



**Ready or not?**  
**Considerations for the Qld**  
**housing service system**  
**Research Report:**  
**Housing Readiness**





# Contents

Executive Summary .....	4
Background.....	6
Research Questions .....	7
Research Outcome .....	7
Methodology .....	7
Q1. What is the current understanding of 'Housing Readiness' in the published and grey literature? .....	11
Introduction.....	11
Readiness and housing .....	15
Challenges in 'Treatment First' Housing Readiness approaches .....	19
Housing Readiness as a response to market inefficiency .....	19
Supportive Housing .....	19
Policy Perspectives: "Housing Ready" and "Housing First" .....	23
Conclusion .....	26
Q2. What are the current national, state and international policy and programs to Housing Readiness? .....	27
International: Policy and Programs for Housing Readiness.....	27
National Policy and Programs for Housing Readiness.....	29
New South Wales: Policy and Programs for Housing Readiness .....	30
South Australia: Policy and Programs for Housing Readiness .....	31
Victoria: Policy and Programs for Housing Readiness .....	31
West Australia: Policy and Programs for Housing Readiness .....	32
Tasmania: Policy and Programs for Housing Readiness .....	33
Conclusion: Policy and Programs for Housing Readiness .....	34
Q3. How does the literature evaluate Housing Readiness indicators in relation to sustainable tenancies? .....	35
Housing Stability.....	35
Housing Stability Factors .....	35
Conclusions.....	42
Q4. What is an effective framework of indicators to assess Housing Readiness? What range of services would be required to achieve indicator outcomes? What range of services is currently available?.....	44
Clinical Readiness Assessment .....	44
Housing Readiness frameworks and assessment models: Qualitative insights .....	53
Housing Readiness: Overarching Themes .....	54
Conclusion: Achieving Indicator Outcomes.....	69
Q5. An initial assessment of the department's policies and systems in relation to Housing Readiness in particular housing needs assessment and matching for success.....	72
Background.....	72
Research Findings.....	77
Conclusion .....	83
Reference List .....	85
Appendix 1 — Interview questions and focus group questions .....	92
Appendix 2 — Research Information Sheet .....	94
Appendix 3 — Programs in detail.....	95

# Research Report: Housing Readiness

## Executive Summary

Homelessness is one of the intractable social problems with no easy policy or program solution. However, there are ways of analysing the constituent elements of homelessness that give an understanding of the types of redress that may be possible within a range of contextual approaches and underpinning principles.

The failure of policy and programmatic efforts to decrease the number of people who are homeless and length of period of homelessness, together with widening categories of those who are homeless including families and working poor has meant that new ways of thinking and finding resolution for homelessness need to be adopted.


The shift out of homelessness is considered to lie on a continuum or pathway from homelessness to sustained housing or tenancy, with points of transition along the way. One of those points of transition has been considered to be Housing Readiness and conventional approaches have relied on the notion that there are a set of skills, attributes and aptitudes that a person who has experienced homelessness needs to acquire before they can successfully live independently and manage a tenancy. A different type of model that has been found to be applicable for understanding the resolution of homelessness has been the 'Staircase for Transitions', and it has found that through successfully addressing problems and demonstrating abilities to cope with day-to-day activities, individuals move through the continuum/pathway, up the "stairs" to better housing options.

Findings from prior research and empirical data indicate that Housing Readiness is a deceptively complex term that describes both a structural state and a personal state. The concept of Housing Readiness is not well understood and is found to be an imprecise term that is not easily grasped either in practice or in assessment. The multifaceted and nested set of circumstances that surround a citizen who is experiencing homelessness and requires sustained accommodation is not easily resolved with checklist approaches to understanding their particular set of circumstances and ways to resolve their need for housing. Interviews with practitioners confirm that Housing Readiness is a difficult term to operationalise when confronted with the complex array of client circumstances.

Its conceptualisation is based on a mix of elements, the type of housing approach workers come from (although there is also evidence of a mix of this 'principles of practice' viewpoint and a clear sense of the pragmatic that there are not enough houses). The concept of Housing Readiness includes social, justice and human rights, and cultural and discipline-specific factors.

The research indicates that while there is no clearly defined or commonly understood set of meanings for the concept of being Housing Ready, it is very difficult to develop a coherent set of indicators for assessing whether a person is Housing Ready. It is not possible to come up with a clearly defined and articulated set of indicators, but there is more likely to be a set of pointers to various personal and structural issues.

Two poles of approach or models have developed that may be used for understanding Housing Readiness. The *Treatment First model* has been instrumental in accommodating many homeless people but has had limited success in assisting homeless people with multiple and critical needs. The *Housing First model* refers to programs that target chronically homeless people with complex needs by providing them with immediate access to permanent housing (rather than transitional or emergency accommodation seen in other models), along with access to support.



It was found by analysis of interview transcripts that those working in the homelessness service sector do not explicitly consider Housing Readiness as a core component of their assessment for housing services or support. In discussions of Housing Readiness, the term is aligned closely to housing and the items: money, time, living and community.

The literature is clear that those who suffer chronic homelessness and exhibit complex needs such as mental illness, poor health and multiple episodes of homelessness require a Housing First strategy. It is found to be less costly and provides greater individual and social benefit to provide housing in those circumstances.

The resolution of the problems of homelessness for those who are experiencing loss of shelter in other circumstances is not so clear. The shadow pathway running parallel to the pathway from homelessness to sustained housing means that clear points of transition may be elusive and a return to homelessness instead of the transition to shelter may occur at critical junctures. The assumption that the journey from homelessness to a first point of emergency accommodation and/or temporary shelter and a place in which 'living skills' are acquired to allow transition to the next stage of Supported Housing may not be accurate in these circumstances.

The considerations for Housing Readiness may then be based on a set of principles:

- Is the client ready for housing?
- Is the housing system ready to house the chronically homeless?
- Are staff ready to work with clients in 'Housing First' ways?

The review of the research and the current study challenges the notion that Housing Readiness always lies with the client, and their aptitude and organisation of social and living skills. Their ability to be housed is influenced not only by the client's own ability, but also the readiness of the broader sector to develop supportive strategies, services and ways to attend to structural and individual requirements. However, the evidence is conclusive that the active involvement of the individual concerned is a key element of a successful 'readiness to change' initiative. In relation to the factors that mitigate failure, a critical component is the ongoing involvement of a case worker/therapist.

## Background

For most people, homelessness is a temporary condition addressed through the provision of emergency, transitional or social housing initiatives. However, there is a smaller but persistent body of homeless people for whom these conventional services have not proven effective. This cohort of people is termed primary or chronically homeless in that they suffer long-term homelessness or are repeatedly homeless (Kuhn and Culhane, 1998). Drawing on the categorisation of homelessness developed by Chamberlain and MacKenzie (1992) the Australian Bureau of Statistics defines primary homelessness as relating to people who do not have conventional shelter and live on the streets, for example, squatting in derelict buildings, sleeping in cars and other forms of 'rough sleeping'. Such individuals often also have complex needs (which could be related to the contributory factors that led to their homelessness, or occurred after they became homeless). These can include: alcohol and/or drug dependency; physical and mental illness; and/or family, social and financial problems.

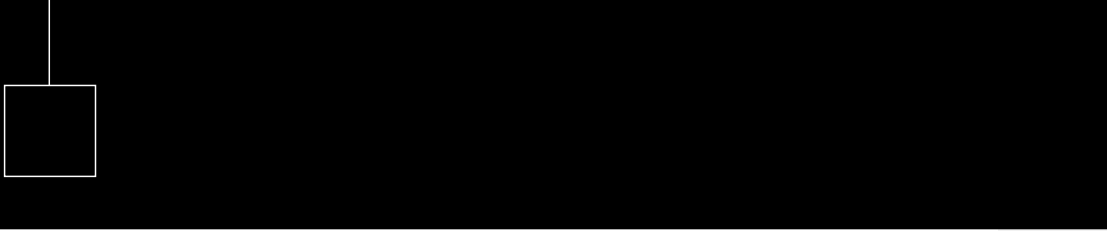
Although constituting a relatively small component of the overall homeless group, primary or chronically homeless people draw upon a disproportionately high level of service and support funds, as they require a greater amount of health and other assistance as a consequence of their lifestyle (Gladwell, 2009). Salit et al.'s (1988) study of length of stays and reasons for hospitalisation among homeless people compared to other low-income groups in New York City, for example, after making adjustments for rates of substance abuse, mental illness, and other clinical and demographic characteristics, found that homeless people on average stayed in hospital 36% longer than non-homeless people. Eberle et al.'s (2001) review of the cost of homelessness in British Columbia, Canada in relation to health care, social services and criminal justice also found that homeless individuals cost, on average, 33% more than housed individuals.

Around the world governments and communities have invested heavily in the development of alternative service models to address homelessness, including primary homelessness and its consequential social and economic expenses. In Australia, the federal government created a "New Approach to Homelessness" in the report titled *Which Way Home?*<sup>1</sup> The overall approach focuses upon moving from crisis accommodation services toward retaining people in public and private rental housing. More locally, the Queensland Government's Responding to Homelessness Initiative was introduced in 2005, with goals to "reduce over time the number of homeless people who have no shelter" and to "ensure that homeless people have access to an integrated service system that meets their immediate needs" and that **"leads to opportunities for connecting with and participating as part of the community"**.

A focus of these and other recent initiatives in Australia and Queensland was the long-term transition of homeless persons from homelessness to not just shelter but sustained tenancy. An important aspect is the concept of "Housing Readiness". This has both a scale and a number of hurdles attached to it related to the stage of housing being discussed, and can be seen as akin to a "pathway", "pipeline" or flow, from homelessness to sustained housing, with potential "offshoots" along the way, where a variety of stakeholders, areas of uncertainty, and learned behaviours can conspire to prevent a smooth transition out of homelessness. Whilst this concept is raised in theory and in analysis of practice (see Keast et al., 2008), there is, however, little consensus on a number of aspects of Housing Readiness including:

- definition
- assessment
- contributing factors to both readiness and non-readiness for housing
- pathways to its achievement
- measuring success.

<sup>1</sup> Australian Government, 2008, *Which Way Home: A New Approach to Homelessness*, May Canberra: ACT



A continued lack of clarity and agreement around the conceptualisation and application of this term is argued to undermine intervention efforts and cause disconnect between people working to develop and sustain housing opportunities.

### Research Questions

The project aims to answer the following research questions. The purpose of the research, therefore, is to determine if/how the Queensland Department of Communities (the department) can utilise “*Housing Readiness*” to improve client outcomes. The research will provide the department with:

1. a clear understanding of the ‘Housing Readiness’ concept as depicted within the published and grey literature
2. an understanding of how Housing Readiness is currently operationalised in other jurisdictions (at state, national and international levels)
3. evidence on the success of these responses and programs
4. evaluation of Housing Readiness indicators in relation to sustainable tenancies, and an initial framework of indicators to assess Housing Readiness (including a range of services required to achieve indicator outcomes/what range of services is currently available)
5. an initial assessment of the department’s policies and systems in relation to Housing Readiness in particular housing needs assessment and matching for success<sup>2</sup>.

### Research Outcome

- an indicative set of ‘Housing Readiness’ indicators to inform housing options for the chronically homeless
- a generic “Housing Readiness” framework that builds on the “pathways and shadow pathways model” developed in earlier work by the research team<sup>3</sup>.

### Methodology

#### Research Design

The research design comprised two main processes (1) desk-top research of secondary documentation and grey literature and (2) primary data collection.

Desk-top research involved web-based searches for academic literature, policy documents, case studies and government and non-government reports both in Australia and internationally. The search strategy covered specialist research and literature databases as well as general web-based search engines (Google, Google Scholar and FireFox). Specialist research and literature data bases interrogated included:

- EBSCOhost
  - Intute: Social Sciences database; PsycARTICLES (via EBSCOhost)
- Proquest Social Science and Psychology journals (via ProQuest database)
- Sociological abstracts
- Social Work abstracts
- SpringerLink database.

<sup>2</sup> The research will build on the work undertaken by Dr Coleman in Art or Science? Successful housing assistance for people experiencing primary homelessness.

<sup>3</sup> Keast et al., (2008) *Closing Gaps and Opening Doors: The Function of an Integrated Homelessness Service System — A Place-Based Network Analysis and Case Studies*, Final Report — December 2008



The literature identified through the web-based searches was supplemented by data and policy documents supplied by the department. Data provided by the department included a snapshot of the numbers and need categories (criticality, locational and special needs) of persons on waiting lists for housing.

Given the exploratory nature of the study a qualitative approach was selected for the primary data collection component of the research. Qualitative research is ideally suited to studying under-explored phenomena (Yin, 2004). In the case of Housing Readiness there is a limited and fragmented understanding of the term both in theory and practice. Qualitative data was gathered using semi-structured interviews and focus groups.

#### **Interview and Focus Group Schedule Design**

A semi-structured format of interview and focus groups was selected. The interview and focus group questions were purposefully designed to elicit broad responses. Semi-structured design ensures that the same core questions are asked of each interviewee or group while allowing for sufficient flexibility for follow-up questions and issues to be explored in more depth depending on the response to initial questions (Burns and Bush, 2006; Neuman, 2006). Interview and focus group questions were designed in cooperation with the Queensland Department of Communities (Policy and Performance, Housing and Homelessness Services) and approved by them prior to implementation. Copies of the Interview questions and focus group questions are provided in Appendix 1.

#### **Selecting the Interview and Focus Group Participants**

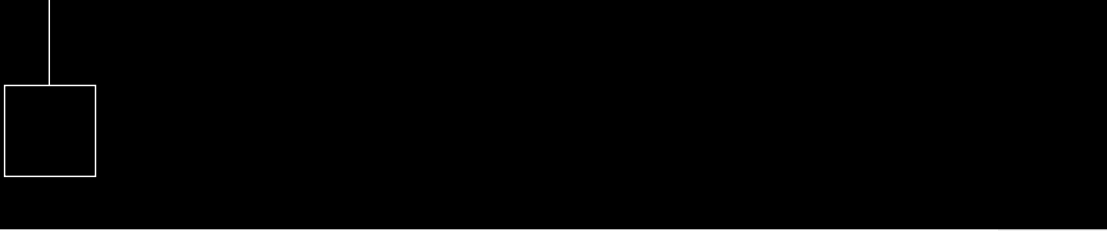
All participants in the interview and focus group process were selected based on their expertise in the provision of services or policy development to homeless persons, especially the chronically homeless. Key informants were identified as those persons with broad service sector experience and knowledge in homelessness and homelessness services and assessment. Respondents were grouped into three categories (a) Department of Communities representatives including regional managers, policy and housing service providers, (b) other government agencies both state and federal and (c) community agencies both as housing service providers and/or support services. Sites for the interviews and focus groups were nominated by the Department of Communities (Policy and Performance) as being representative of main regional and metropolitan areas and included Brisbane, Gold Coast, Townsville and Cairns.

Input from three additional regional homelessness and housing services were also accessed. These locations included: Charters Towers (2); Toowoomba (1) and Roma (1).

#### **Conduct of Focus groups and Interviews**

**Focus groups** were conducted on a face to face basis with key informants in each of the four main evaluation sites (Cairns, Townsville, Gold Coast and Brisbane). At least two researchers were present at all focus groups. The focus groups were directed at gaining an understanding of homelessness services or the sector generally, a more detailed insight into how service providers conceptualised and operationalised Housing Readiness as well as the assessment processes related to accommodation and housing. To maximise participation and to minimise disruption of work the focus groups were structured around, and timed to coincide with, existing homelessness services network meetings. Network meetings generally included participants from both government and non-government agencies and this mix of participants was able to provide rich and detailed insights into the history, function and operation of homeless initiatives and the current state of debates around concepts such as "Housing Readiness" versus "Housing First". This method of data collection was beneficial to the integrity of data obtained as participants were accustomed to each other and therefore comfortable meeting in this way. The mix of participants created an excellent dynamic of interaction.





**Interviews** were conducted with key respondents at their place of employment. Interviewees often identified and offered to include input from individuals with practical experience in service provision. Where this input was offered and available it was always accepted. This approach resulted in a number of interviews incorporating the views of two respondents. Where key informants were either unavailable, or chose to do so, responses to the interview questions were provided in written form.

Interviews and focus group sessions both followed a set administrative format including:

- introduction and background to the evaluation
- overview of QUT ethical requirements with an emphasis on confidentiality
- provision of consent forms to be signed as an indication of agreement to participate
- permission sought to audio record the interview/focus group process; and
- a summary of the transcript offered to respondents for verification and/or amendment.

Although the majority of interviews were conducted individually, some respondents also drew on the expertise of other agency representatives. This strategy resulted in an expanded number of interviewees and broader information set. A small number of agencies were not prepared to give their consent to be either interviewed or recorded due to their not having received clearance from their parent bodies. In another instance the respondent agreed to be interviewed but not audio-recorded.

Additional regional participants (Toowoomba, Roma and Charters Towers) were initially approached by telephone. Copies of the interview questions were forwarded by email and regional respondents provided written comments to the questions provided. In these instances, participation consent was provided verbally and followed up with signed consent forms.

In total, over 120 respondents participated in the study, across the four focus groups and interview sessions. Several interviewees also participated in the focus group held at their geographic location.

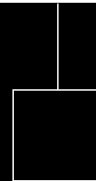
#### **Data Handling**

The qualitative approach generated a broad suite and large quantity of data. All interviews and focus groups were fully transcribed. Researcher notes were also used to supplement any missing information where possible. This meant that the data utilised for analysis was largely complete. The resultant transcripts were then stripped of information that would identify the respondent except as relates to location and whether they were a government or non-government respondent.

#### **Data analysis**

A thematic analysis approach was used to analyse the qualitative data generated. Themes were derived at two levels — (1) the primary question level according to the pre-determined interview/focus group schedule and (2) more nuanced themes emerging from a deeper analysis of data informed by the literature and data collected through the desk-top component of the research. Issues raised and reported upon in the findings relate to themes that were raised consistently across the data source groups; or which presented as critical to individual respondents.

To aid in the determination of themes and offer both thoroughness and validity, the Leximancer computer program was employed. Leximancer draws on both thematic (conceptual) and relational (semantic) analysis to inform investigators of the strength of association and semantic similarity between concepts. Leximancer clusters together concepts that occur in very similar semantic contexts. It also uses this information to create a picture or map of the



relational (semantic) characteristics of the concepts. This visualisation technique highlights the important concepts in the data set and the relationships between these concepts.

The fully transcribed responses from the interviews and focus groups for the “Housing Readiness” study were cleaned of identifying information and extraneous words and combined into one larger file and Leximancer used to conduct a word frequency analysis and visual representation.

#### **Project Governance & Ethics**

A governance committee of departmental members and academics involved in the research together with independent specialists in the homelessness service sector was set up to oversee the research process. This committee helped formulate the aims and design of the research as well as providing valuable links to people and resources in the homelessness service sector. The mix of committee members meant that all stakeholders’ needs were taken into account in the design and outcomes of the research in that they met practical, policy and academic rigour requirements.

#### **Ethics Approval**

Before undertaking the study, ethics approval for the project was received from the Queensland University of Technology (QUT) Human Research Ethics Committee. The University of Newcastle and Southern Cross University agreed to comply with the requirements and be covered by the QUT ethics approval. The Research Information Sheet is provided in Appendix 2.

## Q1. What is the current understanding of 'Housing Readiness' in the published and grey literature?

### Introduction

There has long been an interest in how people transition from one stage to another in various individual and social contexts. The motivation to change is argued to be a prerequisite for the successful resolution of many social, behavioural and psychological disorders (Mitchell and Angelone, 2006). Motivation (and subsequently 'readiness') as a term has been variously described and measured and has been aligned more generally with educational programs and intervention initiatives such as rehabilitation, hospital discharge, addiction and smoking cessation and educational preparedness. It has also been examined from an institutional perspective in terms of organisational change (Armenakis, Harris and Mossholder, 1993). In all these contexts readiness is considered to be a manifestation of people's interest in transitioning from one stage to another (Prochaska and Velicer, 1997; Bellack and DiClemente, 1999); be it participating in rehabilitation programs, giving up smoking, or engagement in some other change in life patterns including transitioning from homelessness. The trans-theoretical model developed by Prochaska and DiClemente in the 1980s best encapsulates this emphasis on intentional change. The trans-theoretical model is comprised of five stages of change, 10 processes of change, the pros and cons of changing, self-efficacy and temptation. Central to the model is the notion of the client as an active decision-maker in the change process. Thus it represents a shift from the prior emphasis on biological or social influences on behaviour to one in which the client has a level of self-determination in interventions.

According to the trans-theoretical model of change, motivation to change problematic behaviour can be classified into one of five stages, i.e. (1) pre-contemplation, (2) contemplation, (3) preparation, (4) action, or (5) maintenance. Pre-contemplation is where a person has no intention of changing their problem behaviour. Contemplation is where there is recognition of the problem but there has been no commitment to change. In the preparation phase the person intends to change their behaviour and has developed a plan of action. Action is where the individual actively engages in the change process, while maintenance is focused on consolidating changes made and acts to prevent reversion to previous behaviours (Prochaska and DiClemente, 1983). Reflecting change over time, the trans-theoretical model also includes a temporal dimension, allocating timelines to each discrete stage (as set out in Table 1).

**Table 1: Change Stages with Temporal Dimension**

Change Stage	Time Element
Pre-contemplation (thinking about change — not ready)	Usually measured as the next six months
Contemplation (thinking about change — pre-ready)	Usually measured as within the next six months
Preparation/determination (intending to take change action - readiness)	Usually measured as within the next month
Action (made changes)	Usually measured within the past six months
Maintenance (working to prevent relapse)	Usually measured between six months and five years

Although referring to rehabilitation specifically, but equally applicable to other social issues, Cohen, Anthony and Farkas (1997: 644) note that readiness is a "reflection of the consumer's interest in change and their self-confidence, not their capacity, to complete a rehabilitation program". These authors go on to distil six dimensions of readiness: (1) perceived need for rehabilitation to help pursue life goals, (2) perception of change as desirable, (3) openness to establishing relationships, (4) having sufficient understanding of themselves, (5) ability to meaningfully interact with their environment, and (6) having significant others who encourage and support change.



## Supplementary Elements

Several other elements have also been identified as important in the treatment change process. Drawn from the work of Prochaska and Velicer (1997), each of these will be briefly outlined below:

*Decisional Balance* refers to an individual's subjective evaluation of the pros and cons of continued engagement with the problem behaviour versus the benefits of change. Decisions-to-change models are numerous and they cut across many disciplines such as weight loss/control, substance addiction, exercise involvement and pro-social behaviour. Underpinning the decisional balance approach is a weighing up of the positive and negative elements that form a tipping point which leads to the person making a choice to accept or decline the change intervention. A number of determinants have been identified for inclusion in the deliberations of the pros and cons. These include perceived susceptibility and danger, perceived social acceptance, perceived severity of problem, the perceived effectiveness of actions, perceived level of self-efficacy as well as a consideration of the barriers and enablers for change.


*Self-efficacy*: is the situation-specific confidence that people have that they can cope with high-risk situations without reverting to prior behaviours. Self-efficacy (Bandura, 1977) conceptualises a person's perceived ability to perform a task as a mediator of performance on future tasks. A change in the level of self-efficacy can predict a lasting change in behaviour if there are adequate incentives and skills. Self-efficacy is closely related to two other intervention concepts — self-determination and coping capacity (Browton, 2001). Similarly, Kunnen et al. (2004), in their examination of self-reliance in Supported Accommodation Assistance Program (SAAP) services, linked these concepts of self-determination and coping with self-efficacy. The trans-theoretical model employs an overall confidence score to assess an individual's self-efficacy.

*Temptation*: reflects the intensity of urges to revert to a habit, behaviour pattern or life-style when under stress. Three main temptation factors are identified: negative affect or emotional distress, positive social situations and craving. Temptations are lower in later stages of change and therefore are useful in predicting relapse from cessation behaviours (Grimley et al., 1994). It is argued that self-efficacy and temptation are related and function inversely across the stages of change (Rossi et al. 2001).

In addition to these individual concepts related to readiness, however, there are also broader issues related to the concepts of change readiness that are outlined in the organisational change literature.

## Organisational Change Readiness

As identified above, the organisational change literature also draws upon the notion of readiness as a core contributor to the effectiveness in which organisational change initiatives are implemented. Readiness, in this arena is closely aligned with Lewin's (1951) concept of unfreezing, as characterised by organisational members' beliefs, attitudes, and intentions regarding the extent to which changes are needed and the organisation's capacity to successfully make those changes. Readiness is described as the cognitive precursor to the behaviours of either resistance to, or support for, a change effort. Schein (1979) has argued " ... the reason so many change efforts run into resistance or outright failure is usually directly traceable to their not providing for an effective unfreezing process before attempting a change induction" (p. 144). Although some researchers have discussed the importance of readiness (cf. Beckhard and Harris, 1987; Beer and Walton, 1987; Turner, 1982), others have suggested that where organisations face significant change in their environments and there is no support for change that change be enforced regardless of individual readiness (Dunphy and Stace, 1988). Others, including a classic study by Coch and French (1948), traditionally described as an experiment in reducing resistance to change, demonstrates the value of allowing organisation members to participate in change efforts and exercise choice in how change is undertaken and what direction such change should take.



The primary mechanism for creating readiness for change among members of an organisation is the message for change. In general, the readiness message should incorporate two issues: (1) the need for change, that is, the discrepancy between the desired end-state (which must be appropriate for the organisation) and the present state; and, (2) the individual and collective efficacy (i.e., the perceived ability to change) of parties affected by the change effort.

### **Preparing for Readiness**

As the above review highlights, regardless of the operating context (treatment or business), positive change outcomes are usually considered to be based on the active engagement of the people (clients, staff) in programs or intervention processes that prepare people for change/transition. Clinically, readiness to change is regarded as a dynamic factor that can be enhanced through appropriate intervention. Knowledge of a client's current change stage provides a platform for both treatment planning and intervention. Learning experiences are best achieved when based on the individual's own insights and assessment. Cohen and Mynks (1993) have developed a compendium of activities for assessing and developing readiness programs. This resource is based on earlier work (Cohen et al., 1992) which distilled the following core factors for assessment: need to change, commitment to change, environmental awareness, self-awareness and relationship with practitioner. A high score on each of these factors provides an indication of the client's 'readiness' for rehabilitation. Conversely, low scores mean that services and intervention/programmatic effort should be directed toward improving those areas.

The prior research suggests that the active involvement of clients in assessing their own readiness is central to positive change. This involves gathering relevant information and rating readiness. Readiness assessment should be carried out before an intervention and repeated periodically as this is not a stable characteristic and can quickly revert depending on circumstances (New York Presbyterian Hospital and Columbia University, nd; Tsemberis et al., 2007). The importance of engaging clients in the change intervention process was highlighted in the study by Nelson (2003), who noted that clients displayed greater personal power and control as a consequence of their engagement and that this higher level of self-efficacy translated positively to their broader housing and life environment.

In anger management therapy, Howells and Day (2003) identify there are several different things that can impact readiness for treatment. Many of these factors can also be applied to the Housing Readiness arena. The authors noted that at times there are underlying psychological issues, or a mix of issues, which may impact on the client's ability to be 'ready' to consider change or action it. They go on to identify attitudes of self-righteousness, low personal responsibility and blaming others as reducing the propensity for readiness. Unfortunately, these types of beliefs and perceptions can be difficult to uncover and assess. The client's own skill level also impacts readiness for effective treatment. People need certain cognitive processes with which to think about consequences and choices in order to improve anger management skills. Sometimes a person's impulsive nature will interfere with the application of such cognitive processes. Other issues that impact a client's readiness are difficulty judging the intent of others, an inability to distinguish one's feelings, poor social and problem-solving skills and finally, the client's beliefs about treatment all impact readiness. Even in coerced or mandatory treatment, if the client concurs with the need for treatment and perceives the treatment as likely to be helpful in meeting his or her goals, then coercion is not as big an issue. However, if the client believes the treatment is not likely to fulfil his or her personal goals, then coercion could impact readiness.

Despite the strong emphasis on client self-determination and active engagement in the change process, a consistent and core variable highlighted in the literature is the ongoing involvement of a case worker/therapist. The consistency of engagement, deep knowledge of the client and the ability to know when to intervene has been demonstrated to be a critical contributor to successful intervention. That is, it is important that clients undergoing a change process are supported continuously with both required services and a core worker (Coleman, 2007).



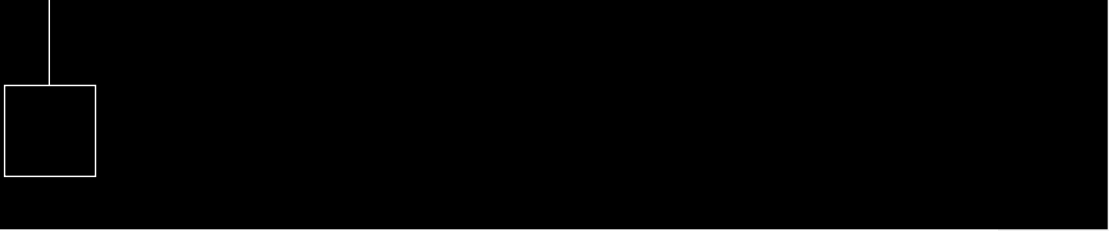
In her study of chronically homeless in Queensland, Coleman (2007) identifies ‘windows of opportunities’ that occur from time to time that provide occasions to impose housing assistance upon homeless persons. Such opportunities may occur when homeless persons are required to move on from particular locations such as the closure of ‘tent city’ during the construction of the Gallery of Modern Art or the cessation of the New Farm Park supported ‘living in the park’ program trial. Such situations create tipping points that necessarily interrupt the continuity of a homeless person’s habitual practices, in particular their attachment to a specific location. This breaking of habitual practices often creates a circumstance of enforced intervention and offers the subsequent opportunity to break that person’s cycle of homelessness. As Coleman (2007) stresses, however, providers must be ready to capitalise on these ‘windows of opportunity’ by ensuring that housing assistance is available and offered at the time people are ready and wanting to be housed.

Motivational interviewing is one method designed to mobilise the client’s own desire to change; its techniques are non-confrontational, and geared to minimise the defensiveness often created by traditional intervention processes. It assumes, however, that the responsibility and capability for change lie with the client.

Motivational interviewing helps clients move through the stages of change faster and more efficiently than they would left to their own devices. Miller and Rollnick (1991) argue that motivational interviewing styles and methods should shift according to the various stages. In the area of anger management program readiness Howells and Day (2003) have argued that counsellors can assist client readiness by exposing discrepancies between the social consequences of their actions and the pursuit of personal goals. Further, they stress that counsellors should strive to integrate client’s goals into the treatment and use motivational tactics to engage the client in the intervention. Table 2 provides a summary of this alignment between stage and counselling focus. The windows of opportunity identified by Coleman may present opportunities for contemplation about the necessity for change, and the inability to return to previous practice and therefore highlight the consequences of a failure to act that lead homeless persons to a point of determination.

**Table 2: Summary of alignment between stages and counselling focus**

Stage	Counselling focus
Precontemplation	Raise doubt & increase the client’s perception of risks & problems with current behaviour
Contemplation	Tip the balance, point to the window of opportunity, evoke reasons for change, risks of not changing & strengthen self-efficacy for change of behaviour
Determination	Help client determine the best course of action to take in seeking change
Action	Help client take steps toward change
Maintenance	Help the client identify & use strategies to prevent relapse
Relapse	Help client renew the processes of contemplation, determination and action in a positive frame.



The contemplation stage is a critical one and has been elsewhere described as the ‘developing readiness’ component (Recovery and Rehabilitation Newsletter, 2003). This phase is about building awareness about key aspects of the current situation and what rehabilitation and recovery will mean going forward. The developing readiness concept stresses the importance of the client’s participation in developing a program of learning that is customised to meet their preferences and particular needs. Clients are also assisted in gleaning support from important ‘others’ such as family members and friends who could provide support for the transition process.

Despite its ongoing utilisation in intervention programs the trans-theoretical, or staged model of change, has been challenged by several authors, with the arguments that change is a more nuanced and complex process. Therefore, particularly for people with complex needs, it is difficult to understand and assess. Further, the conceptual ambiguity and difficulties in developing precise measurement elements has led to several attempts to refine the notion of motivation (e.g. Viets, Walker and Miller, 2002) and the development of the alternative conceptual frame of ‘readiness to change’ which subsequently came into prominence in a number of intervention fields, including, in particular, corrections (Howells and Day, 2003). In the revised framework intrinsic motivation sits alongside other individual and social factors that can influence engagement in programs and change action. As Ward et al. (2004) noted, readiness for change encompasses the person’s motivation or willingness to change, their ability to respond appropriately, whether or not they find the processes relevant and meaningful and they have the core capacities.

### **Readiness and housing**

Housing Readiness first appeared in the literature alongside continuum of care and pathway approaches in the late 1980s in the United States (US) literature (NCH 2006). During this time, as the US Government shifted the homelessness agenda from local to federal initiatives, there was increasing recognition of the role and importance of service provision in assisting chronically homeless individuals. Services and programs were provided to assist skills development and to achieve further progression towards tenancy stability. Whilst the initial focus relied on emergency housing and short-term financial assistance for accommodation, more generally there was a shift to homeless programs that offered an array of services designed to meet the needs of clients with a move towards transitional housing. Accordingly, treatment and housing (accommodation) became coupled and clients were obligated to enter into treatment programs (and demonstrate progress) as a condition of both ongoing accommodation and transition to subsequent stages on the housing continuum (Gulcur et al., 2003; Dordick, 2002; Lipton et al., 2000). Moreover, as a number of authors have stated, the measurement of this treatment progress mostly occurred through subjective and, often, highly personal assessments, for example, in the case of alcohol treatment, the ‘quality of sobriety’ (Dordick, 2002). As Novac, Brown and Bourbonnai (2009) point out, these Treatment First/transitional approaches out of homelessness are synonymous with a conceptualisation of Housing Readiness based on clients’ positive attendance to and rectification of identified personal deficits. Such an approach appears to be contrary to the theoretical model presented above which holds client self-determination as a core principle of intervention.

### **Housing Readiness: Individual conditions and preparedness for housing**

Other research focuses on the individual’s conditions and behaviours that may hinder preparedness to enter housing and influence an individual’s ability to retain housing. These conditions and behaviours may influence both the variety and duration of service provision and managing clients. Johnson and Chamberlain (2008a, 2008b) for example, find evidence in Australia to link substance abuse with both longer durations and more episodes of homelessness. 82% of those with problematic substance use have been homeless for at least 12 months compared to 50% for those without such problems. Additionally, 76% of those with problematic substance use had also experienced two or more episodes of homelessness compared to 48% for those without (Johnson & Chamberlain, 2008b 352).



More broadly, individual conditions leading to primary homelessness include, but are not limited to:

- Substance abuse (Baum and Burnes 1993)
- Psychological illness (Sullivan, Burnman and Koegal 2000; Folsam and Jeste 2002; Robinson 2003; Martijn and Sharpe 2006)
- HIV/AIDS (Nesselbuch, 1998)
- Physical disabilities (Kuhn and Culhane 1998)
- Dementia (Howe 1992)
- Social Disaffiliation: the extent and perception of support from family and friends (Zlotnick, Tam and Robertson 2003)
- Homeless persons' expectations and duration of homelessness (Coleman 2007; Penfold, 2010).

When considering individual conditions (or personal deficit models) of homelessness, Housing Readiness focuses on treatment need: it is an exercise in prognosis and changes in behaviour whereby individuals are given placement contingent on first accepting treatment for those conditions that minimise Housing Readiness (Korman, Engster, Milsteing 1996). Described as "Treatment First" approaches, individuals are required to accept treatment and be subjectively evaluated by case managers to illustrate that they are mentally stable, not using illicit substances, have sufficient skills to live without supervision and/or demonstrate other required behavioural changes: only then does the individual become housing "ready" (Dordick 2002; Atherton and McNaughton Nicholls 2008).

In Treatment First approaches, a process approach exists whereby homeless people may shift between divisions and categories of homelessness (Greenhalgh et al. 2004). This 'continuum of care' approach is also referred to variously within the literature as a homeless 'career', 'pathway' or 'staircases of transitions' (Sahlin 2005; Keast et al., 2008). These are discussed in more detail below.

#### **Continuum of care**

Continuum of care emphasises programs that actively facilitate *independence* through the provision of services and accommodation. It commences with outreach, includes treatment and transitional housing whereby housing type is linked to the client's "level of functionality". Housing type preferred may therefore range from stand-alone apartments to more communal and supported living and ends with permanent supportive housing (Tsemberis, Gulcur, and Nakae, 2004, Yanos et al., 2004).

The Australian continuum of care approach may include counselling, education, job training, and economic support for two years following transition from crisis (temporary) accommodation to stable accommodation (ISR 2006).


#### **Career approach towards Housing Readiness**

One of the problems associated with homelessness, and the problems of exiting continuum of care-type systems has been that for the homeless it becomes akin to a 'career', with individuals either getting trapped in certain housing types owing to a lack of individual progress or individuals dropping out of the system and then recommencing at a later date.

In this "career process", model formulated by MacKenzie and Chamberlain (2003: iii):

*"This notion of a 'homeless career' draws attention to the process of becoming homeless as people pass through various phases before they develop a self-identity as a homeless person as well as highlighting the factors that influence how people move from one stage of homelessness to another."*





Mackenzie and Chamberlain (2003) identified several career models in their empirical study, as follows:

- The first of their models is termed “the housing crisis career” which draws attention to the fact that for many adults it is poverty and an accumulation of debt that underpins the slide into homelessness. There is no ‘in and out’ stage in the housing crisis career. Once adults lose their accommodation there is a sharp break and their problems usually get worse.
- The second identifies family breakdown, particularly as a result of domestic violence, as the beginning point of a homeless career process.
- The third model focuses on the transition from youth to adult homelessness.

These ‘career models’ therefore emphasise the major processes whereby people become homeless, focusing on ‘how’ not ‘why’ (MacKenzie and Chamberlain, 2003:60). This draws attention to the notion that ‘at risk’ should be understood in different ways for different groups (MacKenzie and Chamberlain, 2003:61).

#### **Staircases of transition**

Another way in which transitioning out of homelessness founded in individual deficiency characteristics has been conceptualised is in terms of a staircase of transitions. Under this model, clients progress through the continuum/pathway, up a ‘staircase of transition’ (Sahlin 2005) with the ultimate objective achieving sustained independent tenure. Through successfully addressing problems and demonstrating abilities to cope with day-to-day activities, individuals move through the continuum/pathway, up the “stairs” to better housing options. Failure results in remaining in the current housing provision, or worse, moving back, down the staircase, with more time in transition, and more time using the services provided. Depending on the severity of non compliance or relapse, individuals can also be evicted back into homelessness (Stefancic and Tsemberis 2007). In recent times many intervention programs that seek to move homeless people along the path to sustained tenancy have, as a principal focus, the concept of “Housing Readiness” using a treatment approach. Success for Housing Readiness using this treatment focus and required behavioural responses may then be defined by treatment compliance, psychiatric stability, and abstinence from substance abuse, and is often attributed to effective treatment and preparedness for housing (Henwood, et al., 2010).

#### **Pathways**

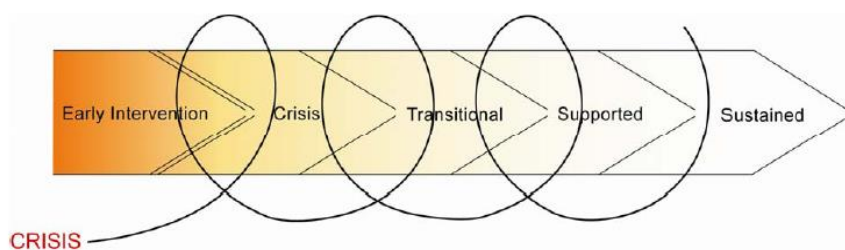
More recently, housing and homelessness researchers have come to rely on the conceptualisation of a pathway to explain the transition from homelessness (Frederick and Goddard 2006; Johnson, Gronda and Coutts 2008). Clapham (2005 p. 27) defines a housing pathway as ‘the continually changing set of relationships and interactions that [the household] experiences over time in its consumption of housing’. The approach incorporates both objective and subjective elements through a consideration of the movement of individuals/households through the housing market (objective) with individuals’/households’ subjective understanding of their individual experiences (e.g. emotional responses or expressive dimension of housing). Thus the pathways approach acknowledges that social structures and conditions, not just personal characteristics, contribute to homelessness. In this way the pathways approach takes into account not only the structural and personal factors impacting on a person or household’s ability to be housed but also considers the interaction between the two types of elements. This affords a more nuanced understanding of homelessness and conceptualises it as part of a wide range of resources, barriers and risks that either facilitate or undermine sustainable and appropriate housing. By a consideration of both structural and individual characteristics the similarities and differences of people’s housing experiences can be determined (Pinkney and Ewing 2006:86). For many, this ‘conjunction’ between the people and structural elements represents a more realistic depiction of homelessness (Johnsen and Teixeira, 2010). A weakness of the pathways approach, however, is the tendency to list the factors that contribute to housing outcomes without extended analysis of how an individual’s resources (or lack of resources), their interpretive framework and their structural

positioning, impact upon and are shaped by each other (c.f. May 2000; Cashmore and Paxman 2006a). In short, the literature only implicitly addresses the intersection of structure and personal agency, remaining largely silent on the factors and processes that can promote or impede a person's transition along the pathway. It also fails to adequately focus upon the effect of intervention and support (or the lack of it) at critical points a person might make in their transition along the pathway. Crucially this highlights the possibility that, instead of progressing through these critical points, individuals might instead fall back, highlighting the potential existence of a "shadow pathway".

### Shadow Pathways

In their evaluation of the Queensland Government's Responding to Homelessness Strategy, Keast et al. (2008) developed such an alternative or 'shadow' pathway model. This model outlined the available housing/shelter continuum and depicted a gate or a critical juncture at each transitional point. Along the pathway, critical junctures occurred at which homeless people were not captured within the intervention system, where interventions were not successful or where individual crisis occurred which caused the client to regress, rather than progress, on the pathway, identified as the "Shadow Pathway" (Figure 1). This alternate shadow pathway is argued to be a cause of reversion back to homelessness and prevents access to achieving sustained tenancy. In contrast to other pathways models this model does not represent a continuum, rather it reflects the critical junctures and points of key interventions and assessments at which homeless persons may regress from more secure to less secure forms of accommodation.

**Figure 1: Shadow Pathway**



The shadow pathway perspective has strong resonance with the work of Day et al. (2006) in relation to rehabilitation of offenders, which demonstrates a barriers/gate model.

The pathways approach, with its acknowledgment of the dynamic nature of intervention and the need for continual support to successfully progress through barriers, represents a departure from the conventional linear orientation of the Treatment First model. Discussing the UK situation, Johnsen and Teixeira (2010) noted the increased flexibility of services and approaches which enabled clients to bypass interim stages and move more rapidly toward independent housing. Thus, it has been argued that flexibility in service orientation and action "allowed for 'horizontal', rather than downward or backward moves" (Homeless Link, 2010). As Johnsen and Teixeira (2010) have noted this 'elevator' approach is a more accurate representation of the United Kingdom's (UK) homelessness and housing system and represents a paradigm shift in homelessness and housing responses.

### Challenges in 'Treatment First' Housing Readiness approaches

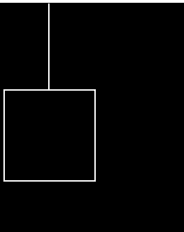
The *Treatment First model* has been instrumental in accommodating many homeless people but has had limited success in assisting homeless people with multiple and critical needs. Clients, advocates and academics have identified many problems with 'Treatment First' approaches. The first serious challenge is the lack of choice or freedom in treatment or housing for clients under linear responses (Dordick, 2002; Lipton et al., 2000). As Lee et al. (2010) point out; clients are far from passive recipients of practitioner treatment recommendations/requirements. Indeed, recent research (ethnographic) portrays homeless people as active decision-makers who weigh the costs and benefits of alternative strategies (Dordick, 1997; Molina, 2000). The limited options available to them, however, generally work against optimal outcomes. Nonetheless, evidence suggests that clients are more likely to have successful outcomes in housing tenure if they are involved in the decision-making process and perceive their living environment to be a good match for their needs (Coulton, Holland and Fitch 1984). Second, housing models using treatment oriented approaches often include the use of group homes, supportive apartments, community residences and halfway houses (Lipton et al. 2000) that result in congregate living and frequent changes of residence that are often stressful. Both congregate living and frequent change can actively work against achieving designated treatment goals (Johnsen and Teixeira, 2010; Tsemberis, Gulcur and Nakae, 2004). A third challenge identified from research on psychiatric rehabilitation suggests also that skills learned for successful functioning at one type of residential setting are not necessarily transferable to other living situations (Anthony and Blanch 1989). Finally, the most important challenge with the Treatment First model is that individuals who are homeless are denied housing because placement is contingent on accepting treatment prior to them entering the programs and having access to services (Korman et al. 1996). In considering homelessness and Housing Readiness responses as a consequence of either structural factors or individual factors it is recognised as an overly simplistic way to evaluate homelessness. As several authors have noted, 'Treatment First' approaches are about managing the problem rather than providing a comprehensive and permanent solution to both individual and structural causes of homelessness (Gladwell, 2009; Johnsen and Teixeira, 2010).

### Housing Readiness as a response to market inefficiency

Within the literature, certain research has focused on Housing Readiness as a clear concept that is associated with structural market inefficiencies. Structural explanations occur "beyond the individual, in the wider social and economic factors, such as poor labour market, lack of access to welfare systems, housing and social policy outcomes" (Neale 1997: 49). More specifically, this may include access to affordable housing (O'Flaherty 1996) and an individual's capacity to pay for tenancy and rent affordability (Stone 1993; Dordick 2002; Yates 2002). Research in rising structural market inefficiencies and housing affordability has been shown to increase the 'mismatch' between housing requirements and housing outcomes, resulting in higher short-term and chronic homelessness (Chamberlain and Mackenzie, 2002, 2003). Individuals have difficulty in accessing affordable accommodation and paying for housing. Under circumstances of market inefficiency, an individual would be considered Housing Ready when affordable housing is available and when they have the resources and means to afford rent. Access to affordable housing has been recognised within Australia with the federal government's \$60 million housing stimulus package, and rent affordability has been recognised as a key criterion in evaluating homelessness assessments throughout Australia (Hale and Burns 2010).

### Supportive Housing

In addition to the transitional and crisis based accommodation approaches described above, there exists a range of other programs providing temporary and permanent Supported Housing for homeless people (Caton et al., 2007; Gordon, 2008). Supportive housing projects have been developed for a range of target groups, including people with complex needs. Supportive housing programs have been in place for some time and come in a number of forms. As defined by the US's Housing and Urban Development (HUD), supportive housing includes both



transitional and permanent supportive housing, as well as Safe Havens (and domestic shelters). In essence, supportive housing involves the provision of safe and secure (typically self-contained and usually permanent) rental housing that is affordable to people on very low incomes or subject to crisis circumstances, such as domestic violence. An additional characteristic is the provision of support by staff with appropriate support skills and expertise on-site or nearby (Gordon, 2008). It has been argued that "... housing and services combined appear to provide a synergy that helps people who have experienced chronic homelessness to achieve more stable and independent lives" (Caton et al., 2007: 14). In this way, supportive housing, particularly those services that provide permanent housing options, can be seen to be situated at the lower intervention and proof threshold of the transitional pathway and offers a jump off point for the 'elevator' approach as described above.

*Transitional Supported Housing:* Most transitional housing programs have been designed to serve people who are not chronically homeless. However, there have been some initiatives designed or adapted to engage chronically homeless people who have characteristically been ambivalent about engaging in treatment and/or seeking permanent tenancy. In such settings there can be either low or high Housing Readiness requirements. Chronically homeless people may have to demonstrate that they are ready to leave their lives on the streets and undergo a period of documented sobriety and participation in supportive services and/or attend work programs, meet regularly with case workers and make progress toward achieving goals (often highly subjective) related to their 'Housing Readiness' (Caton et al., 2007). Some chronically homeless transitional housing initiatives adopt a more lenient (low demand) readiness approach, utilising programs and strategies such as assertive outreach; building trusting client/practitioner relations; training in life skills; assistance in accessing benefits and services and providing assistance and lobbying to access and meet housing requirements. As Barrow, Soto and Cordova (2004) note, the intention of the latter form of transitional programs is to build trusting relations and link the most chronically homeless and disconnected clients with the service system.

*Permanent Supportive Housing:* has gained in prominence over the past 10-15 years as a viable model for the chronically homeless. Numerous evaluations and research initiatives demonstrating enhanced housing stability (Barrow et al., 2004; Lipton et al., 2000), increased and sustained sobriety and treatment engagement and decreased use of medical services and incarceration (Culhane 2002) have encouraged practitioners and policy makers to adopt a more flexible and less demanding approach to addressing homelessness for those people with multiple and entrenched problems. As the name suggests, permanent supportive housing combines permanent affordable housing with supportive services directed at securing greater housing stability for participants. While there are many variations, several core elements can be identified: (a) voluntary participation in services and treatment, (b) tenants hold a lease or a tenancy agreement which does not set a time limit for occupation; and (c) a level of integration between service providers, property owners and other related providers (Caton et al., 2007).

In the US, HUD (2007) fund a series of programs designed to assist the Housing Readiness of clients engaged in supportive housing programs. Clearly the supportive housing approach offers chronically homeless people a set of alternative interventions premised on increased flexibility of options, interventions aimed at enhancing client engagement with both own intervention goals and the set of helping services as well as enhanced self-sufficiency and efficacy in this process. Despite the veracity of these objectives, a review by HUD indicates "although Housing Readiness Programs focus on self-sufficiency as a goal the inconsistency of language used in the program formation and implementation can work against outcomes" (2007).

### Housing First Approach and Models

While the supportive housing approach adopts a more social justice and client oriented philosophy, the emerging Housing First model has more seriously challenged the previously dominant notion of Housing Ready — that people who experience homelessness must overcome their personal challenges, such as mental illness, substance abuse and chronic health issues and the propensity for rough sleeping, before being eligible for 'housing' (Cunningham, 2009).

'Housing First' refers to programs that target chronically homeless people with complex needs by providing them with immediate access to permanent housing (rather than transitional or emergency accommodation seen in Treatment First models) along with access to support. *Housing First's* theory of change is based on the premise that for the homeless, the first and primary need is stable housing. Only when they are housed and do not have the daily challenge of shelter, can they work on other issues that led to homelessness. It first originated with the establishment of Pathways to Housing Inc. in New York City in 1992 (Tsemberis et al. 2003). It is considered a means of addressing multiple needs and homelessness, is focused on the most challenging cases (Atherton and McNaughton Nicholls, 2008) and is based on the premise that housing is a basic human right (Maslow 1970). Atherton and McNaughton Nicholls (2008) suggest this approach overturns the assumption that a homeless person must be judged 'Housing Ready' before they can maintain a tenancy (Yanos et al. 2004). Housing First clients start with permanent, independent apartments and providers work with consumers regardless of their conditions, behaviours or whether they participate in formal treatment (Tsemberis et al. 2004).

Housing First, in its most pure form and original intent is about the provision of a house to chronically homeless people without any eligibility criteria being met other than they are in need of housing. The house is provided with support options available, however, support services are not a tenancy criteria but an option that the individual or household has a right of choice to accept or refuse. Another element to the Housing First approach is that the client has sufficient funds (generally relating to the correct benefit level) to be able to pay for accommodation. In comparison to Housing Readiness that employs a measure of skills, sobriety or some other social acceptability measure to qualify for housing, the Housing First model uses a Supported Housing approach (Ridgway and Zippel 1990; Rog 2004). Supportive housing provides flexible services developed through principles of community mainstreaming, enabling the potential for greater social affiliation and client empowerment (Carling 1993). It is therefore a blend of both specialised services, support (Lipton et al. 2000) and housing designed to wrap around the client to help individuals and families help themselves and develop competencies for integration including literacy, rehabilitation, employment and skills development (Ware et al. 2007). In the US, the only requirement for Housing First tenants is the payment of 30% of their income towards rent (HUD 2007).

Padgett, et al. (2006) highlights that Pathways to Housing, Inc. (not to be confused with, and distinct from, Pathways Models of addressing homelessness) stands alone in embodying the following elements:

- immediate independent permanent housing that is not contingent on treatment compliance and is retained regardless of the client's temporary departure because of inpatient treatment or incarceration
- choice and harm reduction with respect to mental health treatment and substance use
- Integrated Assertive Community Treatment (ACT) services (Drake et al., 1998) that work in conjunction with housing staff and a nurse practitioner to address ongoing housing and health needs
- there is only one contingent: that of a money management program (to ensure continued tenancy finance obligations are met).

Padgett, et al. (2006) also argue that evidence demonstrates that provision of immediate permanent housing is more effective than treatment-linked temporary accommodation. Their findings indicate that neither severe

mental illness nor substance use precludes formerly homeless people from maintaining housing. For further discussion of Housing First and evaluations of this refer to Question 3.

The 'Common Ground's Street to Home' program was developed in the US by Rosanne Haggerty based on the UK's "Rough Sleepers Initiative" and is now widely employed across the US and is gathering momentum in Australia. Street to Home projects establish a registry of homeless people and prioritise people for housing by way of a vulnerability index<sup>4</sup> and accommodates targeted people in self-contained accommodation with on-site support. In Queensland, the principles of Common Ground are being developed through the Brisbane Common Ground site at the old Gambaro's Seafood outlet and adjoining Hope Street vacant lot to provide tenancy for a mix of 50% formerly homeless people and 50% people on low incomes. Support services delivered by Micah will be offered on-site on a voluntary basis to tenants. The aim of the project is to contribute to ending homelessness for individuals by providing long-term housing and on-site support services to assist people to sustain long-term housing<sup>5</sup>. The Common Ground approach to prioritising access to housing has parallels with protocols used in some Housing First programs.

#### Variations on the Housing First theme

The Housing First model has been increasingly embraced around the world due in part to its positive results and also the enthusiastic championing by, for example, the US and other governments (UK, South Australia). The positive outcomes and press of the original Housing First approach, has been argued to have led to the reorientation or re-badging of many existing services, such that there now exists a wide array of projects following some, but not all, of the operational principles of the Pathways to Housing Inc. model (Caton et al., 2007; Pearson et al., 2009).

As the Housing First approach has been replicated internationally, there is evidence of program departures or 'drift' (Atherton and McNaughton-Nicholls, 2008; Gordon, 2008). In their review of the literature Johnsen and Teixeira (2010) identify the following programmatic deviations:

- the use of communal/congregate accommodation as opposed to (or as well as) scatter-site housing
- greater selectivity in client recruitment (e.g. evidence of client willingness to engage with support)
- the lease of housing that disallows drug-use on site (thus compromising Housing First's harm reduction principle) and
- imposition of time limitations to housing provision.

This degree of variation makes it difficult to not only determine the effectiveness of this new cache of programs, but also to understand the conceptualisation of readiness in each of their domains. The following table provides an initial comparison of the core elements of both Treatment First and Housing First approaches.

<sup>4</sup> The Vulnerability Index is a tool for identifying and prioritising the vulnerability level of homeless people according to the fragility of their health condition. Developed by Dr Jim O'Connell of Boston's Healthcare for the Homeless Organization it is administered by a survey and identifies the most vulnerable people through a ranking system which takes into account risk factors such as (co-morbidity, advanced age) and the duration of homelessness.

<sup>5</sup> Queensland Government, Housing and Homelessness Service <http://www.housing.qld.gov.au/programs/homelessness/common-ground/model.htm>

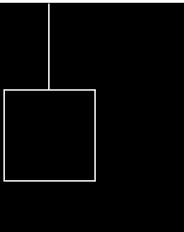
**Table 3: Traditions Contrasted**

	<b>Treatment First</b>	<b>Housing First</b>
<b>Assumptions</b>	Housing recipients prove that they are worthy of a house; without strict adherence to treatment and sobriety housing stability is not possible; also assumes the skills a person learns in transition processes can be transferred to independent housing	Housing as a human right; social justice Also assumes that if a person can survive on the street, they have the capacity to survive in their own home
<b>Purpose</b>	Enhance Housing Readiness by encouraging sobriety and compliance with treatment as a foundation for transition to permanent housing	Provide chronically homeless people with immediate housing, this stability can be a platform for change
<b>Characteristics</b>	Housing contingent on treatment; involuntary; transitional	Separates treatment from housing; permanent independent housing, (e.g. not lost if they go to hospital); support not time limited; treatment is offered and voluntarily undertaken; harm reduction not abstinence; intervention tailored to client's individual needs; many chances
<b>Consumer perspective</b>	Perceive housing as an immediate need, but experience the model as a series of treatment hurdles to be overcome	Perceive housing as an immediate need
<b>Readiness focus</b>	Ready to comply to 'set' goals and behaviours; change is imposed; result on outcome — limited chances; sobriety, living skills or motivation to change	No requirement regarding Housing Readiness
<b>Assessment determination &amp; focus</b>	Therapist (housing provider) determines intervention goals (often subjective measures) and housing level	Clients define or contribute to their own intervention and housing goals (objective measures)

#### Policy Perspectives: "Housing Ready" and "Housing First"

There is a considerable policy trend across most state, national and international domains towards a 'Housing First' approach. Such a shift is particularly evident in the USA policy and program documentation (see for example, the report by the Office of Policy Development Housing and Urban Development: HUD, 2007; USICH, 2010).

Other jurisdictions including the UK have also identified the chronically homeless as a 'policy priority'. As an example, the *No One Left Out* rough sleeping campaign sought alternative approaches for housing for the more intractable target groups (Communities and Local Government, 2008). A review by the Scottish Government (including comparative programs in Scotland, UK, EU, North America and Japan) reaffirmed the strong association



between the presence of mental health problems or severe mental illness among homeless people with substance abuse problems. The study also concluded that services aimed at abstinence (drug or alcohol) generated limited success in their outcomes, with clients either ceasing contact with treatment providers or avoiding such services to begin with. Further, short stay intoxication was the least successful intervention. By contrast harm minimisation policies were found to engage homeless people with substance misuse problems more effectively.

In the Australian context, the Council to Homeless Persons (SA) SA Social Inclusion Initiative (SII), for example, has focused much of its policy reform effort on reducing homelessness. In doing so it has championed an end to the Housing Readiness debate through the adoption of the Housing First approach. Similarly, in Queensland, the focus is now also shifting to a Housing First approach with wrap-around support services through initiatives such as the redevelopment of the Gambaro Seafood Outlet site.

At the National Level, to a considerable extent, the underpinning principles coming out of the federal government's white paper are Housing First principles. That said, the white paper still acknowledges the continued need for transitional services:


People who experience homelessness should move quickly through the crisis system to long-term housing and at the same time should get help to reconnect them with education, employment and the community. (p. ix)

It is not clear from the White Paper whether such transitional services are necessary to address a lack of 'Housing Readiness' or because of the continued structural issues confronting the homelessness sector in that there continues to be a lack of affordable and suitable housing. The term 'Housing Ready' is not mentioned once in the report which suggests that a pure Housing First approach is the ideal and that structural issues are only stumbling blocks to its full adoption.

As a result of this significant shift to Housing First models, definitions and measurements of Housing Readiness are uncommon. The main tool used under Housing First approaches is the 'vulnerability index' which measures the fragility of a person's health condition to determine their housing needs priority. Vulnerability indexes contrast with measurements of Housing Readiness that are used to determine personal deficiency for sustaining a tenancy.

- The underpinning principle of Housing Readiness approaches is individual motivation. Measuring Housing Readiness is therefore a process that involves each individual in clarifying their motivational readiness to participate in treatment and/or training. "It prescribes a process whereby both the consumer and the practitioner take a careful look at how hopeful, confident, and motivated a person is to begin choosing or achieving a valued role in a community environment." Through a structured process of transition, Housing Readiness is about assisting people to assess their own needs to determine the type and timing of any interventions. Assessing readiness allows the practitioner to determine the development needed to assist individuals to participate in rehabilitation (Cohen and Mynks, 1993) and addresses five key areas:
  - need (level of satisfaction and/or success in a current living, learning, working, or socialising environmental role)
  - commitment (beliefs about personal abilities, importance and benefits of change, and support for change)
  - environmental awareness (knowledge about potential future environments)
  - self-awareness (knowledge about personal preferences, values, and interests) and
  - personal closeness (consumer perspective about the quality and type of interactions with practitioners) (Farkas, Cohen, McNamara, Nemec, & Cohen, 2000).

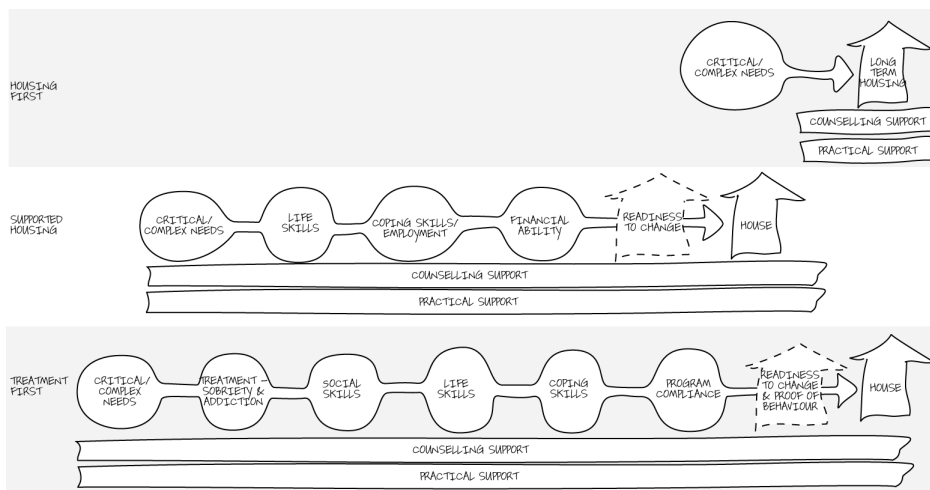




Each indicator is jointly reviewed by the service provider and client to determine the next steps in regard to setting rehabilitation goals and/or participating in development programs. The purpose of assessing readiness is to make clear the level of commitment to participation in a change program or process, including the transition to stable independent or semi independent housing.

The grey literature on Housing Readiness approaches and policies is further discussed in Question 2.

In summary, this section has revealed a mix of approaches that have been adopted to various degrees across a number of jurisdictions. Figure 2 provides a graphical description of the general conceptualisation of 'Housing Readiness' for each of these and highlights the relative distance between the 'readiness' requirements and the provision of a house. To expand, Treatment First models are based on the assumption that addressing intervention needs (clinical and social/support) in a strongly supported and relatively controlled environment provides the best foundation for a person to become 'ready' for housing and be able to sustain this accommodation. Readiness in this regard incorporates multiple assessments — compliance, psychological and capabilities and can encompass both subjective and objective measures and interpretations of readiness. Thus, the distance between Treatment First and housing is quite protracted, requiring navigation and progression through several phases. Supported Housing, which largely occupies the middle location of the housing continuum (and itself can array from various forms of transitional to permanent housing), adopts a different approach and provides 'housing' in a range of formats accompanied by the offer of support and intervention at the same time. Similar to Treatment First models, the Supported Housing approach promotes engagement in a range of programmatic interventions broadly encapsulated under 'social or life skills' as an important contributor to Housing Readiness and thus stability. An element of choice is evident in terms of both the type/location of housing (depending on the housing program) and the client's engagement with support services available. Readiness will often be assessed based on a range of criteria including proof of homelessness, social and life skills and capacities and will be largely informed by continued engagement with a client over a period of time. Under this model, although there is a progression or transitional approach to housing, the requirements are less arduous and are often based on evidence of capability to cope with basic aspects of living independently. In each of these previous approaches upfront support and intervention form a cornerstone or foundation for readiness to be housed. By contrast, in its purest form, housing-first is about solely the provision of a house regardless of the recipient's motivation or determination to accept offered treatment. That is they are deemed 'ready' if they are homeless and are immediately eligible for housing. Variations to this pure form exist that may place behavioural provisions upon clients to permit them to sustain their tenancies. Thus, the Housing First model does not confront clients with a series of 'loops' to be navigated for housing to be provided.

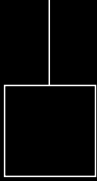


**Figure 2. Generalised Model: Differentiated Conceptions of Housing Readiness**

## Conclusion

This review has revealed that most countries (including Australia) have in place an array of homelessness services and programs (as well as related/floating ancillary services) with which to address homelessness, including chronic homelessness. The dominant framework guiding intervention and service delivery remains the broad continuum of care which is characterised by a mix of Treatment First and supportive housing. Such models tend to focus on structural or individual conditions of homelessness when describing the chronically homeless and housing preparedness, not least because of shortages of suitable long-term housing. A growing transition toward the Housing First model, however, is apparent and increasingly supported by both practitioners and research results. Housing First may however be considered the ultimate 'holy grail' of housing models.

The result of the growth of Housing First approaches is the co-existence of a mix of approaches that are underpinned by different operating and theoretical frameworks and points to the complexity of both Housing First and Housing Ready approaches. There are various forms of each model. This mix has resulted in a significantly crowded policy and practice domain that hampers efforts to accurately assess policy interventions as program drift may mean that assessment is not measuring what it is meant to. The term Housing Readiness has been used very vaguely and imprecisely and has been used to discuss a number of different programs and assessment processes — many of which have different underpinning assumptions of Housing Readiness. These assumptions include ideas about personal deficit characteristics that must be overcome if permanent housing is to be provided, motivational models that measure individual understanding of need and preparedness to accept co-determined treatment and phase models that assume a trajectory from homelessness through various stages to permanent housing.



## Q2. What are the current national, state and international policy and programs to Housing Readiness?

This section outlines the different frameworks and conceptualisations of Housing Readiness across national and state jurisdictions in Australia and in the international policy and program arena. The notion of Housing Readiness is not common across national contexts and this absence of a clearly articulated, generalisable and widely-accepted view makes a cross-national or global comparison difficult. The resolution of homelessness in different national contexts has been the subject of policy and program responses that have varied presuppositions and frameworks even within the same national context. The publicly available information about homelessness and responses to homelessness by agencies charged with the responsibility of organising shelter for those who are homeless only gives general indications about the underlying principles and approaches to Housing Readiness. The grey literature including departmental websites for policy documents, departmental forms and other publications on policy and programs for homelessness, Housing Readiness and housing have been sourced and reviewed. These have been supplemented by telephone interviews with departmental officers in several states when websites have not been clear about particular policy and program initiatives or when website information appeared to be superseded by other initiatives.

The federal and state agencies dealing with housing and homelessness offer a range of publicly available information from information packs and forms on websites for those who may require housing assistance to reports on policy and program issues surrounding housing and homelessness. As such, these documentary sources provide written confirmation of the underlying principles and overarching policy frameworks that give some demonstrable paths to understanding the ways that Housing Readiness may be encapsulated in different policy and program contexts.

Given the absence of specific information about Housing Readiness then, the approaches to determining whether there is a particular approach to Housing Readiness sits under the more general responses to homelessness. Housing Readiness may be discerned by unpacking the themes and programs surrounding homelessness to discover the type of assumptions embedded in the response to homelessness and consequently to understand the way in Housing Readiness is conceptualised.

A common response has been to provide emergency shelter for those who are homeless and then to transition to more permanent housing depending on a range of personal and structural factors. Structural factors include the available stock of housing, the type of accommodation and the mix and organisation of available services. Personal transition factors focus on the ability to sustain a tenancy. There has been a shift to a new model over time and the evidence of the adoption of, or shift towards, this new approach is the increased prevalence of the language of Housing First as a model for responding to homelessness.

The international arena will be discussed first as the approaches developed in other jurisdictions have often been adopted in Australia and the longer timeframe of adoption allows better and more comprehensive understanding of implementation and program development to take place.

### International: Policy and Programs for Housing Readiness

The international arena has many different approaches and the US is reviewed first.

To address homelessness and housing issues, the US has introduced a large-scale national program of housing through its American Recovery and Reinvestment Act of 2009 (Recovery Act) initiatives ([www.recovery.com](http://www.recovery.com)). The housing programs are administered through the US Department of Housing and Urban Development (HUD) with the specific aim of redressing and preventing homelessness. The Recovery Act has a focus on ameliorating the effects of the economic crisis, particularly through measures preventing community decline, job creation efforts



and initiating infrastructure and building projects. The programs administered through HUD provide the impetus for infrastructure provision and increasing housing stock with a specific agenda to redress the incidence of homelessness.

The major thrust of the Recovery Act in relation to resolving and preventing homelessness is the funding available through the Homelessness Prevention and Rapid Re-Housing Program (HPRP). This \$US1.5b program has a two pronged approach to housing requirements of vulnerable citizens. The first is to provide support to those who are already housed but are experiencing problems with maintaining their housing. The second part is to work with those who are already homeless to find housing under a rapid re-housing agenda. Housing stability is at the core of these programs

Programs in the US range from Housing First to Treatment First so there is wide variety of approaches to housing programs that have as their basis a notion of Housing Readiness. In the main, these tend to sit between transitional housing and Supported Housing.

The Canadian Government instituted the Homeless Partnering Strategy to reduce homelessness. This program focuses on partnering between NGOs as service delivery organisations and links with government to provide the policy framework rather than the provision of direct services.

The province of Saskatchewan combined the Departments of Housing and Social Services in 2004 to better deal with housing and homelessness. 'The Ministry of Social Services, through the Saskatchewan Housing Corporation (SHC), promotes self-sufficiency and independence by providing housing and housing services for families, seniors, persons with disabilities and others who could not otherwise afford safe, secure shelter. The policy goal is that good quality housing that is affordable has many social, economic and health benefits' (<http://www.socialservices.gov.sk.ca/housing/>). The focus on housing those who are homeless then is to create social and economic benefit for communities.

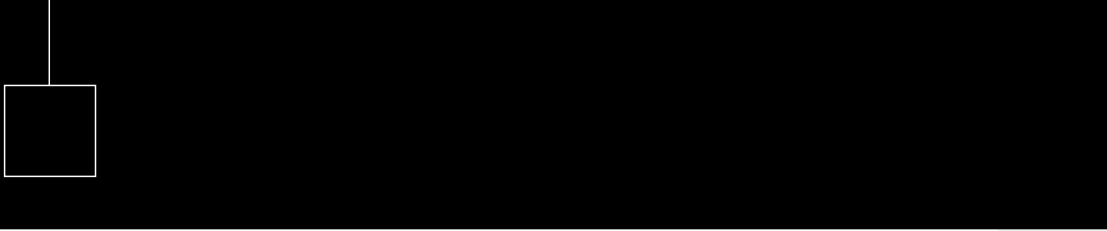
In North America, the Housing First policy developed to ensure those who are homeless are housed first. Overall costs for dealing with people with complex needs who are homeless are considered to be lower under this model. Padgett et al. (2006) identified research that found Housing First Programs were cheaper than Treatment First programs, psychiatric beds and prison by at least half for Treatment First and were only around 12% of the cost of a psychiatric bed.

'Housing as Housing' is another linear program of housing model that uses the rental market to leverage housing for those who are homeless as its basis. The model is based on strong advocacy with housing providers and provision of stable and guaranteed rental income for tenancies. Disadvantages include being captive to housing stock availability and rental market availability (Hopper and Barrow 2006). Another model used is integrated housing (Hooper and Barrow 2006) that utilises a combination of community development and low income housing.

In the US, Minery and Greenhalgh (2007) argue that federal policy has increasingly focused on continuum of care approaches, though the situation is complex, and there have been, as has been seen, a number of Housing First type approaches being piloted.

Reviewing European strategies, Harvey (1999), identified three models of homeless resettlement strategies:

- normalization, which moves people directly into normal housing
- tiered, which provides one or more stages before moving to normal housing, and
- staircase of transition, a series of stages, with sanctions in progress toward normal housing.



Harvey (1999) contends that the normalization model is most effective in reducing institutionalization and argues that the staircase model focuses on the management issues of capacity for independent living, “difficult” tenants, and anti-social behaviour. Harvey (1999) concedes, however, that the tiered model is the most common and can be effective, especially when employment status can be improved. Minery and Greenhalgh (2007) also argue, however, that the UK requires specific attention because of its statutory government responsibility for homelessness. The policies adopted here (though complicated by devolution) focus on two groups, rough sleepers and those requiring bed and breakfast, clients needing to show unintentional homelessness in order to receive priority.

Housing First policies offer secure tenancy whether or not those who are homeless have been able to address addiction or other drug misuse. In their assessment of the Housing First policy, Atherton and McNaughton Nicholls (2008) conclude that it is not applicable in all contexts when the authors examined the Housing First application to Europe. The research findings, however, suggest that it benefits those with complex needs (Atherton and McNaughton Nicholls 2008, Padgett et al. 2006).

Current policies and programs within Australia are outlined in the next section<sup>6</sup>.

### National Policy and Programs for Housing Readiness

The initiative of the federal government that provided the impetus to establishing a new framework for addressing homelessness was the long-term plan for reducing homelessness launched in 2008. The culmination of community and organisational consultation, submissions from members of community organisations and community members, those who have experienced homelessness and analysis of the results of policy and practice research was the White Paper report entitled *The Road Home*, published in 2008. The focus of *The Road Home* was the need for new housing infrastructure to provide increased numbers of dwellings, a social agenda for housing being recognised as a basic human right with the attendant rights to access housing, together with an assumption that there is a need to eliminate rough sleeping through the provision of shelter.

National Partnerships are a new form of payment instituted by the Council of the Australian Government (COAG) that allocates funds for particular identified projects and provides incentives and rewards for states and territories to deliver reforms on nationally-significant issues ([http://www.coag.gov.au/intergov\\_agreements/federal\\_financial\\_relations/index.cfm](http://www.coag.gov.au/intergov_agreements/federal_financial_relations/index.cfm)).

The *National Partnership Agreement on Homelessness* was initiated in July 2009 and bound all state and territory governments to implement and deliver Plans and Programs for reducing the incidence of homelessness and providing affordable housing.

Responsibility for policies and programs that address homelessness in the federal sphere resides with the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). The federal government through FaHCSIA has several large-scale programs for addressing homelessness arising from the 2008 report, *The Road Home*. One of these programs is the *National Rental Affordability Scheme* which has the purpose of allocating \$1 billion to provide 50,000 affordable rental properties over the next four years. This program is complemented by the *National Partnership Agreement on Social Housing* that focuses on the provision of additional social housing stock.

It was found that there are different models that have been adopted for developing a response to housing for those who have experienced homelessness. The contemporary models drawn upon at the federal level have been described as following Housing First principles, however the most common set of presumptions have been to

---

<sup>6</sup> Appendix 3 provides a more detailed account of the programs and policies.



outline a program that will support **sustainable tenancies**. The content of these programs indicate that the Housing First model has been adapted to include support services as part of the package of assistance for housing.

Wrap-around support programs and initiatives proposed for maintaining tenancies offer an insight into the way in which there is a policy and program presumption within government that housing provision is not simply about housing. Programs for living skills, financial management, knowing and understanding legal rights and preparation for the private rental market are included in housing access programs. These, then, operate on a deficit of 'readiness' to take up the additional skills required to not only live in housing but the associated responsibilities of maintaining the tenancy. Following the suite of remedies for moving from homelessness to shelter, the programs have begun to shift from a linear incremental approach of adding skills to support housing retention to either dealing with a medical model of care or a socialization approach and superimposing parts of these different models on each other.

#### **New South Wales: Policy and Programs for Housing Readiness**

In New South Wales, programs and policy to address homelessness are in the main the province of Housing NSW and ultimately, the Homelessness Unit in this agency. There are two espoused planks to the homelessness strategy of the NSW Government: the first is the introduction of multi-agency collaboration as a way to redress chronic homelessness and the second is the adoption of the Housing First model.

NSW Housing developed a Homelessness Action Plan (HAP) as part of a state-wide reform of the homelessness service system to gain better outcomes for those who are homeless or at risk of homelessness (Department of Human Services, 2010).

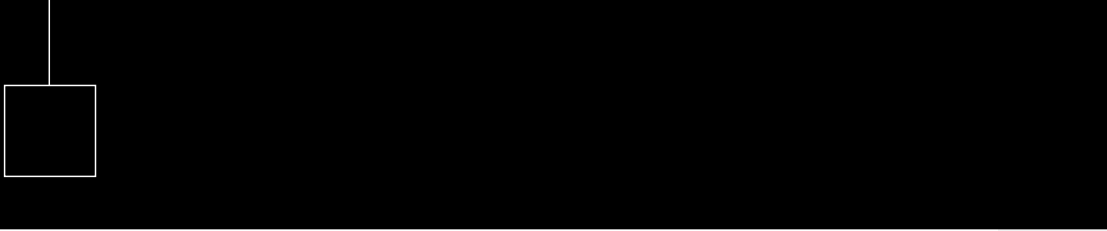
The HAP offers a planning approach to redressing homelessness through setting overall numerical targets as a strategy to reduce the incidence of homelessness, the number of rough sleepers and levels of Indigenous homelessness. The HAP also establishes a series of regional plans across the various geographic regions of NSW designed to implement the necessary strategies to achieve the targets set out in the state-wide plan. The HAP is 'implemented on the ground by NGOs who go out on the streets and talk to the people to determine their needs. The [aim is to move] chronic homeless people into long-term accommodation and move away from short-term crisis accommodation because it is a band-aid solution and we need to look at the long-term secure housing' (David Maher, Media and Communications Officer, NSW Housing, Department of Human Services). The underpinning principle for the NSW response is acknowledged to be based on a Housing First model.

The regional plans were developed from an audit of the Census data of the particular region on the extent and type of homelessness and the issues facing the region, along with other social indicators. This approach brought together key service providers within the homelessness service sector and it is clear that those community and public sector organisations dealing with homelessness were well represented. The entry of mainstream services such as police and health was a feature of the regional planning processes, although education providers were not as well represented in these meetings.

The NSW approach differentiates between short-term and long-term housing for homelessness or avoiding homelessness. The short-term focus for resolving homelessness is about natural disaster crisis and acute personal and family dislocation such as domestic violence.

#### **The NSW Homelessness Intervention Project**

A specific intervention to redress homelessness is outlined in the following vignette to demonstrate the elements of working together. The Homelessness Intervention Project is a cross agency initiative led by Housing NSW, and



includes the Department of Premier and Cabinet, NSW Health, Community Services, the City of Sydney, Homelessness NSW, and the Youth Accommodation Association.

The Homelessness Intervention Project comprises two separate initiatives:

- the Homelessness Intervention Team, which was established to house and support chronically homeless people in the inner Sydney area, and
- the Nepean Youth Homelessness project, which was established to focus on homeless young people in the Nepean area and facilitate their move to long-term accommodation with support, as well as provide early intervention responses to other young people at risk of homelessness in the Nepean area.

An evaluation of both the *Homelessness Intervention Project* has indicated considerable promise for the future of multi agency homelessness service delivery, and the **Housing First approach** — both of which are key reform directions under the NSW HAP.

#### South Australia: Policy and Programs for Housing Readiness

The South Australian model for addressing homelessness appears to be based on a Supported Housing framework, however there is an overarching set of principles derived through a novel approach encapsulated in the Social Inclusion Initiative that offers advice and direction on social issues, including resolution of homelessness:

*The Social Inclusion Initiative was established in 2002 by Premier Mike Rann. The focus of the Initiative is on providing the South Australian Government with advice on innovative ways to address some of the most difficult social problems. The Initiative has a strong emphasis on providing opportunities for the most vulnerable members of our society to participate in the social and economic life of the community. This includes Aboriginal people, the unemployed, homeless, mentally ill and those who are disadvantaged as a result of a physical or intellectual disability. <http://www.socialinclusion.sa.gov.au/>*

The Social Inclusion Initiative bases its homelessness response on Housing First principles. Evidence of the Housing First Approach is the adoption of Common Ground as a framework for housing. Common Ground Projects were implemented as early as 2007 in South Australia. There are two Common Ground Projects underway.

The South Australian Government partners with other agencies to provide supported accommodation services for those who are homeless. The concept of 'Housing Ready' is encapsulated in the mix of Housing First and supported accommodation approach.

In South Australia the response to Homelessness has been to develop regional plans in a similar manner to NSW:

*People who are homeless or have high support needs require extra help to find the right housing solution that delivers stability, quality of life and a sense of security and connectedness.*

Evidence of the success of the overall approach to addressing homelessness is suggested to be the declining incidence of rough sleepers from the 2001 census to the 2006 census. SA is the only Australian state to have decreased its homelessness numbers while other states' homelessness has increased on average by 19%.

#### Victoria: Policy and Programs for Housing Readiness

The approach in Victoria is a general model for housing for those in need but this model then becomes differentiated according to an assessment of more nuanced needs for different types of accommodation. There are three categories:

1. *Special Accommodation* for particular self-identified needs.
2. *Supported Housing* is offered when medical conditions or mental illness is in evidence and is a sub-category of the general intake to housing.
3. *Recurring Homelessness* operates on a different approach for those requiring housing under the Victorian framework. A support worker is expected to assist in developing a housing strategy in this situation.

The service system in Victoria appears to reflect an approach that homelessness is both complicated by the differing circumstances of those who require assistance within the homelessness service system and complex in the different models that cater to the homelessness service system.

A key element of the response to homelessness is the Opening Doors Service Co-ordination Program which serves as a co-ordination point for the local area service networks. The Opening Doors Program built on the homelessness strategy of the Commonwealth white paper, *Roads Home*. A further strategy to support those who are homeless is the Homelessness Assistance Service Standards (HASS). These follow a rights based approach for direct service delivery and case management together with a required program of community engagement for service providers of housing. Funding was allocated to this program by the Victorian government to raise the standard of homelessness service delivery and develop a framework of accreditation for service providers.

Under the government strategy for housing, homelessness is dealt with as a separate issue. Those who are homeless are offered services through a central location of a crisis support centre and the service providers including accredited NGOs and Community Housing Victoria are located at this juncture to assist with housing.

The approach appears to encompass a hybrid Housing First model with services wrapped around accommodation offerings. Co-ordination of service delivery is a key plank in the suite of services and appears to be designed to bring the service providers together to resolve homelessness.

#### **West Australia: Policy and Programs for Housing Readiness**


The Department of Housing, Western Australia (WA) has responsibility for implementing measures for redressing homelessness. The WA model appears to be in transition from social housing with the attendant waiting list model to a broader application of housing needs and requirements under the National Partnership Agreement on Homelessness (NPAH). Opening Doors is used as part of NPAH and operates in conjunction with the WA State Plan. The situation relating to policy and programs for understanding and addressing housing is not clear as the website is not current, although these information sources are in the process of being updated.

Deborah Whiteside, Implementation Project Manager (Acting) for the NPAH, Department of Housing, WA stated that "under the NPAH, Housing Support Workers use a Housing Readiness checklist to assess clients. This goes through various aspects of their case like finances, capacity to maintain a household, etc" Those who complete the checklist are housing support workers who are employed by NGOs. The content and features of each checklist is negotiated between the department and the NGO service delivery organisations on a case by case basis to account for differences in client base, such as health and mental health; and demographics such as age and geographic distribution. This practice comes closest to the Housing Readiness model that focuses on the skills and abilities that are present or need to be provided through training to enable people to sustain a tenancy.

#### **Northern Territory: Policy and Programs for Housing Readiness**

The Department of Housing, Local Government and Regional Services is the focal point for programs that are aimed at reducing homelessness (<http://www.homelessness.nt.gov.au/home>). These programs are based on the federal government 'blueprint' of the combination of policy and strategy of Roads Home, and the specific programs under





NPAH for providing new housing stock, redeveloping other housing options and programs that bring people from chronic homelessness to housing. These programs include:

#### **A Place to Call Home**

A Place to Call Home is a joint multi-tier initiative between federal, state and territory governments to build 600 new homes across Australia to help individuals and families experiencing homelessness to gain housing.

A Place to Call Home programs move people directly into permanent housing. Tenancy and other support services for the first 12 months are instituted to help them address the issues that led to homelessness, and to reintegrate them with the broader community. Tenants remain in their home at the end of the support period so as to provide stability as A Place to Call Home dwellings are transferred to the public housing pool in each state. This model appears closest to Housing First with a focus on permanent tenancy for those who have experienced homelessness but there are added services through the inclusion of wrap around support to assist with maintaining tenancy.

#### **Street to Home Initiatives**

The Department of Housing, Local Government and Regional Services has funded a number of Street to Home Initiatives under the NPAH, which involves the refurbishment of accommodation such as hostels and houses, crisis accommodation and service delivery offices.

#### **Tenancy Sustainability Program**

The Tenancy Sustainability Program (TSP) provides intensive case management and life skills training to public housing tenants and applicants, as well as residents of Community Living Areas (Town Camps), who require assistance to manage and sustain their tenancies. The program focuses on developing living skills training and covers: managing money and resources; managing visitors and crowding; household orientation and functionality; and maintaining a safe, healthy and hygienic home. This program is closest to a Housing Ready program that is based on a transition program from temporary accommodation to sustained tenancy via a skills acquisition approach.

#### **Tasmania: Policy and Programs for Housing Readiness**

Homelessness is addressed through the Department of Health and Human Services. The policy document *Coming in from the Cold*, is one of six initiatives under the Tasmanian Homelessness Implementation Plan.

Other Tasmanian interventions that are common to most states include the SAAP for those who are homeless or at risk of homelessness with attendant services of case planning and support services, immediate emergency accommodation (including shelters), placements for young people, and transitional support services for homeless people to establish themselves in independent living (including financial counseling and personal support) together with other SAAP funded services (including Sexual Assault Support Services and Domestic and Family Violence Counseling and Support Services).

The other initiatives are: the Same House Different Landlord program which enables people experiencing homelessness to move directly into long-term accommodation and a Supported Accommodation Facilities Program under a Common Ground model.

There is also a Specialist Intervention Tenancy Service Program which has been initiated with multidisciplinary teams of specialist tenancy support and professional practitioners to provide assistance to people at key transition points. A Service Coordination and Improvement Program has also been implemented. These programs in Tasmania indicate that Housing First through Common Ground has been adopted but that the wrap around services and supported tenancy model is also in evidence through the mix of housing solutions offered.

## Conclusion: Policy and Programs for Housing Readiness

In practice the application and required understanding of Housing Readiness is more sophisticated and complex than deciding whether or not individuals are ready for tenancy. The Housing First approach in the US was driven by the research that those experiencing chronic homelessness created high costs with their continued homelessness and that existing measures did not resolve homelessness for those vulnerable individuals caught up in cycling between homelessness and emergency shelter and/or hospital. The notion of the shadow pathway is a reflection of this dislocation from the ideal pathway to move from homelessness to sustained tenancy. Common Ground initiatives from the US are located in the Housing First frameworks.

Minery and Greenhalgh (2007) argue that Australia's approach to homelessness can be seen as closer to good practice than Europe or the US, because of better definition and a range of specifically focused strategic policies with regard to homelessness having been enacted. However, the concept of Housing Readiness is difficult to determine clearly although it may be inferred from the overarching policy documents and the intent of the programs relating to homelessness.

It is clear from the published policy and program research into homelessness, where relevant Australian analysis is taking place, the extant literature focuses on the Housing First approaches rather than the concept of Housing Readiness. The trend within state government programs, for example, indicates a two-fold approach:

- In line with National Rental Affordability Scheme and Nation Building and Economic Stimulus Plan (NBESP), there is a focus on building more houses to deal with housing affordability and structural market inefficiencies which effectively trap people in transition owing to a lack of suitable houses.
- There is then more of a shift to providing 12 month contracts or longer term Housing First arrangements, with wrap around services in support.

In Australia, therefore, there is essentially a move, in part linked to the need for economic stimulus, towards a Housing First approach. This is not explicitly acknowledged in some cases (and where it is they term it sustainable housing linked to a minimum of 12 months, dealing with clients with complex needs and the number of units is small — mostly in Queensland, Western Australia and Victoria). Instead they call it long-term housing (as opposed to the other housing options of short-term, emergency, and transitional housing, or longer term programs for rough sleepers using Common Ground approaches linked to intervention strategies). Within this, Queensland is most similar in its approach to Victoria and they are building a framework assessment tool. The Northern Territories, in contrast, are more specifically focused on building houses and obtaining rooms, an approach which does not look at the structural, cultural and social integration problems that also exist, particularly for Indigenous clients (walkabout), and is therefore currently not holistic in its approach.

The impetus for a large-scale shift in redressing homelessness in Australia occurred with the release of the White Paper, *The Road Home* and the programs of funding under NPAH that provided new housing infrastructure and new programs for those who experience homelessness. This change offered the prospect of a Housing First model being adopted and implemented on a large-scale as the stock of housing increased and different ways of combining living arrangements for low income and those experiencing homelessness emerged. Housing First then became an obtainable goal in Australia as a first response to chronic homelessness and a new approach to social housing. Housing First bypasses the Housing Ready approach of assessment of those who are requiring housing as it presumes immediate housing will resolve the issues relating to a complex mix of determinants that led to homelessness. The existence of many wrap around support services indicates that in Australia, there are hybrid elements of Housing First and Supported Housing as part of a Housing Readiness Policy and Program response to homelessness.

### Q3. How does the literature evaluate Housing Readiness indicators in relation to sustainable tenancies?

Sustainable tenancy, elsewhere termed housing stability or housing retention has become a core goal of most homelessness programs and initiatives. Housing instability is associated with poor adjustment and preconditions people to homelessness (Drake et al., 1991). By contrast it is argued that housing stability provides a strong platform from which clients can better address their issues and generate meaningful change. A recent presentation by White and Patterson (2010) at the Coalition on Homelessness and Housing in Ohio (COHHIO) Annual Conference noted that such an approach 'turns the continuum of care approach to housing inside-out' since it locates housing stability at the centre of the intervention process rather than shelter.

Also driving the search for housing stability are the expected savings made from the reduction of high cost services to chronically homeless (see, for example, Gulcur et al., 2003). This section proceeds with a general examination of the concept of housing stability and interrogates extant research and literature to identify generalised success factors. Following this, the link between readiness and housing stability is examined in more detail.

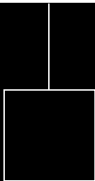
#### Housing Stability

At its most basic, housing stability is defined as the period of time that a person or group (family) are housed in a continuous session. Some researchers have widened the concept to produce a continuum or spectrum ranging from stability to instability, signifying the tenuousness of tenure (Drake et al., 1991). Thus, as several authors have noted, definitions of housing stability have varied widely (Abdul Hamid et al. 1993; Tsemberis et al., 2007) as have the indicators used to measure this element of housing effectiveness. There remains considerable debate and conjecture (as will be demonstrated below) as to what this time period actually constitutes and which type of housing constitutes 'being housed'. Various studies have presented periods ranging from 1 to 5 years as evidence of stability (Culhane, 2002; Tsemberis and Eisenberg, 2000). Together, these factors serve to limit our understanding of housing stability. Nonetheless, some useful insights can be drawn from extant research reports, academic literature (including, increasingly, conference presentations) and policy documentation.

#### Housing Stability Factors

Most studies on housing stability have used the period of time accommodated as a key dependent variable. For the USA, Matulef et al. (1995) found that for a Transitional Housing Program 57% of participants who entered a program completed it, 70% of whom moved on to stable housing, some with rent subsidies, and most without services. Within this, however, the success rate was measured at 90% for families to only 41% for abused women. Barrow and Soto (1996, 2000) found no statistically significant relationship between housing outcomes and characteristics such as gender, age, psychiatric disability or addiction, ethnicity, length of time homeless, main means of support, sleeping place, and pre-baseline services. Conversely, characteristics with negative outcomes in terms of those who left the program or were discharged without placement were more likely to be women or persons in their forties or those with the most severe psychiatric diagnoses or those actively abusing substances when admitted to the program.

Australian studies have also highlighted barriers to successful outcomes experienced by those with dual diagnosis, such as those with a mental health disorder but also substance abuse problems (Parker, Limbers and McKeon 2002), given that if left untreated, such groups often display disruptive behaviour, and consequently have high rates of suicide, arrest and violence (Robinson 2003). Robinson's (2001) earlier Australian work also highlights that shortages of acute hospital beds, difficulties arising from the strict criteria applied for hospitalisation, and the



absence of adequate mental health facilities in the community all impacted detrimentally on the success of this approach.

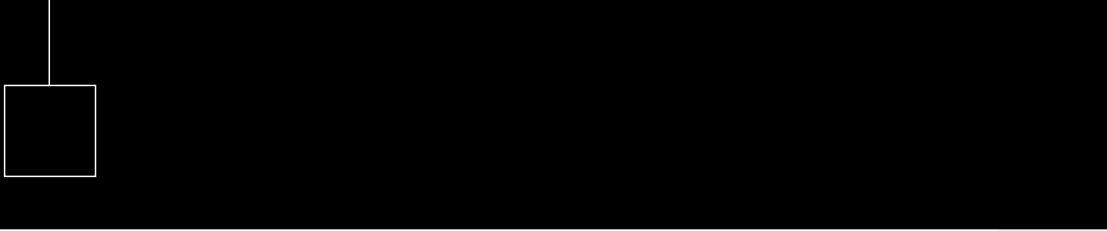
International studies that have analysed success more recently can be seen to have focused more on Housing First versus Treatment First approaches. Where Canadian and US programs have been evaluated this has usually been in the context of comparisons between Housing Readiness/Treatment First and Housing First approaches, the findings generally being that Housing First produces better outcomes. In particular, when the Housing First approach has been comparatively evaluated against 'treatment compliance' accommodation program models it has been found to be more effective at reducing homelessness. Tsemberis (1999), for example, compares retention rates in two different housing programs designed to meet the needs of people experiencing homelessness and mental illness in the US. He finds that immediate access to permanent housing with non-compulsory support achieved more than 80% retention over three years, compared with the standard treatment-contingent program figure of 60% retention over two years (Tsemberis, 1999 231-2). In response to the lack of reliable and valid longitudinal data on residential stability, in another evaluation, Tsemberis et al. (2007) examined eight case study sites aligned with the Collaborative Program to Prevent Homelessness and reaffirmed the validity of the Residential Time-Line Follow-Back (TLFB) Inventory as a useful instrument to record and assess participants' housing histories and stability. According to these authors, the strength of this instrument is its incorporation of both point-in-time assessments and longitudinal evaluations of housing and transitions to build chronological records. Such a detailed account has been missing from many of the previous studies. The study reaffirmed the importance of multiple assessment stages and made an important step toward strengthening the quality of stability data.

The 'Housing First' approach has also been evaluated in a major randomised and controlled study which followed more than 200 street-dwelling adults over four years randomly assigned to receive either (a) immediate housing, without the treatment prerequisite or (b) housing contingent on sobriety (The New York Housing Study). Tsemberis et al. (2004) reports that at 24 months the 'Housing First' group reduced their homelessness significantly faster, spent less time homeless and were more time stably housed than the control group at each of the time points (Tsemberis, Gulcur, & Nakae, 2004 p. 654). The findings also indicated that the two groups did not differ in the extent of their psychiatric symptoms or their substance abuse.

Subsequent findings reported at 48 months both extend and confirm these findings (Padgett, Gulcur, & Tsemberis, 2006). Overall, a retention rate of 87% was achieved over the four years for the 'Housing First' group. Importantly, no significant differences were found between Housing First and control groups in either alcohol or other drug use, though a small trend existed for 'Housing First' participants to use less alcohol. Finally, monitoring of the previous six months for the study concluded that 'Housing First' clients were stably housed 75% of the time compared to 50% of the treatment-first clients (Padgett et al., 2006 79-80).

Pearson et al. (2009) undertook a comparative study of housing stability outcomes between a set of three programs based on the Housing First model in the USA. This study found that Housing First models deliver stability outcomes, with 84% of the 80 dual problem clients remaining in occupancy for the 12 month study period. The study noted that people coming directly from living on the streets were much more likely to revert to prior living situations than those transitioning. By contrast, residents coming from correctional or hospital care facilities had better outcomes. Based on these results, it would appear that prior stability is a good indicator for ongoing stability.

In a recent report Friedman et al. (2007) for the Boston Foundation noted that nearly all households in their housing programs faced significant challenges to housing stability. The report went on to identify the following core stability disenabling factors: extremely low household incomes, limited educational achievement and/or minority status; mental illness, addiction problems or criminal status. Several key interventions were found to have a



positive impact on housing outcomes, including stability: (a) interventions designed to meet individual need, (b) housing subsidies to assist in meeting household costs/expenses, and (c) connecting clients to broader public resources, especially with regard to accessing employment.

In their quest for more effective and sustained tenancies, The Alberta (Canada) Housing and Urban Affairs division Housing Policy (nd) has identified skilled case management as playing an important part in securing tenancy stability by connecting people with appropriate support services, including employment or assistance benefits, mental health treatment, addictions treatment, counseling, financial assistance, skills training, or other services and resources. Under this policy perspective case management adopts a person specific approach in which interventions and services are tailored for client needs. A similar international review of housing services and options for the chronically homeless by the Scottish Government (2008) revealed that a harm reduction approach based on floating support models were able to promote and sustain stable living arrangements and ensure support with services. This study went on to note that chronically homeless people (especially those with dual problems of substance abuse and mental health problems) have a range of issues to be supported including: daily living skills, mental health services and substance abuse intervention. In a departure from the inclusive support style postulated by many services, it was identified that despite the multiple needs of this group clients respond best to targeted rather than comprehensive approaches. In their North American example, Novac et al. (2009) argue that, since the predominant or underlying goal of transitional housing is to increase economic self-sufficiency, the most commonly applied indicators of participants' success are related to:

- stable residency, once permanent housing is provided;
- greater reliance on employment earnings, rather than income support programs; and
- increased income from employment or benefit programs.

Wearne and Johnson (2002) also argue that ultimately the *type* of accommodation secured on leaving transitional housing is the best measure of a program's success, with long-term housing generally regarded as the best possible outcome.

Kolar's (2003) Australian study also sought to develop an understanding of the pathways out of homelessness, and the key issues associated with housing and family stability. Based on interview data collected from 33 previously homeless families the results indicate that a combination of factors feed a sense of housing security and sustainability. Some of these factors confirm well established literature (e.g., Lipton et al. 2000, Kolar, 2003) and include the perceived desirability and quality of the location and neighbourhood, services access, and housing quality. Other factors, however, are less well established in the literature, including direct debit of rental payments, having friends as key supports and having a pet. The findings therefore focus on the:

- profile of participating families
- family concerns
- housing circumstances
- income and employment
- use of welfare services and informal support networks
- child development, and
- parental wellbeing (Kolar, 2003).

Kolar (2003) argues, therefore, that public housing authorities have a responsibility to provide supportive tenancy management beyond their legal duties and responsibilities as landlords, an idea similar to the notion of the "social landlord" advocated by Jones et al. (2003).

Discussing mental health clients, Reynolds, Inglis and O'Brien (2002) noted that access to and maintenance of stable housing depends on:

- availability of affordable, secure housing — establishment of housing, furnishing, etc.
- ongoing access to a range of tailored supports (e.g. coping skills, crisis prevention plan, social networks and social and employment skills)
- mechanisms to assist the individual to engage in service systems (e.g. clinical support - psychiatrist, psychologist, specialist mental health services, primary care, allied health, drug and alcohol, residential rehabilitation)
- flexibility to respond to crisis associated with mental illness.

Reynolds et al. (2002) went on to identify a suite of additional factors contributing to housing stability: income support, employment services and ongoing housing assistance. The backdrop to all this is having a supportive environment consisting of family, friends, neighbours and a community that is aware and accepting of people with mental illness. Rog (2004) and others (e.g. Coleman, 2007; Penfold, 2010) have also identified accessibility to affordable housing as a further protective factor for sustained housing for people on limited incomes and experiencing high levels of vulnerability.

Coleman's (2007) Inner Brisbane study also identified inconsistency between readiness to be housed and housing availability as one of a set of elements pushing people back into homelessness. Other factors include: inappropriate location of housing, isolation from networks, service access, lack of choice in regard to housing, lack of motivation and/or readiness, and the nature and duration of provided support.

Housing consumers participating in the study also showed a sophisticated comprehension of housing needs, the goods and outcomes rental housing delivers, and how these are traded off. Complementary qualitative research was recently carried out in Brisbane with a small sample of inner city recipients of government-funded housing assistance to better understand why housing assistance responses for chronic homelessness do not always result in sustainable tenancies. It found that homeless people were receptive to offers of housing assistance, but the timing of offers and readiness to be housed often influenced whether a person benefited from the housing assistance received. The researcher concluded that 'people experiencing primary homelessness weighted the costs and benefits of homelessness (with which they are familiar) against costs and benefits of housing (of which they have little experience)' (Coleman, 2007). This highlights the considerable influence of rationally based decision-making by people experiencing homelessness on the outcomes of services and intervention programs.

While there is an adequate body of research and data that demonstrates the inter-related risk factors and causes that impact on housing breakdowns and homelessness, there are few studies that specifically examine the factors that enhance people's capacity to successfully maintain long-term tenancies particularly from the perspective of the client. The work of Coleman (2007) and Penfold (2010) rectify this omission. These authors show that clients believed that the following would help them sustain a tenancy:

- support to develop skills such as cooking, shopping, cleaning
- home support service visits such as life skills support, legal/advocacy and health.

The review has revealed numerous factors that can and do actively work for and against securing housing stability outcomes for chronically homeless people. Aiding factors are summarised in the table below:

**Table 4: Aiding Factors for Housing Stability Aiding Factors**

- Housing as housing, not treatment
- Consumer choice in (a) housing type & location and (b) intervention
- Affordable housing
- Flexibility of services
- Pro-social service & social networks
- Individuality in response
- Integration of services & of the client with (a) support services & (b) their community
- Skilled case management
- Financial assistance
- Daily living & life skills
- Ongoing support and housing assistance
- Prior experience of stable accommodation

At the same time this literature has distilled several key elements that can aid or act against housing stability. For example, anti-social networks (strong bonds with friends remaining on the streets) can become problematic by challenging 'new behaviours and desires' and encouraging 'old behaviour' (Coleman, 2007; Penfold, 2010). It has been argued strongly within the literature that securing housing stability is dependent on good case management which can monitor and balance out anti-social influences and 'tip' clients toward a pro-social lifestyle, including enhanced housing stability.

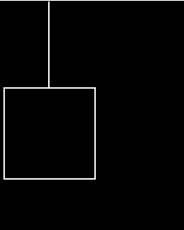
While overall the literature has highlighted some important issues for consideration in terms of enhancing housing stability outcomes for chronically homeless people, the notion of readiness has been largely implicitly expressed in programmatic terms focused on the provision of life skills or coping programs. The following section interrogates the literature specifically focused on Housing Readiness and stability to distil greater insights.

#### **Housing Stability and Housing Readiness**

In general, the available literature does not evaluate readiness in relation to sustainable tenancies<sup>7</sup>. There are a range of studies, both international and Australian, of direct or indirect relevance to this issue of the evaluation of Housing Readiness indicators in relation to sustainable tenancies. Piliavin et al. (1996) found that the population at risk of exit from and of return to homelessness is more easily identified than those at risk of initial entry into homelessness. Unsurprisingly, therefore, the former grouping was more often the focus of subsequent analysis than the latter. This highlights the incomplete nature of the analysis, in that it is more focused on those already within the system, rather than those at risk of being about to become homeless. Thus, "loss of Housing Readiness" indicators in relation to sustainable tenancies is likely to be an under researched area because of these data sample identification problems.

The bulk of the literature in which housing stability and readiness are linked is drawn from the exploration of the Treatment First/Housing First debates and comparisons. These studies have been discussed extensively in Q1 and repeated in Q3 above. To summarise, under the Treatment First approach it is assumed that failure to address treatment (sobriety/abstinence) needs impacts negatively on a client's ability to progress through various housing stages and thus achieve consistency in accommodation. Stability in this context is directly related to client's readiness to engage with planned interventions and comply with both the 'rules' of the program and the treatment program. As clients progress along the continuum of care the articulation of 'readiness' adjusts according to the

<sup>7</sup> The exception to this is the literature on family housing stability which is most extensively focused on educational readiness for children in family homelessness situations [1].



housing form and the related interpretations of stability. Thus, in this regard, stability comes from attendance to professionally identified treatment goals.

Bebout (1999) discussing mental health accommodation programs under the continuum of care approach, noted that health professionals assess clients' Housing Readiness to determine the type of living arrangement offered, gradually moving the person from supervised to independent living. Enrolment in this type of residential program is dependent on participant's involvement with mental health services and a commitment to abstain from drug/alcohol use. Clinical decision-making in this context also includes consideration of housing match, taking into account factors such as containment and the need for structure.

By contrast, the Housing First model operates under the clear assumption that housing stability, not treatment, is the goal. That is, the provision of a house (permanent accommodation) provides people with the space (both residential and personal) on which they can effect change. Readiness here refers to their ability to meet the ongoing financial costs necessary to sustain housing and their willingness to make the adjustment from rough sleeping/persistent temporary shelter to permanent tenancy (see, for example, Padgett et al., 2006).

Along a similar line, the instruction manual informing the assessment of Community Services Block Grant agencies (USA/nd), including those providing accommodation, included the issue of readiness as a key National Performance Standard. This manual identified readiness in terms of housing stability, employment and personal change. Overall, these programs and services align housing stability with economic and situational readiness, however as pointed to above and discussed in detail below there is an increasing understanding/conceptualisation of the importance of personal readiness attributes and efforts leading to sustained permanent housing.

#### **Readiness Issues**

The Canadian Community Support and Research Unit's review "Housing Stability Benchmarking Study and Educational Workshops" (2002-2003) specifically sought to establish benchmarks for promoting housing stability in order to develop a model of housing stability. Three key sets of issues were identified as necessary for housing stability related to:

- personal factors
- housing factors
- support factors

The first of these issues — personal factors — can be seen to have strong resonance with the general readiness literature, which postulates an emphasis on self. Similarly, Healy et al.'s (2003) review of housing stability for SAAP programs pointed to a relationship between personal indicators of readiness and housing stability. In this instance, individual life circumstances and stages were argued to have an important role in stabilising accommodation. For example, several of their study participants, in reporting how they now had to give priority to meeting the needs of their children are speaking in the context of having reached a stage in life where they have a sense of being part of an established family with all that means by way of commitments to building routine and security, including a sense of an even more urgent need for seeking additional resources such as income, food and health care (Kolar, 2003). Another example is that several participants indicated they had reached a point in their lives where they felt it was simply "time" for them to stay in the one place.

Housing factors and support factors can be seen as more policy related. For housing factors this can be seen in terms of the quality, location and general suitability of the housing itself relative to the housing needs of the client. For support this can refer to support related to maintaining housing stability, as well as the range of issues that homeless people are also affected by, which have been discussed earlier.



### Limitations of existing research

Given the multitude of issues potentially associated with readiness, it must also be acknowledged that there are a range of limitations to the existing research that is documented in the literature. These inter-related limitations revolve around a lack of cost-benefit analysis, examination of the long-term effects, lack of analysis into long-term indicators and a lack of consistently applied indicators.

#### *Cost-benefit assessments*

As already highlighted, homelessness is a multi-faceted problem with impacts across a range of dimensions, not just housing. Costs and benefits for example can relate to the individual, to government and to society and occur across health/welfare, justice and education, training and employment (Berry et al., 2003 3). There is, however, no tradition of specific cost-benefit analysis in the field of homelessness research in Australia (Pinkney and Ewing, 2006, p. 17). Unsurprisingly, Gronda (2009), for Australia and Novac et al. (2009), for Canada argue, therefore, that in general the knowledge base for transitional housing practice is still too limited to determine which practices and program models are most effective in helping formerly homeless people stay adequately housed. This is because, they argue, published studies often lack control or comparison groups from which more definitive results can be obtained. This knowledge dearth can be seen to be important in a range of specific areas of homelessness and Housing Readiness.

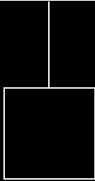
That is not to say, however, that no cost-based assessments exist. Flatau et al. (2008) for example find potential savings to government of more than double the cost of providing homelessness assistance, the direct cost of homelessness programs more than offset by reductions in overall public service use by homeless people. For the small sample of clients able to be followed up after 12 months (35 compared to 179 in the initial analysis), justice costs further declined but health service use rose compared to the year prior to receiving support, largely driven by hospital stays for those with pre-existing significant mental health issues, itself suggesting that support programs delivered increased use of needed services (Flatau et al., 2008). Encouragingly, the study also finds evidence of positive outcomes across a range of dimensions including better housing, employment, feelings of safety and overall better quality of life (Flatau et al., 2008).

#### *The lack of analysis into the long-term effects of transitional housing*

Currently, there is a lack of sufficient data on whether people maintain their housing over the long-term, which process requires valid indicators and outcome measures of the long-term success or failure of housing assistance programs, and of specific service practices and designs (Griggs and Johnson, 2002). Instead, transitional housing programs have often been developed on the assumption that the services provided during the transition period will equip homeless individuals and families to maintain residential stability after they move on. As Barrow and Zimmer (1999) argue (in the American context), however, only specific research into long-term impacts can test assumptions that clinical and life skills services actually enable individuals and families to successfully deal with events and crises that previously resulted in homelessness and thus contribute to residential stability.

Flatau et al. (2006) also argues that the pathways approach itself suggests that different homeless subgroups have different service use patterns. As a result they are likely to have different cost-benefit outcomes, because of their differing responses to interventions (Pinkney and Ewing, 2006). Again, however, this is something currently inadequately measured. Internationally, Novac et al. (2009) point to Barrow and Zimmer's (1999) synthesis of the US literature on transitional housing which also points to a lack of research on long-term program outcomes and effectiveness, including stability.

Siegel et al. (2006) in their comparative review of housing models found that tenure in housing did not differ by housing type, with a substantial number of tenants remaining housed during the study follow up period. This study highlighted the importance of social connections. It was also found that, independent of housing type, symptoms of



depression or anxiety at housing entry increased the risk of poorer outcomes, thus pointing to the need for greater clinical attention to be paid to persons who exhibit depression or anxiety when entering housing.

#### *The lack of consistent indicators of Success and Stability*

Specifically what constitutes stable residency, otherwise described as “exit” from homelessness, differs from study to study because researchers apply different definitions. In many studies achieving stable residency simply means not using a shelter again. Frequently, however, this determination is made when residents leave a program and few evaluations have attempted to determine former residents’ housing situation beyond 12 months, so long-term housing stability has rarely been defined or measured.

What qualifies as “long-term housing” or adequate housing, however, is also often ill-defined. Stern (1994) notes, for example, the lack of clear operational, and thereby measurable, definitions of “adequate housing” at one point highlighting that while moving into an overcrowded house with relatives may be permanent, it cannot be considered adequate. Fischer (2000), on the other hand does consider this form of housing acceptable for certain groups, provided the situation is not too overcrowded.


Conversely, Griggs and Johnson (2002), citing an Australian study of transitional housing, where 10% of the residents moved to trailer parks or hotels, argue that such living conditions should not be considered an adequate housing outcome. They also question the validity of conventional exit data (i.e., no recurrent use of the homeless service system and the housing outcome immediately following service intervention) as adequate measures for evaluating transitional housing programs. Consequently, they argue for an objective hierarchy of housing outcomes, measurement of non-housing related outcomes such as improved health, and use of longer-term outcome measures.

The non-housing related outcomes in particular, are likely to differ depending on the group in question. In an American study of transitional housing for homeless military veterans with psychiatric disabilities, for example, indicators of success were maintaining sobriety, stability, and continuing to work without rehospitalisation for the duration of the study (Huffman, 1993). For a Canadian transitional housing program for families, in contrast, outcome measures included successful completion of activities such as cooking regular meals, sending children to school, washing clothes regularly, keeping the house clean, paying bills, keeping appointments, more stable relationships, and feelings of greater control (Rice, 1987). In evaluation of supportive housing where the focus was on patients, outcome measures included reduced admissions to hospital and crisis centres, and reduced number of days of inpatient care (Hawthorne, et al. 1994).

## Conclusions

Generally there is relatively limited evidence for the success or otherwise of homelessness programs, for a range of reasons highlighted above. Crucially this also requires an ability/right to track clients over time, which can be problematic (Culhane et al., 1999). Client outcomes should also be measured on a needs-adjusted basis, another particularly difficult task. As pointed out by Poertner (2000, p. 270) there may well be a divergence between the outcomes that clients are working towards and those that case workers are attempting to achieve. Poertner (2000, p. 270) also points to the high cost of designing data collections and actually collecting outcome-based information from clients. At the program level, outcomes can include demonstrated cost savings across systems, reduction of barriers to access, networking among community organisations and aggregation of client level outcomes (Crook et al. 2005, p. 387). Within this, however, the issue of broad policy, between Housing First and Treatment First, does seem to have a particular impact on outcomes.

The multi-faceted nature of the problem in particular, where personal, housing and support factors all need to successfully interact to provide better outcomes, can also be seen as central to this. Case management, for



example, is a common program component. Its connection to outcomes is often not known, however, even though case management is the factor most often cited by program directors as contributing to client success (e.g. see Datta & Cairns, 2002; Matulef et al., 1995 in the North American context). We therefore currently lack studies that would clarify the effects of various styles of case management and to determine which aspects of case management or its elements may be fundamental requirements for resident success.

There are specific measures and KPIs in place to measure program effectiveness in WA, with some measures in SA and Victoria taking a life stage approach to effectiveness. Prior SAAP policy has been evaluated, but may now be considered irrelevant due to the federal and state policy changes discussed from 2007 and rolled out from 2009.

In terms of the Australian experience generally, however, Gronda (2009) also argues that there is very little evaluative evidence about successful programs for effective responses and homelessness early intervention. This is perhaps not surprising given the existing crisis-focused service system. The research evidence is strong in identifying the justification for early intervention, and highlighting aspects of the existing service system which undermine effective responses.

#### Q4. What is an effective framework of indicators to assess Housing Readiness? What range of services would be required to achieve indicator outcomes? What range of services is currently available?

The previous sections have established that readiness and Housing Readiness in particular are ambiguous terms. The definitions and core aspects of 'Housing Readiness' differ according to the housing model or framework being considered. This section first outlines general, clinical based readiness indicators and assessment processes. Following this it distils the readiness indicators aligned with each of the housing/homelessness models drawn from both the literature and key respondent interview data. Based on these insights a beginning framework for Housing Readiness assessment is presented.

##### Clinical Readiness Assessment

The purpose of assessing readiness from this clinical perspective is to determine and make clear the level of the client's commitment to participating in rehabilitation activities (Cohen et al. 1997). Based on the broad readiness to change literature, persons who are ready for rehabilitation and or change generally are defined as minimally ready on six dimensions:

- they perceive a need for rehabilitation or change;
- view change as desirable;
- are open to establishing relationships;
- have a sufficient understanding of themselves;
- can meaningfully interact with their environment; and
- have significant others who encourage their participation in rehabilitation and change.

Many of the clinical considerations of readiness can be translated to housing.


##### Assessment tools & Timing of Intervention

A number of assessment tools have been developed to guide the determination of 'readiness' for change. For example, the Trans-theoretical Change assessment uses a likert scale survey that assesses the stage at which an individual is located on the continuum of change readiness. Farkas and Cohen et al. (2000) have also developed a comprehensive readiness assessment tool based broadly on the indicators identified above<sup>8</sup>. Within the corrections context similar endeavours have produced measures to assess offenders' rehabilitation readiness (Howells and Day, 2003).

Readiness for rehabilitation is initially assessed before entering a program and generally occurs at periodic times/stages which often represent key 'tipping points' or 'windows of opportunity' throughout the intervention process (Prochaska and DeClemente, 1984, Coleman, 2007). In re-offenders programs, for example, the point where the offender confronts court is seen as the point at which psychology meets the law, providing an opportunity to harness a window of opportunity to change behaviour<sup>9</sup>. Similarly, from the homelessness perspective, Coleman (2007) identified critical junctures such as the development of sites that move homeless

<sup>8</sup> The assessment framework can be purchased from the Centre for Psychiatric Rehabilitation (\$198 USD)

<sup>9</sup> Corrections Victoria (2005) Reducing Re-offending Framework: Setting the Scene



persons from their regular locations, as opportunities for imposing housing interventions. Keast et al. (2008) also stressed the importance of identifying and acting “at critical junctures in the intervention pathway” in order to both maximise transition progression and prevent relapse to the ‘shadow pathway’.

An inability to make informed decisions without professional direction is inherent in earlier models of clinical rehabilitation. More recently, however, choice has been repeatedly identified as a core component of successful programs. A number of studies at both the international (Lipton et al. 2000) and local (Coleman, 2007; Penfold, 2010) levels have highlighted the importance of choice in sustaining tenancies. In clinical rehabilitation choice may involve client decisions about the intervention type and the level of participation. Extended to housing, choice may also involve the client in consideration and decisions about the type of housing accepted and its location. To assist clients to make informed choices there is a need for extensive information provision. Rather than enforcing complete abstinence from behaviour, these models target the client’s motivational level and are often embedded in Stages of Change models such as the Trans-theoretical Model of Change outlined in Question 1.

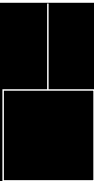
Stages of change models have been extensively used in a number of settings including drug, alcohol and offender rehabilitation. They are not, however, without their critics. Burrowes and Need (2009) identify that weaknesses of such models are that they rely too much on the individual to sustain change, do not sufficiently investigate, understand and respond to resistance, and do not sufficiently consider context. In particular these models can under-prepare individuals for the maintenance stage when changes to contextual factors occur. Furthermore, there is some criticism of the validity of the assessment process. As previously noted, the Trans-theoretical Change assessment is undertaken using a likert scale survey that assesses the stage at which an individual is located on the continuum of change readiness. There are concerns firstly, that the measure does not translate well to settings other than its initial intended use which was smoking cessation and that the survey does not allow for complex cases where individuals may be positioned in more than one stage.

As the following will demonstrate, Housing Readiness has also evolved to derive some unique components against each of the housing approaches. These are now explored.

#### **High Demand (Treatment First/Transitional Models) Readiness Indicators**

Treatment First/Transitional models are built around a continuum of care beginning with outreach intake and assessment followed by emergency shelter, transitional housing and then finally supported and/or non-supported permanent housing. The emphasis of transitional housing programs, and especially those at the lower end of the continuum, is on making homeless people ‘ready’ to progress to the next stage. Individual deficits such as substance abuse and mental illness are considered to be central to ongoing and chronic homelessness (Baum and Burns, 1993; Lipton et al., 2000). Treatment First/Transitional Models therefore have a strong normative orientation operating on the basis that support services require evidence of a client’s compliance with identified (provider) treatment goals and adherence to societal norms such as sobriety or mental health treatment as quasi evidence of their capacity to maintain a tenancy (Shern et al. 2000).

Assessment of Housing Readiness is more challenging in these models as the focus is on determining whether the individual is cured or in control of their problems. High threshold Housing Readiness admission criteria may require that prospective tenants demonstrate several months of sobriety; have addressed clinical problems; hold basic living skills and personal hygiene, possess high levels of motivation to participate in treatment or case management services and to manage symptoms of mental illness (Caton et al., 2007; Dordick, 2002). Housing Readiness in this context is less about economic capacities and capabilities and more about prognosis based on objective measures. In reality, assessments are often subjective and instead may rely on an assessment of, for example, the quality of sobriety rather than abstinence. The employment of subjective over objective measures is both pragmatic and potentially problematic. In some instances the subjective measure is driven by individual or organisational ideology



(Padgett et al., 2000) which can be highly idiosyncratic and thus difficult to clearly articulate or for the client to achieve. On the other hand, there is a body of thought and practice that suggests that only those in close, personal and ongoing contact with the client are able to make informed and insightful assessments of sobriety for example as an indicator for readiness in this context.

The model also assumes that chronically homeless persons need to acquire or re-learn a range of skills needed for independent tenancy (Shern et al., 2000; Stein and Test, 2000). That is, ongoing exposure to rough sleeping is argued to have undermined prior capabilities for independent living, or that some clients have never had the opportunity to learn these skills (Bullen, 2010). A range of general capacities often grouped as 'life skills' have been identified from the literature as relevant to the readiness of the chronically homeless to be housed. Some of the most frequently mentioned include (but are not restricted to) cooking, budgeting, personal hygiene, communication skills (Stein and Test, 2000). Although employment is encouraged and clients are encouraged to participate in employment programs and training, attention to clinical conditions and sobriety treatment has ascendancy over employment.

On evidence of the acquisition of such normative behaviours and skills, individuals shift to less and less restrictive living conditions until being deemed eligible for independent housing. Failure to comply at any point on the continuum may result in a return to more restrictive, and often less secure, housing arrangements (Greenwood et al. 2005).

Under the High Demand Transitional/Continuum Model, the following suite of readiness indicators can be distilled:

- demonstrate several months of sobriety;
- have addressed clinical problems;
- be able to manage symptoms of mental illness;
- ability to 'pay rent';
- exhibit stability of accommodation (length of consistent tenure)
- able to comply with the 'rules' of the facility;
- participate in weekly meetings;
- hold basic living skills (budgeting, cooking);
- Hold basic social skills (ability to communicate, assertiveness)
- participate in employment training and programs (if not interfering with clinical and sobriety goals)
- display personal hygiene habits, and
- show a high level of motivation to participate in treatment or case management services.

The transitional housing model thus conceptualises the client as having to evidence a number of objective criteria so as to qualify for each 'level' of housing, although often these measurements are more subjective. This means

that In the case of Housing Readiness, assessment is ongoing and generally related to the transition from one accommodation form to the next on the continuum from high care through to self-sufficiency.

#### **Lower Demand Housing Readiness Indicators**

##### *Supported Housing*

Whereas Treatment First/high demand transitional models place more stringent demands on the individual through on-going clinical assessment or assessment of levels of motivation to determine the level of Housing Readiness, lower demand housing models do not place as high or often any burden of compliance on individuals and use various assessment measures of housing need to determine which individuals are housed. Such models operate in environments of structural deficit in that there are too few houses to house everyone. Readiness indicators from this perspective are a little more normalised in that the ability to contribute fully or partially to accommodation costs may be the only prerequisite to be housed. While entry requirements may be minimal, some programs have requirements in regard to ongoing assessment and actively encourage uptake of support services.

Assessment under low demand models therefore appear to rely on two different types of measures with their attendant indicators. The first of these is an initial assessment of how chronically homeless a person is to determine who gets housed. Under such assessments an individual's circumstances and history is considered as to whether they have access to alternative housing such as 'bunking in' with family or friends. The assessment system currently in use by the Department of Communities (Qld) is mostly based around this first assessment type in that it assesses the level of housing need, leaving personal particulars largely aside.

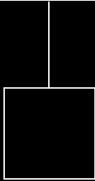
These first types of assessment may also be supplemented by further information such as that found in the Housing Readiness Referral Package in the US which extends the focus on assessing level of housing need to include other relative items. Under this package the referral agency representative presents the recommendation for housing along with information regarding the applicant's household composition, household situation, employment and income, education, personal history, strengths, income requirement, credit and eviction record, and goal statement. Individuals are subsequently housed based on measurement of the individual circumstances of housing need including an element of matching those needs to suitable available dwellings (Garcia, 2010).

A further example of this first type of assessment approach is one that focuses on an assessment of the consequences of not housing an individual. One such measurement tool is the 'Vulnerability Index'. The Vulnerability Index is an assessment based on research about health conditions that lead to deaths on the streets. The purpose of such assessment is therefore to identify whether a person possesses the medical characteristics that, compared to others, place them in greater danger of death if they are returned to the streets. The vulnerability index uses eight health indicators: end stage renal disease, cirrhosis/liver disease, aged over 60 years, history of cold/wet weather injuries, more than three hospitalisations or emergency room visits in past year, more than three emergency room visits in past three months and tri-morbidity (the co-occurrence of psychiatric, medical and substance abuse problems (see Styles and Walsh, 2010). According to the index a person is vulnerable and therefore in need of rapid housing relief, if they have been homeless for more than six months and exhibit three of the eight indicators. As well as collecting health related information, the index sources client's names and age, their institutional history and prior housing/homeless situation<sup>10</sup>.

Access to affordable housing as well as counselling, education and other services, can lead to an improved sense of self. Money management is identified as a critical element to community living and sustained tenancy (payment of

---

<sup>10</sup> The vulnerability index formed the basis of the recent 50 lives 50 homes program operated in Brisbane.



rent). When affordable, housing enables people to gain control over their budgets and participate in education or employment and other means of improving their circumstances. Thus a second set of indicators are ongoing indicators used once a client is housed under lower demand Housing Readiness models. These indicators may include assessment of changes in personal identity, expectations and behaviours, and the way a person is able to function in situations of daily living, that is coping skills.

The job readiness indicator is another ongoing indicator that measures the effectiveness of job training programs by assessing changes in a participant's basic skill levels and job readiness and changes in the participant's educational and employment status. The indicator measures these changes both prior to program enrolment and upon completion of a job-training program. Skills assessed include basic skills (e.g., reading, writing, listening, speaking), life skills (e.g., time management, attitude), occupational skills (e.g., computer and technical skills), and job readiness.

Several elements have been identified as crucial in facilitating treatment and housing stability, community assimilation and the prevention of the cycle of homelessness. These include: psychiatric treatment, medication management, money management, substance abuse treatment and housing crisis management. Others include vocational training and the acquisition of other life skills.

An increasingly popular assessment tool is the Star Model<sup>11</sup>. Under the Star model, clients self-assess on ten dimensions that cover several of the 'readiness' indicators — clinical, motivational and life skills:

1. motivation and taking responsibility
2. self-care and living skills
3. managing money and personal administration
4. social networks and relationships
5. drug and alcohol misuse
6. physical health
7. emotional and mental health
8. meaningful use of time
9. managing tenancy and accommodation
10. offending.

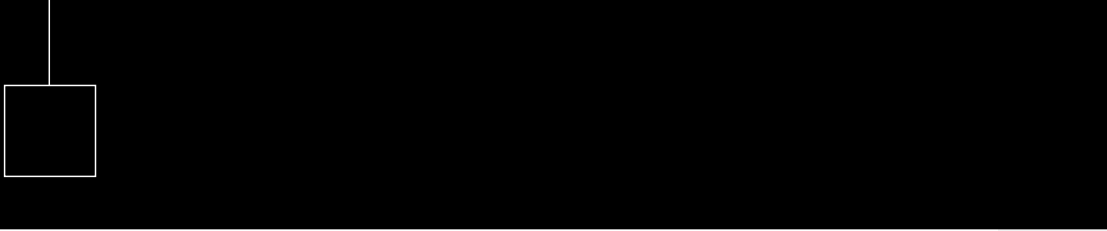
Each of these dimensions is scored by the client on a 10 point likert scale where 1-2 is "stuck", 3-4 accepting help, 5-6 believing, 7-8 learning and 9-10 self-reliance. The self-assessment aspect of the Star system therefore allows clients to choose to identify their own needs and be actively engaged in determining the interventions, if any, they consider needed or they are prepared to accept.

Choice plays a critical role in all models of housing intervention but is operationalised differently. Under low demand models the acceptance of clinical and other interventions by clients is voluntary in contrast to high demand models where acceptance of interventions is a requisite step to the next level of housing on the

---

<sup>11</sup> This assessment tool is used across a number of the programs including those which would be termed Treatment First & Supported Housing





continuum. Similar to high demand housing models, though, is that low demand readiness models allow client choice regarding the type and location of housing accepted. There is also an acknowledgement of the importance of choice under Supported Housing services in terms of the choice of housing provided and location (where this is possible).

### The Housing First approach

Housing First models adopt a distinctly different perspective to both low demand and high demand housing models. Under Housing First, being homeless and having available housing are the only requirements.

There is growing evidence to support the idea that Housing First approaches that are not reliant on any clinical or needs assessment to house individuals are most successful in reducing not just homelessness, but also in treating the complex needs of many homeless people. There is a growing consensus that housing models that better integrate clients into 'normal' housing and provide strong, wrap around support services based on client preferences deliver better, more stable housing for the chronically homeless. Such models are most often considered in the literature as related to individuals with needs including psychiatric disorders, drug addiction and/or substance abuse where abstinence from behaviour forms a requirement to transition to the next stage of housing. The Capstone Housing First program — Pathways to Housing — provides an apartment without the prerequisites of sobriety and/or psychiatric treatment (Tsemberis et al., 2004). Moreover, there are only two program 'readiness' or entry requirements; that is tenants must pay 30% of their income in rent by participating in a money management program and must meet with a staff member once a week. Pathways and other Housing First type programs operate from a harm minimisation approach and consumer choice whether or not to engage in intervention re alcohol or drugs or mediation do result in the loss of housing (Bullen, 2010). Similarly, the Common Ground Program and its derivatives require fewer rules for entry: specifically there are no sobriety rules or curfews and no compulsion to enter into rehabilitation programs or engage with support services (Common Ground, 2010).

In the pure Housing First models the assessment is **economically** driven and based on an objective measurement of purely financial elements. Closely aligned to this pure Housing First approach is the *Market/Structuralist* model. For proponents of this approach, the determination of what constitutes Housing Ready is quite straight forward. For these approaches the lack of affordable housing is considered to be the main reason for homelessness (Dordick, 2002). For this position, a person or family is deemed Housing Ready when they have the resources to afford permanent accommodation of an acceptable quality.

In addition to purely economic requirements, however, there are some Housing First programs which rely on assessment tools, such as the vulnerability index, to identify and fast track those people most at risk of deeper health problems if they remain on the streets. Thus a Housing First program may operate using a readiness approach based on health indicators. The health information is collated into a registry of local homeless people, with the intention to better match need with housing services.

Implicit, yet not often articulated in the literature for Housing First, is also the notion (already discussed) of choice. Under Housing First type approaches, choice refers to the type of housing that a person might take up, the location of the house and its situation in relation to ongoing social and service supports (Bullen, 2010).



#### Indicators under Housing First Models

- (Primary) Need for housing
- (Secondary) Sufficient cash/capital to cover a month's rent and bond, as well as the ability to meet ongoing rental obligations
- Level of vulnerability (see indicators under low demand models above)
- Choice
  - Choice of housing type
  - Choice of location

#### Conclusion

The literature suggests a number of frameworks to consider homelessness. These frameworks point to a diversity of opinions about what are the underlying causes of homelessness, and as a result provide very different views on determining how individuals should be assessed for housing and ultimately how homelessness overall should be addressed. Because of these different philosophies and approaches the determination of indicators and determinants of meeting those indicators is extremely complex. The following table provides an overview of the list of indicators required under each model:

**Table 5: Indicative Assessment Indicators** (the table assumes an individual is homeless or at risk of homelessness)

Model	Readiness Indicators	Underpinning Philosophy	Outcome
Housing First	Economic ability: <ul style="list-style-type: none"><li>• ability to pay rent and bond</li><li>• receipt of the right benefit to ensure continued rent payment</li></ul>	Human rights  Information based  Full choice of: <ul style="list-style-type: none"><li>• Housing type, location, co-tenants</li><li>• Right to veto and choose Intervention</li></ul>	Supported or unsupported housing
Low Demand: Supported Housing	Economic ability: <ul style="list-style-type: none"><li>• ability to pay rent and bond</li><li>• receipt of the right benefit to ensure continued rent payment</li></ul> Motivation and/or Readiness to change  Life skills	Human rights  Needs based  Some Choice of: <ul style="list-style-type: none"><li>• Housing type, location, co-tenants</li><li>• Right to veto and choose Intervention</li></ul>	Supported Housing

Model	Readiness Indicators	Underpinning Philosophy	Outcome
	Access to support services		
High Demand: Treatment First/Transitional Housing	<p>Economic ability</p> <ul style="list-style-type: none"> <li>• ability to pay rent and bond</li> <li>• receipt of the right benefit to ensure continued rent payment</li> </ul> <p>Motivation and/or Readiness to change</p> <p>Life skills</p> <p>Access to support services</p> <p>Meet objective measures of abstinence, treatment compliance, behaviour</p>	<p>Rite of passage</p> <p>Choice:</p> <ul style="list-style-type: none"> <li>• Limited in terms of Housing type, location, co-tenants</li> <li>• No choice to veto and/or choose Intervention</li> </ul>	Unsupported housing

The table also identifies the underpinning philosophies of each model in that Housing First is based around human rights and choice, where choice is given in terms of whether or not to accept a house, what type of house is provided and whether or not to accept any or all recommended treatments. Low demand models are based around human rights but rather than be choice based they are needs based in that the model rests on an assessment of needs and putting in place services to provide those needs. There is some assumption of choice, however there is a mandatory element in that individuals must be motivated to undergo change and possess certain basic life skills. At the end of the continuum, high demand, Treatment First models largely remove choice and require individuals to qualify for different levels of housing based on their meeting certain objective measures.

Baulderstone and Talbot (2004), quoting the work of Rapp and Poertner (1993), also classify client outcomes in the following terms:

- changes in client affect, e.g., increased self-esteem, reduced depression
- changes in client knowledge, e.g., increased knowledge of appropriate disciplinary responses in stages of child development, an understanding of the cycle of domestic violence
- changes in client behaviour, e.g., demonstrating budgeting or cooking skills, reduction in substance use
- changes in client status, e.g., change from unemployed to employed, illiterate to literate
- changes in the client/system's environment, e.g., a service successfully undertaken.

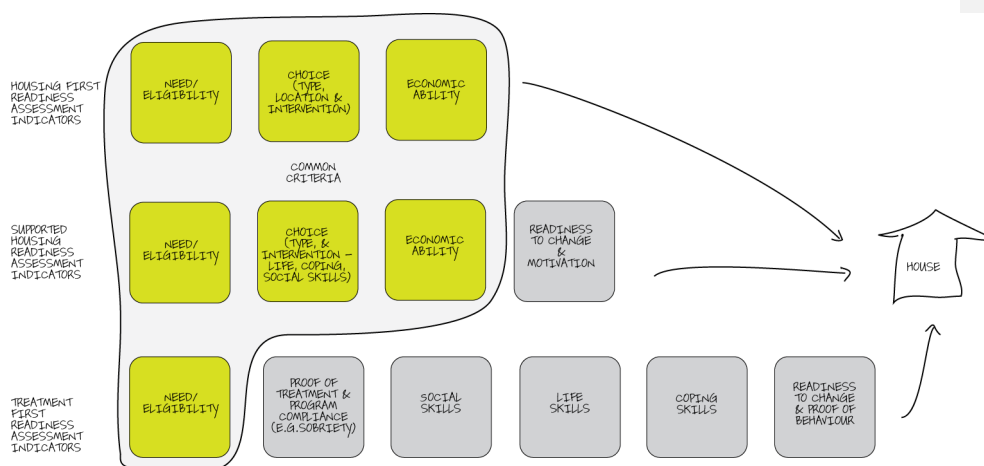
Baulderstone and Talbot (2004) go on to point out that it is clear from this list, "that rather than a single client outcome measure, a bundle of client outcomes exist, that are themselves also linked to housing and support factors as well as personal outcomes for the client themselves.

Client outcomes should also be measured on a needs-adjusted basis, another particularly difficult task. As pointed out by Poertner (2000, p. 270) there may well be a divergence between the outcomes that clients are working towards and those that case workers are attempting to achieve. Poertner (2000, p. 270) also points to the high cost

of designing data collections and actually collecting outcome-based information from clients. At the program level, outcomes can include demonstrated cost savings across systems, reduction of barriers to access, networking among community organisations and aggregation of client level outcomes (Crook et al. 2005, p. 387). Within this, however, the issue of broad policy, between Housing First and Treatment First, does seem to have a particular impact on outcomes.

Figure 3 extracts and summarises the key readiness assessment indicators for each of the three approaches (Housing First, Supported Housing and Treatment First<sup>12</sup>). In doing so, it provides an indicative set of indicators that could be considered in the development of either a segmented or comprehensive readiness assessment process. As the figure denotes, Housing First readiness assessment is predominantly focused on the need for a house, some proof of economic capacity (usually aligned with the correct type and level of government benefit) and in some models an emphasis on choice (type of housing and engagement in service support). Readiness to change under Housing First is therefore about engaging with the choices offered and agreeing to being housed on the basis of that choice. Under the Supportive Housing approach readiness can be assessed on multiple criteria including proof of homelessness, level of need and ability to pay, engagement with support services, capability regarding life and social skills and linkages to community. There is also some consideration of the psychological readiness or motivation of clients to change. Finally, under the Treatment First approach, there is a more extended suite of readiness indicators. These involve evidence of sobriety and compliance with other treatment needs and ‘house rules’, development of capacity in life skills and some assessment of level of motivation for change. The model’s main aim is to present readiness criteria for each of the main identified homelessness models drawn from both the international literature and practitioner respondent insights. As such the model does not engage with any assumptions about the nature of housing or housing sustainability as the end result.

**Figure 3. Key readiness assessment indicators**



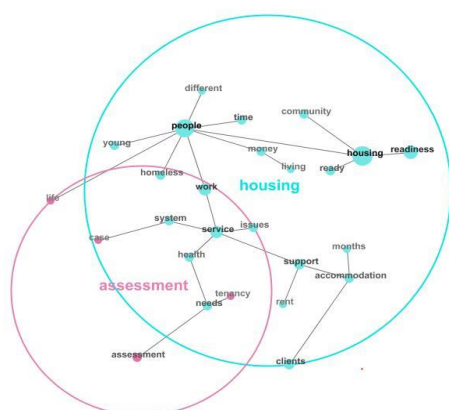
<sup>12</sup> The three components represents an arbitrary separation of housing models from the continuum approach to more sharply distil the nuanced application of Housing Ready indicators

The following section provides the qualitative results of the study and presents an overview of perceptions about existing models, the indicators suggested for those models and any gaps in services that lead to a failure to achieve indicator outcomes.

### Housing Readiness frameworks and assessment models: Qualitative insights

The qualitative data drawn from both key respondent interviews and focus groups presents a complex picture of Housing Readiness that suggests that in practice there is a blurring of the boundaries between the different models presented above. The data indicates that the majority of service providers do not assess clients as to their level of 'Housing Readiness' in terms of establishing the extent of their rehabilitation and ability to sustain a tenancy. This finding was supported by the Leximancer analysis results (see Figure 4) which established that readiness was very much an underdeveloped theme in terms of respondents' assessment processes.

Figure 4: Leximancer Key Themes

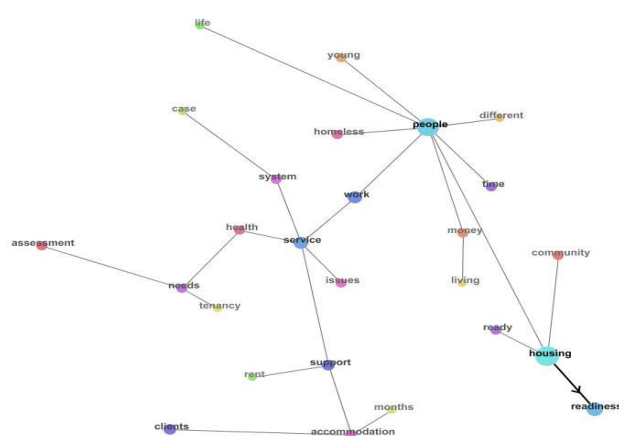


From this analysis it can be seen that the two main themes emerging from the interviews and focus groups centre on housing and assessment. This result, in and of itself, is not surprising since this was the primary emphasis of research questions and therefore the interview and focus groups. It was interesting to note, however, that the concept of Housing Readiness or readiness generally was not related to assessment. The implication here is that respondents do not explicitly consider Housing Readiness as a core component of their assessment for housing services or support. The two themes also differentiate in terms of the approaches taken or perspectives of housing. Under the assessment theme the emphasis appears to centre on economic and treatment items (aligning with the Treatment First/Supported Housing frames). Where readiness is discussed it is linked closely to housing and the items: money, time, living and community. This suggests a stronger emphasis on service support, self-sufficiency and community embeddedness of the Housing First and low demand Supported Housing models. It is interesting to note the location of 'work' which is straddled between the two themes. This result can be partially explained by the dual function of work — under the Treatment First approach, work comes as a secondary function to treatment

and sobriety, while under the Supported Housing/Housing First it is construed as a core method for engaging more deeply with the community and thus enhancing stability.

Figure 5, below, provides an alternative perspective of the concepts, tracking the path between the concepts.

**Figure 5: Leximancer Thematic Concept Map**



A further analysis of the data demonstrated that there is an extended path between readiness and assessment, indicating that readiness is not an indicator immediately applied to housing considerations. Specifically, the track indicates that where readiness is discussed it is aligned closely to housing and the items: money, time, living and community suggesting that it is aligned more with the ‘Housing First’ or lower demand Supported Housing approaches (see Figure 6).

<FIGURE SIX TO BE SUPPLIED WHEN ACCESS TO QUT’S CITY OFFICES ARE RESTORED>

## Housing Readiness: Overarching Themes

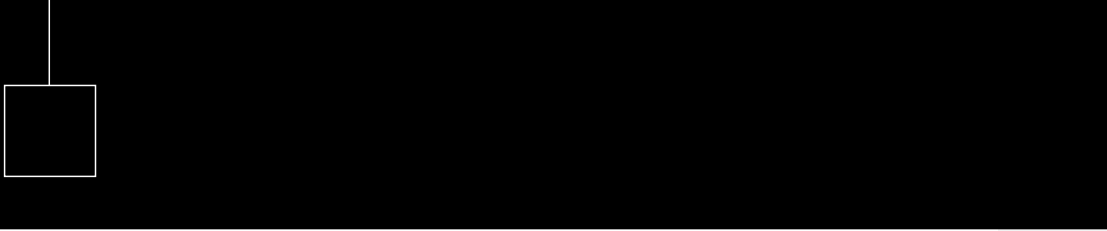
### Frameworks and Readiness Assessment

The full transcriptions of the interviews and focus groups demonstrated the disconnect between Housing Readiness and assessment apparent in the following statements:

We make assessments but not in relation to Housing Readiness.

Like if someone has a severe intellectual disability for instance we would want to know they’ve got a support package from disability services, most of the others, no we don’t assess whether they’re ready or not.

As revealed in the section above, many respondents stated that their service provision frameworks were informed primarily by social justice or human rights stance/philosophy. The model preferred by most respondents therefore, was an ideal — a Housing First model where no pre-requisite exists outside of being able to pay a basic tenancy



which, given that Australia is a developed country with a social security system meant that everyone should be housed. For many agencies Housing First was already considered the framework of their current practice and that an important aspect of sustaining that model was the provision of wrap around services to clients once housed:

Our service is a Housing First model but we do not have housing ourselves. It's about getting people off streets ... rough sleepers and chronic homeless. Its wrap-around support so anything that the client says they need or accepts ... Client gets house and we provide everything they need to sustain that housing e.g. life skills programmes, etc.

I think it's kind of chicken and egg. Like how would you expect somebody to get on top of their mental health problems, be compliant with their medication, go through detox and rehab, learn how to budget while they're on the street. I mean seriously.

We don't support any form of housing — we support what the client wants.

Overall the interviews and focus groups revealed a strong philosophical opposition to the term Housing Ready. The opposition to the term by many of the respondents was graphically encapsulated by the following statement: "It is a horrible term. It goes against everything we believe in". Others struggled to make sense of the term Housing Ready: "Personally, I can't get my head around that term and what it really means". There was also the sense that Housing Readiness assessments might limit clients' potential to live in other supported accommodations: "A lot of people might not be able to live on their own. But they will be able to live in supported accommodation. Does that mean they will never be Housing Ready?"

This rejection of the term was further explained by a likening it to earlier notions of the 'worthy poor', with clients having to demonstrate their merit for a house. The majority view of housing was that a house was a basic *human right* and, in an ideal world there would be no need to assess for Housing Readiness; the process should be to give people a house and then worry about assessment of their needs and care requirements after the event:

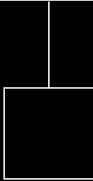
I mean Australia has this housing issue; there are not enough blasted houses, that is the problem, even if there is a whole lot of support stuff. We try not to apologise why people are homeless, we kind of say to them, there has got to be rights for people, but yeah you know, I just think that's the big issue (no houses).

You deserve a house, you do if you live in Australia ... it is an accepted norm here that people live in houses. That is probably culturally inappropriate and I know people say oh they like living like this or they like living in the parks and I'm thinking it just doesn't seem right to me ....

Others considered 'Housing Readiness' an artificially constructed concept developed because of the fragmentation of the homelessness service system and the waiting lists that eventuated because of a shortage of housing. Housing Readiness was therefore developed as a means to assess in one way or another a person's needs, prioritise those against other's needs and categorise people into where they fit within the fragmented system:

From my understanding it [Housing Readiness] came about when they first developed the client intake and assessment process, right. Because they knew they were going to have a segmented waiting list and were going to be developing in theory a range of products across a range of segments, to meet a range of needs, so adopting the continual approach that the sector had been on about for a long time.

Many respondents, although clearly aligned with the social justice/human rights perspective were frustrated at what they perceived to be a debate about terms and having to adjust or narrow their services to fit with the latest fads:



... like yesterday when we talked around the table about Housing Readiness and everyone is going no it's Housing First, and so even that tension between the language, what do we mean by that, that can create significant issues at the grass roots level, definitely.

Some presented homelessness as an *economic* problem to support Housing First approaches. There was a view that waiting for clients to be Housing Ready was not a sound economic prospect and that better economic outcomes can be achieved if people are housed first:

It doesn't matter whether the person is ready; if you don't house them it is going to cost you more.

Encouraging an economic rather than moral/human rights obligation for Housing First and low demand readiness criteria, was presented by a couple of respondents as a strategy to overcome some of the broader community and government resistance to large scale policy and program change. Economics is becoming an underpinning philosophy to compete or co-exist with human rights in other areas in particular gender and cultural diversity in work and society. Rather than being framed as a social equity issue diversity is increasingly being put forward as an economic business case. There is some concern about couching human rights issues in terms of economic good sense and the findings of the current study certainly suggest that the economic argument is not one generally espoused by service providers but one that can be used to glean greater stakeholder support amongst those not swayed by human rights arguments.

All focus group and interview respondents identified *structural* issues in the system in that there was a shortage of affordable and suitable accommodation to house the homeless. In the opinion of many, the only reason the ideal of housing all people did not exist was *structural* — there were simply not enough suitable houses available. When asked what gaps they saw in the system or what would improve service delivery most responded that there was a need for more houses. Those holding strong structuralist views identified a need to provide support around homeless people once they were housed:

Even though I am a structuralist at heart, and always think that it is a structural failure rather than an individual one, because that is how I think, nonetheless you have to recognise that people need certain supports, interventions whatever you call it to overcome some of the deficits — whether those were structurally incurred, they still may be deficits. It doesn't assume that the deficit started with the person. I think that's a big difference.

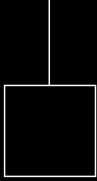
Even the strongest held structural views were therefore balanced by *individualist* views and the need to consider each and every homeless person according to their individual needs and/or perceived deficits. Most respondents were both pragmatic and emphatic in recognising that individual cases required individual approaches to intervention:

Some people need a homelessness service intervention, some people might need an affordable rent and that could be across a range. Some people might need real assistance to get access to the rental market, rather than on loan or some rent up front. So, a range of products.

I think government needs to understand that people need a mix of approaches. Not everyone fits into a general category or needs the same set of services. There is a need for a range of services and it is a mistake to push one policy over others because it puts the rest of us who are doing the day to day work under a lot of extra pressure.

This individualist view also included a reluctant but honest consideration that some individuals would never be 'housed' according to some normative view of that term. It was frequently expressed that while many/most clients





would respond well to housing (with support), there is a small minority of people whose complex drug, health and mental health problems are such that they would not be able to safely live in independent accommodation, let alone be capable of sustaining this for any period:

Having said that, there are some people and nothing changes. That is just the nature of it, but that is a minority I believe, very much the minority and it would be good to assist all people, but some probably are not going to.

This section has provided the main theoretical/practice positions adopted by interviewees and focus group participants. Overall, the view is that a Housing First model is the ideal with an acknowledgement that such a model may not completely address the needs of some of the more chronic homeless. For the majority of individuals within the homelessness service system, a Housing First model was considered the best solution, albeit a 'distant desirable'.

#### **Assessment Tools**

There was a wide variety of assessment tools used by service providers the adoption of which was highly dependent on the philosophical approach adopted, the type of service provided and the funding arrangements and rules under which the particular services operated. All used assessment tools, whether they were based on their own practice frameworks or that of a referral agency. The array was very broad ranging from in-depth formal clinical analyses through to informal, subjective judgements about the extent of need or the level of 'fit'. In addition, there was a significantly held view that assessment was just as much, if not more, about providing the right house rather than an assessment of the readiness of the person. The following quotes indicate the different views on what assessment is trying to achieve as well as the breadth of assessment approaches combining elements of all different models:

They are category one — but they are not Housing Ready.

You house the most chronic; you tolerate their behaviour, because if you put them back into the general housing system ... they are lost.

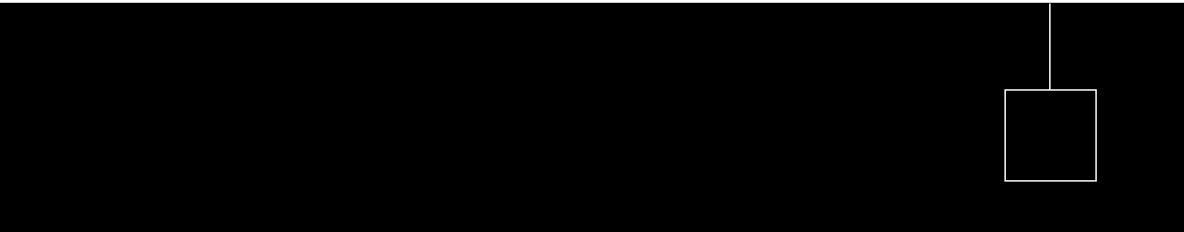
Okay they might not be Housing Ready, but that does not mean that they are service immune.

Thus, there is a range of perspectives on which assessment is based: severity of need; choice; vulnerability; and intervention and a range in assessment from minimal to high demand. For many the type of service offered (i.e. support service) and/or the philosophical underpinning of the service organisation, precluded any detailed consideration of readiness. The assessment was therefore largely about the level of a person's need for a house:

Basically our application forms don't really tease out whether they are Housing Ready or not because it's based on do you have a need for a roof over your head? Don't really tease out whether they are getting treatment for their alcohol dependency or that sort of thing.

We are a very practical based organisation, we believe that housing is a right for everybody, in particular we are concerned about children, and we take a very middle of the road, we don't do therapeutic stuff with people. We provide practical assistance and housing.

The type of service provided meant that in some cases assessment followed a high-demand assessment orientation requiring evidence of compliance with requisite behavioural and abstinence criteria before being admitted. For these organisations assessment was conducted (a) as a means to identify whether individual deficits qualified the client for treatment through a particular program — e.g. a client is only accepted by a mental health service if they



have mental health issues (b) an assessment to identify whether the individual has the requisite motivation, skills or behaviours suited to the service provided or (c) to preclude those persons who could not be housed under the terms of the provider's service agreement especially where accommodating a person might lead to risks for other residents:

We do an assessment and I guess from day dot we are really clear with people that this isn't about a bed, the bed is immaterial. It is about are you ready to engage with support for things to be a bit different for you?

Well, the assessment tool that's done for people to get to XXX is ... it's really about measuring what is really going on for someone and how complex are they? We then look at that and we may refuse access based on a number of things.

The assessment tool in place with the Department of Communities was largely considered to be limited in its ability to secure the detailed information necessary to assess a person's housing need, in relation to both the severity of the accommodation need and the type of housing required.

There is a gap there ... until last December we used to interview anyone who came in here to get housing. Through that interview we were able to find out when they had been housed, if they need support and that sort of thing. .... Now we rely on other agencies to provide the information. We hope that they are ready to be housed right now but...

When we had our own waiting list the managers would short list because it was done on whoever had the greatest need at the time and they would make decisions — not on names, just the income, time and the personal circumstances.


From this it can be determined that the current register has some deficits in terms of the information gathered and the information generated on which housing decisions are made. It was also acknowledged that the current format of the housing register and the qualifications of the workers gathering and inputting the data restricted its ability to provide a more comprehensive assessment or referral to providers.

It was considered that a weakness of the Department of Community's process of assessment was that the assessment was overly simplistic, but more importantly departmental staff were not sufficiently experienced to glean needed information. These issues are covered in more detail in Question 5:

We were having young people ... going to the Department, they would assess ridiculously low points when in fact they had been sleeping under bridges for the last three months, they were somehow assessed as 'oh I've gone and stayed with my Aunt'. And the assessment tools were useless, very sad. The only thing I've seen is when they go into the interviews and get a tick tick, tick and then they are given a number and they don't understand that.

As well as young people, it was noted that Indigenous people, especially the park dwellers, found it difficult to present to the department for assessment or to provide the 'correct' information to present their case. Many support services have taken on this role, some enthusiastically as part of their outreach program.

Many people have not the skills or ability to apply for housing on the register so we walk them through the process; help them to make the application; help them to attend to issues that would support them in independent accommodation. Provide motivation and support and try to be aware of the issues and help them prepare for them.



Others provide the service over and above their existing role and outside of any funding support. “Well, we first of all do a basic intake assessment, if they want a house we refer to the Register. But, most of the time we have to go along and be there and help them to answer the questions. They just don’t get it”.

From this it is apparent that most agencies undertake some sort of ‘assessment’; be it basic intake assessment or a more detailed process. The primary focus of these assessments is on understanding where the clients have ‘come from’ and ‘where they are now’. The preference is for the agencies to get to know the clients before moving toward intervention of any type, including the socially agreed need of housing. The dilemma is expressed thus:

So, if we have housing it should not be a matter whether they are ready or not ... but, we find it better in a way to be given a couple of weeks, to work intensively with the client, find out exactly what their issues are and what they are in need of rather than throw them in a house and find out later.

Some of the agencies are also in effect keeping their own registers for housing: “Now we have got clients on waiting lists”. Moreover, they are advocating for time and deeper engagement with their client bases in order to better meet their needs. As one respondent commented on the expectations of long-term street, park and creek dwellers:

Some [clients] say they want a house but really, when you get down to it, that is what they think they should have: they are often just looking for other forms of accommodation or safer existing forms”.

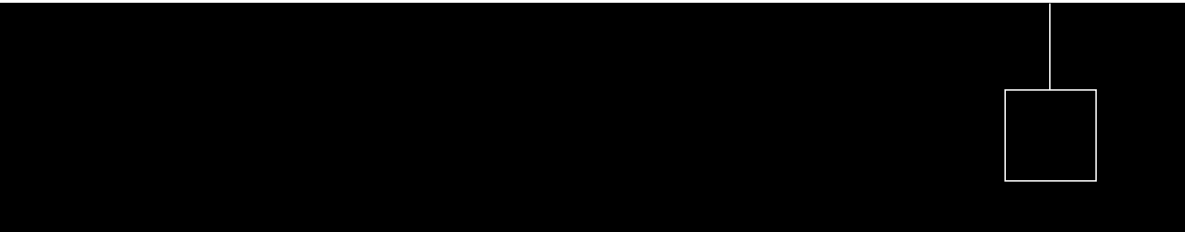
It is argued that in getting to know the client beyond their presenting problems or desires, service providers and support services are more ‘in tune’ with the clients and better able to make assessments as to their ‘readiness to make the next step to permanent housing’. For many, this assessment comes not from forms or instruments but from a deep and detailed knowledge of the client which has often evolved over a period of time, especially for those people transitioning through the stages. Such a position has strong resonance with the change/case management literature and with Coleman’s (2007) well articulated point that often the ability to pick the ‘tipping point’ for change relies more on art than science.

#### *Additional Assessment Instruments*

Across different service domains, some agencies identified that they were using or trialling the Star Model. Those using this system stated that it was not used to assess whether a person should access their service but to identify where help could be given. Another said that they were trialling the model because most of the service system was using a case planning model — the service records system (SRS), which was modelled off the Star. An agency engaged in longer term transitional housing stated that they used the tool on a longitudinal basis, re-assessing the client during their period of accommodation and again at the end as a potential to transition clients into permanent housing:

... people when they come in, we assist them to score where they think they are at with these things ... So at the beginning we do this and map it out and we say okay it looks like you might need some assistance with motivation um, something around maintaining a tenancy and accommodation, ..... Then how you are going to manage it once you’ve done that? Then halfway through ..... we go through ... and it might show some improvement, and towards the end we do this again. Okay, you’re looking pretty right now ..., let’s focus on accommodation and make sure you are aware of...

A frequently stated benefit of the *STAR model* is the ability for clients to be actively engaged in the assessment process and be part of the decision-making for the type of service and/or housing offered and the nature of the intervention relationship.



But we don't want it [assessment] to be for us, we want it to be for them [clients]. We want to be able to sit down with them and be able to say where you think we need to do work ... for us to sit down and do a case plan that they will agree to. Getting a person to sign a case plan, they will sign anything... we want to get away from that. We want them really involved.

The simplicity of the STAR assessment form was also considered an advantage: "I guess it is simple and the language it uses is simple". In this way, the STAR assessment tool was seen to provide a more detailed insight into the client's whole situation, not just their accommodation issue. Importantly, it also addresses some indicators of motivation.

*The Vulnerability Index* is another assessment tool used by service providers for a different purpose. As noted earlier, the index provides an assessment of potential mortality if a person is left on the streets. In clinical services the index is used to help determine health intervention requirements as well as to prioritise service provision for those most vulnerable. More generally, the vulnerability index is used to assess critical need quickly:

Well what we are doing with the vulnerability index is because it takes a long time to get to know people to a point where they want to disclose what they need, the index will indicate to us that okay, if they've got asthma, you've got liver disease, you've got epilepsy, you've had homelessness for 15 years, you've been in prison. Straight away you know they're going to need some home help so you get a HACC service.

There was some concern expressed that the index was being used to prioritise service provision to those people likely to die and that in a properly resourced service system such a use of this form of assessment would not be necessary. It was therefore considered the use of an assessment of mortality risk as a determinant of who gets housed first as morally questionable and therefore they would not engage with the assessment tool:

We are not selling bloody life insurance where we've got a choice, oh no they're too big a risk, they are going to cark it next week. It's not that kind of business. If we're looking at this as to what is morally the best thing,... what is going to be the best outcome from all of those different angles, well then the system has got to be ready, not the bloody individual.

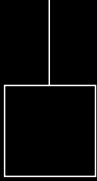
A further problem identified with the vulnerability index was the need to obtain a doctor's confirmation to back the assessment up so as to evidence high need. The length of time this took meant that the index was not well suited to short-term accommodation providers such as shelters. System regimes where clients could only be housed for short periods of time in shelters meant that the needed information could not be obtained in time and the whole assessment had to start again with negative consequences for the client. Getting the necessary data together was considered easier where the person had already secured sufficiently long-term accommodation:

The letters from the doctors, they are accepting the vulnerability index as an indication of high need including the length of time they've been homeless plus — then what we've got to do is get the doctors stuff to back that up. But that's a lot easier to get once they are housed.

It's really hard chasing those things while people are still living on the street.

#### *Generic Assessment Processes*

Many agencies did not provide detailed information about the type of assessment tool used. It is clear however, that while most used an official assessment tool (though some didn't), assessment went well beyond what was written on the forms and involved a complex mix of subjective measures of things like motivation, the provider's experience with the system and, in a large number of agencies, case history knowledge about the client. Even for those respondents who did apply or assess Housing Readiness, it was often difficult to distil a detailed description



of what Housing Ready indicators were being used with some using a complex mix of both needs assessment and readiness assessment:

When we get a vacancy, we contact all those people who are in the referrals list and ask them if they still need housing. Those that do come in for an interview where we ask "well what is your readiness, what is your situation and so we are looking both what their need is and what their readiness is also.

So yes, I suppose the more at risk they are with those things that puts them higher on the list in terms of whether they get accommodation above somebody who is in a fairly stable situation... Then within that framework, it's also well do they fit? Is this going to work or am I going to set you up for failure?

As highlighted in the literature, although ostensibly objective and based on clear measures such as length of time sober or medical assessments, in practice, assessment is often based on highly subjective and personalised opinions. Furthermore, this was considered necessary by some agencies because objective measures often did not capture what was needed to understand the client or their needs. Team assessments were also common where people got together, either from within their own agency or across agencies, to determine client's needs and what service or product a person should or could be offered and to whom:

... we do a team approach. So Housing call and say we've got a unit, we then nominate one of our young people, we will take that to a meeting which often can be on the phone between four or five workers, so it is not just [XXX] or I doing the discussion, but it is the team leader, two case workers and generally a number of people and then it will be to-ing and fro-ing between five workers, going how is this going to work, how does this work with the other tenancies, how does this fit with other key networks: between the five of us. Then we make a decision and so there is no tool.

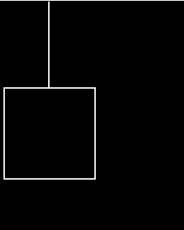
And so we then determine as a team who we think is most in need and most ready and also who is going to fit in with that side of things.

I don't think we have great documentation about client engagement framework even these days. I don't even know that we've got good language about it. We've tried to do some of our own stuff with some social research but it's not always as tangible to look at a human being and go, okay where are you in your life?

Objective measures are not full proof as evidenced by Stefancic and Tsemberi (2007: 275) who noted clinicians' inability to successfully predict which clients will successfully maintain housing. Many respondents, particularly those adopting a Housing First framework, identified this unpredictability and as a result, housed people, provided them with support but recognised the chances of success and failure. Further, even where a person is clearly motivated to be housed there is no guarantee that they will sustain the tenancy once housed:

There's a person at the moment who is a serious alcoholic and has a dog, now he really wanted housing. We put him in; we've worked with him every day. A conflict occurred with another tenant where it wasn't all his fault, it was fault on both sides, they both had no control really. He got freaked out by it because of his inability to manage it and he ended up getting evicted because it was the noise and he got really aggressive when he was drunk. He started making remarks to people and it was high density.

When we think about risk, we kind of don't have huge expectations for people because we know that they will come into our housing for a short period of time .... A significant number of our families do go back so our stats don't look very good; we don't have huge successes, number wise they don't, so the risks for us



are about is this person going to be difficult to work with. It is not that we set people up to fail, but we are realistic. We try not to take the cream off the top because that is not our organisation.

It is not a tangible thing ... how do you assess that? We may think someone is ready and within one month that could end. We can only assess a person's situation as it is then and there

#### *Common Assessment Tools*

There was some discussion amongst service providers about the benefits of having a common assessment tool in overcoming the problem of having to make multiple assessments. The complexity of service provision, however, does not always allow for the use of a common assessment tool. Some service providers have high demand assessments whereby clients need to evidence compliance with behavioural and abstinence criteria to be housed under the terms of that provider's service agreement. Other providers operate on a low-demand assessment because they provide services to those with extremely complex needs. There are therefore pros and cons to common assessment:

So I think that some assessments need to be done by the organisation that's going to deliver the case work because basically it's you deciding whether you are going to work with them. So, having someone else do that assessment and then you saying no puts that person in a difficult position.

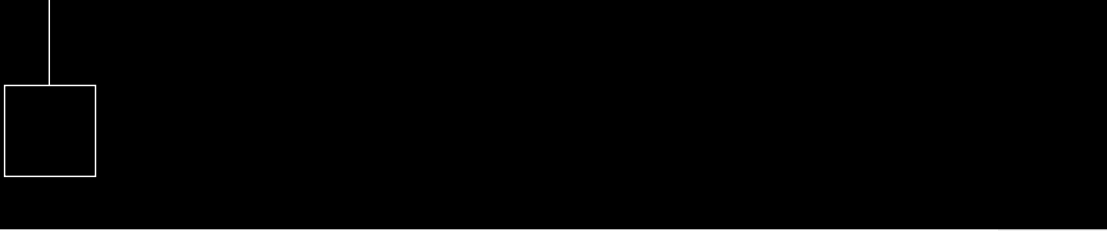
It should just be — in an ideal world — a very simple scripting tool about assessment of need — very basic, how old, where are you, blah, blah, blah. That then should map to some sort of options within the service system. It can be generic.

Overall, there was some agreement that some basic set of information that could be shared across agencies would be a useful supplement. It was argued that this would limit the number of times clients had to 'tell their story' and provide accurate information on which to base some initial decisions. It was suggested that an ideal situation would be for this information to be formatted in such a way that there was "interoperability between data sets, including the Department of Communities' Register".

The above findings regarding assessment tools used by service providers presents a complex picture of the instruments used, why and what the tools are trying to determine. The causes of this complexity are due to the wide array of services provided, the resultant segmentation of the service system and confusion about the terminology used, in particular what is meant by 'Housing Ready' and 'Housing First'. Many espoused a 'Housing First' model but some conceded that in practice housing without any qualification in regard to life skills was difficult to achieve and that a few chronically homeless people would never be able to achieve a sustained tenancy. Most service providers advised that they did not assess specifically for readiness but rather assessed to identify need, priority and program suitability, there appears to be very few clear or consistent indicators of what constitutes Housing Readiness. The next section outlines interviewees' views on what the service system looks like and provides some indication of where gaps in the system might exist that could be addressed to improve service outcomes.

#### **Housing Readiness: Services and Gaps**

Service providers were pragmatic in recognising that the main issue confronting the system was there were simply not enough affordable, suitable houses: "There are just not enough houses". It was acknowledged that the Stimulus Package provided by the federal government has taken some of the pressure off. However, there was strong consensus that this will not be sufficient to meet the housing need: "Until we make some significant inroads into the [housing] stock level, we are always going to have a massive problem".



Given the reality of too few houses the frameworks and models adopted by many of the service agencies was something of a fallback position in that, if not everyone could be housed then some type of a suitable roof needed to be provided until such time as homeless persons could receive permanent accommodation. Accordingly, the favoured model among many service providers was one that placed as few compliance demands as possible upon the client and provided clients with the support needed to keep them under a roof until a better solution could be arranged.

Respondent interviews revealed that despite striving for this stronger social justice framework for housing, the Treatment First approach remains the most prevalent option for the chronically homeless. Many respondents identified that providers from this perspective worked on a high demand model of compliance that required evidence of the achievement of certain criteria before moving on to the next stage in the housing continuum:

I suppose in a way we need more housing, but if we were to give them the keys to a house straight out of a camp, then I don't know whether we would be getting as good an outcome as what we are getting.

Not surprisingly, such views often emanated from clinical treatment providers or transitional services with one stating "there needs to be a 'rite of passage' if we are to put you into housing". The same interviewee included in their views on assessment a need for life skills, clinical considerations and determining how motivated individuals were to be housed. It was noticeable that services with a strong therapeutic or substance abuse treatment element were more likely to align Housing Readiness with successful transition from one stage of the continuum to the next and as characterised by demonstrated sobriety or abstinence. Even for the therapeutic high demand agencies and programs, however, there was a fundamental belief in the 'right to sustained and safe shelter':

Some clients are certainly not ready to move straight into accommodation, some clients have never lived in a dwelling before, so clearly there needs to be a graduated and deliberate process to educate, train, support around health issues, mental health issues, social and behavioural issues, while all that is going on, familiarisation with supported accommodation over a long period, not just months. For some of our potential clients it will be a lifetime of supported accommodation due to the seriousness of their illness.

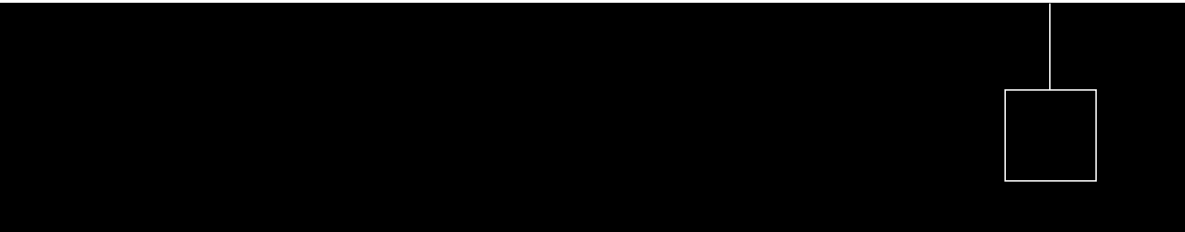
For other providers there was an implicit expectation or requirement for clients to demonstrate a willingness to change their behaviour 'to be prepared to make the shift to more permanent housed status'. Included in this conceptualisation are the notion of participation in pro-social life skills programs and the adoption of behaviours which would be beneficial to the achievement of long-term sustainable housing:

This service ... is predicated on the idea that ... housing and service exists to make them Housing Ready.

Within this continuum of care respondents in some cases identified their role as advocating on the part of their client so as to shift them through the system from outreach services, to shelter and eventually to permanent accommodation. Some larger agencies provided multiple services where their clients transitioned from one service to another internally. Largely, however, transitions were referral based between organisations:

We also rely heavily on referrals from the Diversionary Centre ... where they see some people there. Yeah so they would ring us and say we've got Freddie here who has been here quite some time now and it looks like he is starting to settle down a bit, can you guys take him in and start working closely with him in the next step.

High Demand models require that individuals meet certain normative criteria if they are to advance to the next level of housing. The pure versions of the model also include a 'regression clause' where lapses result in movements back to less independent living. The findings from the qualitative study suggest that this occurs,



however it largely occurs within the private housing market and there is a significant effort made to try to ensure it does not occur within the homelessness service system. The strategy for service agencies was largely to find ways to avoid individuals falling backwards to less secure housing:

Oh they've broken their tenancy agreement because they haven't paid the rent for three weeks and they've broken a window because they had a hassle with the drug dealer or whatever. Rather than say oh s@#% I had a relapse, okay what do we need to do to get you back on the wagon. Okay we can make that a long-term deal where you pay that off for two years. You put in place a plan that they can cope with.

While most respondents, against their philosophical choice, considered the system was one of a continuum model, others saw the system as segmented in that it clearly contained different levels of care and different approaches to that care dependent upon level of care required. These respondents mainly saw the system as meeting specific needs rather than viewing it as a transitional system through which individuals had to pass to reach the final destination of sustained, independent living:

Some people need a homelessness service intervention, some people might need an affordable rent and that could be across a range. Some people might need real assistance to get access to the rental market, rather than on loan or some rent up front; so a range of products. So they developed four segments.

There are some agencies that say 'we're not housing your kind of people' and others are very good.

In Housing First models, as well as continuum of care models, whether they be high or low need assessment, a key factor identified by respondents was the importance of on-going case management and the importance of the relationship between the case worker and the client that needed to extend beyond the point where a client leaves the care of the case worker's organisation:

Some of the successes that have been had by one or two of the services, have been around those sort of outreach ideas, engage, get told to nick off by the client, come back the next day, engage again, client says oh you are back again, so you are really interested kind of thing, so building up that rapport, trust with the client and once that's established you can do almost anything. You can lead the client then to semi supported accommodation with their own supports in place, with training in place, mentoring and so on, to build that client's skills and abilities and to build up just not their daily living skills but their social skills.

O'Flaherty (2004) identifies that achieving an efficient homelessness service system is about addressing both personal/individual and market characteristics — that is to say, it is not one or the other, but the interaction of both. This dual aspect of the service system was raised by service providers who were very clear on the fact that 'houses' needed to be made fit and ready for purpose and that a failure to prepare the individual with life skills as well as fit out the intended residence house in a manner suited to the client meant that the client was being set up to fail:

But I think those things are better able to be taught and learnt in a home than in a program where at the end of it you've got to go and start again without support. So what we are trying to do is put a lot of effort into setting up the unit so that they are walking into something that is semi-set up and then they have an opportunity to personalise it.

But if you put them into a house that's got nothing but a lounge chair and a bed and they don't have sheets, there is no food. We always make sure that there is at least two weeks groceries and that they are debt free when they move in.





In this way several support services highlighted the need to provide the necessary ‘setup’ support for those clients without either the resources or knowledge capacity to achieve this for themselves. As it was succinctly stated: “Some of our people have never lived independently before; they don’t know about how to turn the power on and that sort of thing”. Thus, part of the inherent (if not formalised) assessment for many support agencies (especially young people and the long-term ‘park dweller’) is centred on determining their prior housed experience and capabilities.

Not only did housing have to be outfitted for purpose, it was also considered critical that the system and houses themselves needed to be suited to individuals. Linear models were not considered the ideal when they resulted in clients being placed in accommodation that did not suit them:

Well, that’s why I’ve still got someone here for seven months because we’re also really conscious that our dudes have been through the system a squillion times and failed and not been able to access or whatever. So we’re really conscious about making that next step one that it is the housing that they want and it’s going to be successful for them. So we would advocate really strongly around if someone has always lived in boarding houses and they’ve stayed here a number of times before at [XXX] and exited to a boarding house and it’s gone to shit quickly then why would we want to exit them to a boarding house?

**Commented [R1]:** Need to be consistent with how we deal with this — in some cases we have [ ]

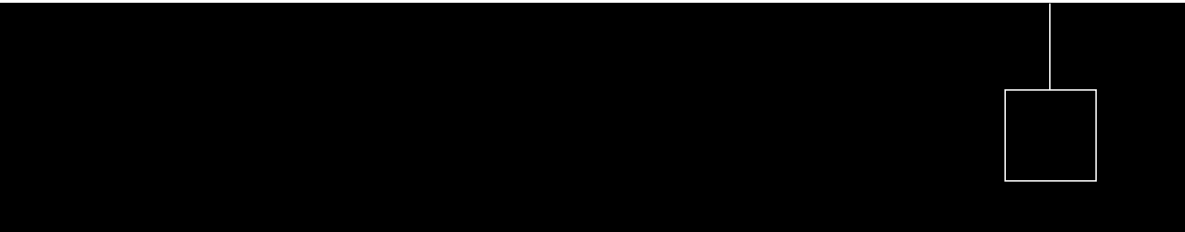
The respondents’ concerns regarding both the sufficient level of housing stock to meet needs and the appropriateness of this for various client preferences, is also acknowledged in the academic literature. A recent review of Strategic Indigenous Housing and Infrastructure Program highlighted the inappropriateness of the high proportion of two bedroom houses that had been delivered as part of the government’s stimulus package. The former head of the Northern Territory intervention, Dr Sue Gordon, stated that “two bedroom houses built for Indigenous families create riskier environments for child abuse because families are jammed into small spaces” *WeekEnd Australian* (January 8-9, 2011:8). Calls have been made for a greater mix of housing types to be built to accommodate different sized families and cultural life-styles.

Arguably one of the more contentious issues around homelessness service system is that of choice. Choice is a concept that overlays the entire spectrum of housing models from high choice Housing First through to limited choice High Demand Transitional models. Many respondents discussed choice and the extent to which clients should be allowed choice. Some viewed choice at its ultimate level of freedom — the right to be homeless if that is the decision of the individual:

So when we pick up Housing First, are you shoving that to every client and going, you need it? I’m kind of going, well where is their choice in that? If however we value the client, work with them, build a relationship that we can understand what they want, I’m going the service system should offer whatever the hell that they’ve decided within legality and this region.

There are groups of people who just don’t get service ... people who are actively using drugs you know and saying that they want to change their drug use behaviour and so they are choosing to be homeless, you know, there’s still a lot of discussion about choosing to be homeless and worthiness to be housed and readiness to be housed etc., etc.

The first respondent above was also very clear that the client should be permitted to make choices where those choices were informed ones and where the case worker had worked closely with the client to ensure they were aware of the choices they had. In some ways this suggests a minimal requirement to engage in the system. The giving of such advice is made possible through building relationships:



As an organisation our client engagement framework is very much about supporting choice, but informed choice. We believe a client in any condition, any space, can make an informed choice, if the relationship has enough rapport to do so.

Other respondents identified choice as part of their models in regard to the right to choose the type of housing they wanted and the nature of interventions once housed:

They have got to want to be there (in the housing location) for a start. So, they have got to go see the site and say 'yes, I can see myself there'.

If they are a single person and they are going to be sharing an accommodation situation in a unit for example, obviously that's got to fit and there has got to be dialogue between them — it has got to be consensual. It has to clearly work for both and not just be about just us imposing a solution.

Well ultimately it's their choice so they're going to make those choices and we allow them to do that even if we disagree with their choice. But we would look at their capacity to manage their money.

A significant weakness of the continuum model is that it assumes set timelines for clients to complete certain phases of the transition with no control or choice over those timelines. Time constraints were considered to be largely arbitrary and problematic on a number of fronts. Firstly, many clients were not able to acquire the requisite skills and behaviours to transition to the next level of care meaning that these individuals were often left in 'limbo'. Further, the short time frames of some transitional periods meant that service providers were not given sufficient time to build any meaningful rapport and/or obtain the necessary case history and medical records to identify the needs of the client:

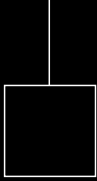
So what we're sort of playing with here at the minute is there're currently arbitrary lines in the sand about what is what. So crisis as we currently understand it is three months. Then there's transitional - that is somewhere from zero to 12 months. Then we go into longer term housing. These lines in the sand are in the contractual arrangement with Government; they're just made up. So we are looking at sustaining tenancies where they are appropriate and where that young person is agreeing to, to the length of time that they can be in an accommodation that suits their need. I think the individual should have the ability to choose the length, in a best case scenario, rather than the organisation imposing it.

A range of other service gaps were identified by respondents as limiting the capacity of clients to be supported into and sustained in accommodation. Although acknowledging the advances made in mental health outreach support for the chronically homeless, this issue continues to cause problem for service providers:

... mental health issues are some of the most difficult to work with, there is a paucity of mental health responses available in [XXX] and most of the country in fact, to meet that group of people. So there are enormous blockages along the way but by having a coordinated wrap around service around an individual, those blockages become apparent very quickly and to have a government structure sitting over the top of that that can actually lobby and advocate for those service providers getting good outcomes, that is the other link.

The above quote also highlights the concerted effort to provide wrap around services to clients but that specific service gaps or fragmentation in the system leads to less than optimal outcomes.

In addition then to the lack of support services identified above as limiting the ability of people to be Housing Ready, a constant theme was the fragmentation of many of the existing specialist homeless services and the



mainstream. There was consensus that the sector had made some progress in terms of better linking up some clusters of services, however more effort was required:

There are good examples where agencies are working well together, sharing information, referrals and resources to improve outcomes for homeless people. The problem is that these mostly occur in pockets and don't happen all across the service system or even consistently across regions.

For some respondents, however, the seamless service approach was better suited to client groups with less complex needs or for clients who had already made good progress along the transition continuum. For the former, those people with multiple and likely enduring complex problems, there was a need for a stronger and more individualised form of integration — wrap around services. The difference between seamless and wrap around services was articulated thus:

Seamless kind of imposes a continuum of service delivery like a conveyor belt and you start off over here as highly problematic and you end up over there off the conveyor belt as a perfectly well adjusted citizen. Whereas, wrap-around service accepts, I think that you might have this complex set of issues for the whole of your ... life and we may have to manage that somehow. And we have got to work out the relevant set of services to put around you in the most cost effective way so that we don't burden your life through interventions but we make sure that you get what you need to sustain the tenancy.

In this way, wrap around services are conceptualised as forming around the client and their needs and following the client as they progress along their housing journey. A key element of this service model is the adjustment of service provision to account for client needs at various points. Further, although not directly aligned with wrap around services, many respondents expressed the need for consistency of support for high needs clients:

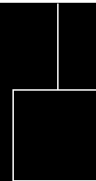
Some of these people can't live without support. We supported three clients for six months, but could not sustain this. They soon dropped out, one is in jail and the others are on the street.

The lack of funding for support and especially continuing support for high need clients was identified as detracting from sustained tenancy. One respondent highlighted this problem:

There are some people who need support for five or six years, not months. They rely on that support to keep them on track. But we can't keep putting in resources we don't have. We do not have the resources to support people for this long.

The role of continuous support in preventing recurrent homelessness is also a frequent theme in the extant literature (New York Presbyterian Hospital and Columbia University, n/d). Bachrach (1981) points to the need for such support to be both orderly and uninterrupted (p. 1449) until clients are comfortable seeking assistance from mainstream services.

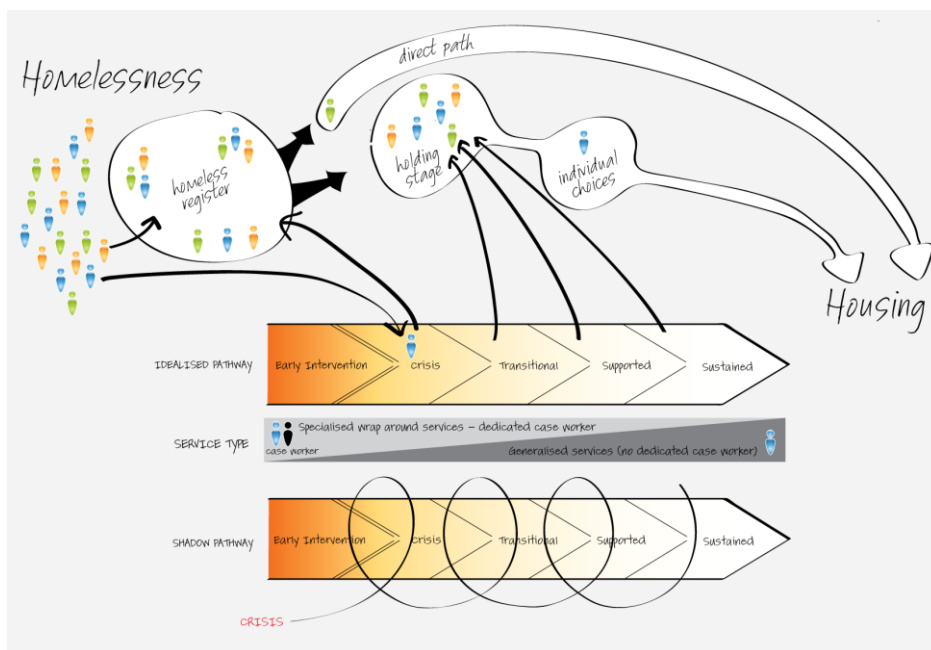
The dual approach of wrap around services and continuous support were presented as central to sustained tenancies. Closely related to continuous support is the role of case work/management both at the individual and service levels. There was a strong belief in the role of case management as an instrument for providing the overall direction and monitoring of housing services (Goering et al., 1988). Some respondents indicated that if services are wrapped around client's individualised needs they would more quickly link into general services, rather than relying on specialist homeless services. Thus case management can help clients to strike a balance between providing direct, assertive specialist care and helping clients to access more generic mainstream and/or community based services. It is apparent from the qualitative responses that there is in place a suite of services, both specialist and generalist that clients can tap into. However, despite the existence of such services it is stressed that they are in



insufficient number, especially in regional or remote areas and that this puts ‘strain on the overall system’. In particular it was identified that more specialist services such as mental health support and treatment, psychological assessment and counselling were required. It was further noted, that specialist homeless services especially for those with multiple and chronic needs, where best delivered in a ‘wrap round’ form in which the client is at the centre of the care package. This, it was stated: “is a much better use of resources” and, when coupled with case management it was argued to provide the most sustained housing outcome.

**Pulling it altogether:**

The following framework (Figure 7) is derived from the information gleaned/generated from this report. It shows a cluster of homeless people from many different target groups and with many different needs and levels of need, including the chronically homeless. Some of these people will go immediately to the Housing Register. Of those presenting directly to the register, those with defined high needs move to the top of the list, while others comprise a waiting list. As well as those clients progressing directly to the housing register, there are many others who present to services at various points along the continuum, each with their own assessments (sometimes including Housing Ready in different forms). Of those defined as high needs, there will be some who are assessed as ‘Housing Ready’ and progress immediately to a house. However, there is likely to be a significant cohort of people who although defined as high need, are deemed to be not Housing Ready based on a suite of indicators, including for example economic, personal/motivational and coping capacity. These people enter into a form of ‘holding stage’ during which their ‘readiness’ issues are addressed by the specialist and supported homelessness services arrayed along the housing continuum. This continuum of services and support and the attendant expectations presents as both a positive and negative for the chronically homeless. It is positive in the sense that agencies are often able to establish good working relationships with clients (and vice versa), which helps to make them more eligible for assistance and housing. On the negative side, there are a number of critical junctures in the continuum which if unsupported or inadequately (insufficiently) supported the client can revert to earlier phases on the continuum and/or spiral back to primary homelessness. Wrap around services have been identified as critical to the needs of the chronically homeless with multiple and complex needs, especially those occupying the crisis end of the continuum. Wrap around services extend beyond seamless services in that they place the client at the centre of the case process and actively link together a suite of identified services around the client, rather than require the client to navigate through linked up services. It is envisaged that as clients progress through the continuum or develop sufficient housing competencies, the intensity and need for specialist homelessness services will give way to more generic service needs: thus freeing some of the costs of service provision to the chronically homeless. Case work and active case management present as a core mechanism to not only identify client needs, but also understand their history, the reason behind their needs and therefore their points of vulnerability and ‘readiness’.



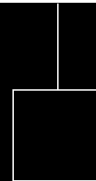
**Figure 7: A General Homelessness Services System Framework**

### Conclusion: Achieving Indicator Outcomes

The main finding in this section is the preference for a Housing First model but that such a model is hampered by a shortage of appropriate, affordable housing. Discerning what is required to achieve indicator outcomes is made difficult because many respondents were vague in regard to the type of assessment tool used and how that was used in terms of qualifying or identifying clients for service. It is clear that most did not assess for 'Housing Readiness' as such but rather assessment was more about a consideration of client needs and providing services to meet those needs — with greater or lesser choice on the part of the client.

The type of housing comes through as a strong theme and the idea that housing needs to be fit for purpose. It is clear from the findings that there is a widely held view that most homeless individuals will do well if placed in housing and provided with all the support needed. Some respondents identified, however, that a small group of individuals would never be capable of sustaining such arrangements no matter how much support is provided. This suggests a need for firstly sufficient houses, but also a mix of housing types that can be carefully matched to the individual. Assessment tools need to identify the specific needs of the client so as to match the residence to the house. Interviewees and focus group participants did not see this as necessarily occurring, particularly in youth and indigenous services.

The importance of effective engagement processes and ongoing case management approaches were a recurring theme. There were discontinuities evident in the system due to both the arbitrary time lines set by program funding arrangements and the fact that the system remains significantly a continuum of care model meaning that



clients transition from one service to another leading to breaks in service provision and disengagement with case workers with whom clients had formed relationships.

The range of services required to achieve indicator outcomes is highly dependent upon the type of service model espoused and whether that model is able to be structurally achieved. At the moment the system is a segmented one in that agencies provide a wide range of services that are differentiated in regard to:

1. restrictions as to the characteristics of the individuals they are able to accept into their service
2. the type of treatments provided
3. style of accommodation
4. length of service provision
5. extent to which clients are given choice of service.

No matter how hard service providers tried not to impose their own values, the system remains fundamentally normative. Given the shortage of suitable houses, assessment is largely about the extent of people's needs based on someone's determination of what is deficit and the extent of that deficit. In the end any type of assessment — whether it be needs based or clinically based, is underpinned by an assumption of what is normal, right or even equitable.


The findings demonstrate that service providers have very clear ideas about what constitutes Housing First and Housing Readiness but that as a cohort they are not mutually decided on the meaning of these terms. Service providers are operating in a system where there are bits of all the frameworks and although the system is transitioning towards a Housing First model the systems and processes are not there to allow that to happen.

There are differences in views about how the frameworks should be operationalised given that there are insufficient houses. As a result the system is modified and includes elements such as arbitrary timelines that are not conducive to positive outcomes. This suggests a program drift — where the ideal program is a Housing First model, but when implemented the practicalities of things allow it to drift back towards what it was originally — in this case a largely transitional model. This means that when assessing the outcomes of new policy the assessments are based on measuring outcomes of the old system. There are currently too many mixed models occurring to achieve policy direction or realistic assessment.

The determination of what constitutes Housing Ready and Housing First is subtly different for all respondents. The philosophy is largely the same — to put a roof over a person's head. There are, however, very different views on what that roof should look like and further what should occur under it. For clinical providers, for example, there remained a commitment to care that trended towards mandatory while others adopted a total freedom of choice for clients in what interventions were provided including a choice as to whether to be housed or not.

There is also confusion about the term 'house' because of a 'mainstream' view of what a house is. Providers therefore do not often consider whether a person is 'Housing Ready' but more about whether the 'house' is ready for the individual and whether the normative house will ever be suitable for some of their clients. This is evidenced by the number of respondents who stressed that the system needed to be ready for the client and not the other way around.

The findings indicate that, in reality, the frameworks presented in the literature above are not exclusive or discrete. Service providers demonstrate how fundamentalist viewpoints do not preclude an operationalisation of different



models within a Housing First philosophy. This is in keeping with policy drift identified from Question 1 where, as the Housing First approach has been replicated internationally, there is evidence of program departures (Atherton and McNaughton-Nicholls, 2008; Gordon, 2008). Such departures were identified by Johnsen and Teixeira (2010) as:

- the use of communal/congregate accommodation as opposed to (or as well as) scatter-site housing
- greater selectivity in client recruitment (e.g. evidence of client willingness to engage with support)
- the lease of housing that disallows drug-use on site (thus compromising Housing First's harm reduction principle) and
- imposition of time limitations to housing provision

All these deviations from a Housing First model are apparent in the Queensland Homelessness Service. The Housing First-Treatment First (staircase) debate succinctly and aptly stated by service providers in this research and implicit in policy documents, is no longer a case of whether individuals are Housing Ready, but whether the system is ready to house homeless people.

**Figure 8. Indicative Housing Readiness indicators**

## Q5. An initial assessment of the department's policies and systems in relation to Housing Readiness in particular housing needs assessment and matching for success<sup>13</sup>.

### Background

Queensland, similar to many other jurisdictions, is struggling to keep up with the increased demand for homeless services. While there have been numerous accomplishments and gains made within the housing arena, there continues to be a growing need for housing assistance and this is occurring within an increasingly diverse group of needs. For most people homelessness is a temporary condition and their needs are quite quickly accommodated. Program figures in the US indicate that 76% of people using emergency shelter leave before three months and 23% leave within a week (HUD, 2008). However, around the world there appears to be a small but consistent subset of people who experience chronic homelessness, which by definition means that they are homeless for long periods or repeatedly (Kuhn and Culhane, 1998) and participate in rough sleeping. Moreover, many of this group of people also experience multiple problems including drug and alcohol misuse, mental illness and other disabilities, which limit their housing options and success. Although relatively small, this cohort is expensive to service as they require multiple treatments. The extraordinary high cost of use of public services by chronically homeless people has been well documented in studies conducted across a number of communities (Larimer et al., 2009). This has been termed a power law problem (Gladwell, 2009), where the bulk of the resources are being directed to the smallest cohort.

The main problem confronting the Department of Communities in regard to homelessness is how to identify those people with a housing need, prioritise people's needs against others, assess what is needed to meet those needs and provide appropriate products and services to meet those needs. The wide array of client groups and the complexity and variety of needs make this a difficult task to accomplish. In particular, the identification of those with very high needs from within the population of homeless persons is problematic in being able to both locate them and then achieve an accurate assessment of their needs because many are unwilling or unable to provide information to evidence their situations.

The following tables provide information on those applicants assessed by the department as being of very high need. Considering the current status of very high needs applications it is possible to get a feel for the extent, complexity and diversity of the very high needs cohort and this is not taking into account others that are considered in need.

<sup>13</sup> The research will build on the work undertaken by Dr Coleman in *Art or Science? Successful housing assistance for people experiencing primary homelessness*.



**Table 6: Current Location of Very High Need Applicants (By Application: 30<sup>th</sup> September 2010)**

Current Housing: Applications by Very High Need			
		Very High Need	% of Total
Government, Community and Affordable Housing	Public housing or Aboriginal and Torres Strait Islander Housing	8	0.42%
	Long-term Community Housing	1	0.05%
	Affordable housing (e.g. Brisbane Housing Company)	3	0.16%
	Refuge, emergency or crisis accommodation (e.g. CAP)	254	13.44%
	Transitional Community Housing (including CRS and CMSU)	293	15.50%
	Medical institution/facility or hospital and have no other housing to go to	170	8.99%
	Correctional facility	1	0.05%
	<b>Total in Government Accommodation</b>	<b>730</b>	<b>38.62%</b>
Other Types of Housing			0.00%
	Own Home	0	0.00%
	Renting privately	138	7.30%
	Boarding privately	19	1.01%
	Private boarding house	11	0.58%
	Hostel	4	0.21%
	Caravan park	11	0.58%
	Hotel/motel	3	0.16%
	Living on the street or sleeping in the park	687	36.35%
	Living or squatting in a derelict, makeshift or illegal building	184	9.74%
	Living with family or friends	103	5.45%
	Living on a boat	0	0.00%
	<b>Other Types of Housing</b>	<b>1160</b>	<b>61.38%</b>
	<b>Total:</b>	<b>1890</b>	

An application where the family is dispersed can be counted in more than one housing type

The table indicates that 46% of the total in the very high needs category are currently living on the street or squatting in derelict, illegal or make-shift buildings, compared to under 40% in government accommodation, whilst less than 1% are in long-term or affordable government housing and 9% are in potentially longer term private accommodation (renting or boarding privately or in a caravan park). Twenty nine per cent are in short-term emergency or transitional government housing, another 7% are in short-term private accommodation of various types (including living with family and friends) and the remainder are in a medical institution or hospital. The significance of the data is that whilst those assessed with very high needs are largely 'sleeping rough' there remains a significant number that are in housing of some kind but who are still assessed as very high need. These statistics give some limited evidence to the problem of sustainability of tenancies and raises issues about the suitability of different responses to high need applicants. The data does not give us an understanding, however, for what happens to those whose applications are rejected, or whose housing needs are reassessed, or indeed how successful those who are housed in long-term social housing are at maintaining their tenancies and under what circumstances long-term social housing is, in fact, the most appropriate product.

An interview with a representative from the department, concerning the data issues, confirmed that the data as currently presented provides only a snapshot, and that those identified as being housed during the month would have been very high needs in previous months, but once housed they are removed from the register, as illustrated in the table below. The average length of time those in the highest need spent on the register prior to housing (Homelessness A) was calculated at 5.2-7.3 months. Single people are usually more difficult to house because of the housing stock, which until recently was focused much more on three bedroomed stock rather than one bedroomed stock. Where one bedroom units had been built together (example of 12 one bedroom units let to long-term homeless and those recently released from prison) this had, it was claimed, often led to community complaints.

**Table 7 . Homeless-specific data for September 2010**

Criteria	Homelessness Applications by circumstances	Very High Need	Very High Need Allocated to Government Managed Social Rental Housing	% Allocated to Government Social Rental Housing
Homeless A	Living on the street or sleeping in the park	724	47	6.49%
	Living or squatting in a derelict, makeshift or illegal building	202	19	9.41%
	Fleeing domestic violence	295	24	8.14%
	At risk of violence/abuse from another household resident, neighbour or community member	499	26	5.21%
	Residential services or caravan park closure	25	1	4.00%
<b>Total Applications with at least one Homeless A criteria</b>		<b>1506</b>	<b>107</b>	<b>7.10%</b>

Criteria	Homelessness Applications by circumstances	Very High Need	Very High Need	
Homeless B	Transitional housing (including CRS/transitional housing)	348	10	2.87%
	Irreversible family breakdown (not domestic violence)	418	12	2.87%
	Dispersed homelessness — individual family members are split between family and friends	135	14	10.37%
	Emergency or short-term (Crisis Accommodation)	300	16	5.33%
	Facing immediate eviction in the private market with no alternatives	419	26	6.21%
	Medical institution/facility or hospital and have no other housing to go to	182	8	4.40%

<b>Total Applications with at least one Homeless B criteria</b>	1275	69	5.41%
<b>Total A+B</b>	<b>2,781</b>		
<b>Total Applications with Homelessness</b>	<b>2,494</b>	<b>149</b>	<b>5.97%</b>
Applications with Both A+B criteria	287		
Total allocated to Government Managed Social Rental Housing		200	

The interviewee also estimated that only around 4,000 government social housing tenancies become available each year (from a stock of 55,000), compared with 28,000 persons recorded on the register, around 12,000 of which are high need. Around 60% of the houses allocated go to those in highest need, 30% to high need, and 5% to the rest. There is thus effectively a hierarchy of criteria with those who are in the A&B categories having the highest priorities. The current system requires multiple locations to be put down (six), with no preference allowed, and no data is therefore gathered on the degree of match between clients and their location preferences. This is an area where a ranking of the locations on the form would allow, relatively simply, important additional data to be gathered, from which later analysis could determine to what extent client's preferences were able to be met and the consequences of meeting (or not meeting) these in terms of stability of tenancy for example. In terms of the suitability of housing style, specific data was not available on matching housing style to stated requirements. Whilst there is a national satisfaction survey, this cannot currently be linked back to individuals in the housing database. Data is generated, however, for the length of tenancy up to 12 months. The last set of statistics showed that 86% of those housed that were in category A highest need had maintained the tenancy for at least 12 months, compared with 92% overall.

Generally a lacking of linked information systems between different departments was highlighted in the interview, leading to gaps in tracking. Whilst the creation of the enlarged Department of Communities was hoped to reduce these problems, the new department was in its early stages, as was the "No wrong door" system to try to ease the identification and matching processes. When as part of the initial integration, the 100 Clients Programme had identified and sought to resolve the 100 most difficult cases, this was perceived as having had produced good results in terms of outcomes, but also highlighted the unsustainability of using the same practices more widely to solve problems. The 100 Clients Programme was considered too time and resource intensive to be practical on a wider basis.

#### Policy Response

The above data provides an overview of the current circumstances of homeless persons that have been identified by the department as very high need. The questions the data raises are what are the requirements of those assessed with very high needs and how to successfully shift people, particularly rough sleepers, to a product that suits those needs. The department's Client Intake and Assessment Process (CIAP) incorporates a Housing Need Assessment (HNA) procedure that is underpinned by a "Matching for Success" principle.

The main aim of the current HNA is to identify from those households applying for housing assistance those households who have a housing need and the nature of that need. It is based around two key indicators: appropriateness and accessibility/sustainability. A key intention of the HNA is to identify "whether or not an applicant(s)' personal circumstances indicate they would have difficulty accessing and/or sustaining a tenancy in the private market" (p. 3)<sup>14</sup>. Utilising these two key indicators the department produced the following data that reports the number of persons assessed as very high need against the property criteria required. Significantly, of the 3,223 with housing criteria requirements, 3,130 (83% of the total segment) relate to a lack of affordable rents. This is clearly an important issue; however this needs to also be considered in light of the fact that those assessed with very high need also met on average nearly three other criteria indicating the difficulty in locating other needed

<sup>14</sup> Client Intake and Assessment Process (CIAP) Policy Framework

and appropriate resources. In addition, 1,257 (33% of total segment) of the 2,165 with barriers to access reported no prior rental experience and 976 (26%) had experienced unsuccessful private rental applications due to such things as personal presentation, appearance and characteristics.

**Table 8. Current data for 30 September 2010**

High Level Indicator	Criteria	Very High Need
Appropriateness	Homelessness A	1506
	Homelessness B	1275
	Location	183
	Physical amenity	1992
	Rent affordability	1045
	Formation of new household	43
Access & Sustainability	Barriers to access	2165
	Housing supply	3223
	Medical/disability	2178
	Sustainability	267
Inter-Agency Priority	IAP	324
	<b>Total Segment*</b>	<b>3,769</b>
	Total for Criteria	14,201
	Average Number of Criteria Met per application	3.767843

\* Total will not add to the rows above as applicants may meet more than one criteria

#### Matching for Success

Matching for Success forms a key plank of the CIAP policy framework. Matching for Success is intended to successfully match a household's housing needs to the product/s that are most likely to meet those needs. By rigorously assessing client needs, clients can be shifted from homelessness into products that are both appropriate to those needs and which provide the best opportunity for the client to access a sustainable long-term tenancy either in social housing or in the private housing market. Matching for Success is underpinned by a number of principles. Those principles most applicable to housing the primary homeless include the following:

- Low cost housing assistance products should be considered for a household before high cost products. This ensures that higher cost housing assistance is provided to applicants in greatest need, while lower cost housing assistance is provided to applicants in lower need.
- Applicants matched to a low cost or non-rationed product may exercise client choice in deciding to accept the product or not.
- When a product becomes available it will be first offered to a client in the very high needs category.
- A successful match to a property should take into account the needs of the community and the needs of the applicant household.
- Households with high needs, in addition to their housing need, who may be at risk of their tenancy failing, should be housed close to support networks and support services wherever possible.

- Where possible homeless people with a history of rough sleeping should be housed in locations they are familiar with so they can readily maintain their existing connections and networks.
- The concept of “Housing Readiness” should be considered when housing people who are homeless, especially those with a history of rough sleeping. Housing Readiness is considered in two ways: the applicant should have a commitment to being housed and whether the applicant is likely to sustain a tenancy.<sup>15</sup>

In summary, the housing needs assessment policy is specifically designed and aimed at:

- assessing client needs so as to
- match client needs to a product that maximises the probability of a sustainable tenancy.

Achieving these aims has historically been problematic. Previous studies<sup>16</sup> have identified that needs assessment and matching processes have not sufficiently taken into account the developmental work, resources and time commitment needed to transition people from primary homelessness to sustainable housing. Further Coleman’s 2007 report identified a number of reasons (also supported and identified by other studies) that contribute to people’s return to primary homelessness after a housing response including:

- the location of the housing response
- the loss of social networks that people enjoyed while experiencing primary homelessness
- reduced access to services following relocation
- not being actively involved in choosing the housing
- the timing of, and underlying motivation for, the housing response
- the ‘Housing Readiness’ of people experiencing primary homelessness, and
- the nature and duration of the support offered to sustain the transition from primary homelessness housing (p. 41).

These above reasons point to the importance of matching client needs with requisite products to ensure success in achieving long-term, sustainable tenancy for primary homeless persons. The department’s interconnected policies of needs assessment and matching for success are clearly a step in the right direction to address the issues raised in Coleman’s report in that the policy contains the necessary guiding principles. To investigate how these policies are working in practice the approach taken in the research was to seek the views of service providers on the effectiveness of the current HNA and Matching for Success in addressing primary homelessness and, in particular, how they address the issues raised in Coleman’s report.

## Research Findings

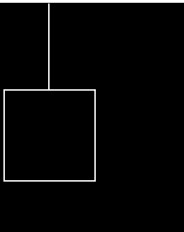
Interview and focus group participants were asked to respond to the question:

**It is often assumed that to be effective, assessment tools should match client needs and be aligned to service outcomes. Please tell us your opinion of this statement in regard to the Department of Communities’ policies and systems and in particular their housing needs assessment?**

The elicited responses covered a number of aspects associated with the department’s policies and assessment tools as well as descriptions of the assessment tools used by the various agencies themselves. The responses highlighted the difficulties in designing a tool that is fit for purpose. Many of the difficulties associated with designing appropriate assessment tools relate to the need for considerable information about the client to make an accurate assessment of need coupled with many clients’ inability and/or unwillingness to provide comprehensive

<sup>15</sup> Queensland Housing Assistance Forum, *Basic Principles of Matching for Success*

<sup>16</sup> Coleman, A. (2007) *Art or Science? Successful Housing Assistance for People Experiencing Primary Homelessness*



information about themselves. As a result, interviewees identified the criticality of individual service providers' knowledge and understanding of the history and circumstances of their clients in enabling an accurate assessment of client needs. Service providers spoke of how knowledge about particular clients, often accumulated over years, could not be readily or practically captured in a "tick box" assessment form:


"... one of the underlying issues for nearly everyone [homeless persons] is the trauma they've experienced and what sort of intervention is going to help them deal with that trauma is a very sensitive thing ... We all need to have that sensitivity to the trauma that effects the decisions they make and you can't objectify that easily ... But if you get to know that information and you've got services that are available that could be useful for that person then it's great to make the link. But it's what point in the journey is that really critical information. I just know we had a fair bit of angst about the length of the assessment. The fact that people were being asked very personal questions and then when you said, no, they don't have a bed they would often slam it down in front of you and say, well why did I bother answering all those questions."

Non-government agencies identified that departmental staff were often not familiar with the special requirements of high need clients, were often clerical staff and were not qualified to assist the client in completing the assessment or interpreting what the client was telling them. The implication of not fully understanding the client or their needs was that clients continued to be housed in unsuitable accommodation with the result that services then had to be located to treat that client in the location they were at. One of the departmental respondents commented:

"So we'd provide the housing but we often didn't know a lot about them because they wouldn't tell us ... but now to be very high need you have to basically demonstrate you're really in need. So now they will tell us ... Our policies were quite bureaucratic. We needed people to fill out forms for instance but the reality is people who are homeless often don't like bureaucracy ... But we [still] don't really tease out whether they're getting treatment for their alcohol dependency or that sort of thing. So we can still get people who come in as a tenant who don't have support and it falls over."

Some reasons why tenancies such as that described above fail are that the client's complex issues have not been identified and further that as a consequence it has not been assessed whether the client will accept the services offered. One aspect that is often not considered is that, even if the complex issues of a client are identified, this does not necessarily mean that the client will accept the services recommended to them. It therefore becomes necessary not just to determine that a client has particular issues but to also understand going forward what the client chooses to do about those issues and the ramifications of a client choosing not to be treated. It is clear from the findings that by either not determining complex issues and/or subsequently not factoring in that the client may refuse services results in a poor match of client needs to the type of housing the client is provided. The service system therefore appears in transition between a Treatment First and Housing First model where most agencies believe in the human right principles of a Housing First model but many also view the shortage of affordable and suitable housing as well as the complex issues of many of their clients as detracting from the ability to fully embrace Housing First. With the system in transition it makes it all the more critical to correctly assess the client's situation so that the correct type of housing is provided for a particular client taking into account the client's choice in regard to the provision of 'wrap around' services:

So the approach of Housing First and then working out and continually offering them services that they might require, *whether they accept them or not* and tolerating some failure in there, so you might have to support their rent for awhile, etc., is a really sensible approach because ultimately that will save a lot of money and it takes your most visible homeless off the street. Your most problematic so on and so forth.



Many respondents supported the view that the department's processes had become less bureaucratic and that this was a positive shift. Respondents, however, identified limitations to the method of assessment used by the department in regard to how the assessment process was undertaken, the resultant information provided to agencies and its usefulness in matching client needs to specific services.

Arguably the greatest weakness in the system is that there is only a very limited relationship between the client and the department meaning that no assessment tool, no matter how comprehensive, can make up for a lack of field knowledge about the client to enable the capture of all the information necessary to assess priority and match the client with the appropriate products. Agencies, particularly those dealing with youth homelessness, related instances where their clients had gone to register for housing but were assessed as low priority when, in fact, they were high priority. A common example was where a client revealed that they had slept at a relative's house which was taken to indicate that they had access to housing when, in fact, the youth was 'couch surfing', had no access to regular housing and was often sleeping rough. Long-term relationships were therefore widely considered critical to undertaking correct assessment:

You know, it's like well let's go where the relationship is and what's going to be best for this person because I guess [XXX] has always been pretty clear that the assessment is about a conversation. It's not about ticking a box and you can only have a conversation really if you've formed that relationship with people because that's the way you're going to get the best bit of information you can.

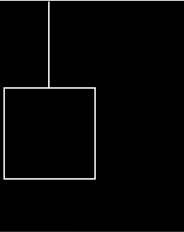
Youth services were not the only agencies to report that they accompanied their clients to the department to assist in assessment. The need for agencies to go along with and support clients in the department assessment process was a common response across a range of service foci including Indigenous, family, young people and women's services. Many reported they were not provided with funding for this service but felt that to achieve the best outcomes for the client necessitated their inclusion in the process.

#### **Choice and Matching for Success**

There is a perceived gap between policy and practice in regard to the department's policy on the client's right to exercise choice. The policy is specific in regard to clients exercising choice and when that can occur, however in practice 'choice' is a very broad concept and covers a number of aspects when seeking to house the primary homeless. Currently, service providers consider that there is too little choice in the type of housing that is available making it impossible to match some clients with the services they need. The policy is carefully worded in that it discusses 'products' however the focus in the field is on housing the homeless as a priority. This focus begs the question "what is a house" and the answers to that question go to the very heart of the department's Matching for Success. The meaning of "house" is very much determined by the individual's own experiences:

I think it has to be about shelter, because everyone's definition of house and home is very different. We started a lot more into the people, primary homeless and the people who are intoxicated in parks and we know that they don't want a house, but how do we provide them with some form of accommodation that is house. So we are looking into that a lot more, because we really need to stop saying to people that this is actually what you need, it is about giving people choice again. In Queensland, we tell people what they need, and that's not right, they can choose what they want.

This was particularly noted by service providers working with Indigenous people who commented that the common concept of 'house' being a permanent, usually suburban, construction housing a nuclear family was very much a white, middle class construct that was not a good match to Indigenous people's needs. One respondent noted that the differences between Indigenous people's expectations of a 'house' and European expectations of nuclear families co-located within a single dwelling meant that Indigenous people were housed inappropriately for their



culture and way of life. This often led to the situation where “two [Indigenous] people take up a tenancy and six months later five are evicted”:

“Before you can go into housing, you need to look at how they [Indigenous people] live in their community, which is suitable for that setting but then they come to [XXX] and live in public or private residential properties ... they don’t have flexibility of choosing how they live.”

Similarly, housing young people in dispersed suburban houses was also problematic:

“Or we expect them to work in adult models, i.e. in a little unit in the middle of the suburbs by themselves and not expect to have their mates around. It’s not natural for a 15 year old to live by themselves in the suburbs. Many adults don’t want to live by themselves in a unit that’s fairly isolated, so I think that’s particularly an issue as well in terms of placing people in things that are actually going to work for them.”

As highlighted in Q1, there is a body of evidence that suggests consumer choice is a critical element of positive intervention. The work of Busch-Geertsema (2005) demonstrates that the majority of homeless people express a preference for mainstream self-contained housing. At a more local level, the report by Penfold (2010) found that homeless people in inner city Brisbane also sought relatively conventional housing options. This report went on to identify several other choice factors including affordability of rent, location of home in relation to social and service networks, security and entertainment and personal space (2010: 17-27). Consistent with the general readiness literature, it has been suggested that those offered greatest housing choice were more likely to report greater satisfaction (The Toronto Shelter and Housing Administration) especially for ‘resistant clients’ (Lipton et al., 2000; Caton et al., 2007). However, a note of caution has been offered on this issue of housing consumer choice by several studies suggesting that there is not always a strong correlation between the receipt of preference and expected outcomes (Goldfinger et al., 1999; Lipton et al., 2000). These authors conclude that, while consumer choice is clearly an important consideration it must be coupled with attention to other factors to improve housing outcomes. Client and environment congruence, which is the degree to which clients’ needs, capacities and aspirations are consistent with housing provided, can be a deciding factor in successful retention of housing (Coulton et al., 1984)

Findings from the current study suggest the issue of the timing and duration of support by service providers remains problematic in that interview and focus group respondents frequently identified that they were funded to provide services for set periods, e.g. three months, but that these timelines seemed to be arbitrarily set. Respondents reported that there appeared to be no practical reasoning behind the set timelines in that they were not based on client need but formed part of their funding agreements. These pre-set time lines often meant that clients were required to separate from service providers before the full benefits of their service program could be achieved and often without a suitable house or service to transition to. Further, these limited term arrangements are in contrast to the findings and recommendations of Coleman’s report (and others see for example, Penfold, 2010; Parkinson, 2003) on the importance of sustaining service provider relationships long-term to successfully transition clients from primary homelessness to housing and are viewed by service providers as a weakness in the transition process. Bacharach (1981: 1449) defines continuity of care as “a process involving the orderly, uninterrupted movement of patients among diverse elements of the service delivery system”. For the chronically homeless, with their multiple problems and service needs, this is especially difficult, but important to ensure. Bachrach (1981) details the following elements of continuity of care:

- *Longitudinal*: treatment parallels progress, even though individual caregivers, specific program modalities or specific sites may change.
- *Individual*: care is planned *with* the client addressing his/her particular needs.



- *Comprehensive*: clients receive a variety of services related to their many needs.
- *Flexible*: clients are allowed to progress at their own pace, not held to the standard of continually moving forward.
- *Relationships*: client contacts with service system are characterised by familiarity and closeness.
- *Accessible*: clients are able to reach the service when they need it, way that is financially & psychologically manageable.
- *Communication*: both between client and various service providers and various service providers involved in the client's care.

In summary, continuity of care stresses the importance of a client's connectedness to reliable care givers that persists over time. This model points strongly to the need for a person to coordinate or case manage the process. Assessment and subsequent matching relies on not just the information able to be gleaned from the client and matching that client to an appropriate product, but whether the services offered actually match client needs.

Interviewees also discussed the types of assessment tools they used as well as proffering views on the benefits of using a common assessment tool. The benefits of using an assessment tool and/or a common assessment tool were tempered by the view that relationships with clients went hand in hand with accurate assessment and that the two could not be separated. Most considered that a common assessment tool would be useful, though opinions on what such an assessment should contain were mixed. Some considered that an assessment tool should be as comprehensive as possible, while others considered that they should not 'dabble' in information that had no relevance to the service that particular agency was providing. There was a view expressed, however, that it often did not matter what assessment tool you used because in the end the decision to provide a service was often in the hands of someone else and that a significant issue for the service system was a continued lack of affordable and appropriate housing.

As noted in Q4 the Star Assessment Tool (originally from the UK and showcased at the 2009 Australian Homelessness Conference) is gaining some purchase as a preferred assessment tool across the sector. This tool is quite simplistic in its format and importantly provides real opportunities for clients to contribute to their own assessment process. The active engagement of clients in ascertaining their problems and strengths is a core element of a successful change/intervention process (refer Q1). The current department assessment instrument does not have sufficient scope or flexibility to actively engage clients in the determination process (other than as a limited information provider). Further, as many respondents noted it does not have any inter-operability between other assessment instruments and therefore clients are often obliged to repeat their information in several service settings.

In matching for success, one theme came through the interviews very strongly and that was that the system usually started with looking at the client and determining how to make that client 'Housing Ready' in that they were ready to occupy someone else's ideal of what is a house. The views of many respondents was to turn this concept on its head, and while not specifically named as such, basically questioned the concept of what it means to be housed or not homeless. When the problem of matching for success is put in a way that we start with the concept of what is a house, the whole system and process changes. Rather than transitioning a person through their particular issues, it becomes a matter of assessing those issues, accepting the person 'as is' and providing the best solution for them which in some cases is not a long-term tenancy but perhaps some sort of supported accommodation. In other words, many of the services that are currently considered as temporary may be considered, for some, as a permanent solution. The implications of this are contentious in that many that are now assessed as homeless would in fact not be assessed as such. It therefore becomes a case of what this research identifies as the "right roof" rather than the "right house". This view is, to some extent, inherent in the department's current policy where the policy discusses 'product' rather than 'house'. This terminology may suggest some contradiction between the



offered solution and the QHAF Matching for Success draft guidelines that state that when long-term social housing becomes available it is first allocated to highest need clients. There was some disagreement between service providers in regard to first offering long-term housing to those assessed as highest need — these comments from two different service delivery areas and three different service providers:

It doesn't matter whether the person is ready; if you don't house them it is going to cost you more. It is about whether the system is ready and can cope with them, because that is what is going to save you money and provide a better outcome, so for me the onus is always on the system to cope, not on the individual.

So some of these people who are coming through now, you can feel that they will never adjust, by working with them for fifteen years or whatever, we know their experience, and we know that they will not stay, but they are on the list, they will get a house and then they get you know have all the trouble and then they get back out, and then back into the system ... Some people have had public housing four or five times ... maybe the only solution for them is supported accommodation. Something supervised; you know what I am saying?

I think housing people with the highest need, I don't know if that is really a good solution ... without giving them any other options or training them to get to that point. Getting them Housing Ready, they are just putting them into a house and then thinking that you are going to halve homelessness in a short span of time. To me sometimes I think it is all just rushed to get the numbers. I don't think we can do that for the future, we will have a lot of trouble if we continue with this policy.

One of the above interviewees also directly linked the “right roof” concept with the government’s current focus on “wrap around services”. In that interview the interviewee differentiated wrap around services from seamless services. Seamless services were said to assume a ‘conveyor belt’ system where there is a continuum of service, the client starts at one end and as highly problematic and ends up at the other end as a “perfectly well adjusted citizen” whereas wrap around services implies that the client may have a complex set of issues for their entire life and the system needs to work out the relevant services to put around the client so that they are not burdened their entire lives through interventions but sufficient is provided to sustain a tenancy, whatever form that tenancy takes. These views mirror the Pathways to Housing Inc. and Common Grounds approaches outlined in Chapter 1 that has formed the basis for the development of the old Gambaro Restaurant site in Brisbane.

Without exception, all respondents in the study identified the lack of affordable and *appropriate* housing to meet demand. One side of the Matching for Success equation is identifying clients and their needs. The other side of the equation is identifying what constitutes appropriate housing, having it available and being able to locate it. A respondent commented on the importance of considering appropriateness for purpose:

“Housing for success” — [you] need to look at the property and the reality for the tenant. One of the reasons we refused [XXX] property was because every time tenants walked out of that block with something that looks like a beer can someone is going to report them.

The availability of housing stock along with an easily accessible and reliable database of it is critical to achieving the supply side of Matching for Success. As outlined at the beginning of this section, the lack of housing stock available is a major contributor to the continuation of homelessness, however without a clear assessment or understanding of what is available, deficiencies in both transitional places and permanent housing stock may be over or understated. Respondents in Brisbane pointed to the usefulness of the services provided by HPIQ. Outside Brisbane, however, there was a considerable fall-off in the level of awareness and relevance of HPIQ to service provision:

HPIQ doesn't work up here. There would be some usefulness in a central data base. Some sort of repository would be useful.

## Conclusion

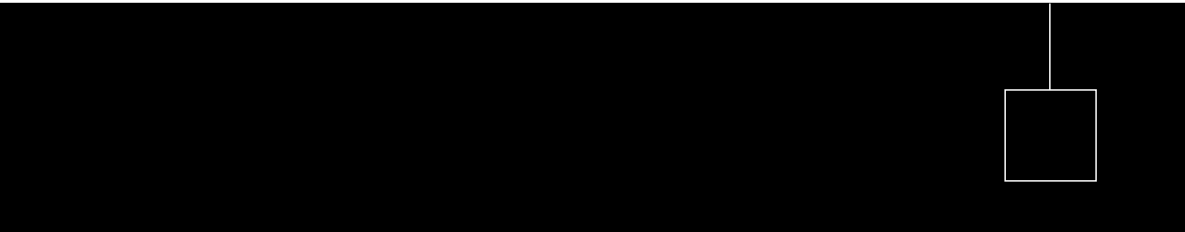
Several reports identify that the vast majority of primary homeless persons state that their main need is for long-term housing<sup>17</sup>. Client need is therefore well understood but to genuinely match for success requires that the structural issue of locating and providing sufficient affordable and suitable housing needs to be addressed. In a recent response to the Victorian Homelessness 2020 Strategy, the Council for Homeless Persons commented "as noted in the strategy 'a home is fundamental to ending homelessness'. It is therefore surprising that the strategy does not include any new commitment to increasing supply of social housing". The Queensland Government's commitment to a Common Ground approach is a positive step towards addressing supply in this state.

The findings presented in this section are indicative of the already-recognised complexity of addressing chronic homelessness. As identified in Q3 assessing the success of homelessness service systems is difficult in terms of both identifying the homeless population and agreement on a measurement of what is meant by 'housed'. Matching for Success presents many challenges; none the least of which is a determination of what is success. In summary, the main findings in relation to the department's policy in particular in relation to assessment and matching for success are that:

1. There is a view among service providers that the department's approach to assessment has become less bureaucratic and more sensitive to client needs.
2. The assessment tool used by the department appears to contain the immediately required information to make an assessment of a client's priority, but not necessarily a detailed assessment of their specific needs, including housing history and expectations with implications for matching client needs to the right product.
3. Matching for success is a broadly accepted concept, however most service providers concur that it is not always done well and that, as a result, many clients regress to less secure housing circumstances.
4. The process of departmental assessments is considered by service providers as inadequate. While the forms may contain the right questions, departmental staff are not always sufficiently trained to glean the information from the client.
5. Matching for success may not necessarily imply that the client will (or should be made to) accept all the services recommended to them. The principle of 'choice' is relevant not just to the type of dwelling offered, but also to the location. It may also be extended to include the services to be provided. This point makes it particularly important that the type of dwelling fits client needs given that some with complex issues will elect to go untreated.
6. The Queensland Government's Common Ground approach is a positive step in addressing shortages in the supply of affordable and appropriate housing stock.

Coleman's (2007) report highlighted a number of issues associated with people returning to homelessness after periods of being housed. Most of these issues are considered to have been addressed under the current HNA and Matching for Success policies. The three issues that do not appear to have yet been addressed relate to (1) client involvement in choosing housing/products, (2) the timing of, and underlying motivation for, the housing response and (3) the nature and duration of the support offered. On this last point, Coleman reports the duration of support as a means to sustain the transition from primary homelessness housing, however, the findings here indicate that the support is not solely about transitioning but also about sustainment regardless of what complex issues the client may have and with a view that the presenting issues may not diminish.

<sup>17</sup> For an overview of reports in the United States see Culhane, et al. (1999 ).



In terms of a Housing Readiness approach, the recommendations from Healy et al.( 2003) that emerge, and can also be utilised within a Housing Readiness framework are as follows:

1. Overall:

- a) Encourage clients to arrange direct debit for housing.
- b) Encourage Office of Housing to explore ways to promote (and perhaps reward) such ongoing direct debit.
- c) Develop policy to support the concept of the social landlord.
- d) Ensure that tenancy agreements allow for the possibility of pets.
- e) Plan for a holistic approach to supporting people at risk of homelessness in their various housing options.

2. For improved federal government services:

- a) Fund services to have a case management role beyond the immediate housing crisis.
- b) Services to move away from the current dominant focus on crisis to become more open to re-engagement and continuity of service over time.
- c) Develop a better interface model between primary health care, the government service provision, mental health services, disability services, and alcohol and drug services.
- d) Government agencies to be mandated and funded to have an explicit educational role with health and welfare providers around issues relating to homelessness.
- e) Government agencies to better understand and work with informal networks.
- f) Development of a support group of consumers of government services.
- g) Service system development to be underpinned by the views and experiences of consumers.
- h) Government services to focus more on employment through direct service provision and/or better links to employment services.

3. Other:

- a) Develop greater clarity about who takes responsibility for case coordination when multiple services involved.
- b) Mental Health services to follow-up clients with the opportunity to re-engage if appropriate.
- c) Further research into the factors that consumers report as important when there has been failure to gain or maintain secure accommodation.
- d) Government services to facilitate low or no interest loans either by being a guarantor with credit co-operatives or by directly providing loans.
- e) Exploring other ways to foster the financial independence of consumers.
- f) Government services to look at how they build “capacity” and increase “connectedness” in the communities in which they work.
- g) NDCA Client Forms to include isolation and disconnection from important support networks (formal and informal) as a “Presenting reason for seeking support” (Q12) and at “Support to client” (Q22).

## Reference List

- Abdul Hamid, W., Wykes, T., & Stansfeld, S. (1993). The homeless mentally ill: myths and realities. *International Journal of Social Psychiatry*, 39(4), 237–254.
- Anderson, I. & Tulloch, D. (2000). Pathways Through Homelessness: A Review of the Research Evidence, Edinburgh: Scottish Homes.
- Anthony W.A. & Blanch, A. (1989). Research on community support services: what have we learned? *Psychosocial Rehabilitation Journal* 12:55-81.
- Armenakis, A, Harris, S, and Mossholder, W (1993) Creating Readiness for Organizational Change, *Human Relations* 46 (6): 681-703
- Atherton, I. & McNaughton Nicolls, C. (2008). 'Housing First' as a means of addressing multiple needs and homelessness *European Journal of Homelessness*, Volume 2, December 2008
- Bandura, A. (1977). *Social Learning Theory*. New York: General Learning Press.
- Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist*, 37, 122-147
- Baulderstone, J. and C. Talbot (2004), *Outcome Measurement in SAAP Funded Services: Final Report*, Australian Department of Family and Community Services, Canberra.
- Baum, A. S., & Burnes, D.W. (1993). *A nation in denial: The truth about homelessness*. Boulder, CO: Westview Press.
- Barrow, S., & Soto, G. (1996). *Closer to home: An evaluation of interim housing for homeless adults*. New York: Corporation for Supportive Housing.
- Barrow, S., & Soto Rodríguez, G. (2000). *Closer to home: Interim housing for long-term shelter residents: A study of the Kelly Hotel*. New York: Corporation for Supportive Housing.
- Barrow, S., Soto, G. and Cordova, P. (2004) *Final Report on the Evaluation of the Closer to Home Initiative*, (Corporation for Supportive Housing).
- Barrow, S, and Zimmer, R. 1999. Transitional Housing and Services: A Synthesis. In *Practical Lessons: The 1998 National Symposium on Homelessness Research*, ed. Linda B. Fosburg and Deborah L. Dennis. Washington, DC: U.S. Department of Housing and Urban Development and U.S. Department of Health and Human Services.
- Bebout, R. R. (1999). Housing solutions: The Community Connections Housing Program: Preventing homelessness by integrating housing and supports. *Alcoholism Treatment Quarterly*, Vol 17(1-2):93-112.
- Beckhard, R. & Harris, R. T. (1987). *Organizational transitions* (2nd ed.). Reading, MA: Addison-Wesley Publishing Company.
- Beer, M and Walton, E. (1987) Organizational Change and Development *Annual Review of Psychology* 38: 337-367.
- Bellack, A. and DiClemente, C (1999). Treating Substance Abuse Among Clients with Schizophrenia *Psychiatric Services* 50: 75-80.
- Berry M, Chamberlain C, Dalton T, Horn M & Berman G 2003. *Counting the cost of homelessness: a systematic review of cost effectiveness and cost benefit studies of homelessness, final report*. July 2003 Melbourne
- Browton, R. (2000), *Developing Good Performance Measures for Customers Becoming Self-reliant: final report - a detailed report of the development of the self-reliance construct and questionnaire*, Cooperative Education for Enterprise Development, University of Western Australia, Perth
- Burns, A.C. and Bush, R.F. (2006) *Marketing Research*, Prentice Hall, Upper Saddle River, NJ
- Carling, P.J. (1993). Housing and supports for persons with mental illness: emerging approaches to research and practice *Hospital and Community Psychiatry* 44: 439-449.

- Caton, C.L.M., Wilkins, C., & Anderson, J. (2007). People Who Experience Long-Term Homelessness: Characteristics and Interventions. *Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research*. Washington, DC: U.S. Department of Health and Human Services and U.S. Department of Housing and Urban Development.
- Chamberlain, C. and MacKenzie, D. (1992) 'Understanding Contemporary Homelessness: Issues of Definition and Meaning', *Australian Journal of Social Issues*, 27(4), 274-297.
- Chamberlain, C. and Mackenzie, D. (2002) *Youth Homelessness in Australia* (Melbourne, RMIT University).
- Clapham, D. (2005). *The Meaning of Housing: A Pathways Approach*, Policy Press, Bristol, UK
- Coch, L., & French, J. R. P., Jr. (1948). Overcoming resistance to change. *Human Relations*, 1, 512-532.
- Cohen, M. and Mynks, D. (eds). (1993), *Compendium of Activities for Assessing and Developing Readiness*, Boston: Boston University Centre for Psychiatric Rehabilitation.
- Cohen, M. Anthony, W, and Farkas, M. (1997) Assessing and Developing Readiness for Psychiatric Rehabilitation *Psychiatric Services* 48 (5) 644-646.
- Coleman, A (2007) Art or Science? Successful housing assistance for people experiencing primary homelessness, Report for Queensland Department of Housing Communities and Local Government (2008). *No One Left Out: Communities Ending Rough Sleeping* London: Department for Communities and Local Government
- Coulton, C.J., Holland, T.P., and Fitch, V.F. (1984). Person-Environment congruence and psychiatric patient outcomes in community care homes. *Administration in Mental Health* 12 71-88.
- Culhane, D.P., Mettraux, S. & Hadley, T., 2002. Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing. *Housing Policy Debate*, 13(1), 107.
- Cunningham, M. (2009). Preventing and Ending Homelessness — Next Steps, Metropolitan Housing and Communities Centre  
<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.147.5973&rep=rep1&type=pdf>
- Datta, N., & Cairns, K. (2002). *Families in transition: Case studies report*. Unpublished manuscript, University of Calgary.
- Day, A., Bryan, J., Davey, L., & Casey, S. (2006). Processes of change in offender rehabilitation. *Psychology, Crime and Law*, 12 (5), 473-489.
- Doherty, J., Edgar, B., & Meert, H. (2002). *European observatory on homelessness: Homelessness research in the EU—a summary*. Brussels: FEANTSA.
- Dordick, G. (1997). *Something left to lose: Personal Relations and Survival among New York's Homeless*, Philadelphia: Temple University Press
- Dordick, G. (2002) Recovering from Homelessness: Determining the "Quality of Sobriety" in a Transitional Housing Program *Qualitative Sociology*, 25 (1): 7-31.
- Drake, R.E., McHugo, G.J., et al. (1998) Assertive Community Treatment for Patients With Co-Occurring Severe Mental Illness and Substance Use Disorder: A Clinical Trial, *American Journal of Orthopsychology*, 68(2): 201-215.
- Drake, R. E., Wallach, M. A., Teague, G. B., et al. (1991) Housing instability and homelessness among rural schizophrenic patients. *American Journal of Psychiatry*, 148, 330 -336
- Dunphy, D.C. and Stace, D.A. (1988) Transformational and Coercive Strategies for Planned Organizational Change: Beyond the OD Model, *Organization Studies*, 9: 317
- Eberle, M., D. Kraus, et al. (2001). *The Relationship between Homelessness and the Health, Social Services and Criminal Justice Systems: A Review of the Literature - Volume 1*. Vancouver, British Columbia Ministry of Social Development and Economic Security,
- Farkas, M., Cohen, M., McNamara, S., Nemec, P., & Cohen, B. (2000). Assessing readiness for rehabilitation: Training package. Boston, MA: Center for Psychiatric Rehabilitation.
- Fischer, R.L. (2000). Toward Self-Sufficiency: Evaluating a Transitional Housing Program for Homeless Families, *Policy Studies Journal*, 28(2) 402-4210

Flatau, P., Martin, R., Zaretsky, K., Haigh, Y., Brady, M., Cooper, L., Edwards, D., and Goulding, D. (2006). The effectiveness and cost-effectiveness of homelessness prevention and assistance programs. Australian Housing and Urban Research Institute Western Australian Research Centre September 2006 AHURI Positioning Paper No. 92

Folsam, D., and Jeste, D.V. (2002). Schizophrenia in Homeless Persons: A Systematic Review of the Literature', *Acta Psychiatr. Scand.*, 105, 404-413.

Frederick, J & Goddard, C (2006) Pathways to and from state care: the experiences of eight young people. *Children Australia* 31(3), 34-41.

Friedman, D. Raymond, J, Puhala, K., Meschede, T and Tripp, J. (2007). *Preventing Homelessness and Promoting Housing Stability: A Comparative Analysis*, report prepared for the Boston Foundation, Starr Foundation, Tufts Health Plan, Massachusetts Medical Society and Alliance Charitable Foundation in partnership with Massachusetts Department of Housing and Community Development, One Family Inc and the Oak Foundation.

Gladwell, M (2009). Million Dollar Murray, in *What the Dog Saw* (pp: 177-198) Penguin Books: New York

Gordon, R. (2008) 'What is Housing First and Supportive Housing?', *Parity*, 21(2).

Government of Alberta (nd). Housing and Urban Affairs: <http://www.housing.alberta.ca/608.cfm> (accessed 21/12/10)

Greenhalgh, E., Miller, A., Mead, E., Jerome, K, and Minnery, J. (2004). *Recent International and National Approaches to Homelessness: Final Report to the National SAAP Coordination and Development Committee*, Department of Family and Community Services

Griggs, S. & Johnson, G. (2002). Re-thinking exit points: A longitudinal research project designed to assess the durability of exits from transitional and crisis accommodation. *Parity*, March. <http://www.infoxchange.net.au>.

Grimley, D., Prochaska, J. O., Velicer, W. F., Blais, W. F., & DiClemente, C. C. (1994). The transtheoretical model of change. In T. M. Brinthaup & R. P. Lipka (Eds.), *Changing the sell: Philosophies, techniques and experiences* (pp. 201-227). Albany, NY: State University of New York.

Gronda, H. (2009). *What makes case management work for people experiencing homelessness? Evidence for practice*, (Melbourne, Australian Housing and Urban Research Institute).

Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S., & Fischer, S. (2003). Housing, hospitalization, and cost outcomes for homeless individuals with psychiatric disabilities participating in continuum

of care and Housing First programs. *Journal of Community and Applied Social Psychology*, 13(2), 171—186.

Hale, D. & Burns, C. (2010). New Transitional Accommodation Underway. Joint Media Release. [http://www.dlgh.nt.gov.au/\\_data/assets/pdf\\_file/0005/98501/Burns\\_Hale\\_090710\\_Crerar\\_Road.pdf](http://www.dlgh.nt.gov.au/_data/assets/pdf_file/0005/98501/Burns_Hale_090710_Crerar_Road.pdf)

Harvey, B. (1999). Models of resettlement for the homeless in the European Union. In P. Kennett & A. March (Eds.) *Homelessness: Exploring new terrain*. Bristol: The Policy Press.

Hawthorne, W., Fals-Stewart, W. & Lohr, J. (1994). A treatment outcome study of community-based residential care. *Hospital and Community Psychiatry*, 45(2), 152-155.

Healy, B., Ryan, M., Renouf, N., Wright, L., Shaw, E., Gough, I., Boutlis, N., Sago, R., (2003) What Factors impact on people's capacity to maintain long-term tenancies? Did the SAAP experience help them? Australian Government Department of Family and Community Services.

Henwood, B., Stanhope, V. and Padgette, D. (2010). The Role of Housing: A Comparison of Front-Line Provider Views in Housing First and Traditional Programs. *Adm Policy Ment Health*

Homeless Link (2010) <http://www.homeless.org.uk/manifesto>

Hopper, K. and Barrow, S. (2003). Two Genealogies of Supported Housing and their Implications for Outcome Assessment, *Psychiatric Services* 54 (1): 50-54.

Housing Stability Benchmarking Study and Educational Workshops- Final Report, Prepared by: The Community Research, Planning and Evaluation Team, Community Support and Research Unit. Centre for Addiction and Mental Health

- Howe, A.L. (1992), 'Housing for Older Australians: Affordability, Adjustments, and Care, National Housing Strategy', Background Paper no. 8, Canberra.
- Howells, K. & Day, A. (2003). Readiness for anger management: clinical and theoretical issues. *Clinical Psychology Review*, 23. pp. 319-337
- US Department of Housing and Urban Development, Office of Policy Development and Research (2007, July) *The Applicability of Housing First Models to Homeless Persons with Serious mental health Illness*, Washington. DC
- HUD (2007). "The applicability of Housing First models to homeless person with serious mental illnesses" <http://www.huduser.org/Publications/pdf/hsgfIRST.pdf> Accessed 18/09/2010
- Huffman, R. (1993). Transitional housing for veterans with a psychiatric diagnosis. *Journal of Psychosocial Nursing*, 31(1), 11-14.
- Institute for Social Research (2006). *Costs and Pathways of Homelessness: Developing Policy-Relevant Economic Analyses for the Australian Homelessness Service System*. [http://www.fahcsia.gov.au/sa/housing/pubs/homelessness/costs\\_pathways\\_homelessness/Pages/default.aspx](http://www.fahcsia.gov.au/sa/housing/pubs/homelessness/costs_pathways_homelessness/Pages/default.aspx) Accessed 26/09/2010.
- Johnsen, S. & Teixeira, L. 2010, *Staircases, Elevators and Cycles of Change: 'Housing First' and Other Housing Models for Homeless People with Complex Support Needs* Crisis UK and University of York, London.
- Johnson, G. and Chamberlain, C. (2008a). From youth to adult homelessness, *Australian Journal of Social Issues*, 43(4), pp. 563—582.
- Johnson, G. and Chamberlain, C. (2008b) Homelessness and substance abuse: which comes first? *Australian Social Work*, 61(4), pp. 342—356.
- Johnson, G., Gronda, H. and Coutts, S. (2008). *On the outside : pathways in and out of homelessness*, North Melbourne, Vic. : Australian Scholarly Publishing
- Jones, A., McAuliffe, D., Reddel, T., Marston, G. and Thompson, A. (2003) Sustaining Tenancies in Public Housing: Understanding and Supporting Tenancies in Public Housing: Understanding and Supporting Tenancies-At-Risk. School of Social Work and Applied Human Sciences, The University of Queensland.
- Keast, R. et al. (2008) Closing Gaps and Opening Doors: The function of an integrated homelessness service system. Final Report.
- Kertesz, S., Crouch, K., Milby, J., Cusimano, R. and Schumacher, J. (2009). Housing First for Homeless People with Active Addiction: Are We Overreaching? *Milbank Quarterly* 87(2):495-534.
- Kolar, V. (2003) 'Kicking into the Wind': Longitudinal study of outcomes for families who have experienced homelessness. Second Report. May 2003. Hanover Welfare Services.
- Korman H, Engster D, Milstein B (1996). Housing as a tool of coercion, in *Coercion and Aggressive Community Treatment*. Edited by Dennis D, Monahan J. New York, Plenum, 1996
- Kuhn, R.S. and Culhane, D.P. (1998) Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: Results from the analysis of administration data. *American Journal of Community Psychology* 26, 207-232.
- Kunnen, N, Lee, T and Martin, R. (2004). *An Exploration of Self-Reliance in SAAP: Literature Review — Final Report*, for the Australian Housing and Urban Research Centre, WA.
- Larimer, M.E., Malone, D.K., Garner, M.D. et al. (2009). Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems, *The Journal of the American Medical Association*, 301(13): 1349-1357
- Lee, B., Tyler, K., and Wright, J. (2010). The New Homelessness Revisited, *Annual Review of Sociology* 36: 501-521
- Lewin, Kurt. 1951. *Field Theory in Social Science: Select Theoretical Papers*, Edited by D. Cartwright. London: Tavistock.
- Lipton, F., Siegel, C., Hannigan, A. Samuels, J. Baker, S. (2000). Tenure in supportive Housing for Homeless Persons with Severe Mental Illness. *Psychiatric Services* 51 (4), 479-486.
- MacKenzie, D. and C. Chamberlain (2003). *Homeless Careers: Pathways in and out of homelessness*. Melbourne, Swinburne and RMIT Universities.
- Manicaros, M., & Lanyon, A. (1999). *National Evaluation of the Supported Accommodation Assistance Program (SAAP III) technical paper 1: Review of homelessness—international and Australian Perspectives*. Brisbane: University of Queensland.



- Martijn, C. and Sharpe, L. (2006). Pathways to youth homelessness. *Social Science & Medicine* 62, 1—12.
- Maslow, A. (1970). *Motivation and Personality*. Harper and Row: New York.
- Matulef, M., S. Crosse, S. Ditz, G. Van Ryzin, M. Kiser, L. Puhl, and R. Ficke. 1995. *National Evaluation of the Supportive Housing Demonstration Program: Final Report*. Washington, D.C.: U.S. Department of Housing and Urban Development.
- Miller, W. R. & Rollnick, S. (1991) *Motivational Interviewing: Preparing People to Change Addictive Behaviour*. New York: Guilford Press
- Rollnick S., & Miller, W.R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334.
- Minnery, J., and Greenhalgh, E. (2007) Approaches to homelessness policy in Europe, the United States, and Australia, *Journal of Social Issues*, 63 (3), 641-655
- Molina, E. (2000). Informal Nonkin Networks among Homeless Latina and African American Men *American Behavioral Science* 43: 663-685.
- National Coalition for the Homeless (NCH) (2006). ["Fact sheet on The Stewart B. McKinney Homeless Assistance Act"](#).
- Neale, J. (1997), Theorising Homelessness: Contemporary Sociological and Feminist Perspectives, in Hudson, S. and Clapham, D. (eds.), *Homelessness: Public Policies and Private Troubles*, London: Cassell, pp. 11-28.
- Neighborhood Reinvestment Corporation (2007) [http://www.nw.org/network/ps/successmeasures/documents/indicators\\_with\\_discriptons.pdf](http://www.nw.org/network/ps/successmeasures/documents/indicators_with_discriptons.pdf) Skills Acquisition -- Basic Job Readiness
- Nelson, G., Aubry, T. & Lafrance, A., 2007. A review of the literature on the effectiveness of housing and support, assertive community treatment, and intensive case management interventions for persons with mental illness who have been homeless. *American Journal of Orthopsychiatry*, 77(3), 350-361.
- Nesselbuch, L. (1998). *Transitional housing: A bridge to stability and self-sufficiency. Best practices in program design and delivery*. San Francisco: HomeBase: The Center for Common Concerns.
- Neuman, W. L. (2006). *Social research methods: Qualitative and quantitative approaches*, New York: Pearson Education Inc
- Novac, S., Brown, J., & Bourbonnais, C. (2009). *Transitional Housing Models in Canada: Options and Outcomes. Finding home policy options for Canada* [www.homelesshub.ca/FindingHome](http://www.homelesshub.ca/FindingHome)
- O'Flaherty, B. (1996). *Making room: The economics of homelessness*. Cambridge: Harvard University Press
- O'Flaherty, B. (2004). Wrong person and wrong place: for homelessness, the conjunction is what matters, *Journal of Housing Economics* 13: 1-15
- Padgett, D.K., Gulcur, L. and Tsembris, S. 2006. Housing First Services for People Who Are Homeless With Co-Occurring Serious Mental Illness and Substance Abuse. *Research on Social Work Practice*, 16(1), 74-83.
- Parker, S, Limbers, L. & McKeon, E. (2002). *Homelessness and mental illness: Mapping the ways home*. Sydney: Mental Health Coordinating Council.
- Parkinson, S. (2003). Consumer/Survivor Stories of Empowerment and Recovery in the Context of Supported Housing *International Journal of Psychosocial Rehabilitation* 7: 103-118.
- Pawson, H., Donohoe, A., Jones, C., Watkins, D., Fancy, C. & Netto, G., Clegg, S. & Thomas, A. (2006) *Monitoring the Longer-Term Impact of Choice-Based Lettings*, Department for Communities and Local Government, London
- Pearson, C., Montgomery, A. and Locke, G. (2009). Housing Stability among Homeless Individuals with serious mental illness participating in Housing First Programs *Journal of Community Psychology* 37: 404-417
- Penfold, G. (2010). *My Ideal Home: Voices of Homeless on Home to Housed in Queensland*, with West End Community House.
- Piliavin, I., Wright, B., Mare, R., and Westerfelt, A. (1996) Exits from and returns to homelessness, *Social Service Review*, 70 (1): 33-57.
- Pinkney, Sarah, & Ewing, Scott, & Australia. Dept. of Families, Community Services and Indigenous Affairs. 2006 The costs and pathways of homelessness : developing policy-relevant economic analyses for the Australian homelessness service system / Sarah Pinkney and Scott Ewing Dept. of Families, Community Services and Indigenous Affairs], [Canberra : [http://www.facs.gov.au/internet/facsinternet.nsf/viA/homelessness\\_two/\\$file/costs\\_pathways\\_homelessness.pdf](http://www.facs.gov.au/internet/facsinternet.nsf/viA/homelessness_two/$file/costs_pathways_homelessness.pdf)

- Prochaska, J. and DiClemente, C. (1983). Stages and Processes of Self-Change of smoking: Toward an Integrative Model of Change, *Journal of Consulting Clinical Psychology* 51 (3): 390-395.
- Prochaska, J.O. and Velicer, W.F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion*, 12(1): 38—48.
- Recovery and Rehabilitation Newsletter (2003). 2(3),
- Reynolds, A., Inglis, S. and O'Brien, A. (2002). *Effective Programme Linkages: An Examination of Current Knowledge with Particular Emphasis on People with Mental Illness*, AHURI.
- Rice, J. (1987). *Barton Street Project: Measuring the impact of a housing/life skills project on the functioning of multi-problem families*. Ottawa: Canada Mortgage and Housing Corporation.
- Ridgway, P., & Zippel, A. M. (1990). The paradigm shift in residential services: From the linear continuum to Supported Housing approaches. *Psychosocial Rehabilitation Journal*, 13(4), 11—31.
- Robinson, C. 2001, 'Being somewhere', *Space and Culture*, vol. 11/12, pp. 7-23.
- Robinson, C. (2003) Understanding iterative homelessness: The case of people with mental disorders. AHURI.
- Rog, D. J. (2004). The evidence on Supported Housing. *Psychiatric Rehabilitation Journal*, 27(4), 334—344.
- Rossi, S., Rossi, J., Greene, G., Fey-Yensan, N., Padula, C., Nigg, C., et al. (2001). Development of a brief measure of decision-making for fruit and vegetable consumption in older adults. *Annals of Behavioral Medicine*, 23, S96.
- Sahlin, I., (2005) The staircase of transition: Survival through failure, *Innovation*, 18, 2 115 — 136.
- Salit, S., Kuhn, E., Hartz, A., Vu, J., Mosso, A., (1998) Hospitalization costs associated with homelessness in New York City, *The New England Journal of Medicine*, 338 (24) 1734-1740.
- Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review Research Findings 12/2008 <http://www.scotland.gov.uk/Publications/2008/07/24143412/1>
- Schein, E.H (1979): *Organizational culture and leadership*; Jossey Bass, San Francisco.
- Siegel, C.E., Samuels, J., Tang D-I, P, Berg, I., Jones, K. and Hopper, K. (2006). Tenant Outcomes in Supported Housing and Community Residences in New York City, *Psychiatric Services* 57:982-991
- Stefancic, A. and Tsemberis, S., (2007) Housing First for Long-Term Shelter Dwellers with Psychiatric Disabilities in a Suburban County: A Four-Year Study of Housing Access and Retention. *The Journal of Primary Prevention*, 28, 3, 265-279.
- Stern, P. (1994). *The Minnesota Transitional Housing Program: Structuring a study of its effectiveness*. Minnesota: Minnesota Coalition for the Homeless.
- Stone, M. E. (1993). *Shelter poverty: New ideas on housing affordability*. Philadelphia: Temple University Press.
- Styles, H. And Walsh, K. (2010). 50 Lives, 50 Houses: A Campaign to House and Support Fifty Most Vulnerable Homeless People, *Parity* 23 (6): 58-60.
- Sullivan, G., Burnam, A., and Koegal, P. (2000). Pathways to Homelessness among the Mentally Ill, *Social Psychiatry and Psychiatric Epidemiology*, 35, 444-450.
- Test, M. and Stein, L. (2000). Practical Guidelines for the Community Treatment of Markedly Impaired Patients, *Community Mental Health Journal* 36 (1): 47-60
- Tsemberis, S. (1999), 'From streets to homes: an innovative approach to Supported Housing for homeless adults with psychiatric disabilities', *Journal of Community Psychology*, 27(2): 225-251.
- Tsemberis, S., Moran, L., Shinn, M., Asmussen, S. & Shen, D. (2003). Consumer preference programs for people who are homeless and have psychiatric programs for people who are homeless and have psychiatric disabilities. A drop in centre and Supported Housing program. *American Journal of Community Psychology*, 32, 305-317.
- Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, 94(4), 651—656.

Tsemberis, S., McHugo, G., Williams, V., Hanranhan, P and Stefancic, A. (2007). Measuring Homelessness and Residential Stability: The Residential Timeline Follow-back Inventory *Journal of Community Psychology* 35 (1): 29-42

Tsemberis, S. and Eisenberg, R.F. (2000). Pathways to housing: Supported Housing for street-dwelling homeless individuals with psychiatric disabilities, *Psychiatric Services* 51(4): 487-493

Turner, J. C. (1982). Towards a cognitive redefinition of the social group. In H. Tajfel (Ed.), *Social identity and intergroup relations* (pp. 15-40). Cambridge, UK: Cambridge University Press.

United States Department of Health and Human Services (HHS) - The Administration for Children and Families (ACF). ["Community Service Block Grant Program"](http://www.federalgrantswire.com/community-services-block-grant.html)

[www.federalgrantswire.com/community-services-block-grant.html](http://www.federalgrantswire.com/community-services-block-grant.html)

United States Interagency on Homelessness (2010). Supplementary Document to the federal Strategic Plan to Prevent and End Homelessness: Background Paper — Chronic Homelessness (June).

Viet, V., Walker, D., Miller, W (2002). What is Motivation to Change? A Scientific Analysis in McMurray (ed) *Motivating Offenders to Change: A Guide to Enhancing Engagement in Therapy* (15-30) Chichester: John Wiley.

Ward, T. Day, A, Howells, K and Birgden, A. (2004). The Multifactor Offender Readiness Model *Aggression and Violent Behavior* 9: 645-773

Ware, N., Hopper, K., Tugenberg, T., et al. (2007). Connectedness and citizenship: redefining social integration. *Psychiatric Services*, in press.

Wearne, H. & Johnson, G. (2002). *Inner city transitional accommodation*. <http://www.ashs.org.au/Main/info4.asp> .

Yates, J. (2002) 'Housing Implications of Social, Spatial and Structural Change', *Housing Studies*, 17: 4, 581 — 618

Yanos, P.T., Barrow, S.M. & Tsemberis, S., 2004. Community Integration in the Early Phase of Housing Among Homeless Persons Diagnosed with Severe Mental Illness: Successes and Challenges. *Community Mental Health Journal*, 40(2), 133-150.

Yin, R.K. (2004), *The Case Study Anthology*, Sage, Thousand Oaks

Zlotnick, C., Tam T., Robertson, M.J. (2003), Disaffiliation, Substance Use and Exiting Homelessness, *Substance Use and Misuse*, 38,3-6, 577-599.



## Appendix 1 — Interview questions and focus group questions

### Focus Group Questions — Housing Readiness

**1.** Assessing preparedness for sustainable housing

What is your client (housing and support) needs assessment process? Please tell us if you use specific frameworks, tools or terminology and if so, please define these:

Prompts:

- What factors/issues do you take into account when assessing what assistance a person requires to sustain a tenancy?
- Are these factors different for different types of homelessness, e.g. at risk, rough sleeping, chronic, transitional and tertiary?
- For different population sub groups – e.g. indigenous, young people, aged
- For different individual needs- alcohol, psychological, social isolation etc.
- What are the impediments to sustainable housing for people who have been chronically homeless or sleeping rough for a long time?

**2.** What are the difficulties/barriers in establishing whether or not a person has the skills to maintain a tenancy?

---

---

---

---

**3.** What are the impediments to securing/achieving sustained housing for people who have experienced chronic homelessness, particularly people who have been 'sleeping rough'?

---

---

---

---

**Thank you very much for your time**



## Interview Questions — Housing Readiness

The final two questions relate to aiding and assessing a person's readiness to sustain tenancy.

**1. What indicators would you use to assess a person's skills and readiness to sustain a tenancy?**

- What do you base your assessment on (underpinning frameworks/theories)?
- Is there an order in which issues should be addressed?
  - Is there a weighting or priority that is attached to these issues?
  - How would you use these indicators to match assistance to a person's needs?

---

---

---

---

**2. It is often assumed that to be effective, assessment tools should match client needs and be aligned to service outcomes. Please tell us your opinion of this statement in regard to the Department of Communities' policies and systems and in particular their housing needs assessment?**

---

---

---

---

**Thank you for your cooperation**

## Appendix 2 — Research Information Sheet



About the research project

### FROM CHRONIC HOMELESSNESS TO SUSTAINABLE HOUSING RESEARCH

The purpose of the research is to gain a better understanding of how people who have been chronically homeless can move to stable housing. In particular, the research is seeking to develop indicators that could be used to assess people's skills and readiness to successfully sustain a tenancy and to match people with the right assistance.

#### THE RESEARCH PROJECT

The Queensland Department of Communities has commissioned a research project on the preparedness of people to enter stable housing after periods of chronic homelessness. The purpose of the research is to identify, from an individual and system viewpoint, what is needed to move from chronic (and usually primary) homelessness to a sustained tenancy. The research is being conducted in selected areas to gather information from those delivering services to people who are homeless or at risk of homelessness. In some locations, the project is being conducted in conjunction with A *National Homelessness Research—Understanding Homelessness Services Integration Project* funded by the Commonwealth Government, which will look at how service providers work together and share information and resources to reduce homelessness.

#### THE RESEARCHERS

The project is being led by Associate Professor Robyn Keast from the Queensland University of Technology, who has extensive experience in homelessness research. Associate Professor Keast is being supported by Professor Kerry Brown (Southern Cross University), Dr Jennifer Waterhouse (University of Newcastle) and Professor David Pickernell (University of Glamorgan, Wales).

#### YOUR INVOLVEMENT & CONFIDENTIALITY

You are being asked to be involved in this research project because it is imperative that the research is grounded in the experiences of those working across the homelessness system. Your participation in this research is entirely voluntary and you can choose to withdraw at any time. There are no consequences if you choose not to be involved.

All information provided to the researchers will remain confidential and will only be used for the purposes of this research. Your responses will not be identified with you and the Department of Communities will not know the source of any individual responses.

We would really appreciate your participation in the following activities:

#### Focus Group

The research team will be conducting focus groups in four locations: Cairn, Townsville, Brisbane and the Gold Coast. These focus groups should take about 45 minutes to an hour and will involve both the housing readiness and service integration projects. The focus group will be guided by a set of questions, including for the housing readiness research:

- What factors do you consider (take into account) when making a client needs assessment?
- How do you use these factors to determine clients' preparedness for sustainable housing?
- What assistance do people who have been chronically homeless need to sustain housing?

#### Interviews

Key stakeholders will be asked to take part in a brief confidential interview in the above locations. This will enable the researchers to gain a deeper understanding of experiences with assisting chronically homeless people and to gather suggestions for improvement to policies and practices.

#### WHY YOUR INVOLVEMENT IS IMPORTANT

Understanding the needs of people who have been chronically homeless is important for a number of reasons. To permanently end a person's homelessness and to meet the ambitious targets set out in the Australian Government's White Paper on Homelessness: *The Road Home*, it is vital that tenancies are sustained. The information and insights generated from your participation in a focus group or interview will help in the development of relevant government policies and service initiatives to improve the transition of homeless persons from primary homelessness to sustained long-term tenancies.

We know that you are all very busy and very much appreciate your time and insights. We are committed to providing you with feedback of the results of this research either via a workshop or through a range of tools such as Fact Sheets and Twitter.

#### FOR MORE INFORMATION

Associate Professor Robyn Keast: [rl.keast@qut.edu.au](mailto:rl.keast@qut.edu.au)

Professor Kerry Brown: [kbrown2@scu.edu.au](mailto:kbrown2@scu.edu.au)

Dr Jennifer Waterhouse: [jennifer.waterhouse@newcastle.edu.au](mailto:jennifer.waterhouse@newcastle.edu.au)

## Appendix 3 — Programs in detail

### State programs: Short-term

State Programs	ACT	NSW	NT	QLD	SA	TAS	WA	VIC
Short-term Transitional Housing Programs	28 individuals and families to emergency housing	Housing NSW Temporary Accommodation, low cost hotels, motels and caravan parks	50 beds for transitional accommodation. Working with Salvation Army, in partnership with Osborne Family Holdings	Service Hubs, Crisis Accommodation	List of Services including Safe Tracks Trace-A-Place (TAP)	Transitional Care Program Tas North	List of outside providers	Short-term homelessness programs via Department of Human Services and Centrelink, such as the co-location of services at Prahran (2020 Strategy)
Chronic Homeless Drop in Centres	Early Morning Centre at Pilgrim Place, Canberra City, Feasibility Study (2008)	None mentioned on website	\$2.5 million to operate sobering-up shelter services in all five regional areas	A Common Ground style facility will be developed in inner Brisbane for 150 clients, 75 homeless	Hutt Street Centre	Five specific purpose facilities	None mentioned on website	Carlton Church of All Nations Drop in Centre Opening Doors
Rough Sleepers	Discussion in the new policy- the Road Map	Partnership against homelessness Discussed in Homelessness Action Plan	Intervention and Case Management Service	Assertive Outreach teams 3360 people over 4 years with support	Riverland Rough Sleeper Street Count in 2009, no specific program	231 places will be provided for rough sleepers by December 2010	Sleep to Home Common Ground Principles Assertive Outreach • Three outreach teams, mobile teams for mental health, drug and alcohol assessment	Outreach Services pathways to sustainable housing Melbourne Street to Home (MS2H) funded through the NPAH
At Risk Intervention	Supportive Tenancy Services  Minor: SMS Repairs for existing renters	The Anti Social Behaviour Pilot Program (ASBP)	Street Soccer program in Darwin	Homeless Persons Information Queensland (HPIQ) call centre Home Stay Support  Up to 1,200 vulnerable families and singles	Community Connect including Aboriginal programs Metropolitan Aboriginal Youth Family Services (MAYFS) Social 'Supporting Families in Crisis' Program Stronger Families Safer Children Program	Specialist Intervention Tenancy Services being hired	Support for Families at Risk of Homelessness Social Housing Advocacy and Support Program (SHASP) that supports 'at risk' social housing	High Risk Tenancies Strategic Project

**Commented [J3]:** <http://www.dfc.sa.gov.au/pub/default.aspx?tabid=167>

**Commented [J5]:** [http://www.dhhs.tas.gov.au/service\\_information/housing\\_service\\_providers/launceston\\_city\\_mission\\_-\\_transitional\\_care\\_program\\_-\\_north](http://www.dhhs.tas.gov.au/service_information/housing_service_providers/launceston_city_mission_-_transitional_care_program_-_north)

**Commented [J6]:** [http://www.community.wa.gov.au/DCP/Resources/Accommodation/EmergencyAccommodation/Emergency\\_Accommodation.htm](http://www.community.wa.gov.au/DCP/Resources/Accommodation/EmergencyAccommodation/Emergency_Accommodation.htm)

**Commented [J2]:** Refer URL: <http://newsroom.nt.gov.au/index.cfm?d=5&fuseaction=viewRelease&id=7018>

**Commented [J4]:** <http://www.dfc.sa.gov.au/pub/default.aspx?tabid=262>

**Commented [J7]:** [http://www.dhcs.act.gov.au/\\_data/assets/pdf\\_file/0005/38993/DropInCentreStudy.pdf](http://www.dhcs.act.gov.au/_data/assets/pdf_file/0005/38993/DropInCentreStudy.pdf)

**Commented [J8]:** <http://www.housing.nsw.gov.au/nr/rdonlyres/a275cc08-2a4c-4f00-b9db-9a1118586316/0/innercityhomelessnessactionplanphase2.pdf#xml=http://www.housing.nsw.gov.au/hooglelive/isysquery/63b72457-4c21-4a33-b870-f9deeee66e19/1/hilite/>

**Commented [J10]:** [http://www.dhhs.tas.gov.au/\\_data/assets/pdf\\_file/0016/61504/Homelessness\\_Newsletter\\_-\\_June\\_2010.pdf](http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0016/61504/Homelessness_Newsletter_-_June_2010.pdf)

**Commented [J9]:** <http://www.housing.nsw.gov.au/nr/rdonlyres/d63f83ba-ef0e-4c66-b131-ced20d757b7b/0/nationalagreementhomelessness.pdf#xml=http://www.housing.nsw.gov.au/hooglelive/isysquery/63b72457-4c21-4a33-b870-f9deeee66e19/3/hilite/>

**Commented [J11]:** [http://www.dhcs.act.gov.au/hcs/homelessness\\_services#\\_Preventing\\_homelessness](http://www.dhcs.act.gov.au/hcs/homelessness_services#_Preventing_homelessness)

**Commented [J12]:** [http://www.housing.vic.gov.au/\\_data/assets/pdf\\_file/0006/199023/support\\_for\\_high\\_risk\\_tenancies\\_report\\_03-November-2006.pdf](http://www.housing.vic.gov.au/_data/assets/pdf_file/0006/199023/support_for_high_risk_tenancies_report_03-November-2006.pdf)

## State programs: Longer term

State Programs	ACT result	NSW	NT	QLD	SA	TAS	WA	VIC
Housing First Themes Long-term housing	Mentions Housing First in the Road Map pg 7.	Establish outreach services to assist around 400 rough sleepers and chronically homeless people long-term accommodation and access to general health and mental health and drug and alcohol support. Housing NSW Rentstart  Camperdown "Common Ground" homelessness project	Tenancy Sustainability Program Including town camps 8 Dwellings, Patterson Street, Malak women and children permanent housing	Supportive long-term accommodation 150 residences RentConnect  Brisbane Common Ground	Metropolitan Boarding House Service 250 adults per year  Blog explicitly mentions Housing First literature in the US	Same House Different Landlord Program 100 units  Common Ground Tasmania will manage the Hobart facilities at Liverpool and Campbell Streets	Street to Home 3 components 1. Assertive Outreach Workers 2. A Mobile Clinical Outreach Team 3. Housing Support Workers. 17 specialist homelessness accommodation workers Private and Public Rental Support Services	Long-term accommodation Private renter assistance- for bond
Older People	New Opportunities for Older Canberrans 297 homes  website	New Directions in Social Housing for Older People	40 new public houses in Johnson, Larrapinta and Malak. In addition, the Wirrina redevelopment in Parap, 10 seniors units. Stamp Duty \$8500 Concess.	<a href="#">Home Assist Secure</a>  <a href="#">Home and Community Care Home Modification Services</a>  <a href="#">Queensland Home Adapt Loan</a>	48 state-wide homes will be provided  Aged Services	Links To Older Programs <a href="#">Abbeyfield Australia</a> <a href="#">Home and Community Care (HACC)</a>		Home and Community Care (HACC) program Housing Support for the Aged Program (HSAP) , Older Persons High Rise Support Program , Keeping in Touch Program
Youth	20 places for education and employment services  website	Social Housing Student Awards	12 residential beds at Tennant Creek	Youth Housing and Reintegration Services 30 bungalows, Youth with Disability  300 young people and Post Care Services will be provided in 10 locations	Ladder- AFL mentoring program (40 young people per year). 3 purpose built facilities with outreach services  15 young people per year , Child Focus Support 380 children per year	specialist intervention tenancy services staffed by multi-disciplinary teams	The Foyer (100 young people incl. 30 at risk)	Foyer Model 45 young people in regional Victoria Young People Leaving Care successful transition to sustainable accommodation and independence Young Flagship program

**Commented [J16]:** [http://webcache.googleusercontent.com/custom?q=cache:kpJyqL8JEBUJ:www.housing.vic.gov.au/\\_data/assets/word\\_doc/0019/420337/Allocations-manual-Chapter-4-Victorian-Emergency-Management-Procedures.doc+Long+term+site:housing.vic.gov.au/+OR+site:housing.vic.gov.au/\\_data/&cd=2&hl=en&ct=clnk&client=google-coop-np](http://webcache.googleusercontent.com/custom?q=cache:kpJyqL8JEBUJ:www.housing.vic.gov.au/_data/assets/word_doc/0019/420337/Allocations-manual-Chapter-4-Victorian-Emergency-Management-Procedures.doc+Long+term+site:housing.vic.gov.au/+OR+site:housing.vic.gov.au/_data/&cd=2&hl=en&ct=clnk&client=google-coop-np)

**Commented [J13]:** [http://www.dhcs.act.gov.au/\\_data/assets/pdf\\_file/0020/103079/The\\_Road\\_Home\\_-\\_Discussion\\_Paper.pdf](http://www.dhcs.act.gov.au/_data/assets/pdf_file/0020/103079/The_Road_Home_-_Discussion_Paper.pdf)

**Commented [J15]:** [http://blogs.dfc.sa.gov.au/dfc\\_research/housing\\_rw/b/weblog/archive/2010/05/07/housing-stability-among-homeless-individuals-with-serious-mental-illness-participating-in-housing-first-programs.aspx](http://blogs.dfc.sa.gov.au/dfc_research/housing_rw/b/weblog/archive/2010/05/07/housing-stability-among-homeless-individuals-with-serious-mental-illness-participating-in-housing-first-programs.aspx)

**Commented [J14]:** <http://www.housing.nsw.gov.au/>

**Commented [J20]:** [http://www.dhhs.tas.gov.au/service\\_information/related\\_context\\_pages/older\\_tasmanians](http://www.dhhs.tas.gov.au/service_information/related_context_pages/older_tasmanians)

**Commented [J18]:** [http://www.housing.nsw.gov.au/nr/rdonlyres/698e5ce3-d66c-43ea-9abe-249b4b04d3ac/0/olderpersonsstrat\\_v4.pdf#xml=http://www.housing.nsw.gov.au/hoogelive/isysquery/9f329273-3cc6-46c0-9d3e-477000b3b11/4/hilite/](http://www.housing.nsw.gov.au/nr/rdonlyres/698e5ce3-d66c-43ea-9abe-249b4b04d3ac/0/olderpersonsstrat_v4.pdf#xml=http://www.housing.nsw.gov.au/hoogelive/isysquery/9f329273-3cc6-46c0-9d3e-477000b3b11/4/hilite/)

**Commented [J19]:** <http://www.sa.gov.au/subject/Seniors/Housing+and+help+at+home/Aged+care+and+retirement+housing/Aged+care+and+retirement+housing>

**Commented [J17]:** [http://www.dhcs.act.gov.au/hcs/older\\_persons\\_housing](http://www.dhcs.act.gov.au/hcs/older_persons_housing)

**Commented [J22]:** [http://www.housing.nsw.gov.au/nr/rdonlyres/75ee2f4b-a9d6-4d99-aab3-2b74848e3352/0/153m2700\\_youthscholarships.pdf#xml=http://www.housing.nsw.gov.au/hoogelive/isysquery/796f8e17-b02e-433e-a64f-44b2bc178bf1/6/hilite/](http://www.housing.nsw.gov.au/nr/rdonlyres/75ee2f4b-a9d6-4d99-aab3-2b74848e3352/0/153m2700_youthscholarships.pdf#xml=http://www.housing.nsw.gov.au/hoogelive/isysquery/796f8e17-b02e-433e-a64f-44b2bc178bf1/6/hilite/)

**Commented [J21]:** [http://www.dhcs.act.gov.au/hcs/services/youth\\_housing](http://www.dhcs.act.gov.au/hcs/services/youth_housing)





State Programs	ACT result	NSW	NT	QLD	SA	TAS	WA	VIC
					Trace-A-Place (TAP) Rapid Response Program			(up to 100 to school, training, employment linkages)

## State programs: Homelessness-related factors

State Programs	ACT result	NSW	NT	QLD	SA	TAS	WA	VIC
Mental Health /Disability/Drug Alcohol	10 integrated packages in housing	The NSW Housing and Human Services Accord Agreement, HASI (The Housing and Accommodation Support Initiative)	\$8.5 million in Budget 2009 (Community Services)	Homeless Health Outreach, Emergency Department Liaison	Mental Health Liaison Project <a href="#">Memorandum of Understanding between Housing SA and Mental Health Services</a>	Links back to Dept of health not, housing	10 Alcohol and Drug Housing Support Workers to integrate homeless services with mainstream services A Mobile Clinical Outreach Team (Street to Home) 8 specialist workers to assist people leaving mental health service	Psychosocial Support Packages 50 intensive psychosocial support packages for complex needs Hospitals Admission Risk Program, Royal District Nursing Service Homeless Persons Program (2020 Strat)
Correctional Facilities	15 men and 5 women with outreach support.	Discussed in Regional Homeless Action <a href="#">Plans</a>	Alcohol and Drug Support and general services \$2.1 million to expand therapeutic and residential care services (Budget 2009)	Integrated Transitional Support Models and Offender Reintegration Support Services	Integrated Housing Exits Program 80 Supported Housing units (60 Adults / 20 Youth)	Specialist intervention tenancy services staffed by multi-disciplinary teams	8 specialist workers to assist people leaving mental health service Young male and female offenders (16) to (18) leaving correctional facilities	New Housing Support Worker positions
Indigenous	ACT Indigenous Elected Body (IEB) Multicultural <a href="#">strategy</a> but there is a lack of specifics	Aboriginal Housing <a href="#">Office</a>	Strategic Indigenous Housing Infrastructure Program 700 million as part of Fed govt initiative	\$1.156 billion over 10 years, 1,200 existing houses in remote communities	Safe tracks and Sturt Street Family Violence Partnership Program unstable housing for indigenous women		<b>Aboriginal Student Accommodation Service (ASAS)</b>	Support for Indigenous Women and Children <a href="#">Victorian Indigenous Statewide Homelessness Network (VISHN)</a>
Low income to home ownership	Building Housing Partnerships to Private Tenures		<a href="#">First Home Owner Grant</a> <a href="#">First Home Concession</a> <a href="#">Senior, Pensioner</a>	Buying A Dept Rental Buying a Indigenous Property	<a href="#">Affordable Homes Program</a>	Streets Ahead Current Initiative		Group Self Build, See programs in Affordable, accessible and

**Commented [J24]:** [http://www.dhhs.tas.gov.au/mentalhealth/alcohol\\_and\\_drug](http://www.dhhs.tas.gov.au/mentalhealth/alcohol_and_drug)

**Commented [J23]:** <http://www.housing.nsw.gov.au/Changes+to+Social+Housing/Partnerships/HASI+-+Housing+and+Accommodation+Support+Initiative.htm>

**Commented [J26]:** providing linkages to employment, education, housing and other support services.

**Commented [J25]:** <http://www.housing.nsw.gov.au/nr/rdonlyres/1d88f9b4-fbc5-4b6d-9a25-dee0276d51a0/0/newenglandnorthwesthap120710.pdf#xml=http://www.housing.nsw.gov.au/hoogelive/isysquery/a1da84c8-2985-4acc-9241-2266fc960041/9/hilite/>

**Commented [J28]:** <http://www.housing.nsw.gov.au/Aboriginal+and+Torres+Strait+Islander/Housing/>

**Commented [J27]:** <http://www.dhcs.act.gov.au/matsia>

**Commented [J29]:** <http://www.housing.qld.gov.au/renting/public/living/welcome/buying.htm>

**Commented [J31]:** <http://www.dfc.sa.gov.au/pub/default.aspx?tabid=171>

**Commented [J30]:** [http://www.housing.qld.gov.au/programs/pdf/owning\\_home.pdf](http://www.housing.qld.gov.au/programs/pdf/owning_home.pdf)



State Programs	ACT result	NSW	NT	QLD	SA	TAS	WA	VIC
			<a href="#">and Carer Concession</a> <a href="#">First Home Saver</a> <a href="#">HOMESTART NT</a> <a href="#">Buildstart</a> <a href="#">Principal Place of Residence Rebate</a>					sustainable homes

## State programs: Policy process related activities

State Programs	ACT	NSW	NT	QLD	SA	TAS	WA	VIC
Service Co-ordination Skills development	Community Legal Centres and general services		A housing and homelessness service coordination mechanism	Regional level coordination through service integration, non govt co-ordinators	Homelessness Legal and Financial Clinic 250 people per year	Workforce Capacity Audit and Development Plan, Service Coordination and Provision Integration Prior research into integrated continuum of support	as employment, health, financial management and social integration	Research Agenda: integration of health and community care services
Centralised Intake Service	1 stop shop, no longer multiple agencies	<a href="#">Housing Pathways</a> one common application form and one housing register.	No information on website or research	Paving the way Home (2005) suggest integrated system in 2006	No information on website or research	No Information on website	Centralised Intake Service	1 stop shop, no longer multiple agencies
Research	<a href="#">Publications</a>	Australian Housing and Urban Research Institute (AHURI) conducted 2008-2009. Affordable Housing Plan	Expression of interest will be sought from non-government organisations that can assist in street to home initiatives for people experiencing homelessness, people exiting social housing, escaping violence or institutional care and indigenous people.	<a href="#">Publications</a>	Housing Research Program 2009-2010	Map of Tasmania (research into housing need) Land for Future Communities Project (releasing Govt land for affordable housing)	A Better Connected Service System Test new funding models for specialist homelessness services that reflect the costs of delivering services to people with exceptionally complex needs.	The <i>Victorian Homelessness 2020 Strategy</i> will develop and monitor an outcome measurement framework
Action Plans		Cross agency Homeless Action Plan National Partnership on Homelessness NSW	Land to Grow: A land release program right across the Territory, providing space for			Tasmanian Homeless Plan (not available on website). Due August 2010	Implementation Plan thru joined up approach between homelessness services and	Build Mainstream Services Responsiveness

**Commented [J32]:** Programs resiliency, conflict resolution, anger management, healthy living.

**Commented [J33]:** education, training, alcohol and other drugs services, living skills and counselling (Youth)

**Commented [J34]:** <http://www.housing.nsw.gov.au/Changes+to+Social+Housing/Housing+Pathways/>

**Commented [J35]:** [http://www.housing.qld.gov.au/about/pdf/info\\_paper.pdf](http://www.housing.qld.gov.au/about/pdf/info_paper.pdf)

**Commented [J36]:** <http://www.dhcs.act.gov.au/ocyfs/publications>

**Commented [J38]:** <http://www.housing.qld.gov.au/partnerships/affordable/publications/index.htm>

**Commented [J37]:** <http://www.housing.nsw.gov.au/centre%2Bfor%2BAffordable%2Bhousing/nsw%2Blocal%2Bgovernment%2Bhousing%2Bkit/planning%2Bmechanisms%2Bfor%2BAffordable%2Bhousing/>

**Commented [J39]:** <http://www.housing.vic.gov.au/publications>



State Programs	ACT	NSW	NT	QLD	SA	TAS	WA	VIC
		Implementation Plan. through The NSW Homelessness Interagency Committee is a State-level multi government agency group and	people to live. New Places to Buy, New Places to Rent, Public Housing				mainstream services, including the Western Australian Department of Health; Mental Health Division and Drug and Alcohol Office; Corrective Services; Housing; and Child Protection	

## Federal programs: Overarching

federal Programs	ACT	NSW	NT	QLD	SA	TAS	WA	VIC
<i>National Rental Affordability Scheme</i>	\$1 billion 50,000 affordable rental properties over the next 4 years	\$1 billion 50,000 affordable rental properties over the next 4 years	\$1 billion 50,000 affordable rental properties over the next 4 years	\$1 billion 50,000 affordable rental properties over the next 4 years	\$1 billion 50,000 affordable rental properties over the next 4 years	\$1 billion 50,000 affordable rental properties over the next 4 years	\$1 billion 50,000 affordable rental properties over the next 4 years	\$1 billion 50,000 affordable rental properties over the next 4 years
<i>National Partnership Agreement on Social Housing</i>	\$6.4 million 20 Properties	\$130.4 million	\$4.1million	\$80 million 253 houses	\$29.98 million over 2 years	\$9.8 million	\$40 million	\$99.2 million
<i>National Partnership Agreement on Remote Indigenous Housing</i>		\$396.83 million over 10 years	\$1.7 billion over 10 years Strategic Indigenous Housing and Infrastructure Program (SIHIP)	\$1.2 billion over 10 years	\$291.494 million over 10 years	\$14.6 million (5 years)	1.18 billion over 10 years	\$30.35 million over 10 years
<i>Nation Building and Economic Stimulus Plan (NBESP).  A Place to Call Home</i>	\$93.58 million 340 Properties NBESP approved 20 houses for a place to Call Home	\$1.89 billion allocated 6,110 new dwellings have been approved under Stage One and Stage Two	\$59.69 million 208 new dwellings have been approved under Stage One and Stage Two. 32 houses A place to Call Home	\$1.17 billion to build around 4,132 new social housing. 143 houses for a place to Call Home	\$434.24 million allocated for South Australia to construct 1,371 new dwellings. 80 units for a place to Call Home incl. Ladder and Common Ground Port Augusta.	\$134.80 million 510 new dwellings have been approved under Stage One and Stage Two.	\$590.22 million 1,990 new dwellings have been approved. 33 new social houses for a place to Call Home.	\$1.27 billion 4,539 new dwellings have been approved under Stages One and Two. 118 long-term accommodation units a place to call home

**Commented [J40]:** Seems to focus more on children and youth, see SA folder for DFC Strategic Plan for success measures

**Commented [J41]:** Indicates success measures in documents but website is not reliable or updated

**Commented [J42]:** 2020 strategy focus on intervention and lifestage approach

**Commented [VAC43]:** Do we need a brief conclusion about what this shows? I've added a couple of lines.