement on Homelessness (ACT Government, 2013a). The agreement was due to expire at the end of 2012-13, but was subsequently extended by 12 months and then a further 12 months. The agreement is now due to expire at the end of 2014-15.

Expanded and secure long term funding for STS would help to increase the reach and scope of tenancy support in the private rental market. As discussed below, evidence from the *Macarthur Real Estate Engagement Project* in NSW and *Doorway* in Victoria indicates that these approaches deliver considerable cost savings for government, landlords and real estate agents.

Macarthur Real Estate Engagement Project, NSW

In NSW, the business case for partnerships with real estate agents has been developed through the *Macarthur Real Estate Engagement Project* (MREEP, 2014). The project is run by a working party of community organisations, the Australian Government Department of Human Services, the NSW Department of Family and Community and Housing NSW. The working party engage with local real estate agents in the western Sydney suburb of Macarthur, intervening early to help tenants maintain their tenancy where it may be at risk.

Established in 2012, the MREEP sustained 43 tenancies in its first 12 months of operation. The working party estimated that this potentially saved real estate agencies a combined \$43,000 by avoiding eviction proceedings and \$833,000 in potential loss of future earnings. The total estimated savings per eviction avoided was estimated to be \$19,370.

Actual realised savings will likely vary from case to case and particularly between jurisdictions such as NSW and the ACT where eviction proceedings differ. However, given the magnitude of potential savings, as well as the softer real estate market in the ACT, savings to ACT real estate agents would likely be substantial if such a project were replicated in the ACT.

Doorway, Victoria

The Doorway housing and support program is a Victorian Government funded initiative that provides housing and support services for people experiencing or at risk of homelessness with a mental illness (Mental Illness Fellowship, 2014). Through a partnership between the government, health services, the Mental Illness (MI) Fellowship Victoria, real estate agents and landlords, the program helps people with a mental illness acquire and maintain a private rental tenancy.

Under the program, real estate agents and landlords receive market rent, as well as bond and an additional surety fund. Tenants pay 30% of their income in rent, plus Commonwealth Rent Assistance. The Victorian Government also provides a rental subsidy, subsidises the difference between tenant and Commonwealth contributions and the market rate.

Housing and Recovery Workers provide housing and recovery support, including weekly support visits and liaison with real estate agents. People are referred to the program through the mental health units at Austin Health, St Vincent's Hospital in Melbourne and Latrobe Regional Hospital.

Commencing in July 2011, the program had partnered with 23 real estate agents by March 2013 (Nous Group, 2013). Engagement with the industry was initiated with the involvement of the Real Estate Institute of Victoria on the Doorway Steering Committee. Formal meetings and presentations were convened to engage real estate agents. Agents were much more engaged than anticipated, performing a number of roles including helping program participants find and acquire suitable tenancies and working with participants to maintain and find new tenancies.

An interim evaluation of the program in 2013 reported positive housing and health outcomes (Nous group, 2013).

The evaluation reported that the average time in bed-based clinical mental health services per participant each year decreased from 43.4 days in the 12 months before housing to 8.1 days in the 12 months following housing, while the total number of estimated hospital admissions fell from 37 to 7. Participants were reported to be managing their physical and mental health independently and proactively and largely attributed their improved health outcomes to their stable accommodation and support teams.

Progress in improving the socio-economic position of participants was reported as slow. The proportion of participants with employment increased from 21% to 27%, though jobs were predominantly casual, low paid and low skill. The proportion of unemployed participants taking appropriate steps to find work increased from 34% to 44%, while the proportion participating in education or training increased from 14% to 23%.

The evaluation assessed the Doorway program as highly cost-effective. The program was costed at \$21,563 per participant per year in 2010-11 dollars, including \$2,267 for one-off costs, including bond and house furnishing and \$19,297 in recurring costs. Estimated savings from the program included \$8,500 per participant per year from the reduction in bedbased mental health services, \$3,000 from the reduction in hospital admissions and if the cost of not having to house people in public housing is included, \$26,802 in public housing capital costs and \$5,658 non-capital costs.

The net cost of the program is therefore \$10,063 per participant per year and \$4,405 if offsets to non-capital public housing costs are included. If the offsets to public housing capital costs are included, the program delivers a net saving of \$26,802. These are just the immediate cost savings. Actual lifelong benefits, though difficult to quantify, include decreased justice and welfare costs, greater employment and income (and taxation revenue) and potentially improved intergenerational outcomes.

Participants were largely male (68%), a feature that is common in integrated housing and mental health programs. It is at odds though with data on the prevalence of mental health issues, both inside and outside of the homelessness system – suggesting that integrated mental health and housing may need to be tailored to support women. Across Australia, 53% of admitted mental health-related hospital separations in 2011-12 were for females, while 51% of people accessing the Specialist Homelessness Services system in 2012-13 due to mental health issues were female. In the ACT, the latter proportion is somewhat lower at 46%.

JUSTICE AND COMMUNITY SAFETY

Interactions with the justice system are known to be higher among the homeless population and are among the contributing factors to homelessness. Consultations highlighted that multiple aspects of the system have a role to play in preventing and responding to homelessness, including the Police, legal system, criminal justice and corrections. Given the often multiple and complex needs of people in contact with the justice system and either homeless or at risk of homelessness, wider collaboration with mental health, alcohol and other drug, financial and employment services is also warranted.

Mental Health Community Policing Initiative

The Mental Health Community Policing Initiative is a joint program between the ACT Police and the ACT Health Directorate. Under the initiative, mental health clinicians are embedded with the police to provide professional advice to police officers responding to incidents involving people with a mental health issue. Police officers also undergo a four day training program to better recognise, relate and respond to these incidents.

Feedback from consultations pointed to a highly positive shift in the way in which police act and respond to people with a mental illness. The homelessness sector can have much greater confidence that involving the Police on those rare occasions where mental health episodes threaten the safety of people will lead to positive outcomes for those involved.

Throughcare and Coming Home

In the 2012-13, the *Throughcare Initiative* was launched to support people exiting the correctional system. Initially funded as a two year pilot, the initiative received additional funding in the 2014-15 ACT Budget for a further two years (ACT Government, 2014). The initiative aims to assist people transition into the community following a custodial sentence.

Under the initiative, a central unit within the Justice and Community Safety Directorate coordinates access to services and supports for people released from the Alexander Maconochie Centre (AMC). The program has the following stages:

- The risks and needs of detainees in being released into the community are assessed through a common assessment framework.
- A multidisciplinary panel of community and government services advise the unit of services and supports required to address these risks and needs.
- Packages of support services are coordinated around housing, jobs, health and community connections.
- Services are delivered by a range of service providers through formal service agreements with the Justice and Community Safety Directorate.

The *Coming Home* program helps women exiting the correctional system transition into the community. Funded by the Community Services Directorate and delivered in a partnership between Toora Women Inc., Beryl Women Inc. and Canberra Rape Crisis Centre, the program provides transitional housing and wrap-around support services. Services include outreach support, trauma counselling, advocacy, case management and assistance with health, education, training and employment.

Access to housing is identified as a critical difficulty for people exiting detention. In 2012-13, 202 people, including 139 males and 63 females reported the fact they were transitioning from custodial arrangements as a reason for presenting to the Specialist Homelessness Services system in the ACT (AIHW, 2013a).

Consultations pointed to the fact that not all people leaving detention want to be housed. In these situations, people are provided information and material support (eg swags) to keep them safe and connected to support services.

It is hoped the Throughcare and Coming Home initiatives will reduce the rate of return to prison and/or reoffending (ACT Government, 2014). According to the ABS (2014d), there were 353 prisoners in the ACT during 2013. The imprisonment rate was 230 male prisoners for every 100,000 male ACT residents and 10 female prisoners for every 100,000 female ACT residents, well below the imprisonment rates across Australia (318 and 26 per 100,000 males and females respectively). However, almost three-quarters (73%) of prisoners in the ACT were known to have had a prior imprisonment, the highest level in Australia.

Measures to reduce reoffending and targeted measures to prevent first time offending are likely to be highly cost effective. The ABS (2014d) reported the mean sentence length for prisoners as 49 months in 2013. According to the Productivity Commission (2014), the average recurrent cost (excluding capital) in the ACT was \$300 per prisoner per day in 2012-13. While this is likely to vary between first time and repeat offenders, this suggests an average recurrent prison cost per sentence of approximately \$445,800 in 2012-13 dollars.

The magnitude of these costs suggests that homelessness measures could be highly cost effective in preventing first time and repeat offending. According to the Journeys Home survey, 45% of people who were homeless in both of the first two survey waves had spent time in juvenile detention, adult prison or in remand, compared with 30% of similarly disadvantaged people with housing in both waves (Chigavazira et al., 2013). Although there is not conclusive evidence to determine the size or direction of causation, it appears that homelessness follows incarceration more often than the opposite.

Family and domestic violence

Family and domestic violence is one of the main triggers for homelessness risk among women in the ACT.

In 2012-13, family and domestic violence was reported as the main reason for females presenting to the ACT Specialist Homelessness Services system in 15% of presentations and a supplementary reason in a further 13% of presentations. Family and domestic violence is also an issue for males (either subjected to violence or users of violence), reported as the main reason for 10% of male presentations to Specialist Homelessness Services in 2012-13 and a supplementary reason in a further 10% of presentations.

Anecdotal evidence suggests the problem may be even more prevalent than the data suggest. In 2013, the Domestic Violence Crisis Service (DVCS) assisted 1,152 people, including 1,053 females subjected to violence on crisis visits (Watson, 2014).

People using and subject to family and domestic violence in the ACT are supported by services such as the DVCS. DVCS provides a range of services and supports including crisis intervention, advocacy, information and practical assistance. In performing these roles, DVCS works in partnership with a range of services including the Police and hospital.

Where it is considered safe to do so, individuals and families subject to violence are helped to remain in their own home. Research from across Australia indicates that ongoing and cross sector collaboration is required to help facilitate this. As Spinney (2012) argued in her investigation of staying home after violence initiatives in Australia and England,

“law and justice, housing and welfare and support issues and initiatives are influential in determining whether women are effectively enabled to remain in their home... integrated multi-sector working between agencies working in these three areas greatly extends the capacity of women to avoid homelessness and to be able to stay successfully in their own home.”

Staying home after violence is also common in the ACT. Of the 1,125 people DVCS assisted in 2013, 61% remained in their home (Watson, 2014). Echoing the findings of Spinney (2012), DVCS research has shown that people subjected to violence have ongoing support needs past the point of crisis (Watson, 2014). For example, in 35 cases examined, 55% of home owners and 63% of families in private rentals lost their homes within 12 months of being subjected to violence. All of the women subjected to violence in these cases displayed symptoms of Post-Traumatic Stress Disorder, more than three quarters experienced parenting, financial or work problems and more than half experienced ongoing risk to safety.

This lack of ongoing support across a number of domains is identified as a service failing, with DVCS itself only funded to deliver support at the point of crisis. The Human Services Blueprint and changes to the out of home care policy and program model present an opportunity to pursue an approach that delivers ongoing support across the full spectrum of needs and from prevention, early intervention, crisis responses, post-intervention, relapse prevention and recovery. Given the cost of supporting people who lose their homes in this situation, such an approach can deliver economic, as well as social benefits.

EDUCATION AND TRAINING

In an era of constrained public funding, education and training settings can and should be an emerging front for collaborative action. Collaborative action may provide an effective defence against youth poverty and homelessness, particularly in the context of the Australian Government's proposed changes to the Newstart Allowance for those aged 30 years and younger, and the Youth Allowance, outlined in the 2014-15 Budget.

Consultations found that the capacity and willingness of schools to collaborate often depends on the policies of individual schools. This is expected to continue with the increased devolution of autonomy and responsibility for decision-making to individual schools. Some schools, for example, have policies preventing school staff from addressing student issues outside of school gates, while other schools are proactive inside and outside school gates.

The ACT Government has developed an Engaging Schools Framework. The framework provides a common language, frame of reference and platform for sharing information and good practice for teachers, schools, community organisations and government who are supporting schools to engage students in the ACT.

Through the framework, schools are encouraged to build connections and relationships in the community and create cultures that engage students. The Framework emphasises the importance of two way relationships between schools, families and communities and the position of schools as an integral part of their communities. In this way, the Engaging Schools Framework provides the overarching policy framework for homelessness services, particularly youth homelessness services, to build relationships and networks within schools, as well as initiate practical collaborative initiatives with schools, such as case conferencing.

Foyer and Foyer-like models

Foyer models provide accommodation and wrap around support to people experiencing or at risk of homelessness. Typically oriented towards young people, foyer models co-locate accommodation and support services, the latter located in a common foyer area. Under foyer-like models, such as Our Place, support services are located off-site, usually for reasons of efficiency. Access to foyer and foyerlike accommodation is usually contingent on participants engaging in fulltime education or training.

Foyer models of housing and education have demonstrated the potential of collaboration to deliver social and economic returns well in excess of reasonably modest investment costs (Steen & Mackenzie, 2013). Benefits would accrue to the individuals who receive support, as well as the education and training systems, particularly public schools, the Universities and the Canberra Institute of Technology, and the ACT economy.

Our Place

Our Place is a current foyer-like model operating in Canberra's inner north. The program provides medium-term housing for homeless young people and young people at risk of homelessness. There are 14 units set aside for residents, including 12 two bedroom and two one bedroom units. The program is funded by Housing ACT and operated as a partnership between Barnados and Anglicare.

To be accepted in the program, prospective participants have to be aged 16 to 21 years and in full-time education or training, preferably studying 25 hours a week or more. The program accepts males and females, singles and couples and those with and without children. For couples to be accepted, both individuals must be in education or training. Residents pay 25% of their income in rent, plus electricity and water.

Our Place assesses newly arrived participants using the outcomes star approach. At the beginning of the program, participants work with staff to score themselves on a 1-10 scale against a range of outcome areas, including mental and emotional health, drug and alcohol misuse and ability to manage finances. Scores against each outcome area identify the relative need for services or supports. Participants reassess themselves over time to measure their progress.

The program typically draws young people from refuges and other forms of primary and secondary homelessness. Residents will typically stay for 12 to 18 months, through the final years of their schooling. A number though have stayed in the program through the completion of Year 12 and subsequently higher education and training. Indeed, around one-third of current residents are currently studying at University.

The program seems best suited to young people prepared to adopt a quieter lifestyle based partly around the small community which the program creates. For this reason, females generally achieve the best outcomes. Young men can also benefit from foyer-like models, but many are better suited to different styles of accommodation such as hostel or boarding housing.

Program managers devote most of their time to tenancy and truancy issues. Managers engage proactively with schools, establishing cooperative relationships with school principals and counsellors. These relationships are generally reported to work well, though the level of engagement by schools varies from school to school depending on school policies.

In some cases, school policy prevents staff from working with students outside school gates, which can place the burden of addressing the issues and needs of participants solely on the program managers. In most cases though, schools work constructively with the program managers, often through case conferencing as needs arise.

The *Our Place* staff tap into the broader community networks of Barnados and Anglicare, program participants also have access to support services, including mentoring and health services. Anglicare, for example, also run the Junction Youth Health Service, providing an accessible health service for *Our Place* participants.

The economic case

In 2013, Professor Adam Steen and Associate Professor David Mackenzie from the Swinburne Institute for Social Research published a study analysing the financial costs of youth Foyer and Foyer-like models (Steen & Mackenzie, 2013). The study placed the average net operating cost of six existing youth foyers in Victoria, New South Wales and South Australia at \$18,095 per resident per year, with a range from \$5,479 to \$38,234 (in 2010-11 dollars).

The estimated average gross cost of Australian Foyers is made up of staff related costs (58%), operating/program costs (25%) and administration costs (17%). These contribute to a total estimated gross average cost of \$28,278, offset by an estimated \$10,183 in client rent. This leaves the estimated net average cost of \$18,095 in 2010-11 dollars, or around \$19,680 in 2014 dollars (ABS, 2014).

The authors suggest that this average cost is high when compared with the UK due to the relatively small scale of Australian Foyers. From UK experience, approximately 40 beds per Foyer is the appropriate scale, which if adopted in Australia could, according to Steen and Mackenzie, drive the cost closer to \$5,000-\$6,000 per resident per year (2010-11 dollars).

Importantly, the above costs do not include the capital cost of new housing stock. Given the shortage of available stock in the ACT, additional stock would be required for the expansion of Foyer programs. This would add to the upfront costs of the program, but deliver a long lasting return.

These reasonably modest program costs can be rapidly offset through the returns from the education received through the program. In 2008, Professor Andrew Leigh, now Federal Member of Parliament for Fraser, ACT and his colleague Chris Ryan estimated that for each extra year of education, people can expect to earn an additional 12% income per year (Leigh & Ryan, 2008). This means that the additional income from participating in the program for one year could on average offset the estimated cost of the program (\$19,680) in less than three years for people earning \$62,000 per year or more.

With increased economic activity and taxation returns, as well as a likely reduction in income support and decreased reliance on ACT Government health, justice and community service, the benefits of additional income will also likely offset government funding for foyer and foyer-like models in a short space of time.

This warrants careful consideration of how the Education, Economic Development and Community Services Directorates in the ACT could work together perhaps with their Federal counterparts, the VET sector and the Universities to develop and expand upon existing housing and education models.

EMPLOYMENT AND INCOME

Poverty is thought to be one of the most important underlying causes of homelessness in Australia. Operating at the individual and structural levels, poverty can be a direct cause of homelessness and an indirect cause, operating through and alongside proximate causes and triggers such as domestic and family violence, relationship breakdown, physical and mental health issues and housing stress and inadequacy (Steen et al, 2012). These factors can also make a person more susceptible to poverty and subsequently homelessness.

Although the pathways out of poverty and homelessness are complex, access to adequate and stable financial resources is a necessary condition. In 2012-13, 50% of people presented to Specialist Homelessness Services in the ACT at least in part due to financial reasons, such as financial difficulties, housing stress and employment difficulties (AIHW, 2013a). More females (1,261) than males (1,063) presented due to financial reasons, which coupled with the higher number of females presenting due to relationship breakdown or domestic and family violence points to the disproportionate impact of family breakdown and violence on women in driving poverty and homelessness.

Consultations revealed that employment is not a viable short to medium term option for many people in the Specialist Homelessness System. For these people, addressing homelessness requires improved income support payments, alongside an expansion of social housing. For those who are willing and able to work, creating and facilitating employment opportunities is an important though largely undeveloped avenue for collaboration between homelessness and employment service providers.

The unemployment benefit, Newstart Allowance was the single most reported main source of income of people presenting to ACT homelessness services in 2012-13 (22% of people). This implies that there is a significant cohort of people in the homelessness system who have been assessed by Centrelink as having a capacity to work and are required to meet job search requirements to receive income support. This cohort would benefit most from improved collaboration between homelessness and employment service providers.

The ability of collaboration to deliver successful employment outcomes will be constrained by the availability of jobs in the ACT economy. The unemployment rate in the ACT is relatively low at 3.3% in June 2014 compared with 5.9% across Australia (ABS, 2014f). The unemployment rate in the ACT is relatively high for females (4.4%) and very high for young people aged 15 to 24 years (10.8% in the 12 months to June 2014) (ABS, 2014e). At the time of the 2011 Census, the unemployment rate for Aboriginal and/or Torres Strait Islander peoples was 9.3% (ABS, 2011).

The ABS estimated that there were 8,300 unemployed people in the ACT who were actively looking for work in May 2014. In addition, the ABS estimated that there were 12,900 people in September 2013 who were not actively looking for work but who wanted to work and were available to start within four weeks (ABS, 2014g).

The number of job seekers significantly outnumbers the number of reported job vacancies. The number of people in the ACT who were actively looking for work (8,300) or wanted to work and were available to start within four weeks (12,900) exceeded the number of recorded job vacancies by an average of 5.3 job seekers for every one job vacancy (Department of Employment, 2014). The majority of recorded job vacancies were for occupations requiring a University or trade qualification, including Managers (12%), Professionals (39%) and Technicians and Trades Workers (10%). There are therefore, few employment opportunities for lower skilled job seekers, young people and people from disadvantaged backgrounds, including people who are homeless or at risk of homelessness. This requires a collaborative response to better integrate economic growth with education and employment opportunities.

Centrelink

Quantitative and qualitative data suggest that the inadequacy of many Centrelink payments in meeting the cost of housing is a significant driver of homelessness in the ACT.

In 2012-13, beneficiaries of Centrelink payments were highly overrepresented in the population of those aged 15 years and over accessing homelessness support in the ACT, with 75% receiving or awaiting a government benefit as their main source of income, 16% receiving employee or other income and 9% receiving no income (AIHW, 2013a).

- The most common main sources of income included:
- Newstart Allowance – the unemployment benefit (22% of those 15 years and over);
- Parenting Payment (18%; 95% of whom were female);
- Disability Support Pension (15%); and
- Youth Allowance (9%).

As Anglicare's (2014) Rental Affordability Snapshot demonstrated there are very few, if any affordable rental options for singles and families receiving Centrelink benefits. Most concerning is the high proportion of females receiving the parenting payment who accessed homelessness support, particularly as their employment opportunities are often limited by family responsibilities.

The Australian Government's proposed changes to the Newstart Allowance and the Youth Allowance in the 2014-15 Budget is likely to further drive homelessness, particularly among youth. Under the changes, new applicants for Newstart Allowance and Youth Allowance will have to wait up to six months before receiving any payments while still having to meet strict job search requirements in those six months. Job seekers will not be able to access the Newstart Allowance until they reach 25 years of age and will instead receive a much lower payment under the Youth Allowance (Australian Government Department of Social Services, 2014). These changes will exacerbate the already considerable pressure on the ACT homelessness system from inadequate employment opportunities, Centrelink payments and affordable housing options for young people.

Despite these constraints, collaboration between homelessness services and Centrelink is described on both sides as productive, mutually beneficial and most importantly, as delivering positive outcomes for people experiencing or at risk of homelessness. This is largely due to the success of the *Homelessness Outreach Program*.

Homelessness Outreach Program

The Homelessness Outreach Program run by Centrelink (now part of the Australian Government Department of Human Services) was set up in response to the 2008 White Paper on Homelessness, *The Road Home* (Australian Government, 2008). Under the program, Centrelink employs community engagement officers to work with people experiencing or at risk of homelessness.

Officers engage collaboratively with the homelessness sector to establish and often re-establish relationships between Centrelink and people supported through the homelessness system. Officers work with a certain amount of autonomy and authority, helping people to access the appropriate levels of support and reinstating disqualified payments where warranted by individual circumstances.

The overwhelming view of the Specialist Homelessness Services system in the ACT is that the *Homelessness Outreach Program* delivers positive outcomes for individuals, the organisations involved and the ACT generally.

Program officers have the authority to suspend job search requirements and maintain Newstart payments while individuals access clinical support to address mental health or alcohol and other drug issues. These types of actions have the potential to support people to stabilise and over the long run empower themselves towards social and economic independence. While the flexible and constructive approach of program officers contribute greatly to the success of the program, the role of homelessness service providers is also critical in providing the positive environment and platform for reengaging the people they support with Centrelink.

The *Homeless Outreach Program* is a model for collaboration between homelessness and other 'mainstream' services. Admittedly, the program involves a level of resourcing by the Department of Human Services that may be beyond the capacity of ACT Government funded services.

The role of the community engagement officers is not too dissimilar to the role of Lead Workers in the *Strengthening Families* project, which could be a possible model for service coordination under the full roll-out of the Human Services Blueprint.

Job Services Australia and Disability Employment Services

Job Services Australia (JSA) is the Australian Government funded network of employment service providers. Disability Employment Services (DES) is the network of employment service providers specifically for people with a physical or mental disability. Most job seekers are referred by Centrelink, after being placed into one of four streams based on their level of disadvantage or likely difficulty in obtaining employment. Disadvantage may be due to mental illness, drug and alcohol addiction, homelessness or a range of other personal, social and relationship issues.

Job seekers with the least disadvantage or barriers to employment are placed in stream one, while those with most disadvantage and most need for integrated and intensive assistance are placed in stream four. Centrelink's Job Seeker Classification Instrument (JSCI) and Employment Services Assessments (ESAt) are used to make these assessments.

Employment service providers receive a fee for each job seeker they are able to place in a 13 week employment placement, with fees higher for job seekers from higher streams. Stream four fees are often considered insufficient to deliver the necessary wrap around supports to assist homeless and other high needs job seekers into employment.

This perhaps provides some of the rationale for the recognition of the role of collaboration across sectors. In 2012, the Australian Government Department of Employment (then Department of Education, Employment and Workplace Relations) initiated a review of the employment services system ahead of the expiry of current contracts for employment service providers in June 2015. The Department released an issues paper, which in part called for submissions on how collaboration with homelessness and other services could deliver better outcomes (Australian Government Department of Employment, 2012). Between 2011 and 2013, the Department funded demonstration pilots across the country, including in the ACT, to trial different models of service collaboration between employment service providers and other services.

According to the Jobsearch (Australian Government, 2014) website, there are currently six JSA providers operating in the ACT across multiple sites with generalist and specialised services for youth and exoffenders. In addition, there are seven Disability Employment Service providers in the ACT that focus on assisting people with physical and mental disabilities to access employment.

Employment service providers with offices in the ACT generally have a positive view of the role of collaboration with other service providers, though consider the current funding system to be a constraint on their ability to develop collaborative relationships.

The Salvation Army Employment Plus (2013) argues that the short term (three years) of funding agreements for employment services and the fact the fees they receive per job seekers are not indexed discourages providers from forming collaborative relationships across sectors. These funding arrangements incentivise providers to focus on improving their performance ratings by securing medium-term job placements for the most job ready clients in each stream. This comes at the expense of higher needs clients and the formation of collaborative relationships, which can be time-consuming and resource intensive.

Campbell Page (2013) suggests that collaboration tends not to occur between employment service providers and other services due to the prescriptive nature of the employment services model. Campbell Page advocate for data sharing and common IT platforms across services and identify improving the literacy and numeracy skills of clients as an important area for collaboration.

MAX Employment (2013) takes a highly positive perspective on the role of collaboration, proposing that employment service providers should be required to demonstrate partnerships and linkages with other service providers in tendering for employment services. Max Employment supports the creation of networks of Australian Government funded human service providers, though favours less formal service networks over formal and prescriptive collaborative arrangements.

Advanced Personnel Management (2013) advocates for the creation of a framework for coordinating service delivery goals across service domains and levels of government at a regional level. This would involve a common outcome assessment tool across services and the creation of online directories with local programs and services.

There is therefore adequate acknowledgment of and support for the development of partnerships between homelessness services and the employment services system. Capacity and funding constraints currently act as barriers to greater engagement with job seekers who have high and complex needs. If homelessness service providers can help to fill that gap, there is an obvious mutual benefit to greater collaboration. The first step should be to establish a regular dialogue between homelessness and employment service providers.

CONCLUSION

People with high levels of socioeconomic disadvantage, including those who are homeless, face significant, psychological, social and economic barriers to mainstream society and services. These barriers are both the cause and consequence of disadvantage. In the ACT as elsewhere, inadequate employment opportunities and affordable housing act as structural barriers leading to poverty and homelessness. Those who fall into poverty and homelessness often have multiple vulnerabilities, which are compounded through poverty and homelessness and create complex needs.

In this perspective, the most effective responses to homelessness address the structural and individual causes of homelessness. This includes preventative approaches that integrate economic and social policy levers to create adequate incomes and housing, as well as pathways for people to access income and housing. For people who are homeless and people at risk of homelessness with multiple and complex needs, creating those pathways requires an individually responsive and integrated service offer across the service system, that is guided by what we have learned from practice and research works well.

There is good economic evidence of the positive return on investment in better outcomes for individuals and in reduced costs to funders from collaborative policies and practices.

There is growing recognition across ACT mainstream and homelessness services of the value and need for collaboration. This is reflected across multiple levels from the policy and strategic to organisational and frontline levels. However, there is a significant catch-22 involved in the decision to instigate and maintain collaboration. The need for collaboration is partly an acknowledgement of the limited funding and capacity of any single service to respond to the holistic needs of people, but initiating and maintaining collaboration is difficult and often time and resource intensive.

A coherent, whole-of-government framework and system for costing interventions, costing failure to intervene and prioritising collaboration could support the case for investing in the recommendations outlined in this report.

Through the Human Services Blueprint, there is an opportunity to deliver that framework. It will require considerable commitment across government, the private sector and the community, but there are already models and examples of collaboration to draw upon. Models such as HASI/ HARI, partnerships with private real estate agents, primary care collaborations, Our Place, Strengthening Families and Throughcare operate as separate, fragmented initiatives, but there is also substantial commonality in their service delivery approaches that could be drawn in and expanded upon under the Human Services Blueprint. With the right measurement and evaluation, such an approach could be shown to deliver substantial benefits well in excess of costs incurred by people experiencing homelessness and in the service system.

REFERENCES

- ABS (2014a) *Average Weekly Earnings, Australia, Nov 2013*, Cat. No. 6032.0, available online <http://www.abs.gov.au/ausstats/abs@.nsf/mf/6302.0> [Accessed 2 June 2014]
- ABS (2014b) *Australian Demographic Statistics, Dec 2013*, Cat. No. 3101.0, available online <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0> [Accessed 3 June 2014]
- ABS (2014c) *Consumer Price Index, Mar 2014*, Cat. No. 6401.0, available online <http://www.abs.gov.au/ausstats/abs@.nsf/mf/6401.0?opendocument> [Accessed 2 June 2014]
- ABS (2014d) *Prisoners in Australia, 2013*, Cat. No. 4517.0, available online <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4517.0> [Accessed 26 May 2014]
- ABS (2014e) *Labour Force, Australia, Detailed – Electronic Delivery, Jun 2014*, Cat. No. 6291.0.55.001, available online <http://www.abs.gov.au/ausstats/abs@.nsf/PrimaryMainFeatures/6291.0.55.001?OpenDocument> [Accessed 2 June 2014]
- ABS (2014f) *Labour Force, Australia, June 2014*, Cat. No. 6202.0, available online <http://www.abs.gov.au/ausstats/abs@.nsf/mf/6202.0> [Accessed 2 June 2014]
- ABS (2014g) *Persons Not in the Labour Force, Australia, September 2013*, Cat. No. 6220.0, available online <http://www.abs.gov.au/ausstats/abs@.nsf/mf/6220.0> [Accessed 2 June 2013]
- ABS (2013a) *Australian National Accounts: State Accounts, 2012-13*, Cat. No. 5220.0, available online <http://www.abs.gov.au/AusStats/ABS@.nsf/MF/5220.0> [Accessed 7 May 2014]
- ABS (2013b) “Socio-Economic Indexes for Areas (SEIFA), Australia, 2011” *Census of Population and Housing, 2011*, Cat. No. 2033.0.55.001, available online <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2033.0.55.0012011?OpenDocument> [Accessed 16 June 2014]
- ABS (2012a) “Estimating homelessness, 2011”, *Census of Population and Housing 2011*, Cat. No. 2049.0, available online <http://abs.gov.au/ausstats/abs@.nsf/Latestproducts/2049.0Main%20Features22011> [Accessed 29 January 2014]
- ABS (2012b) *Australian Health Survey: First Results, 2011-12*, Cat. No. 4364.0.55.001, available online <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.001main+features12011-12> [Accessed 16 June 2014]
- ABS (2011) “Basic Community Profile: Australian Capital Territory”, *2011 Census of Population and Housing*, Cat. No. 2001.0, available online <http://abs.gov.au/websitedbs/censushome.nsf/home/communityprofiles?opendocument&navpos=230> [Accessed 16 June 2014]
- ACT Government (2014) “Budget Statements” *Budget 2014-15*, available online <http://apps.treasury.act.gov.au/budget/budget-2014-2015> [Accessed 3 June 2014]
- ACT Government (2013a) *Australian Capital Territory: Annual Report 2011-12: National Partnership Agreement on Homelessness*, available online <http://www.dss.gov.au/our-responsibilities/housing-support/programs-services/homelessness/national-partnership-agreement-on-homelessness/australian-and-australian-capital-territory-governments-working-together-to-reduce-homelessness/australian-capital-territory-annual-report-0> [Accessed 20 February 2014]

ACT Government (2013b) *Towards One Human Services System with You at the Centre*, Discussion paper to inform the development of a Human Services Blueprint, available online http://www.communityservices.act.gov.au/home/current_news/human-services-blueprint/towards-one-human-services-system-public-discussion-paper [Accessed 12 February 2014]

ACT Government (2013c) "Budget Paper 3: Budget Overview", *Budget 2012-13*, available online http://apps.treasury.act.gov.au/budget/budget_2012-13/budgetpaper3 [Accessed 7 May 2014]

ACT Government (2013d) *National Partnership Agreement on Improving Public Hospital Services Implementation Plan*, available online http://www.federalfinancialrelations.gov.au/content/npa/health_reform/national-workforce-reform/ACT_IP_V2.pdf [Accessed 26 May 2014]

ACT Government and ThinkPlace (2014) *Improving Services with Families: Co-producing a relational approach to service delivery with families*, ACT Government and ThinkPlace, available online <http://thinkplace.com.au/act-government-improving-services-with-families-report/> [Accessed 8 April 2014]

ACT Government and ThinkPlace (2013) *Listening to Families: Understanding the journey of families through the ACT service system*, available online <http://thinkplace.com.au/act-government-listening-to-families-report/> [Accessed 8 April 2014]

ACT Health (2009) *ACT Mental Health Services Plan 2009-2014*, available online <http://www.health.act.gov.au/c/health?a=dlpubpoldoc&document=1636> [Accessed 5 May 2014]

ACT Shelter (2013) *Community housing in the ACT: Options for growth and viability*, discussion paper, available online http://www.actshelter.net.au/_literature_150887/ACT_Shelter_Community_Housing_project_final_report_Nov_2013 [Accessed 29 January 2014]

Advanced Personnel Management (2013) *Response to Australian Government – Department of Education, Employment and Workplace Relations*, available online <https://submissions.employment.gov.au/empforms/archive/pages/2015-employment-services-building-on-success> [16 May 2014]

AIHW (2013a) *Specialist homelessness services 2012-13*, Cat. No. HOU 2736, Canberra: AIHW, available online <http://www.aihw.gov.au/publication-detail/?id=60129545629> [Accessed 3 March 2014]

AIHW (2013b) "Mental health-related services provided in Australia", *Mental health services in Australia*, available online <http://mhsa.aihw.gov.au/services/> [Accessed 20 March 2014]

Anglicare Australia (2014) *Rental Affordability Snapshot*, available online http://www.anglicare.asn.au/site/rental_affordability_snapshot.php [Accessed 30 May 2014]

ASIC (2014) "Income tax calculator", *MoneySmart*, available online <https://www.monysmart.gov.au/tools-and-resources/calculators-and-tools/income-tax-calculator> [Accessed 16 June 2014]

Australian Government (2014) "Find a Provider" *JobSearch*, available online <http://jobsearch.gov.au/providers/> [Accessed 13 June 2014]

- Australian Government (2008) *The Road Home: A National Approach to Reducing Homelessness*, White Paper on Homelessness, available online <http://www.dss.gov.au/our-responsibilities/housing-support/programs-services/homelessness/the-road-home-the-australian-government-white-paper-on-homelessness-0> [Accessed 20 February 2014]
- Australian Government Department of Health (2014) "GP Workforce Statistics" *General Practice Statistics*, available online <http://www.health.gov.au/internet/main/publishing.nsf/Content/General+Practice+Statistics-1> [Accessed 2 June 2014]
- Australian Government Department of Employment (2014) *Vacancy Report, May 2014*, available online <http://lmip.gov.au/default.aspx?LMIP/VacancyReport> [Accessed 2 June 2014]
- Australian Government Department of Employment (2012) *Employment Services – Building on Success*, issues paper, available online <https://employment.gov.au/employment-services-beyond-2015> [Accessed 28 March 2014]
- Australian Government Department of Social Services (2014) *Budget Fact Sheet – Working age payments*, available online <http://www.dss.gov.au/about-the-department/publications-articles/corporate-publications/budget-and-additional-estimates-statements/2014-15-budget/budget-fact-sheet-working-age-payments> [29 July 2014]
- Australian Health Ministers' Advisory Council (AHMAC) (2013) *National framework for recovery-oriented health services*, available online <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovfra> [Accessed 1 April 2014]
- Australian Health Ministers' Conference (2009) *Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009-2014*, available online <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-f-plan09> [Accessed 1 April 2014]
- Bruce, J., McDermott, S., Ramia, I., Bullen, J. & Fisher, K.R. (2012) *Evaluation of the Mental Health, Housing and Accommodation Support Initiative (HASI): Final Report*, Report 10/12, Social Policy Research Centre, University of NSW, available online <http://www.health.nsw.gov.au/mhdao/publications/Publications/pub-hasi-final-report.pdf> [Accessed: 19 March 2014]
- Campbell Page (2013) *Submission to DEEWR Issues Paper: Employment Services – Building on Success*, available online <https://submissions.employment.gov.au/empforms/archive/pages/2015-employment-services-building-on-success> [16 May 2014]
- Chigavazira, A., Johnson, G., Moschion, J., Scutella, R., Tseng, Y. & Wooden, M. (2013) "Journeys Home Research Report No. 2", *Journeys Home*, The University of Melbourne, February 2013, available online http://melbourneinstitute.com/journeys_home/research/reports.html [Accessed 24 February 2014]
- Community Services Directorate (2014a) *The Human Services Blueprint: Better Services*, available online http://www.communityservices.act.gov.au/home/current_news/human-services-blueprint [Accessed 23 June 2014]
- Community Services Directorate (2014b) *Social Housing Waiting List*, available online http://www.communityservices.act.gov.au/hcs/social_housing/waiting_lists [Accessed 23 June 2014]
- Community Services Directorate (2013) *Annual Report 2012-13*, available online http://www.communityservices.act.gov.au/__data/assets/pdf_file/0009/497736/CSD-Annual-Report-2012-13-Volume-1.pdf [Accessed 27 May 2014]

Community Services Directorate (2007) *Annual Report 2006-2007*, available online http://www.communityservices.act.gov.au/home/publications/annual_reports [Accessed 2 June 2014]

Culhane, D.P., Metraux, S. & Byrne, T. (2011) "A prevention-centred approach to homelessness assistance: a paradigm shift?" *Housing Policy Debate*, Vol. 21, Iss. 2, pp. 295-315

Fine, M., Pancharatnam, K. & Thomson, C. (2000) *Coordinated and Integrated Human Service Delivery Models* Social Policy Research Centre, University of NSW, available online https://www.sprc.unsw.edu.au/media/SPRCFile/Report1_05_CoordinatedHuman_Service_Delivery_Models.pdf [Accessed 24 February 2014]

Johnson, G., Kuehne, D., Parkinson, S., Sesa, S. & Tseng, Y. (2014) *Resolving long-term homelessness: A randomised controlled trial examining the 36 month costs, benefits and social outcomes from the Journey to Social Inclusion pilot program*, Sacred Heart Mission, St Kilda, available online <http://www.sacredheartmission.org/Page.aspx?ID=77> [Accessed 2 May 2014]

Johnson, G., Moschion, J., Scutella, R., Tseng, Y. & Wooden, M. (2013) "Journeys Home Research Report No. 3", *Journeys Home*, The University of Melbourne, August 2013

Leigh, A. & Ryan, C. "Estimating returns to education using different natural experiment techniques", *Economics of Education Review*, Vol. 27, pp. 149-160

Max Employment (2013) *Submission to the 2015 Employment Services issues paper*, available online <https://submissions.employment.gov.au/empforms/archive/pages/2015-employment-services-building-on-success> [16 May 2014]

McDermott, S., Bruce, J., Oprea, I., Fisher, K.R. & Muir, K. (2011) *Evaluation of the Mental Health, Housing and Accommodation Support Initiative (HASI): Second Report*, Report 5/11, Social Policy Research Centre, University of NSW, available online https://www.sprc.unsw.edu.au/media/SPRCFile/2011_5_1_SPRC_Report_511.pdf [Accessed: 19 March 2014]

McDermott, S., Bruce, J., Muir, K. & Johansson (2010) *Evaluation of the Mental Health, Housing and Accommodation Support Initiative (HASI): First Report*, Report 6/10, Social Policy Research Centre, University of NSW, available online https://www.sprc.unsw.edu.au/media/SPRCFile/2010_6_HASI_EvalReport_1_Web.pdf [Accessed 19 March 2014]

Mental Illness Fellowship (2014) *The Doorway housing and support program*, available online <http://www.mifellowship.org/content/doorway> [Accessed 17 March 2014]

MREEP (2014) *Macarthur Real Estate Engagement Project*, available online <http://mreep.org.au/> [Accessed 1 May 2014]

Nous Group (2013) *Doorway – Interim Evaluation Report – March 2013*, Mental Illness Fellowship, available online <http://www.mifellowship.org/news/doorway-interim-evaluation-shows-improvements-health-and-housing-stability> [Accessed 4 April 2014]

Parsell, C. & Marston, G. (2012) "Beyond the 'At Risk' Individual: Housing and the Eradication of Poverty to Prevent Homelessness", *The Australian Journal of Public Administration*, Vol. 71, No. 1, pp. 33-44

Parsell, C., Tomaszewski, W. & Jones, A. (2013) *An Evaluation of Brisbane Street to Home: Final Report*, Institute for Social Science Research, University of Queensland: Brisbane

Pinkney, S. and Ewing, S. (2005) *How does this help again? Economic evaluation and homelessness policy*, conference paper, Social Policy Research Centre, University of NSW, available online <http://researchbank.swinburne.edu.au/vital/access/services/Download/swin:7670/SOURCE2> [Accessed 24 February 2014]

Phillips, R., Head, B. & Jones, A. (2011) *Integrated Responses to Homelessness in Australia: an analysis of 'joined up' policy and practice*, Institute for Social Science Research, The University of Queensland, available online <https://homelessnessclearinghouse.govspace.gov.au/about-homelessness/agreements-and-initiatives/commonwealth-initiatives/national-homelessness-research/integrated-responses-to-homelessness-in-australia-an-analysis-of-%E2%80%98joined-up%E2%80%99-policy-and-practice-2012/> [Accessed 24 February 2014]

Phillips, R. (2013) *Integrated Responses to Homelessness in Australia: What Works and Why?*, Institute for Social Science Research, The University of Queensland, available online <http://homelessnessclearinghouse.govspace.gov.au/about-homelessness/agreements-and-initiatives/commonwealth-initiatives/national-homelessness-research/research-release-integrated-responses-to-homelessness-in-australia-what-works-and-why-2013-australia/> [Accessed 24 February 2014]

Productivity Commission (2014) *Report on Government Services 2014*, Volume C: Justice, available online <http://www.pc.gov.au/gsp/rogs/justice> [Accessed 26 May 2014]

Salvation Army Employment Plus (2013) *Employment Services – Building on Success: Issues Paper Response*, available online <https://submissions.employment.gov.au/emp-forms/archive/pages/2015-employment-services-building-on-success> [16 May 2014]

Scutella, R., Johnson, G., Moschion, J., Tseng, Y., & Wooden, M. (2012) "Journeys Home Research Report No. 1", *Journeys Home*, The University of Melbourne, July 2012, available online http://melbourneinstitute.com/journeys_home/research/reports.html [Accessed 24 February 2014]

Spinney, A. (2012) *Home and safe? Policy and practice innovations to prevent women and children who have experienced domestic and family violence from becoming homeless*, Australian Housing and Urban Research Institute, No. 196, available online <http://www.ahuri.edu.au/publications/projects/p50602> [Accessed 5 February 2014]

SQM Research (2014a) *Weekly Rents Index*, available online http://www.sqmresearch.com.au/graph_median_rent_weeks.php?region=act%3A%3ACanberra&type=c&t=1 [Accessed 26 June 2014]

SQM Research (2014a) *Residential Vacancy Rates*, available online http://www.sqm-research.com.au/graph_vacancy.php?region=act%3A%3ACanberra&type=c&t=1 [Accessed 26 June 2014]

Steen, A. & Mackenzie, D. (2013) *Financial Analysis of Foyer and Foyer-like Youth Housing Models*, Swinburne University, National Homelessness Research Agenda 2009-2013, available online <http://homelessnessclearinghouse.govspace.gov.au/files/2013/09/Financial-Analysis-of-Foyer-and-Foyer-like-Youth-Housing-Models-final.pdf> [Accessed 4 March 2014]

Steen, A., Mackenzie, D. & McCormack, D. (2012) *Homelessness and Unemployment: Understanding the Connection and Breaking the Cycle*, Swinburne Institute for Social Research, Swinburne University, available online http://homelessnessclearinghouse.govspace.gov.au/files/2013/05/Homelessness-and-unemployment_Final-Report-20121.pdf [Accessed 26 March 2014]

Triangle Consulting (2008) *Outcomes Star: Supporting change in homelessness and related services*, Organisation Guide, 2nd edition, London: Homeless Link, available online http://www.homelessoutcomes.org.uk/resources/1/Outcomes%20Manuals%202nd%20Ed/Star_organisation_guide_2ndEd.pdf [Accessed 9 April 2014]

Watson, J. (2014) "Staying Home after Violence" *Domestic Violence Crisis Service*, available online http://www.dvcs.org.au/images/uploads/Project_Final_Full.pdf [Accessed 10 April 2014]

World Health Organisation (2014) *Social determinants of health*, available online http://www.who.int/social_determinants/en/ [Accessed 13 May 2014]

Zaretsky, K., Flatau, P., Clear, A., Conroy, E., Burns, L. & Spicer, B. (2013) *The cost of homelessness and the net benefit of homelessness programs: a national study*, Australian Housing and Urban Research Institute (AHURI), Final Report No. 205, available online <http://www.ahuri.edu.au/publications/projects/p82014> [Accessed 20 March 2014]

