Submission on

Letters of Offer to Non-Government Providers of Housing and Homelessness Support Services

June 2013

About ACTCOSS

ACTCOSS acknowledges Canberra has been built on the land of the Ngunnawal people. We pay respects to their Elders and recognise the strength and resilience of Aboriginal and Torres Strait Islander peoples. We celebrate Aboriginal and Torres Strait Islander cultures and ongoing contribution to the ACT community.

The ACT Council of Social Service Inc. (ACTCOSS) is the peak representative body for not-for-profit community organisations, people living with disadvantage and low-income citizens of the Territory.

ACTCOSS is a member of the nationwide COSS network, made up of each of the state and territory Councils and the national body, the Australian Council of Social Service (ACOSS).

ACTCOSS' vision is to live in a fair and equitable community that respects and values diversity and actively encourages collaborations that promote justice, equity and social inclusion.

The membership of the Council includes the majority of community based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals.

ACTCOSS receives funding from the ACT Government - Community Services Directorate.

ACTCOSS advises that this document may be publicly distributed, including by placing a copy on our website.

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Table of contents

Acronyms **4**

Introduction **5**

Recommendations **7**

Background **8**

Key Issues **9**

Misalignment of ACT Government decisions with agreed principles for implementation of changes in funding 9

Lack of a whole of ACT government approach to dealing with the funding cuts to social housing and homelessness support from the Australian Government 10

Impacts across the service system **11**

Homelessness services don’t just provide beds 11

Erroneous Funding Assumptions and impacts on service options 13

Attachments **17**

Attachment A: Changes in service options and consumer pathways as a result of funding changes 17

Attachment B: Snapshot of ACT homelessness from Homelessness Australia, 2011 31

Attachment C: Joint Pathways Reform recommendations ACT Homelessness Service System 32

Attachment D: Funding Model Assumptions 39

Acronyms

ACT	Australian Capital Territory
ACTCOSS	ACT Council of Social Service Inc
CARHU	Child At Risk Health Unit
CALD	culturally and linguistically diverse
CIT	Canberra Institute of Technology
CRCC	Canberra Rape Crisis Centre
CSD	Community Services Directorate
DV	domestic violence
DVCS	Domestic Violence Crisis Service Inc
MARSS	Migrant and Refugee Settlement Services of the ACT Inc
MHCAT	Mental Health Crisis Assessment Team
MOU	memorandum of understanding
SACAT	Sexual Assault and Child Abuse Team
SHS	specialist homelessness services

Introduction

This submission outlines the response of the following organisations to the recent funding offer from the ACT Government for housing and homelessness support services:

- ACT Council of Social Service
- Beryl Women Inc
- Canberra Rape Crisis Centre
- Connections ACT
- Domestic Violence Crisis Service Inc
- Doris Women's Refuge Inc
- Women's Centre for Health Matters
- YWCA of Canberra
- Toora Women Inc

This funding offer, if implemented in its current form, will lead to many essential services stopping and will compromise the capacity of the ACT to reduce homelessness. Some examples of the people who will bear the burden of these funding cuts and how the change in service options will impact on people accessing homelessness services are provided in the case studies and care pathways outlined at Attachment A.

The funding offer will also lead to service gaps within the social support system and spikes and bulges in demand in high cost tertiary level services. These demand driven services – the Emergency Response Services, Hospitals, Mental Health Crisis team, Care and Protection services – can not put a cap on responding because they are the end of the line. We need to do all we can to reduce demand for these services not only because they are high cost financially to the ACT community, but more importantly because increased demand for these services is a result of increased harm to people in our community.

Withdrawal of Australian Government support for services is the cause of this funding cut, and ACTCOSS is actively advocating for better Commonwealth resourcing for housing support. In the meantime, the ACT Government needs to step up for its disadvantaged and vulnerable citizens and fill the gaps created in our social services system. In the first instance the ACT Government should bring together funds from across the secondary and tertiary service systems to meet the gap in funding from the Commonwealth.

Properly funding the housing and homelessness support system is a social justice issue. In a city as wealthy as Canberra it is unacceptable that we have around 1785 people who do not have a home to call their own. Homelessness is profoundly damaging to mental and physical health and to a person's life chances. Well resourced homelessness support services that can respond well

to diverse causes and impacts of homelessness can support people to transform their lives for the better, and in turn transform our city into a place where everyone has the right and the opportunity to live a life of safety, dignity, respect and fulfilment.

Any submission on housing and homelessness support services has to premised on the understanding that lack of affordable housing is both a cause of homelessness and a reason for people being unable to break the cycle of homelessness. This submission refers only briefly to those issues. However, ACTCOSS is of the view that an increase in the number of affordable housing options in both the purchase and rental markets is essential if the ACT is to reduce the number of people who experience homelessness, the duration of homelessness and the frequency with which homelessness recurs.

Recommendations

1. That the ACT Government work through the Joint Pathways Network to map the impact of $3.6m in funding cuts, using the Services Map developed prior to announcement of the funding changes, on service options available in the community. This work should be completed by August 2013.

2. That the ACT Government establish a cross portfolio committee comprised of senior ACT Government and ACT Community Sector leaders that will conduct a whole of government assessment of the expected impact of funding cuts in the housing and homelessness support system on demand and costs in universal, secondary and tertiary services in the ACT. This committee should identify the quantum and source of funds needed to maintain prevention, early intervention, crisis and recovery support partnerships with services funded via the National Affordable housing Agreement. This committee should report to Cabinet by September 2013.

3. That by March 2014 the ACT Government completes a comprehensive assessment of the:

    a. Cost-effectiveness and outcomes of current service models and forms of intervention offered in Canberra on prevention, early intervention or crisis responses to homelessness

    b. Critical factors in Canberra for stabilisation of housing and maintenance of good housing outcomes for people who have been homeless

    c. Any changes needed in the service system as a whole in Canberra to more effectively respond to people who are homeless and reduce homelessness.

4. That by June 2014, the ACT Government has developed a long term cross portfolio investment and long term procurement strategy that will:

    a. Meet demand for affordable housing in the bottom two income quintiles

    b. Reduce the number of people in Canberra who do not have a home to call their own

    c. Pool funds from across portfolios to maximise prevention of and early intervention in homelessness, reduce demand for crisis services, facilitate prompt access to and maintenance of stable, affordable, appropriate housing for people who have been homeless

    d. Ensure housing and homelessness support services can respond effectively to meet current and emerging needs.

Background

In 2009 the Australian Government revised funding allocations made to states and territories in the National Affordable Housing Agreement. The ACT was advised that funding would be reduced by $5.9m as of July 2015.

In the 2011 Australian Census 1,785 people were identified as homeless in the ACT, which per head of population was a little higher than the national average. A summary is provided at Attachment B of the types of homelessness, access to assistance and demographics of people dealing with homelessness. A significant point to note is that due to the lack of affordable housing options for people living with disadvantage and vulnerability (e.g. low cost private rental housing), the ACT has a relatively high number of people living in what is defined in the Census as "supported accommodation for the homeless".

In October 2012, the Social Housing and Homelessness Services team in the ACT Government Community Services Directorate set up a working group in the Joint Pathways Network to consider implementation of reductions in funding.

As a result of these consultations, the Joint Pathways Network (comprised of funding body representatives and non-government service providers) specified the principles that should guide decisions about changes in funding arrangements and allocations to support an ACT Housing and Homelessness support services system:

- Person centred, providing timely, flexible responses to address the journey of everyone supported within it individually
- Collaborative, systemic approach to homelessness – can not be limited to Specialist Homelessness Services, and there must be clear partnerships and alignments with mainstream services and other agencies
- Supportive of transitions between sectors and services
- Fair and equitable in terms of funding
- Evidence/needs based
- Data rich (outcomes based) system
- Transparent, with clear communication between all stakeholders
- Regularly reviewed (systematically)
- Culturally competent, with responses targeted at specific needs (Aboriginal and Torres Strait Islander peoples, rough sleeping, Cultural and Linguistic Diversity, gender).

These principles were accompanied by a Service Map that outlined service types across the continuum of need and forms of interventions, and a description of the support functions fulfilled within each part of the Service Map.

A copy of the Service Map and the description of support functions is provided at Attachment C.

In May 2013, the ACT Government announced that it would be passing on $3.6m in funding cuts, rather than the full $5.9m cut by the Australian Government. In 2012-13, the total amount of funding going into Social Housing and Homelessness services from the ACT Government and Commonwealth was $23.2m. Removing $3.6m from this funding pool is a cut of 15 per cent.

In April all funded services received an extension of funding agreements to October 2013. Funding offers were made to services in May, with the assumption that where funding cuts were required, they would commence in July 2013 and would take full effect by July 2015. These offers were informed by a funding model that articulated what price would be paid for input costs (staffing, vehicles, rent of properties tenanted by service users and administration) and stated the funder expected all existing contracted outputs would be delivered within this new funding envelope. The funding assumptions are provided at Attachment D.

In June 2014 the current National Partnership Agreement on Housing comes to an end. Given the fiscal constraints in the Federal Budget, the ACT Government and community sector is anticipating a further reduction in funding to housing and homelessness support services in the ACT from the Australian Government.

Key Issues

Misalignment of ACT Government decisions with agreed principles for implementation of changes in funding

The funding offers do not reflect the principles agreed by the Joint Pathways Network for implementation of changes in funding.

Applying a single set of cost assumptions that do not take into account the individuality of every person's journey to and hopefully out of homelessness is inconsistent with creation and maintenance of a service system that can offer timely, responsive, culturally competent services that target specific needs.

A core principle agreed at the Joint Pathways Network was the need for an evidence/needs based approach to funding changes. There is no evidence this principle has been enacted in the decisions about funding changes.

The funding offers have not been informed by a comprehensive analysis of ACT community needs, the capacity of the current system to meet these needs or any assessment of emerging needs.

There has been no transparent local analysis of the evidence of the cost-effectiveness or outcomes of different service models and forms of interventions on prevention, early intervention or crisis responses to homelessness. Neither

has there been a transparent local analysis of what ensures stabilisation of housing and maintenance of good housing outcomes for people who have been homeless.

The funding outcomes have not been mapped against the support functions identified by the Joint Pathways Network as required for an effective social housing and homelessness support system. This runs counter to the principle of ensuring support for transitions. It also leaves the community with no way of determining whether and how the reductions in funding are going to impact on access to support at different points along the service continuum.

The funding assumptions do not move funding agreements towards the data rich, outcomes based system articulated in the Joint Pathways Principles for implementation of the changes in funding. The move back to an inputs-based approach to determining funding offers is a retrograde step.

No criteria have been announced that will guide systematic evaluation of the impact of these changes in funding.

Lack of a whole of ACT government approach to dealing with the funding cuts to social housing and homelessness support from the Australian Government

There is no evidence of an analysis of the whole of government impact of homelessness, the impact of a 15 per cent cut to social housing and homelessness support services on demand for other services, or the creation of gaps in referral options for non-homelessness services looking to access support for people accessing those services.

Mental Health, Emergency Response Services and Care and Protection services all work closely with homelessness support service that provide support to people whose lives have been affected by trauma (e.g. childhood abuse, sexual assault, crime victimisation). These high cost tertiary level services rely on partnerships with homelessness support services to de-escalate deteriorating and/or dangerous housing circumstances, minimise the need for custodial interventions and protect children, young people and adults from secondary trauma associated with being in tertiary level services.

We have not been provided with any evidence that the Ministers responsible for these tertiary level services have been informed of the expected impacts of changes in funding, have planned for changes in both partnership and referral options or have costed the impact of increased demand on their services.

The majority of the funding cuts have been borne by services that specialise in responding to the needs of children, young people and adults living with the impacts of trauma. These services are often gender specific services offering a model of care that allow gender segregated support and housing options, which can be the determining factor in people seeking support. Reduced capacity in gender specific services will lead to some people delaying access to services, which will increase the harm experienced prior to seeking support and result in more complex needs once people do present to services.

Reduced capacity in services that are not gender specific include sexual assault and domestic violence services. Reductions in these services will impact on Police, Emergency Responders (especially Ambulance), Hospital and Mental Health crisis services. Reductions in funding have also been passed on to sector development and advocacy services that focus on improving service capacity and providing independent policy analysis.

Impacts across the service system

As noted above, we are very concerned about the lack of clear assessment of and planning for the flow on impacts of cuts in service funding in the homelessness sector. Many of the services that look to have been providing unreasonably expensive housing and homelessness support services have in fact been addressing specific causes and consequences of homelessness, not able to be addressed in other parts of our service system.

It may well be that in a tighter funding environment it is not possible for the housing and homelessness support system to continue to offer the range of services it has in the past. We have been clear that we recognise the ACT Minister for Housing and the Community Services Directorate have been managing a housing funding problem on their own, when in reality it should be managed as a whole of government problem and responsibility.

That does not mean that the needs those services previously met will go away. It does mean the risk of not meeting those needs will be carried by the people who are unable to access services. They will be more unsafe, vulnerable to mental and physical ill-health, further excluded from education, employment and community activities and needing to access tertiary services more often. And the risk will be carried across the whole service system as we fail to provide programs that in the long run reduce demand for services by intervening early and often enough, at the right intensity and for long enough to reduce homelessness.

In the following section we have identified in bold those critical needs that will no longer be met and the cross-system impacts we do not believe have been anticipated and/or planned for in the roll out of funding changes.

Homelessness services don't just provide beds

The ACT Government commitment offered in the wake of service funding cuts being announced was that the ACT community would not lose any beds for people who are homeless.

Housing and homelessness support services provide much more than a bed for people who seek their support. Especially for families, a bed is only the start of what they provide. Beyond the basic lack of affordable housing, family violence is a primary cause of homelessness. **Support for people who have experienced family violence is at risk as a result of these funding changes**, because the allocation of just one family support worker per funding

agreement compromises the capacity of services to allocate resources to family support. With the current funding assumptions one service that is caring for 100 children and young people has the same allocation as a service that has ten children and young people in its care.

The reductions in support include:

- Reduced access to **specialist counselling and support for trauma issues, including self harming behaviours** unable to be managed by mainstream services
- Reduced access to and intensity **of individual and group interventions that help parents** to build positive, safe and healthy relationships with their children, and to develop their own capacity for safe relationships into the future
- Reduced staffing to **programs to assist children to overcome the impacts of violence** in their lives
- Reduced **court support for victims of family violence** involved in Family Court proceedings
- Reduced capacity to **accompany children when they spend time with their offending parent** for access visits

These reductions will have impacts on children and young people that will be felt in the health and education systems. Children unable to access adequate support to address the impacts of trauma are **less likely to reach their developmental milestones, and are more likely to experience learning and behaviour problems at school and have poorer physical and mental health**.

Some services have been able to manage a "no turnaway" policy – ensuring everyone who seeks help can access some level of support. This has the effect of reducing the escalation of housing problems and the demand for crisis support. Funding cuts will **reduce the viability of "no turnaway" service models reduce access to these lower level interventions that are critical to reducing long term demand for services**.

Cutting back on outreach support to children, young people, adults and families who have moved beyond the need for crisis intervention **will reduce the capacity to provide recovery support and prevent recurrence of homelessness**. This will in turn drive demand for crisis services, both in the housing and broader service system.

Reduced access to outreach support will increase out of hours calls to First Point and further limit First Point's capacity to provide meaningful responses to clients outside business hours.

The domestic violence and sexual assault counselling, advocacy, community education and crisis interventions services don't provide beds for people who are homeless. They do provide services that increase the capacity of the community to recognise, respond to and prevent these major drivers of homelessness, and provide therapeutic interventions that reduce the need for

crisis interventions in housing, hospital and mental health systems. These services face funding cuts and freezes. They are expecting to manage funding shortfalls by **diverting resources from prevention, early intervention and recovery services to meet the current and expected ongoing growth in demand for crisis interventions**.

One service the community is particularly concerned about losing is the **Day Refuge** option. For single people awaiting a "bed", a day refuge provides a safe place to wait, and an opportunity for the service system to provide information and support that can start the process of engagement, assessment and support. Day refuges also provide opportunities for people living with violence, mental health and/or substance use issues to begin to access information and support and build the trust that is needed to engage more fully with the service system. Mental Health and Alcohol and other Drug services all refer to the day refuge.

Being able to refer people on the waiting list managed by First Point to homelessness outreach services supports people to access Housing ACT and other housing options and thereby end their homelessness. At any time First Point would have up to 200 single people and families waiting for this type of support.

Our analysis is cessation of the Day Refuge will have a flow on impact to **increased contact with First Point, more demand for mental health and drug and alcohol service support and more demand for counselling support, including Lifeline**.

The funding changes may not initially increase the number of homeless people it is very likely to increase the length of time that people will remain homeless and hence the numbers will swell over time.

So maintaining bed numbers but losing the support services that reduce the cycle of homelessness, the impacts of trauma, the need for interventions in other service systems and the safety net both prior to and in recovery from crisis, will be cold comfort to the people seeking support and the staff having to cease programs and models of care they know make a real difference.

Erroneous Funding Assumptions and impacts on service options

An overall comment we would like to make is that it is not the job of the funding body to determine how funding should be allocated within a service budget. The ACT Government should specify the outcomes they want delivered, and partner with those services that can demonstrate a capacity to meet their funding requirements. Making assumptions about, for example, how many staff should be employed in a service that supports children and how many vehicles a service should have on their books, puts the funding body in a position of designing the service model instead of purchasing outcomes for the community.

The funding offers assume all existing outputs will continue to be provided. This is inappropriate. Many services that are facing funding cuts will be absorbing

cuts of above 30 per cent. These **funding changes are being made in the absence of a transparent, locally relevant analysis of needs, service system capacity, effective models of support in different contexts or emerging needs**.

The only thing we do know is **most of the cuts will be in specialised services working with women, women and children, men with children, Aboriginal and Torres Strait Islander peoples and Culturally and Linguistically Diverse communities**. As noted above many of these services focus on people who have a history of trauma. We assume this cutting of specialist services reflects a preference for mainstreaming housing and homelessness support.

The move to mainstreaming services has not been a universal success in the youth housing system. The mainstreaming in this system has resulted in many **young people with specialised support needs – those leaving the care and protection system, who identify as gay, lesbian, bisexual, transgender and intersex, or who have high intensity, complex care needs have fallen out of the youth housing system**. Some have sought and received help in the adult sector, but this is not appropriate or sustainable. Others have fallen out of support entirely.

The youth housing reforms have not been evaluated, and as the evaluation strategy has not been developed, the youth housing sector are not uniformly collecting the data that could inform an evaluation of impacts. As a result, there is no opportunity for systemic learning from the roll-out of mainstreaming of youth services, nor applying those learnings to a rollout of mainstreaming in the adult system. The **anecdotal evidence regarding young people with a history of trauma and/or complex needs does not encourage us to support mainstreaming in adult services**.

Services need to offer **training, support and supervision to their staff** that ensures they can provide services in a way that is effective for people accessing services and safe for workers. This is essential – people end up in housing support services often following a series of engagements with other social services that have been unable to meet their needs. Homelessness services are often a final refuge for someone who has complex, multi-faceted causes of poverty and exclusion. Responding well to these needs, and supporting people to build their confidence, strengths and capacities at this critical point in their lives costs more than the standardised set of funding assumptions allows.

The **funding offer miscalculates real staff costs** – most services do not pay award wages because that level of remuneration does not attract or retain the staff they are looking for, and does not fairly compensate staff for their skills or experience. Even with the Equal Remuneration Order supplementation, many services are paying above the amount allocated and are required by law to comply with industrial agreements determined under previous funding arrangements.

The funding offer provided to trauma specialist housing support services does **not fully cover the costs of providing on-call rosters or call out services**. Some services expect they will be ceasing on-call services. As noted above,

this will have flow on effects to emergency and tertiary level services, who will get less access to homeless service support during emergency interventions. Of particular concern is the impact this may have on children and young people whose parent is fleeing violence. Homeless support services have in the past been able to offer transport and support to children and young people whilst their parent is travelling in an ambulance and during an Emergency Department visit. This type of service is at risk as a result of funding cuts reducing the viability of on-call services and availability of vehicles. Not being able to partner in this way across the service systems will increase pressure on the **Ambulance, Police and Child Protection** systems.

The allocation for housing costs is inadequate. Canberra has one of the most expensive private rental markets in Australia's capital cities. One example illustrates this problem. Compared with Canberra averages, there is a higher prevalence of Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse families who are homeless, and these families are more likely to be large. **A house of suitable size is rented by a service at $400/week. The funding body provides 33 per cent of market rent ($132) and assumes a tenant is charged 25 per cent of their income (in this case $100/week). This leaves $168/week to be paid out of service operating costs, and leaves no funds for maintenance or repairs**. The dollars don't add up. Commonwealth Rent Assistance and the broader funding setting can help to bridge this gap, but there is still a gap in some circumstances. Even if there was no gap in rental costs, there are not funds left for repairs and maintenance from tenant related damage. If the family seeking housing support has an immigration status that means they are not eligible for income support, or if the family come to the service carrying significant debts, then the service is required to either deny access on financial grounds, or cover the rental costs.

The allocation for vehicles is inadequate. **Inadequate allocations for vehicles** will have two impacts. Staff will be unable to provide transport and advocacy support to people attending services and institutions. The time needed to accompany a person on public transport is unaffordable under staffing allocations. Sometimes it is not appropriate for people to use public transport because of their circumstances – such as a women severely injured through domestic violence needing to access medical and rehabilitation care and unable to manage public transport on her own. There will be **increased time taken to attend appointments and meet institutional needs (e.g. fulfil paperwork requirements to meet Centrelink requirements to access income support) which will potentially increase length of stay. There will also be increased demand for both community transport and the taxi voucher scheme**.

Cookie cutter funding assumptions do not work for services needing to manage diverse circumstances related to co-contributions for costs such as utilities, food, linen, clothing and toiletries. Electricity costs will go up 3.5 per cent in 2013-14 and service funding indexation is effectively 2.51 per cent. **Many people arrive in homelessness support services without essential possessions, and in debt, especially those fleeing violence**. Previous funding levels have meant services could allocate resources to assisting people to re-establish their financial security, provide a grace period for co-contributions and re-stock on the essentials of life.

There are increasing numbers of people seeking homelessness support services who are **ineligible for income support because of their immigration status**. These service users are unable to co-contribute to their costs of living. Under the new funding arrangements, services will need to **increase their demand on already over-subscribed Emergency Relief services and No Interest Loans Schemes**.

Attachments

Attachment A:
Changes in service options and consumer pathways as a result of funding changes

The at risk group: Young sole parents
Mother: 19years old Children: 3 and 1 year old
Originally housed the couple, mother and father, with 2 children (2 years old and a 6 month old). Parents separated 5 months into stay.

The event/ crisis /trigger for clients	BEFORE- The current response provided (pre funding cuts)	AFTER- The new response to be provided (post cuts)	What then become emerging gaps in the services available	The specific consolidated portfolio impact (lack of referral points and increased demand)
• A young couple living in a caravan with 2yr old and a 6 month old. • Physical health concerns with the 6 month old being assessed for possible Cerebral Palsy. • The 2 year old child has significant issues with	• On transitioning into the service, families are initially provided with high level support according to individual need. This can be up to 8 hours per week. As families begin to settle the support provided decreases with two hours a week of direct support to the family and up to 3 hours per week of case work including case coordination and supported referral to other services • Brokerage money to assist with food and petrol and provision of essential items within the home.	• Maintain initial transition support but reduced direct contact hours with housing support worker post transition. • Reduced hours for case work and supported referrals. • Brokerage money will be significantly restricted • Transport support to access other services will be restricted • No in house support	• Less brokerage services • Less emergency relief • Less post accommodation support • Consequently client less likely to seek further assistance • Eligibility requirement become narrower	• Less accommodation places • Less outreach spaces • More severely homeless people/ and families • More traumatised people • Longer waiting times for support and accommodation • Less likely to reduce numbers of people who return to service system – not breaking the cycle

The event/ crisis /trigger for clients	BEFORE- The current response provided (pre funding cuts)	AFTER- The new response to be provided (post cuts)	What then become emerging gaps in the services available	The specific consolidated portfolio impact (lack of referral points and increased demand)
anxiety. • Mother unemployed • Father working in a fast food restaurant.	• Transport to appointments as part of supported referral to other services • Access to In house Support groups, including DV Support Group, support to identify and access employment and education opportunities (funded from separate funding sources) • Referral to children's support worker and parenting support group. (Funded from separate funding sources) • Maintenance and repair of property • Capacity for basic refurbishments e.g. replacement rugs, painting and carpet cleaning. • Christmas parties and family outings and school holiday activities	groups will be provided • No in house parenting support groups – referral to external parenting support • Only basic maintenance issues will be able to be addressed • Reduced capacity for supported referrals		• Increase of Care and Protection involvement

CRCC – The at risk group: Victims of child sexual assault and sexual assault, their families and supporters, ACT community.

The event/ crisis /trigger for clients	BEFORE- The current response provided (pre funding cuts)	AFTER- The new response to be provided (post cuts)	What then become emerging gaps in the services available	The specific consolidated portfolio impact (lack of referral points and increased demand)
• Incidence Sexual Assault • Incidence of Child Sexual Assault • Disclosure of Sexual Assault • Disclosure of Child Sexual Assault	• Response within 30 minutes through attendance at Police and Forensic Services • Working MOUs with Police and Forensic Services • Collaborative interagency response to victims of sexual assault • Victims have services wraparound them to provide consistent support and advocacy • CRCC provide consultation on complex matters	• Response time for CRCC to attend Police and Forensic processes delayed. • Police and Forensic processes delayed • Victims of sexual assault may also need to wait longer for CRCC attendance heightening their state of risk and crisis. • CRCC less available for consultation with Police and Forensic Services over complex presentations to these two systems, potentially leading to poorer outcomes for victims of complex trauma	• Poorer outcomes for victims of sexual assault within court processes • Impacts on working MOUs with Police and Forensic Services • Higher state of crisis and risk of longer term impacts of child sexual assault/ sexual assault trauma • Greater risk of family break down due to delayed response to families in crisis • Greater impact on the health system due to poorer outcomes for sexual assault victims • Gains made in the area of interagency collaboration with Police and Forensic Services risk breaking down • Reduced referral points at a time of greater demand	• Greater cost/impacts on the drug and alcohol sector • Greater cost/ impacts on the mental health sector- through attendance to high risk clients whom CRCC provides a catchment/ buffer for • Greater cost/impacts on the Care and Protection/ Child Protection system • Greater cost/impacts on the Justice System and Justice agencies • Greater cost/impacts on the Homelessness Services System- at a time of reduced services and referral options • Greater cost/impacts on emergency services within Health such as the Emergency Department, Ambulance Services • Greater cost/impacts on

The event/ crisis /trigger for clients	BEFORE- The current response provided (pre funding cuts)	AFTER- The new response to be provided (post cuts)	What then become serv	The specific consolidated refer
			on CRCC services • Greater impacts on already disadvantaged communities such as the Aboriginal and Torres Strait Islander communities, people living with disabilities • Greater impacts on the vulnerable within our community such as those who have mental health issues, are living in violence, children, aged, those from CALD backgrounds. Therefore creating a greater gap to social inclusion	Police- General Duties and SACAT Police through attendance to high risk clients whom CRCC provides a catchment for

Community impacts	Rates of reporting of child sexual assault and sexual assault increase in the ACT each year Community is educated about sexual assault prompting disclosures and seeking help	Rates of reporting of Child Sexual Assault and Sexual assault risk lowering due to inability for systems to response in a timely manner Education to community is reduced creating greater impact and long term health burden of sexual assault and child sexual assault	Greater health burden of trauma in the ACT Greater health burden of trauma in the ACT	Greater costs to the- • Health system • Police and hospital • Drug and alcohol system • Justice system • Homelessness system • Child Protection System
Community impacts	More people seek help for sexual assault and child sexual assault, including historical child sexual assault which reduces the overall health burden of trauma on the community	Delays in receiving help, meaning those waiting increase the health burden of trauma on the community due to states of crisis increasing whilst waiting for CRCC services	Greater health burden of trauma, and untreated trauma in the ACT	Greater costs to the- • Health system • Police and hospital services • Drug and alcohol system • Justice system • Homelessness system • Child Protection System

DVCS - The at risk group: Women experiencing DV seeking court advocacy for a Domestic Violence Order in order to stay in their own homes

The event/ crisis /trigger for clients	BEFORE- The current response provided (pre funding cuts)	AFTER- The new response to be provided (post cuts)	What then become emerging gaps in the services available	The specific consolidated portfolio impact (lack of referral points and increased demand)
An incident (or series of incidents) of dv that have compromised the safety of the woman and her children - the woman is not willing (or able) to leave the family home to access refuge accommodation	The DVCS Court Advocacy Program (CAP) is based at the ACT Magistrates Court and provides: • Support and advocacy at all stages of the domestic violence order application process. • Support to witnesses giving evidence in family violence criminal matters. • Support at the Family Court for particularly vulnerable or disadvantaged clients. • Assistance with legal aid application forms, requests to reconsider legal aid grant decisions and victim impact statements. • Attending with clients to report breaches of domestic violence orders to police. • Advocating for clients in	With a 20% cut to the CAP, the services highlighted would be compromised. Most DVCS clients that access the CAP service do not have any experience with the courts, legal or criminal justice systems. They are not only particularly vulnerable when they have just been subjected to an incident of violence but are already carrying the effects of long term trauma as a result of living with violence. DVCS will be forced into providing support to only the most vulnerable through CAP.	The gaps relate to the most vulnerable not being supported to navigate their way through a complex legal system. These people would give up and potentially return to the violent situation as 'it is all too hard' with too many barriers and not enough support to maintain violence free life.	The longer a person stays in a violent relationship has profound impacts on the individual and their family - other systems naturally become involved; • Health – deteriorating mental and physical health for all family members – the fear is that people will present to this system with the impacts/effects of having lived with violence and that the 'health' professional will not recognise it – and only respond to the immediate and presenting symptoms • Child protection system – children are unable to thrive in situations where there is ongoing violence. Many women that have CPS involvement often feel that if they do not behave protectively and

	person and in writing with Magistrates Court staff, prosecutors, Legal Aid, private lawyers, the Public Advocate and police. • Referrals to other support agencies, including counselling, accommodation, legal, charities and community services. • Booking childcare, transport and interpreting services to assist clients to attend court • Providing faxing, photocopying and internet access to disadvantaged clients where this will assist them in managing their legal aid and domestic violence order applications. • As a contact point and drop in service for particularly vulnerable clients of DVCS.			apply for a domestic violence order to have their violent partner removed that they are at risk of having their "children taken away". Will that system provide the support to do so – traditionally it has been outsourced to the community sector to do that work whilst the statutory body does the 'point end' work. • Police and Justice System - will police/ legal aid etc. put more resources to supporting victims with legal processes that have been picked up in large numbers by the sector previously? Communities that have inadequate resources and limited victim advocacy services and whose response to domestic abuse is fragmented, punitive, or ineffective cannot provide realistic or safe solutions for victims and their children.

Case studies of people most likely to be affected by the funding cuts

Beryl Women Inc

Woman with 4 children (youngest 8 months, eldest 8yrs) enter the service after an incident of domestic violence experienced by the women and witnessed by the children by husband/father.

Women received medical attention at the time of the incident for a potential head injury she sustained during the incident. Police and ambulance attend the incident.

The women and her children are accommodated in a shared house with another family.

1 night after entering the service, the On-call worker receives a phone call from the other client sharing the house with the women and 4 children concerned about the behaviour of that something was “not right”, the worker asked to speak to the women whose speech was slurred and slow, she said that she has had a headache, that has gotten progressively worse throughout the day as well as feeling dizzy and at times blurred vision.

The On-call worker believes that these are symptoms of concussion and calls an ambulance for the women; she then calls the women back and tells her that an ambulance is on the way, the issue of the other children are the discussed with the women as well as the women she is sharing with.

The on call worker gets agreement from the other women to babysit the children until she can get to the refuge (half an hour) at which time she will explore other options.

Before going to the refuge, oncall worker contacts the backup on call worker to discuss situation and request that she attend with her (policy in place around this – safety issues for workers)

2 workers attend the refuge.

Options include the following:

- Contacting the next of kin to care for the children (if she has provided us with that information)
- No next of kin noted in file;
- 1 worker will stay with the children whilst the other will attend the hospital to provide client with emotional support, if it is determined that she will be released, then worker will either stay and transport her home or provide her with a taxi voucher.

If the woman has to remain in hospital overnight or for any length of time, then Care and Protection will be contacted to arrange temporary care of the children until such time as mum is released from the hospital.

Funding cuts

- On-call worker will attend the refuge without a Backup worker;
- Care and protection are contacted to arrange temporary care for the children;
- On-call worker rings client and informs her that her children are placed in care until such time as she is released from hospital;
- Emotional support is provided to the women via phone.
- Worker will attempt to work to deal with the situation within a limited timeframe to alleviate additional on-call costs.
- Hospital Social Worker involvement.

Canberra Rape Crisis Centre

Jenny – was sexually assaulted in her childhood by many family members. Jenny has three children and is 42 (the children are young adults). Jenny was referred to CRCC counselling, 12 months ago, following a call out to Police where she reported a gang rape by strangers, in which she was seriously physically injured. Jenny was married to a man for twenty years who was violent who left her several years ago to marry another woman. Jenny is a nurse however presently unable to work. Jenny has a diagnosis of borderline personality disorder and schizophrenia, and is seen to be "highly manipulative" by systems she comes in contact with. Jenny is medicated however despite the medication she continues to hear voices (inside her head). Jenny self medicates with dangerous levels of codeine to stop the ongoing debilitating headaches/migraine like pain (despite her use of it the codeine does not assist the pain). Jenny cuts and burns herself at times to assist her to feel grounded. Jenny has been in therapy for ten years with a psychologist whom she never disclosed her trauma history to. Jenny sees a psychiatrist regularly, for medication management, but who does not believe in trauma related diagnoses. Jenny has many periods where she cannot account for time. Jenny attends refuges for respite from her family, and her ex-husband who regularly comes to the house and assaults her. CRCC counselling is focussed on working to reduce overuse of medication and self harm, gaining support for Jenny and her children to assist functioning, and assisting with safety from her ex-husband. This must be achieved to enable Jenny to improve her life following the impacts of her childhood trauma.

Alana – is 25 and currently lives on her friends couch, her friend is supportive. She was accommodated in youth accommodation however could not live there as her housemate used drugs and alcohol and often had young men visit, which traumatised Alana. Alana was sexually assaulted for many years by her uncle who used to take her away from her parents on weekends to give refuge from their violence. Alana identifies as Aboriginal, and for periods of time in her youth was in youth detention for minor offences. Alana was referred to CRCC by a youth worker following her disclosure of child sexual assault. Alana has recently completed rehab, and has had many periods in hospital following suicide attempts. Alana was referred to CRCC 2 years ago following a sexual assault

by a friend. Alana wants to finish a welfare course however struggled to complete more than one subject at a time, due to severe nightmares and body memories related to her childhood sexual assault. Up until 12 months ago Alana presented very regularly to hospital with severe suicidal ideation, cutting, or broken bones. Alana's arms are severely scarred from self-harm and the wounds no longer healed at a normal rate. Alana's suicide attempts regularly resulted in Police and ambulance intervention. The focus of counselling has been establishing safety, reducing the impacts of nightmares and body memories, improving coping strategies and advocacy related to housing, and her education. Alana has not been hospitalised for twelve months nor has she presented to hospital. It has been eight months since she last self-harmed.

Domestic Violence Crisis Service

32 year old woman – DVCS client for 9 years

June 2004
Ms C called and said that she and her brother-in-law were kicked out of her defacto's house this morning because she stood up to the abuse from her partner. She said that since the birth of her 9 mth old son there had been verbal abuse and pushing. She informed that her brother-in-law came to support her as she has epilepsy and she may fit and not be able to care for her son and her partner works long hours. They needed accommodation but were unable to access money.

Nov 2004
Ms C called and said she needed to leave. Her partner was being verbally abusive. She said she was scared that he would be physically violent as in the past he dislocated her hip while she was pregnant and put his fist through the wall. She said she had no money, transport or phone credit. We discussed accommodation alternatives. She wanted to stay in …. to be close to her mother for support but she is unable to accommodate her or assist financially.

Nov 2005
Ms C called distressed due to verbal argument with her partner who had asked her to leave and she had nowhere to go. She said she was pregnant and her epilepsy was brought on by stress.

March 2011
Police advised DVCS of an incident involving Ms C and her ex-partner. Ms C said that she was currently with a friend and considered the relationship to be over. She said that during an argument with she became fearful that it would escalate into physical violence and she called police. She advised DVCS that she was 13 weeks pregnant and had recently been released from hospital due to abnormal bleeding. She said that there had been psychological abuse during the relationship and she was concerned that the situation would escalate.

April 2011
DVCS called Ms C to discuss safety. Ms C described social isolation and said that due to him cutting her off from friends and family she only had one friend left. Ms C described feeling anxious and was vomiting. She described feeling like she wanted to go to sleep and never wake up. DVCS encouraged Ms C to

seek medical attention but she was reluctant. Following consultation with a team leader DVCS contacted MHCAT and made a referral for them to call Ms C.

August 2011
Ms C called DVCS on advice from her lawyer. She said that her partner came to visit her and their 11 day old baby L at the hospital and had to be asked to leave by security. L was born 7 weeks premature.

Dec 2011
Ms C called DVCS to request contact numbers for psychiatrists. Ms C said that her ex-partner had started contacting her again and was playing mind games with her and causing her stress. Ms C said that her oldest child had developed behavioural problems while she was in hospital. She described that she had become ill with renal failure during the pregnancy and was in hospital for a long time.

March 2012
Ms C called DVCS in a distressed state (crying, yelling and at times unable to talk). She said that her ex-partner had been abusing her on the phone. She said that she was in hospital because of her kidney but had to return home because there was no one to look after her children. Ms C said that she was currently in the shower with her 7 month old baby trying to manage her pain. She said that her anxiety levels were very high and she did not want them to go any higher. The DVCS worker suggested attending the hospital but Ms C said that they would only involve mental health services and would not attend to her medical needs. DVCS discussed contacting MHCAT. Ms C said that she had visited a GP to arrange a mental health plan but had been unable to see a psychologist yet.

The call ended but Ms C called back a little while later saying that she had tried to lie down but the pain she was experiencing had become worse. She had been unable to contact friends or family. She was screaming that she was in pain and then started vomiting. Ms C continued to cry and scream and say that she was in pain. DVCS contacted MHCAT and asked them to contact Ms C.

DVCS has since lost contact with Ms C – it is our understanding that the children were removed by Care and Protection Services due to her inability to care for them adequately as a result of living with violence and considerable health issues, both exacerbated and caused by the violence. DVCS believes that Ms C has since moved interstate.

Doris Womens Refuge

Alia has a University degree in English Literature and speaks English well, however under stress her ability to understand and communicate in English is impaired. With support from Doris she is now proactively seeking a pathway to post graduate studies and is very keen to gain employment in order to become financially independent.

Alia had very little exposure to Australian society, institutions, culture and norms. She required intensive support in a CALD environment to continue her empowerment to deal with issues arising for her, for example: Alia was referred

by Doris' workers to MARSS and Max Employment and assisted with information about further studies and CIT courses. Doris assisted Alia with enrolment into a Certificate II in Business Studies program. Alia also gained successful entry into the Community Interpreter & Translating course as a pathway to ANU post graduate studies.

Alia had significant complex issues with the Child Support Agency and Centrelink that have been resolved only with intensive support from Doris' workers. Alia has had very poor outcomes in relation to Court Orders relating to the care of her children. Doris' workers assisted her with advocacy and support through the legal process with collaborative support from Streetlaw and Welfare Legal Rights. Doris strongly advocated for her in her interactions with Child Protection Services, CARHU and the Family Court. Unfortunately, she was not granted shared residence of her children and can only see them during the day.

Alia has ongoing physical and mental health issues as a result of her experiences of domestic violence and was assisted by Doris to receive medical treatment to address these matters. She suffers chronic pain as a result of the physical violence. Alia did not have a General Practitioner and was assisted in joining West Belconnen Medical Cooperative and with accessing regular specialist medical appointments e.g. Psychologist appointments for a Mental Health Care Plan, Orthopaedic surgeon, Radiography and physiotherapy appointments for chronic pain and treatment.

Her children were not immunised and the family was referred to West Belconnen Child and Family Centre. Alia and the children were supported by Doris to attend children's health checks, vaccinations and participation in Community playgroups. General advice and information was given to Alia on diet and age appropriate development and parenting strategies. With her increased knowledge base, practical skills, parenting strategies and other supports in place her confidence as a mother has grown.

Alia has been ostracised by her community as she is stigmatised as she is regarded as a divorced woman. She was therefore very socially isolated. When Alia came to Doris she only knew the Gunghalin Shopping Centre and Aldi store. Doris supported her to view other areas of Canberra which she did not know existed. She attended Doris social events, including our Mother's Day activity and was supported to attend our weekly mothers' and children's group with other residents at the Refuge. Socially Alia made connections and friendships with other women and continued to engage actively with other residents at Doris Women's Refuge. She also went to the movies to see a film – something she had never done in her life in Australia.

Alia was assisted and supported with her finances, budgeting and how to access the local food banks.

Alia was very committed with her case management support plan and achieving her personal goals and was very proactive in working towards independence. She commenced having driving lessons in order to gain an ACT driver's licence and budgeted to pay a contribution towards her lessons for this personal goal. She obtained a driver's licence while at Doris. She is also working towards gaining entry at post graduate level to the Australian National University.

With the support of Doris, Alia lodged an application with Housing ACT and provided HACT with supporting documentation for this. Alia independently followed up, obtained and lodged Housing support letters for her application. She was proud of her accomplishments and has shown she is a good tenant who complies with rules and keeps her property clean and tidy. She has paid her rent in full and on time during her stay with Doris and shown that she can sustain and maintain a tenancy and continues to work on her independence, building on her community network of contacts and friends.

Alia is currently on the priority list and is waiting for a housing allocation. Her continued time at Doris until she is housed can only be positive with Alia focusing on her studies, parenting, health and well being. She has greatly benefited from an environment where she could bridge the gap between cultures and be supported while gaining an understanding of Australian culture, social norms, law and institutions.

Some of Alia's comments and reflections include:

> "Through my experiences at Doris and knowledge of workers they have made me more stronger than in the past."
>
> "Doris workers have assisted me to learn to be more patient, to be independent, sort out my problems, to do the best I can for me and my kids and assisted me with achieving all my goals. When I get my own place I will continue to set my goals and work hard towards achieving them in the future".
>
> "Thank you Doris workers for all your help and support".

Innana Inc

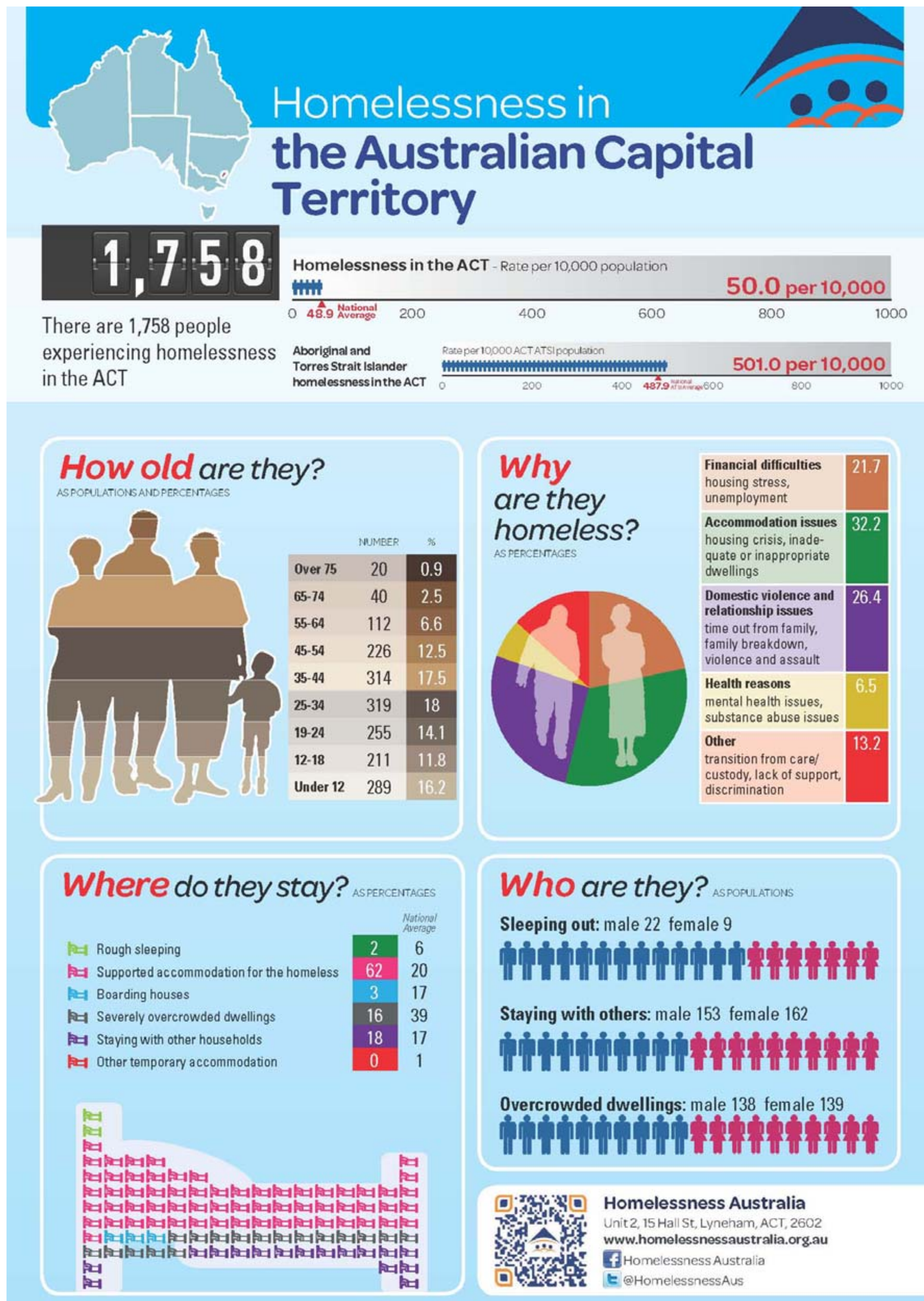
AB – Young women now aged 20 came into our service from a Care Placement, was pregnant, had a baby which was removed from her care by CPS, has her boyfriend living in her house (persistent Domestic Violence) and now her brother who recently turned 18 and left care has moved in. (Both males also have disabilities). We receive $10,000 per year to manage this tenancy and currently they have caused more than that in damage to property in the past year. So we have received no money for the support provided.

AC – Young women now aged 19 came into our service pregnant, has had a baby and there is a high risk for the infant. Inanna has provided an extended level of support to provide protection for the baby and to support the young woman to keep her child. She was removed from her parents due to extreme sexual abuse and neglect. She was recently involved in an incident in which another young person was killed. We receive $10,000 to support this woman.

AD – Young woman 19 years. Removed from parents due to domestic violence in family, she received her Acquired brain injury from violence from father, consequently grew up in care. She lives with her brother now aged 16 (mother currently homeless) and her friend aged 16, mother recently found dead in her house. Both of these other young people moved in following a period of time when up to 6 other young people where living in her house and causing major damage and squalor on a daily basis. Inanna agreed they could stay to stabilise the situation. The house is only 2 bedroom. Our new contract price will be

$38,000pa but up until now have not received that amount of funding. We are required to provide in house assistance and regularly assist after hours depending on the situations the young woman finds herself in.

Attachment B:
Snapshot of ACT homelessness from Homelessness Australia, 2011



Note: Two errors exist in this infographic: 1. There are **1,785** people experiencing homelessness in the ACT. 2. The scale of the ‘Homelessness in the ACT’ and ‘Aboriginal and Torres Strait Islander homelessness in the ACT’ graphs should be **per 10,000**, not per 1,000.

Attachment C: Joint Pathways Reform recommendations ACT Homelessness Service System

The following document is provided from the Joint Pathways Group as input into the review of the Homelessness Sector. The recommendations were developed through broad consultation and input from a range of agencies involved in providing services. The document represents a collaborative and needs based approach to supporting homeless persons in the ACT that the sector could aspire to. Due to recent reform the Youth Homelessness Sector is not mentioned in this mapping, however will still remain part of the sector response to homelessness.

It is noted that in 2013 discussion will occur around new funding models, and the likely refocusing of funding within the Sector. The Joint Pathways requests that the Directorate develop a working group involving Joint Pathways Executive members, so as to continue having input into these important decisions. It is accepted that ultimately these decisions will be made by the Directorate, however it is considered that a collaborative approach could assist the process to avoid decisions with unintended consequences.

This document contains:

1. Continuum definitions (recognising that homelessness is cyclical)
2. Reform principles
3. Description of support functions (noting that one organisation may operate more than one function, and one function may be run by a variety of different organisations with different target groups)
4. Services Map

The ACT Homelessness continuum is defined as:

- Prevention – steps taken to prevent issues that can lead to homelessness.
- Early intervention – Support provided to a person(s) to address an issue(s) that may lead them into homelessness.
- Crisis – The period where a person(s) is homeless and in active crisis, the primary focus is on addressing top level needs of safety, shelter and health.
- Stabilisation – The period where a person(s) has moved beyond crisis and is able to start addressing the underlying issues behind why they have become homeless and plan towards a long term housing option
- Maintenance – Supports put in place to ensure an accommodation option is sustainable, and the person(s) will not cycle back into homelessness

Principles

To provide an ACT Homelessness system that is:

- a person centred system, providing a timely, flexible response to address the journey of everyone supported within it individually
- a collaborative, systemic approach to homelessness – can not be limited to Specialist Homelessness Services, and must be clear partnerships and aligns with mainstream services and other agencies
- supportive of transitions; between sectors and services
- fair and equitable in terms of funding
- evidence/needs based
- data rich (outcomes based) system
- transparent, with clear communication between all stakeholders
- regularly reviewed (systemically)
- culturally competent, with responses targeted at specific needs (aboriginal, rough sleeping, CALD, gender).

Description of Support Functions

Support Function	What will it do?	Place in the continuum	Who will provide?
Network and Coordination	• Provide linkage s between the ACT Homeless sector and relevant mainstream services • Secretariat support for Joint Pathways • Provide education to mainstream services about the Homelessness sector • Keep an up to date sector map • Facilitate collaboration and shared responsibility across homelessness services to enable easy access for clients	Prevention, Maintenance	Specialist Homeless Sector
Affordable Housing	• Provide a variety of affordable housing options ranging through private, government and community • Affordable being defined as not more than 33% of a persons income	Prevention, Maintenance	Mainstream Services
Drop in Centres	• Provide a central site(s) where homeless persons can access mainstream and other Specialist homeless services • Provide engagement, information and referral • Provision of essential service to maintain health and wellbeing of homeless persons (food, shower and bathroom facilities) • Establish firm links to other services • Be located centrally based on need • Open all day (breakfast to dinner)	Prevention, Early Intervention, Maintenance	Specialist Homeless Sector
Financial Counselling	• Support and educate homeless persons with budgeting and financial literacy • Address and provide advocacy around debt issues	Early Intervention, Stabilisation	Mainstream Services and Specialist Homeless Sector
Domestic Violence/Sexual	• Provide a timely and emergency response to domestic violence/sexual assault issues to prevent tenancy	Prevention, Early Intervention,	Specialist Homeless Sector

Support Function	What will it do?	Place in the continuum	Who will provide?
Assault Support	breakdown • Referral to ongoing support • Legal support/referral • Crisis counselling • Community education	Crisis	
Legal Support	• Information and support for any legal issues that can threaten tenancy or put someone at risk of homelessness • Advocacy and support in any legal proceedings	Early Intervention, Stabilisation	Mainstream Services
Training and education services	• Facilitate access to tailored, flexible, and affordable training and education programs to homeless persons. • Provide support to homeless persons looking to re-enter the workforce • Mentoring support for those in training/education • Address barriers such as childcare, training • Provide linkages to mainstream education services • Provide incentives to homeless persons for engaging in education/work	Early Intervention, Stabilisation, Maintenance	Specialist Homeless Sector
Tenancy Support	• Short term intervention program with an understanding and linkage with whole of system (public, private and community) • Education and inform homeless persons of their tenancy options and support with referrals/applications • Intervene and advocate when a tenancy is at risk (rental issues, property condition, neighbourhood dispute) • Provide options, education and training for persons to address these issues • Provide linkages to legal services or other long term supports as required • Support with tenancy establishment; including	Early Intervention, Stabilisation	Specialist Homeless Sector

Support Function		Place in the continuum	Who will provide?
	brokerage funds as appropriate		
Conflict Resolution/Mediation	• Address neighbourhood disputes that are putting tenancies at risk • Support familial and other relationships so as to maintain shared living arrangements • Provide education to the community to prevent the first two issues occurring	Prevention, Early Intervention, Stabilisation	Mainstream Services
Crisis Network	• Provide support to persons in either their current tenancy or a provided accommodation option • Provided accommodation options vary from single or shared tenancy • Separate accommodation options required for single women, single men and families (including couples, siblings, multi generation etc) • Supports provided to address the key areas of health (including mental, physical and substance use), safety (domestic violence, sexual assault), food and shelter • Once crisis needs have been appropriately addressed to organise a case conference with the services that will be needed for ongoing support	Crisis	Specialist Homeless Sector
Case/Life Management	• Provision of holistic case management support to address the reasons a person has become homeless and support them in identifying and finding a longer term housing option • Assistance to identify longer term goals and life plans and put measures/training in place to meet them • Work collaboratively with other mainstream and SHS services to achieve the case management objectives • Advocacy support as required • Provided through an outreach model	Early Intervention, Stabilisation	Specialist Homeless Sector
Relationship support	• One on one support and education provided to assist homeless persons to build healthy relationships and	Early Intervention, Stabilisation	Specialist Homeless Sector

Support Function		Place in the continuum	Who will provide?
	avoid unhealthy ones • Provide linkages to mainstream services that will support their ongoing participation in their community		
Sector Support	• Provide an ongoing review of the homeless service sector • Address needs around workforce development as part of the reform and ongoing review as required • Through linkages to tertiary institutions, research and provide evidence for best practice and any changes required by the sector • Support for implementation of National Standards • Prioritise professional development on collaborative practice	All	Specialist Homeless Sector

Services Map

<table>
<tr><th>Prevention
(Tier 3)</th><th>Early Intervention
(Tier 2)</th><th>Crisis
(Tier 1)</th><th>Stabilisation
(Tier 2)</th><th>Maintenance
(Tier 3)</th></tr>
<tr><td colspan="5">Central Intake Service</td></tr>
<tr><td colspan="2">Drop in Centres</td><td colspan="2"></td><td>Drop in Centres</td></tr>
<tr><td>Network and Coordination</td><td colspan="3" rowspan="2"></td><td>Network and Liaison</td></tr>
<tr><td>Affordable Housing</td><td>Affordable Housing</td></tr>
<tr><td colspan="3">Domestic Violence/Sexual Assault Support</td><td colspan="2"></td></tr>
<tr><td colspan="2">Conflict Resolution/Mediation</td><td rowspan="7"></td><td>Conflict Resolution/Mediation</td><td rowspan="4"></td></tr>
<tr><td rowspan="8"></td><td>Tenancy Support</td><td>Tenancy Support</td></tr>
<tr><td>Relationship Support</td><td>Relationship Support</td></tr>
<tr><td>Case/Life Management</td><td>Case/Life Management</td></tr>
<tr><td>Training and Education Services</td><td colspan="2">Training and Education Services</td></tr>
<tr><td>Financial Counselling</td><td>Financial Counselling</td><td rowspan="3"></td></tr>
<tr><td>Legal Support</td><td>Legal Support</td></tr>
<tr><td rowspan="2"></td><td>Crisis Network</td><td></td></tr>
<tr><td colspan="3">Accommodation Options (crisis, transitional and long term)</td></tr>
<tr><td>Mainstream Services
- Education
- Family Support Programs
- Refugee/migration services
- Mental Health services
- Centrelink
- Child and Family Centres
- Aboriginal & Torres Strait Islander Services
- Drug and Alcohol services
- Housing Providers
- CALD services
- Hospitals
- Disability Services
- Emergency Relief Providers
- Counselling services
- Job Service Providers
- Religious services
- Police/Justice</td><td colspan="3"></td><td>Mainstream Services
- Education
- Family Support Programs
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- Emergency Relief Providers
- Counselling services
- Job Service Providers
- Religious services
- Police/Justice</td></tr>
<tr><td colspan="5">Sector Support</td></tr>
</table>

Attachment D: Funding Model Assumptions

Funding Model Assumptions

- The funding model assumptions are based on existing contracted levels of outputs.
- Salary rates are based on the Social, Community, Home Care and Disability Services (SACS) Industry Award, adjusted for the Equal Remuneration Order and National Wage Case (anticipated outcomes for July 2013).
- Where a service has a manager the position has been funded at an adjusted Level 8 SACS Award ($65,678).
- Other staff have been funded at an adjusted Level 6 SACS Award ($58,072).
- Staffing on-costs have been funded at $15,000 per worker (for both Level 6 and Level 8 SACS Award).
- Where a service has a vehicle this is funded at $9,800 per vehicle.
- To ensure that services did not receive a funding reduction greater than 45%, funding for administration was increased from 15% of total staffing costs to 20%.
- The model does not include Wage Cost Indexation. The WCI rate for 2013-14 is 2.85%.

Accommodation Services

- Staffing/client ratios applied: 1 staff for every 3 clients accommodated; Supplemented by 1 staff for every 20 outreach clients.
- The staffing ratio has been applied consistently across all accommodation services (exceptions noted below) to reflect the similar level of clients' needs, as per First Point's prioritisation assessment procedures.
- Exceptions to the staffing ratio:
  1. For services operating 24 hours, shift allowances were included.
  2. Where application of the model results in an increase in funding, it is capped at the existing level.
- Those accommodation services supporting accompanying children are funded for one additional worker at an adjusted Level 6 SACS Award.
- Staffing on-call allowance for accommodation services is included at Award rates: 5pm-9am (Mon-Thu) (16x4=64hrs) @ 2% of $26.10 + 5pm Fri-9am Mon (64hrs) @ 3.96% of $26.10 (Refer Clause 20.9 of the Award).
- Call-out supplement is included at 1.5 times hourly rate. Based on 6 hours of call-outs per week for services with more than 12 clients and 3 hours of call-outs per week for services with 12 or fewer clients.
- Rental cost per property equals $7820pa (33.3% of $450pw =$150pw).
- Client rent contribution ($1,500) calculated at Centrelink Single No Children Newstart Allowance $474pf x 25% (rental rebate) paid only 50% of the time and rounded down.

Non-Accommodation Services

- Staffing levels set for each individual service are based on level of support provided to clients.
- A number of these services are provided with grants so no ratios or models have been applied.
- A number of these services do not provide case management support.