Ending homelessness in the inner city through service coordination: feasibility study

Final report

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Acknowledgements

We acknowledge the Australian Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the traditional custodians of the land on which we conducted this research. We pay our respects to ancestors and Elders, past, present and future. We wish to make clear our commitment to honouring Australian Aboriginal and Torres Strait Islander peoples' unique cultural and spiritual relationships to the land, waters and seas and their rich contribution to society.

The authors wish to acknowledge the people with a lived experience of homelessness who generously shared their stories and experiences with the people and organisations involved in the development of this report. We are greatly appreciative. We also wish to acknowledge the unknown number of people who die on the streets of our community every year.

The authors would like to acknowledge and thank the organisations and individuals who assisted with this study. We extend our gratitude to David Holmes from the South Australian Housing Authority and Lauren Grant from the City of Adelaide for their guidance and support. We also extend thanks to the Adelaide Zero Project partners and the Don Dunstan Foundation as the backbone organisation for the Adelaide Zero Project for partnering with us to produce this work. We are especially grateful to staff who volunteered their time to contribute to this project.

For further information

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The Australian Alliance for Social Enterprise

The Australian Alliance for Social Enterprise (TAASE) is a research concentration within the University of South Australia. The purpose of TAASE is to engage with people and communities, and to partner with the organisations which serve them, in order to produce research which enables evidence-led change for the social service sector and people in need of social support. TAASE works with marginalised communities and vulnerable people who are experts in their own lives. This work helps to ensure that decisions affecting people's lives draw on their stories, their strengths, and their capacity to realise their potential.

The Australian Alliance to End Homelessness

The Australian Alliance to End Homelessness (AAEH) is an independent champion for preventing and ending homelessness in Australia. AAEH supports Australian communities to individually and collectively end homelessness. Specifically, AAEH works with local communities at all levels to ensure everyone has access to safe and sustainable housing services and that any incidents of homelessness that do occur are rare, brief and a one-time thing. Our membership includes individuals and organisations who are social service and policy leaders from across Australia who share our commitment to the vision of preventing and ending homelessness. The AAEH provides a range of training and advisory supports and our contribution to this report was on that basis.

Picture on front cover

Photo: David Pearson, 26 September 2020, Grenfell Street, Adelaide. Taken with consent. Acknowledgement: Similar versions of this photo have been taken in the past, including by the Adelaide Advertiser's SA Weekend on the 8-9 August 2020, pp 10-11.

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'Housing won't end homelessness, only community will.'

— Person with lived experience

'Collaboration moves at the speed of trust.'

— Adelaide Zero Project Partner

'To end rough sleeping homelessness requires long term, sustained and focused effort, but it is eminently achievable.'

— Rosanne Haggerty, Founder of Community Solutions

'We must be mindful to build the ship whilst we are sailing it. It is essential that the important work focused on strategy and policy changes does not interfere with the progress towards Functional Zero street homelessness.'

— Baroness Louise Casey, Institute of Global Homelessness

Contents

Acronyms

AAEH	Australian Alliance to End Homelessness
AZP	Adelaide Zero Project
CAEH	Canadian Alliance to End Homelessness
CALHN	Central Adelaide Local Health Network
CAS	Coordinated Access System
CCP	Coordinated Care Panel
CoC	Continuum of Care
ENU	Exceptional Needs Unit
ICCoP	Inner City Community of Practice
IGH	Institute of Global Homelessness
NAEH	National Alliance to End Homelessness (US)
PSG	Project Steering Group (Adelaide Zero Project)
SAHA	South Australian Housing Authority
TAASE	The Australian Alliance for Social Enterprise (University of South Australia)
VI-SPDAT	Vulnerability Index – Service Prioritisation Decision Assistance Tool

Executive Summary

Ending rough sleeping in Adelaide's inner city is possible. We have been close in the past and more and more communities around the world are demonstrating that it can be done. Numerous world leading experts have set out what we need to do in Adelaide to achieve this goal. These change agents have all highlighted how service coordination can, has and must play a major role in efforts to end homelessness.

If there is one key finding of this feasibility study, it is this: goodwill and collective intent alone cannot solve the complex and multilayered problem that is rough sleeping. Commitments must come from across the government and non-government sectors, and commitments must be matched by investment from all levels of government. Such investments cannot be just at a point in time, but over time.

Efforts in South Australia in the past have demonstrated that progress can be made. Significant progress has been made in recent times both through the Adelaide Zero Project and though the response to the COVID-19 pandemic. However, inner city service coordination is at an inflection point, where progress made could dissipate (as it has in the past) as the changes facing the broader homelessness sector (a reform landscape) and other systems (because of the fallout of the pandemic, and beyond) become the focus.

This project was commissioned to assess the feasibility of establishing an inner city service coordination network in Adelaide, including opportunities for co-location of services and for service coordination. The study was commissioned in the context of the Adelaide Zero Project. Since commissioning however, the landscape around the Adelaide Zero Project has changed considerably, impacting the scope and focus of the feasibility study. Developments that have impacted on the study include:

- the length of time between the recommendation from the Institute of Global Homelessness (IGH) being made for this feasibility study (February 2019) and the project being commissioned (mid 2020);

- the SA Housing Authority homelessness reform process and associated uncertainty relating to the inner city and the role and place of the Adelaide Zero Project;

- the withdrawal of the Don Dunstan Foundation as the backbone support organisation for the Adelaide Zero Project from 1 January 2021 and evolution of transition backbone arrangements; and,

- the COVID-19 pandemic which considerably limited the consultation processes for this study.

In undertaking this work, we felt it essential to not start with a blank sheet of paper, but to build on the existing consultations, reviews and collaborative efforts of services and government agencies in the inner city, exemplified in the Adelaide Zero Project. We have listened to a comprehensive range of stakeholders and individuals involved with inner city services delivery, in homelessness and more broadly. We have considered the views of people with lived experience as best we could given COVID-19 related restrictions throughout the project consultation period. This study has also drawn extensively on the work to implement the lessons from a range of national and international partners of the Adelaide Zero Project including, but not limited to the Australian Alliance to End Homelessness (AAEH), Community Solutions International, the IGH and the Canadian Alliance to End Homelessness (CAEH).

The study also incorporates and builds upon the lessons and recommendations set out in key reports for the evolution of the Adelaide Zero Project – the 2019 visit support report by Dame (now Baroness) Louise Casey and Dr Nonie Brennan (Casey and Brennan 2019) and Dr Nonie Brennan's 2020 Thinker in Residence report (Rowley et al. 2020), as well as Roseanne Haggerty's 2007 Thinker in Residence

report which was the basis for targeted actions to reduce rough sleeping homelessness in Adelaide over a decade ago (Haggerty 2007).

Building on this existing work and seeking to be as adaptable as possible in a rapidly changing environment, we have sought to make this project as useful as we can to as broad an audience as possible. We released an Interim Report to solicit feedback and to help inform the work being done by the SA Housing Authority and alliance consortia as part of the homelessness reforms underway in early 2021, as well as the efforts of the City of Adelaide in continuing to support inner city service coordination.

This document presents what we consider to be a feasible plan for the successful integration of inner city services, enabling the delivery of the Adelaide Zero Project's goal of Functional Zero rough sleeping in the inner city, and the SA Housing Authority's stated goal of Functional Zero rough sleeping for all South Australia (SA Housing Authority 2020a).

Key recommendations from the engagement and evidence review undertaken for this project are set out below.

Summary of recommendations

Urgent recommendations

1. Retain the Adelaide Zero Project whilst alliances are forming
2. The Adelaide Zero Project Steering Group should urgently consider threshold questions
3. Alliances should consider adopting the Adelaide Zero Project approach

Further recommendations

Improving coordination

4. Alliances should prioritise whole of government integration
5. Prioritise transition to a Coordinated Care Panel
6. Establish a Most Vulnerable Persons Framework
7. Fund a Rough Sleeper Coordinator
8. Consider coordinated and shared training

Improving services

9. Develop a shared understanding of available services
10. Coordinated support package allocation
11. Document an Outreach Coordination Framework
12. Consider the Aboriginal Mobility Data Project report
13. Promote better access to mental health services
14. Speed up and connect prevention work

Improving access to housing

15. Develop a shared understanding of available housing
16. Nominate a Housing Access Worker
17. Increase access to public housing
18. Listen to what the data are telling us
19. Improve housing allocation timeframes
20. Trial improved access to community housing
21. Invest in more supportive housing
22. Undertake a share housing review
23. Develop a Housing First statement of intent
24. Invest in private rental options

Sustaining effort

25. Develop and implement a Coordinated Systems Checklist
26. Consider a Homelessness Prevention Act.

Introduction

Inspired by activities in the US, in particular the 100,000 Homes and Built for Zero Campaigns to end homelessness (Community Solutions 2020), the Adelaide Zero Project was launched in August 2017 as a focused initiative to end a particular form of homelessness – street homelessness or rough sleeping – in a defined area, the Adelaide inner city area (Tually et al. 2017, 2018, Adelaide Zero Project 2018). The project adopted the Functional Zero approach to achieve this end; a model for ending homelessness developed in the US by Community Solutions (Community Solutions 2016, 2018) and now adopted in other jurisdictions in Australia, as well as across the US and Canada. The approach began in the US as a challenge to end veterans and chronic homelessness, but in Adelaide agreement was reached on an initial focus on rough sleepers in the inner city to prove the efficacy of the model with a highly vulnerable population. Adelaide's inner city has long been the capture point for rough sleepers in SA and is the site of concentration of many of the services funded and designed to meet their needs.

In September 2018, and as part of the recognition of Adelaide as a Vanguard City by the IGH, Dame Louise Casey and Dr Nonie Brennan visited Adelaide to review progress in the city's push to reduce and ultimately end rough sleeping.[1] In February 2019, a report was released detailing six key recommendations to improve homelessness services in the inner city.[2] One of these six recommendations identified the need for service and system level innovation, particularly the coordination of key inner city homelessness and outreach services (Casey and Brennan 2019):

> *Co-location of essential frontline services – develop a business case for a centralised hub of essential services for people sleeping rough which includes inner city homelessness and housing services, outreach services, and primary healthcare services such as CALHN's Hospital Avoidance Team and Drug & Alcohol Services SA (DASSA). (Casey and Brennan 2019, 9)*

To explore the feasibility and potential way forward in meeting this recommendation, the City of Adelaide and South Australian Housing Authority (SAHA), agreed to jointly fund this project, through the Adelaide Zero Project collaboration. The Australian Alliance for Social Enterprise (TAASE) at the University of South Australia, in partnership with the Australian Alliance to End Homelessness (AAEH), were commissioned to co-design and deliver the project, which set out to answer one core question:

> *What is the most appropriate/feasible model (and elements) for an inner city services collaborative network?*

Notably, since commissioning this work the landscape around the Adelaide Zero Project has changed considerably, impacting the scope and focus of the study. Developments that have impacted on the study include:

- the length of time between the recommendation from the IGH being made for a feasibility study (February 2019) and this project being commissioned (mid 2020);

- the SA Housing Authority homelessness reform process and associated uncertainty relating to the inner city and the role and place of the Adelaide Zero Project;

- the withdrawal of the Don Dunstan Foundation as the backbone support organisation for the Adelaide Zero Project from 1 January 2021 and evolution of transition backbone arrangements; and,

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[1] At the time of the visit Dame Louise Casey was the Advisory Committee Chair of the IGH and Dr Nonie Brennan, Chief Executive Officers of All Chicago, an agency committed to ending homelessness in Chicago.
[2] For further context a summary of the implementation of the recommendations in the IGH report (Casey and Brennan 2019) can be found at Appendix 7.

- the COVID-19 pandemic which considerably limited the consultation process.

The report begins with a discussion of what is meant by service coordination from an international perspective and how this fits within the methodology being adopted through the Adelaide Zero Project, and, more broadly, though the evolving Australian Advance to Zero methodology. Such discussion is followed by insights into the changing landscape of homelessness policy and reform in the state and the role and place of the Adelaide Zero Project within this landscape. Finally, there is consideration of the expansion of the Adelaide Zero methodology across the state before we discuss the importance of system integration as a key means for driving real progress in addressing homelessness in South Australia.

Method

This project builds on the existing consultations, reviews and collaborative efforts of services and government agencies in the inner city, exemplified in the Adelaide Zero Project. Through a workshop and a large number of individual consultations, the project has sought input from a comprehensive range of stakeholders involved with the Adelaide Zero Project and agencies/sectors interfacing with homelessness. Such agencies/sectors include participants in the relevant forums of the Adelaide Zero Project, key personnel from non-government organisations, frontline workers, government agencies and others not at all involved with the Adelaide Zero Project or at arm's length from it. The project has been conducted in accordance with the rigorous requirements of the University of South Australia's Human Research Ethics Committee (protocol number 203373).

The intention of this project was always to include consultations with people with lived experience of homelessness, incorporating both current lived experience and lived experience of recovery from crisis (where possible). This element was included within the project to garner people's views on how the system supports or hinders their pathways, navigability and how a more collaborative networked system should meet/reflect people's needs. For reasons outlined above, and particularly because of COVID-19 restrictions in place through much of 2020, such consultations were not able to be undertaken as planned. However, we have been able to draw on recent consultations with people who have a lived experience of rough sleeping undertaken by others, for government and the non-government sector (Pearson 2020; TACSI 2019a, 2019b).

This study has also drawn extensively on the work to implement the lessons from a range of national and international partners of the Adelaide Zero Project including, but not limited to the AAEH, Community Solutions International, OrgCode, the IGH and the CAEH. Further, it incorporates and builds upon the lessons and recommendations set out in key reports for the evolution of the Adelaide Zero Project – the 2019 support visit report by Dame Louise Casey and Dr Nonie Brennan (Casey and Brennan 2019) and Dr Nonie Brennan's 2020 Thinker in Residence report (Rowley et al. 2020), as well as Roseanne Haggerty's 2007 Thinker in Residence report which was the basis for a considerable range of successful actions to reduce rough sleeping homelessness in Adelaide (Haggerty 2007).

A small project advisory group has overseen the project, involving the project team members from TAASE and the AAEH as well as representatives from the City of Adelaide and SAHA. In line with the co-design and co-production principles underpinning the Adelaide Zero Project, the project team has worked closely with the various forums of the Adelaide Zero Project to advance this work (particularly the Inner City Community of Practice (ICCoP)), and consulted with, and reported on progress through, the Adelaide Zero Project Steering Group (PSG).

Background: a coordinated services network to end homelessness

Homelessness has been, and remains, a persistent and pervasive challenge in many communities across Australia, the US, Europe and Canada. And, while many approaches have been trialled to address homelessness in all its 'types' and 'forms', few approaches have shown consistent results in helping end homelessness. This reality is especially the case in terms of chronic homelessness,

homelessness that is cyclical or recurrent and which is often the pattern of homelessness seen among people sleeping rough.

Housing First has proven to be one such approach for ending chronic homelessness which has seen results locally and, more so, further afield. The approach prioritises placing people in housing as the first step and wrapping necessary supports around them as needed and for the duration of their need (AHURI 2018). Such an approach works best where systems are joined-up, with agencies working together to ensure peoples' needs are met and people are at the centre of efforts to support their own wellbeing.

International experience shows service coordination to be a key ingredient in systems reducing homelessness, especially those where chronic homelessness is truly being ended, rather than 'managed'. And, while discussions and practice around coordinated, integrated or joined-up 'networks' of service delivery for homeless people are not new, the value of a coordinated service system is being increasingly recognised globally as the way forward in service delivery, as evidenced in the remainder of this section.

International experience

United States

In the US the *HEARTH (Homeless Emergency Assistance and Rapid Transition to Housing) Act* of 2009 was an initiative to 'transform homeless services into crisis response systems that prevent and end homelessness and rapidly return people who experience homelessness to stable housing' (Lindsay 2018). The purpose of the HEARTH Act has been to consolidate homelessness assistance programs, to codify the continuum of care (CoC; local homelessness support network) planning process; and establish a goal of permanently housing people within 30 days (Rural Supportive Housing Initiative 2018). This approach has, over time, changed the way US communities respond to homelessness, and in five major ways:

- accelerating the shift from shelter approaches and thinking to that of Housing First;
- creating a Federal Strategic Plan to end homelessness;
- expanding the definition of homelessness and chronic homelessness;
- creating systems performance measures; and,
- establishing coordinated entry (Leopold 2019).

This latter point is key in terms of this report, as coordinated entry systems is the language used in the US to describe service coordination, a point also reinforced by Leopold (2019, para. 14):

> HEARTH committed CoCs to establish coordinated entry systems, creating a standard process for assessing people's housing and service needs and connecting them to available resources.

Such coordination of efforts, Leopold notes, 'received little attention when HEARTH was passed, [but] marks a major shift in how communities address homelessness.'

Since 2012 a coordinated entry system has been a requirement of homeless program funding for all CoCs in the US. And, while there has been some criticism of the system in some places, overall the service integration/coordination approach has been seen to:

- make the homelessness service system more efficient;
- reduce racial and ethnic disparities in who receives assistance; and,
- improve coordination around homelessness assistance.

Moreover, where the prioritisation aspect of the system has worked well, service coordination/coordinated systems for homeless people has enabled communities to save money through reduced use of crisis service (Leopold 2019).

In discussing the US approach around service coordination, it is important to note the federal context supports this way of responding to homelessness. Federally, the US Interagency Council on Homelessness plays an important role in coordinating programs and action across 19 federal agencies and departments and with partners in the public and private sectors to improve outcomes for people experiencing or at risk of homelessness. Through regional coordinators the USICH is able to facilitate the use of federal resources across agencies to 'implement best practices and meet locally determined needs' (NAEH, n.d.).

Further detail about coordinated entry/service systems in the US is provided below.

Canada

Canada's homelessness strategy – *Reaching Home 2019* – is a community based program with the goal of preventing and reducing homelessness across Canada. The strategy reinforces the specific goal of the National Housing Strategy 'to support the most vulnerable Canadians in maintaining safe, stable and affordable housing and to reduce chronic homelessness nationally by 50% by fiscal year 2027 to 2028' (Employment and Social Development Canada 2020).

Reaching Home comprises several key components:

- an outcomes-based approach;

- a coordinated access system;

- a homeless individuals and families information system;

- increasing the understanding of homelessness;

- addressing Indigenous homelessness;

- addressing homelessness in the Territories;

- addressing homelessness in rural and remote areas; and,

- expanding the program's reach – to six new designated communities. (Employment and Social Development Canada 2020).

The strategy specifies that all designated communities are required to have a CAS in place by 31 March 2022 (Employment and Social Development Canada 2019). Communities in Canada participating in this Reaching Home priority are to work towards four outcome goals:

- a reduction in chronic homelessness

- homelessness generally in the community is reduced and particularly for priority populations such as for Indigenous groups;

- there is a reduction in the inflows into homelessness; and,

- people returning to homelessness decrease (Employment and Social Development Canada 2019).

What defines a CAS in the Canadian context is described in more detail following a brief description of the policy context in the EU and UK.

EU and the UK

The campaign to end street homelessness in Europe began in 2014 when World Habitat organised a visit of senior practitioners working in the homelessness sector from around the world to visit the 100,000 Homes Campaign in Los Angeles, USA. As has been the case in Adelaide, this visit inspired the European participants to develop similar projects. Beginning with six cities the movement has now

grown to 13 cities across Europe and the UK. Unlike in Canada where ending homelessness has become a focus of government policy, this is not the case universally in the EU and UK, with the European campaign instead driven by the desire of communities to end homelessness rather than just manage it.

The European campaign demonstrates 'how communities with different challenges – cities without high-levels of government commitment, access to specialist funding or easy access to land or homes – can start to end street homelessness' (World Habitat 2019, 3). With no additional funding campaign cities have used a range of activities – 'setting up new partnerships, overcoming historic distrust of partnership working, engaging and mobilising local communities, gaining local municipality or government support, finding secure affordable housing, and creating or significantly developing local systems to map housing and the street homelessness population – to activate and progress their campaigns (World Habitat 2019, 7). Sitting around such activities in many communities is a coordinated system, ensuring consistency in approaches, understandings and actions.

What is a coordinated access/coordinated entry system?

In the US and Canada (and increasingly in Australia) the broad methodology of approaching the goal of ending rough sleeping (or any form of homelessness) has included and/or focused on a process called coordinated entry or coordinated access. In fact, in both the US and Canada, a coordinated entry or coordinated access system (CAS) has been mandated as a necessity for communities to receive funding under the latest homelessness strategies.

There are various definitions of a CAS but essentially a CAS has specific processes and outcomes.

In the US, coordinated entry (HUD Exchange 2015, 1) is seen as processes to:

> …help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

The Rural Supportive Housing Initiative (2018, 3) in the US further defines coordinated entry as:

> A way to coordinate and manage the crisis response system: reorient service provision, creating a more client-focused environment; identify which strategies are best for each household based on knowledge of and access to a full array of available services; improves system efficiency; fosters more collaboration among providers.

The Canadian Government's definition of a coordinated access system in *Reaching Home* (Employment and Social Development Canada 2020, section 4) emphasises:

> …the process by which individuals and families who are experiencing homelessness or at-risk of homelessness are directed to community-level access points where trained workers use a common assessment tool to evaluate the individual or family's depth of need, prioritize them for housing support services and then help to match them to available housing focused interventions.

While the Built for Zero (2020a) campaign in Canada defines coordinated access as:

> a way for communities to bring consistency to the process by which people experiencing or at risk of homelessness access housing and related services within a geographic area.

And, the CAEH (2018, para. 3) states that CASs are designed to:

> *…connect people to the right housing and supports as efficiently as possible based on their preferences and level of need. This ensures communities get the most out of limited resources and we can more rapidly and effectively prevent and end homelessness for those in greatest need.*

In its simplest form Built for Zero (2020b, slide 4) defines coordinated access as the 'process of coordinating people experiencing homelessness to available housing + supports as a **system**' (emphasis added). A coordinated entry system teamed with a coordinated exit system is the result of a coordinated access system. It is about wrapping **all** the key services someone who is experiencing homelessness needs for as long as that person needs them. In short, it is about creating an integrated system.

The fundamental principle of a CAS then is a person-centred and not a program centred approach to service delivery/support. A CAS is a means of streamlining the path from homelessness to housing. Each CAS has a set of core or guiding principles generally underpinned by a rights based *and* a strengths based approach. Examples of foundational guiding principles are collaboration, confidentiality, integrity, Housing First, and a solutions focus.

CAS have several shared features and a specified pathway for homeless individuals:

- **Access**: the point(s) where individuals or families experiencing homelessness first engage with the system. These access points can be:

  (1) centralised (one entry location physically or by telephone). This one point can be for all population groups or there may be separate access points for different groups such as youth. This access point can act as a service hub offering access, assessment of needs, intake, referral and matching to a housing program;

  (2) decentralised which uses multiple coordinated locations (physical, virtual or both) representing a 'no wrong door' approach; or,

  (3) a hybrid model using elements of both the centralised and decentralised model for example a phone number as a first point of entry to screen potential clients and then a referral to a lead agency from here.

- **Assessment**: using a common tool, assessment is undertaken to understand people's needs and risks. This assessment can occur through one or multiple engagements and it can be conducted in an interview or conversation-like manner, with the latter approach likely preferred by some people and more culturally appropriate.

- **Prioritisation**: this is decided by a range of factors, including scoring domains in a common assessment tool. To manage this aspect of a CAS, communities need to create a referral and prioritisation list based on a set of agreed upon criteria.

- **Matching and referral**: based on prioritisation guidelines, referrals to housing services and options are made considering available supply and clients' needs. An important aspect of referral is that it must 'remain person-centred allowing participants self-determination and choice without repercussions or consequences, other than the natural consequences that occur with choice.' (Government of Canada 2020, section 4).

Helpfully, communities that have had a CAS in place for some time now have developed resources to support the establishment and maintenance of their CASs. This has been achieved through the development (or refinement) and deployment of a CAS 'scorecard', customisable to suit individual community circumstances and place on their journey to a sustained end to homelessness (chronic homelessness in the case of Canadian communities) (CAEH 2020a). Fundamentally, a CAS scorecard is a practical tool for communities to assess and monitor progress, considering the strength of their infrastructure (common processes, policies, resources) and how this links to their community end

homelessness goal. We propose that such a tool, perhaps constituted as a checklist rather than a scorecard, be developed and adopted to support service coordination here.

Figure 1 provides an example of a CAS scorecard, outlining the framework underpinning the CAEH Coordinated Access Scorecard. This Scorecard is arguably the most comprehensive of such tools available currently and should serve as an exemplar. The Scorecard comprises a series of 'buckets' – coordinated access management, access, triage and assessment, matching and referral and accelerating progress. The buckets comprise sub-domains summarising activity areas for communities, and within which there are a series of questions for communities to record, assess and monitor their progress for system integration and orientation to their shared end homelessness goal.

The Canadian Coordinated Access Scorecard has been through three iterations now, providing a sophisticated tool that integrates with other scorecards, such as the By-Name List Scorecard (CAEH 2020b, 3) that many communities are familiar with for assessing the quality of their project/system data.

In some communities, the Canadian Coordinated Access Scorecard is also integrated with a housing resource list scorecard (Figure 2). This third less common scorecard enables communities to monitor their housing resources, especially vacancies (ideally in real time) to assist with more efficient and effective housing allocations.

Figure 1: The Canadian Alliance to End Homelessness's Coordinated Access Scorecard
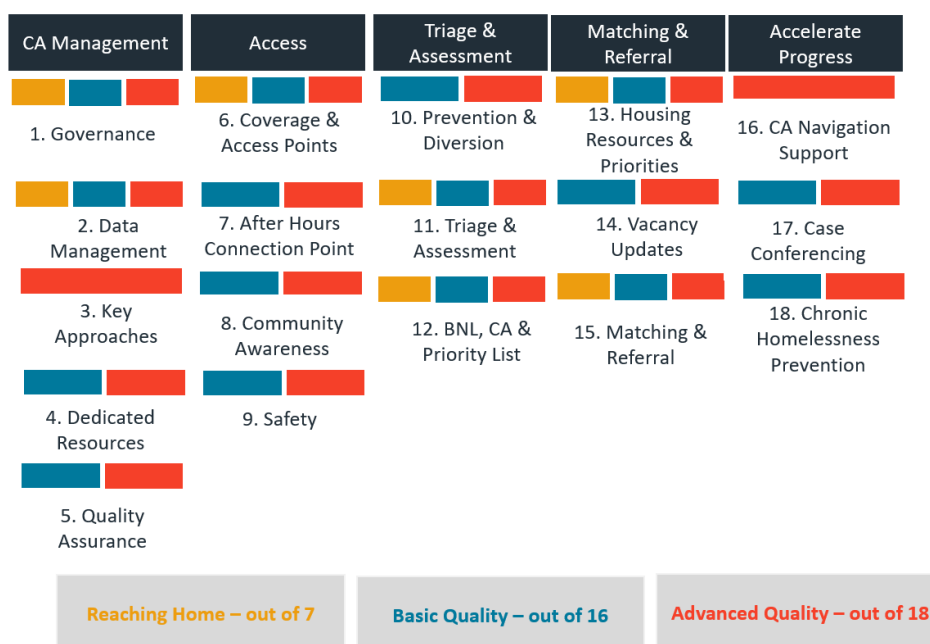
Source: CAEH 2020a.

Figure 2: Diagram of connections between the Canadian Access Scorecard, other (often integrated) scorecards, programs and the homeless response system
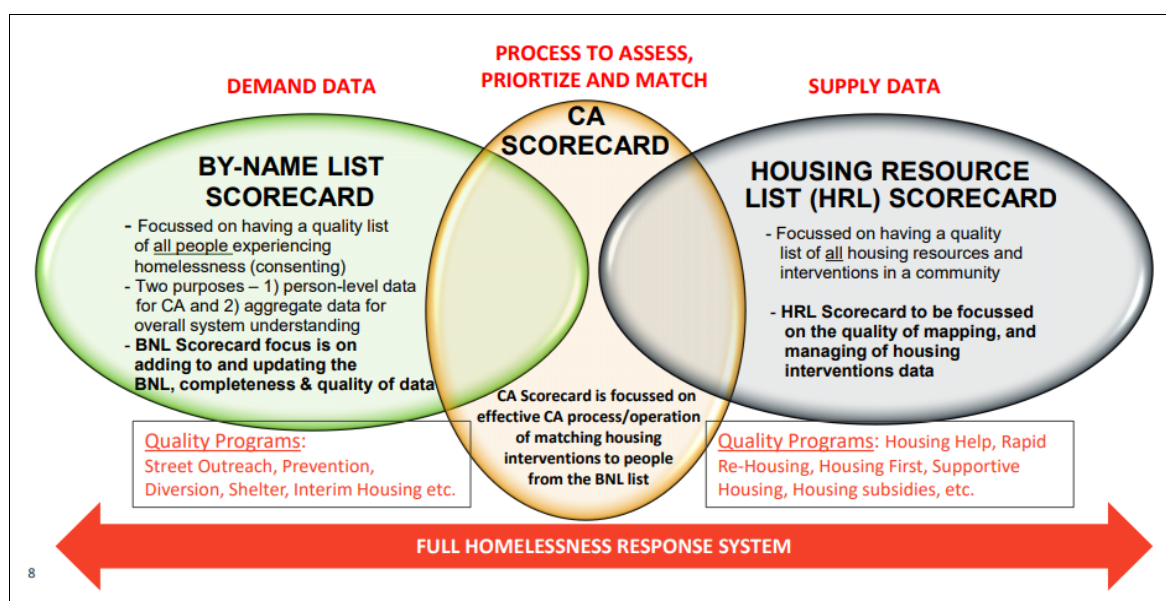
Source: Morrison 2019, 8.

Australian lessons

The Australian landscape around coordinated access is an emerging one. Recognising the value in the work outlined above, the AAEH have enacted some recent work on what they have decided to refer to as 'coordinated systems'. This framing of CASs supports the idea that coordinated systems are more than coordinating *entry* (i.e. access) into a system. Equally, they are about coordinating people's *exits* and their *movements through* systems too, ensuring that the support people need from homeless and non-homeless specific services sits alongside housing where and when needed.

Whilst the AAEH has developed an Australian Quality By-Name List Scorecard, which has been essential to the Adelaide Zero Project's efforts to build quality and useful project data, a coordinated systems scorecard has not been developed or adopted in Australia. Coordinated systems, however, is an element within the evolving methodology of the AAEH's Advance to Zero campaign (Figure 3) (AAEH 2020a). This campaign uses the Advance to Zero homelessness approach which has been developed from review of what is working in the organisations and campaigns associated with the AAEH in Australia, as well as what is working around the world, as supported through Community Solutions International, the IGH, OrgCode and the CAEH. The method is adapted for Australian circumstances (AAEH 2020b).

As outlined in the *Advance to Zero Campaign Briefing* (AAEH 2020a) the methodology is a 'structured, supported and data-driven approach…optimizing local homeless systems, accelerating the adoption of proven practice and driving continuous improvement.' It is a campaign with a shared vision – to end all homelessness, starting with rough sleeping, but ensuing that when homelessness does occur it is a rare, brief and a one-time occurrence. Recognising the inherent complexity in this task, the Advance to Zero methodology focuses on taking a number of different approaches to the challenge of homelessness, at the same time as implementing the eight proven solutions that have been identified as being crucial to efforts to end harmlessness.

The guiding approaches in the methodology, as outlined in Figure 3, are:

- Housing First;
- person-centred and strengths-based;

- evidence based systems change; and,
- a place based collective impact approach to collaboration.

The eight solutions that the AAEH have identified as being essential to efforts to end homelessness, include coordinated systems (also Figure 3):

- **Assertive outreach** – street outreach efforts are essential to helping to identify and support people who feel unsafe or otherwise unable to come into traditional services – including through the use of Connections (or Registry) Weeks.

- **Common assessment -** supporting these efforts is a common assessment tool (i.e., VI-SDAT) that enables the collection of data on an individual's needs so that they can be assessed and recommended for support in a consistent, evidence-informed way.

- **A real time quality by-name list** – of people experiencing homelessness and their individual needs, provides a shared understanding, or quality data, to inform who needs support, whether efforts are working, how to best target resources, and how to improve the service system as a whole. It enables scarce housing and support to be triaged according to local priorities and it enables a prevention focus, better advocacy and the implementation of the Housing First approach.

- **Coordinated systems** – a community wide coordinated approach to delivering services, supports and housing that is strategic and data driven to allocate resources and deliver services equitably, efficiently, and effectively. This includes having structures, and documented practices, for housing allocation, case conferencing and system-level troubleshooting.

- **Continuous improvement** – is about building problem solving capability across a system though an ongoing process of learning, testing and adopting new ideas and ways that build on the successful efforts to drive reductions in homelessness through cycles of improvement.

- **Data driven prevention** – the use of data and continuous improvement practices to reduce the 'inflow' of people entering rough sleeping through a range of prevention and early intervention measures.

- **Data informed system advocacy** – using data to lobby for changes in policies and practices of government and organisations and of the attitudes and behaviours within the community to effect broaden based calls for social change that are needed to prevent and end all homelessness.

- **More of the right housing and support** – using the real time data from the by-name list to support better systems planning and advocacy to get access to more of the right housing and support needed to support people existing homelessness to sustain their tenancy – particularly supportive housing for those with the most acute needs and chronic experiences of rough sleeping.

Figure 3: The Advance to Zero methodology (adopted for use in Australia)

Source: https://aaeh.org.au/atoz

The Advance to Zero approaches and solutions are reflected in the Adelaide Zero Project's principles and core components, in large part because the Advance to Zero methodology has been heavily influenced by the lessons from Adelaide Zero Project. The five principles underpin the Adelaide Zero Project and they are:

1. **Person-centred and inclusive** – A commitment to ensure the needs and experiences of people with lived experience of homelessness and culturally diverse groups are represented within the Adelaide Zero Project;

2. **Housing First approach** – Commitment to provide immediate access to housing with no housing readiness requirements, whilst simultaneously working with people to promote recovery and wellbeing;

3. **'No wrong door'** – Commitment to support people sleeping rough either by direct service provision or providing support to access services from a more suitable agency regardless of whether someone is in the key target group for that agency;

4. **Continuous improvement** - Commitment to learn what works quickly in an evidence-based and data-driven manner and to build on successful strategies and actions; and,

5. **Collective action** - Commitment to work together in a coordinated way and to hold each other accountable to reach our shared goal of ending street homelessness.

The Adelaide Zero Project also has eight core components provide the architecture of the Adelaide Zero Project, and, in addition, to the core components of a Housing First approach and continuous improvement, include:

1. **A coalition of stakeholders** – working together to make the greatest difference for people sleeping rough;

2. **Engagement with the community** – in finding and providing the solutions for ending homelessness and providing opportunities for people to play a meaningful part in helping to find such solutions;

3. **Governance** – Involving the right people to drive progress, ensure accountability and address

challenges and systems barriers to support the Adelaide Zero Project achieve its goals;

4. **By-name data** – to collect data through street outreach to know the names and needs of every person sleeping rough in the city;

5. **Shared goals** – in consistently collecting person-specific data to accurately track progress toward achieving the Adelaide Zero Project goal; and,

6. **Systems integration** – to build coordinated housing and support systems that are simple to navigate, while efficiently targeting resources to those who need them most.

In large measure the work of the Inner City Community of Practice (ICCoP) and its various working groups represents the Adelaide Zero Project's efforts to establish a coordinated system. (Appendix 1 details the full Adelaide Zero Project governance structure, including the place of the ICCoP).

Findings and recommendations

Project findings

The research undertaken for this project resulted in a significant number of insights and findings which we have grouped together under the following themes and sub-themes. Recommendations have been drawn from these findings.

(Please note: Findings are numbered and identified by an introductory sentence/heading in blue. Recommendations are also numbered sequentially, but presented as red text to distinguish them from the numbered findings. The recommendations follow at the end of the findings sections to which they relate).

Adelaide Zero Project findings

1.   Sustain the focus of inner city service coordination

In considering what an inner city service coordination network may look like, there was a broad-based view among stakeholders that we already have such a network in the form of the Adelaide Zero Project. There was an equally shared view that inner city service coordination has been significantly improved through the establishment of the Adelaide Zero Project, due to the willingness of the many and varied partners to increase their efforts and to do so in a coordinated way.

A strength of the Adelaide Zero Project is that it has held the focus of attention on a place and cohort: the inner city and rough sleeping. A key lesson from previous efforts in South Australia and elsewhere is that sustaining focus is one of the biggest challenges. This is because homelessness is not a point in time problem, it is a dynamic and ever-changing problem which requires *dynamic* and *sustained* responses.

2.   Address the principal challenges

Since its inception, the Adelaide Zero Project has faced a range of challenges which continue to the present day. Three principal challenges identified through this project that future inner city service coordination efforts need to address are:
- the lack of resources for implementation and sustainment of the project's backbone efforts;
- a lack of integration into the broader homelessness system, beyond rough sleeping and the inner city; and,
- a lack of available and appropriate housing and support.

3.   Don't lose the implementation planning work

Significant work has been undertaken by many organisations in the development of the *Adelaide Zero Project Implementation Plan 2.1* (Adelaide Zero Project 2020). Although the plan needs to be updated to reflect recent changes to the backbone organisation and functions, many of the partners in the Adelaide Zero Project have committed to continue to lead the work set out in this plan. In fact, there

is anxiety among some Adelaide Zero Project partners that the next steps and improvements in the project set out in the *Implementation Plan 2.1* will be lost or deprioritised in the current uncertain (reform) environment. Anxiety here extended to include *Implementation Plan 2.1* recommendations related to the future of inner city service coordination and recommendations from the Nonie Brenan Thinker in Residence report generally (Rowley et al. 2020).

4.   Housing First still not understood

There is a broader understanding that Housing First is the approach that most, if not all, agencies and staff are seeking to implement in relation to efforts to end homelessness. There is not, however, a shared understanding of what Housing First is, or how to approach it, as identified in Brennan's Thinker in Residence report (Rowley et al. 2020). There is no doubt, as some stakeholders indicated, that it is hard to implement Housing First without the housing *first*. It was also pointed out in our consultations (and the literature) that concepts such as 'housing readiness' are still pervasive and have a detrimental impact not only on people seeking support, but also on the operations of the system as a whole.

5.   Retain the Adelaide Zero Project whilst alliances are forming

It is difficult to consider what the future of inner city service coordination and potential service co-location should look like without being clear on the future of the Adelaide Zero Project. Determining how the Adelaide Zero Project, and, more broadly, its methodology, can be integrated into the work of the alliances needs further consideration as the reform and procurement process rolls out. All options should be considered regarding the future of the Adelaide Zero Project as the alliances and the inner city subcommittee are established. However, the Adelaide Zero Project model should be retained whilst these are established and detailed alliance service delivery and outcomes frameworks are developed.[3] Doing this will ensure that the good work of the project regarding person-centred outcomes continues and important momentum, infrastructure and capabilities are not lost.

6.   Future of the Adelaide Zero Project – threshold questions for the Project Steering Group

The Adelaide Zero Project Steering Group needs to urgently answer a series of threshold questions about the future of the project, to provide guidance to the City of Adelaide, SA Housing Authority and other interested parties. These questions are whether the Adelaide Zero Project wants to maintain:

  a) the project overall, including the community run by-name list?
  b) its Collective Impact approach generally?
  c) its Collective Impact governance structures (i.e., Project Steering Group, Strategic Advisory Group, communications, media and community engagement), but with necessary changes to integrate with alliance structures?
  d) its independent backbone (and if required, is that the Southern Metro Alliance, one of the agencies in the Southern Metro Alliance, or an agency outside these structures?)?
  e) the Adelaide Zero Project brand, or is a fresh start required?

Recommendations
  1. Retain the Adelaide Zero Project whilst alliances are forming
  2. The Adelaide Zero Project Steering Group should urgently consider threshold questions

Reform and alliances findings

7.   Alliances are an opportunity for integration

The alliances, and associated coordination forums are a significant reform effort to better integrate all forms of homelessness service delivery across the whole state. The Adelaide Zero Project is a service coordination initiative focused on a specific place and a specific cohort. The Adelaide Zero Project and

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[3] Attention should also be paid to the Adelaide Zero Project Monitoring, Evaluation and Reporting Framework (Tually and Goodwin-Smith 2020b) for some guidance around Adelaide Zero Project and alliance outcomes.

alliances are highly complementary, but not the same thing, at least not in the short term. The alliances do, however, offer a significant opportunity to address some of the principal challenges the Adelaide Zero Project has faced, particularly integration across the broader homelessness service system. Appropriately structured and connected, the alliances can further opportunity for integration beyond the homelessness sector, with interfacing sectors/systems such as health, mental health etc., ensuring the truly joined-up systems we need to end people's homelessness and ensure positive life and wellbeing outcomes (see also finding 14; recommendation 4).

8.   Integrate the Adelaide Zero Project and Southern Metro Alliance

A way forward for the Adelaide Zero Project is integration within the Southern Metro Alliance to the greatest extent possible. This could mean one of the Southern Metro Alliance members taking over the backbone functions of the project, it could mean subsuming the project in its entirety, or a range of other options. There is too much unknown at the moment to simply roll the Adelaide Zero Project into the alliance structures either now or even in mid-2021 when they are scheduled to mobilise. Alliances are going to take some time to establish. In the meantime, the work of the Adelaide Zero Project needs to continue.

However, as the Adelaide Zero Project, its structures and learnings are integrated into the alliances landscape, careful consideration needs to be given to transition and branding. A broad cross section of stakeholders identified the significant value in the Adelaide Zero Project brand, which they noted has helped rally support, including from the community and media, as well as national and international sources. Such recognition has been in a way not previously experienced. Careful consideration should thus be given to any decision to move away from the brand, including from the perspective of people with lived experience, as this means another change in system structures.

Appendix 2 outlines a range of potential governance options that were raised and discussed throughout the consultations for this project.

9.   Adelaide Zero Project approach adopted by all alliances

Ultimately, an inner city service network cannot be successful in the long term if other regions of South Australia do not adopt a similar methodology. In fact, one of the principal challenges the Adelaide Zero Project has faced is that it is not sufficiently integrated into the broader homelessness system. It is recommended that attention be given to common methods across alliances, including common assessment, establishment of by-name lists, coordinated housing and support allocation based on vulnerability, and continuous improvement efforts to drive reductions. The nature of the commissioning process the SA Housing Authority is rolling out necessitates that this is a choice that each alliance must make for themselves. If all alliances were to adopt these methodological elements, this would put South Australia at the forefront of national efforts to end homelessness and would position South Australia as potentially the first sub-national jurisdiction in the world to establish a state-wide live by-name list (or coverage that could be aggregated to state level with the agreement of alliances). State-wide adoption of the methodology would support a truly 'no wrong door' approach to service delivery, ensuring scarce housing and support resources are allocated to the most vulnerable, and that prevention activities are focused on those most at risk of homelessness. State-wide by-name data would serve to ensure alliances know the names and needs of all people sleeping rough and people experiencing other types/forms of homelessness.

The country alliances should consider how they can adopt the Advance to Zero methodology, given the high levels of rough sleeping in the regions compared with the city, according to Australian Bureau of Statistics (see Appendix 3).

Recommendation
3.   Alliances should consider adopting the Adelaide Zero Project approach

Coordination and co-location findings

10. Mixed views on co-location in service delivery

We found that people sleeping rough want choice in where they access services, not necessarily co-location. The most important thing people with lived experience want is access to safe, stable and affordable housing with the support to maintain it. It was not seen as desirable, from a lived experience perspective, for all or even a greater proportion of homelessness services to be co-located. There was a desire for greater outreach, i.e., services coming to *where homeless people are* rather than expecting people experiencing homelessness to move to service delivery locations or hubs. Such desire for outreach was noted as being driven by several factors:

- the complex health needs of people with lived experience and limited capacity to attend services when unwell: this was particularly seen to be the case among people with more severe and complex mental health issues;
- reluctance to attend places where there are large numbers of other highly vulnerable people, especially where other people may prey on them; and/or,
- simply, some people sleeping rough having 'given up' on engaging with homelessness services usually because they can't provide one of the key things people want and need: housing.

All of this said, there was a desire expressed by some people with lived experience and many specialist homelessness service providers for the greater integration/co-location of outreach services (housing and health), like the service offerings of the Hutt Street Wellbeing Centre and the WestCare Centre.

11. Co-location of service coordination

There is much that can be done to advance existing efforts to improve service coordination. Co-location could assist, but pursuing co-location whilst alliances are forming and transition arrangements are being put in place for the Adelaide Zero Project was seen as something on which most in the sector could provide no meaningful feedback at this point in time.

Experiences in other service systems in South Australia demonstrate that co-location can have value, but that it only works if there are sufficient resources to enable it. Experiences internationally in relation to coordination of services for people sleeping rough and/or who are chronically homeless again demonstrate value, but it is effective service coordination that is most important.

Ultimately, given the breadth of issues and service systems that rough sleeping touches upon, it is unlikely that such a vast number of agencies will ever be able to be pulled into one single service coordination hub. Additionally, COVID-19-related implications have forced the embrace of online meeting platforms in a way that has improved the effectiveness of multi-agency service coordination practices, as well as rates of participation by agencies. Such practices are seen and accepted across the Adelaide Zero Project and in other service coordination efforts around Australia.

Co-location of service coordination efforts, particularly outreach for people sleeping rough, should be encouraged in the alliances but, ultimately, it is highly functioning service coordination efforts that are what is most needed to deliver improved person-centred and system outcomes.

12. Service coordination requires resourcing

Service coordination cannot occur on the basis of just goodwill among very busy people working within service systems that are already stretched. Service coordination needs to be resourced. To follow up action items and drive accountability, to provide induction to new members, to troubleshoot system level issues and escalate them, all requires resourcing. Many other service systems, such as the Multi-Agency Protection Service in the family and domestic violence sector and the Interagency Therapeutic Needs Panel for the child protection system (Appendix 6) have well resourced and well-functioning cross-government coordination mechanisms. The achievement of a system change outcome like Functional Zero rough sleeping requires highly effective service

coordination, and this requires more than just goodwill. It requires time, structure, accountability and, ultimately, sufficient resourcing. A suggested resourcing framework for greater and more streamlined service coordination is provided in Appendix 4.

13. Greater inreach needed

There is a desire from people sleeping rough for greater access to services that are not directly related to housing and homelessness like Centrelink, dental and employment services. Such services could be made accessible through existing homelessness service hubs like the wellbeing/day centres and street to home hub. The provision of such 'inreach services' has reportedly improved in recent times, however, there remains a need to build upon these advances, particularly in terms of how such services are coordinated and accessed.

14. Alliances should prioritise whole of government integration

Rough sleeping homelessness is not just a housing issue. There needs to be greater focus on the integration of non-housing and homelessness services with the new alliances. Housing and homelessness service integration has been vastly improved by both the Adelaide Zero Project and the COVID-19 Emergency Accommodation for Rough Sleepers (CEARS) response. Both approaches have demonstrated that rough sleeping is not just a housing issue and cannot just be the responsibility of the SA Housing Authority. Adelaide Zero Project data from October 2020 shows that 84% of people on the by-name list had mental health issues, 84% had substance use issues, 58% had physical health issues, and 54% reported a combination of all three issues (trimorbidity). The reform process provides an opportunity to address this complex array of needs through service integration, but only if such integrated approaches are prioritised in and alongside the alliance structures. The SA Housing Authority and Alliance System Steering Group need to prioritise across-government service coordination once the alliances are established. Such action must include engagement with the various state government agencies already involved, but also Commonwealth government service systems and agencies such as the National Disability Insurance Agency, aged care, Primary Health Networks, Centrelink and the Department of Veterans Affairs. One of the most urgent reasons this broader systems integration is needed is to provide a pathway for the escalation of issues, systemic and individual. Additionally, the agencies identified above, and those who sit around the Adelaide Zero Project and CEARS case coordination and strategic governance tables, link opportunities to reduce inflows into homelessness (prevention work), as well as establishing exist points from homelessness (see also Tually and Goodwin-Smith 2020a for their examination of acuity and inflow data from the Adelaide Zero Project).

15. Transition to a Coordinated Care Panel

It is recommended that the Adelaide Zero Project Coordinated Care Group be transitioned into a Coordinated Care Panel with chairing responsibilities to be taken over by a new Rough Sleeper Coordinator role (see the following two findings) employed within the Exceptional Needs Unit (ENU), Department of Human Services (see Appendix 5 for more information about the ENU). The successful case conferencing of people sleeping rough is an essential interagency, interdisciplinary task whose function sits better with an agency like the ENU, which has the relevant remit and capabilities for complex case management. This recommendation requires a shift in chairing arrangements for Coordinated Care, away from chairing by the SA Housing Authority. In making this suggestion, however, it remains essential that the SA Housing Authority are connected and committed to the delivery of the Coordinated Care Panel's work.

16. Establish a Most Vulnerable Persons Framework

A whole of government Most Vulnerable Persons Framework, or what has otherwise been called a 'golden ticket' model, should be developed and implemented though the proposed Coordinated Care Panel. Modelled on the Department of Health and Department of Child Protection's Interagency Therapeutic Needs Panel (ITNP) (see Appendix 6 for more information), the Most Vulnerable Persons Framework's development and implementation should be led by the Inner City Community of Practice

(ICCOP), with the assistance of a new Rough Sleeper Coordinator (finding 17; recommendation 7). The Most Vulnerable Persons Framework should enable participants in the Coordinated Care Panel from various agencies to bypass normal business rules and facilitate a rapid provision of services to the most vulnerable people on the by-name list. The Most Vulnerable Persons Framework should be an update of the previous VPF (Vulnerable Persons Framework), taking more of an aspirational approach. Such an approach would ensure a focus not only on making sure vulnerable people do not die or be exposed to unacceptable risk whilst sleeping rough, but also consider what is needed to help these most vulnerable through a Housing First lens.

17. Fund a Rough Sleeper Coordinator

As recommended in the report by Dame Louise Casey and Nonie Brennan (2019), a Rough Sleeper Coordinator is needed and could be funded jointly by a range of relevant agencies such as the SA Housing Authority (potentially from the Prevention Fund), Department of Human Services and the City of Adelaide, and employed within the ENU. Employing this person within the Exceptional Needs Unit will enable the Coordinator to be trained and supported by an agency whose purpose is coordinating assistance for highly vulnerable people. The core functions of the role should include:

- supporting the operations of the Inner City Community of Practice (ICCoP) and associated forums.
- supporting implementation of the Most Vulnerable Persons Framework though the Coordinated Care Panel.
- working with the AZP Project Coordinator to update the proposed Coordinated Systems Checklist.
- driving prevention activities through measures that reduce the inflow of people onto the by-name list from other service systems.
- supporting the documentation and review of a system wide coordinated outreach framework.
- mapping and creating a directory of housing and support options/pathways and their eligibility criteria.

18. Coordinated and shared training needed

Training was consistently raised as something staff both wanted and needed, particularly in relation to the use of the VI-SPDAT (common assessment tool) and the Housing First approach. It was also raised in relation to the methodology that the Adelaide Zero Project is trying to implement.

Need for training or induction in the structures and forums of the Adelaide Zero Project was also identified by stakeholders who were less knowledgeable about the project and its aim – particularly in agencies and organisations where there is a high turnover of personnel generally or of people in particular roles.

The Inner City Community of Practice (ICCoP) should establish and maintain a training register, including, but not limited to, agencies and staff who have been trained in the use of the VI-SPDAT, Housing First and other elements of the Advance to Zero methodology that the Adelaide Zero Project is based upon. Key agencies involved in inner city service delivery, including senior staff within the SA Housing Authority, should also consider how they can strengthen the access to training for their staff.

Recommendations
4. Alliances should prioritise whole of government integration
5. Prioritise transition to a Coordinated Care Panel
6. Establish a Most Vulnerable Persons Framework
7. Fund a Rough Sleeper Coordinator
8. Consider coordinated and shared training

Improved service findings

19. Shared understanding of available services

There is a vast number of services that a person sleeping rough may need to move on from rough sleeping, to sustain their housing once an offer has been made or to prevent them falling into homelessness in the first place. The availability and eligibility of these services is constantly changing. There is a need to better map these services, and their eligibility requirements. Best practice suggests this should be done in a dynamic, near to real time way to help people sleeping rough and case managers to understand service offerings and access requirements. Technology and services like *Ask Izzy*[4] and the *SA Directory of Community Services*[5] could play a greater role, but should include components where services/information are tailored specifically to the needs of people sleeping rough.

The SA Housing Authority and the alliances should consider a greater role for technology in service responses to homelessness and how they can support greater knowledge sharing and resources across agencies. Greater transparency of this information was a key desire expressed by people with lived experience of homelessness. The City of Adelaide could consider expanding the existing guide to homelessness services[6] to include all services relevant to people sleeping rough in the inner city, including services that require a referral. The City of Adelaide should also consider engaging its 'Innovation Lab' to explore ways in which technology can be better used to make this guide more accessible, improving information about ways to find, map and support access to relevant services.

20. Coordinated support package allocation

As recommended by Dame Louise Casey, the SA Housing Authority should consider allocating a number of Supportive Housing Program[7] packages to the Adelaide Zero Project/inner city service coordination efforts for prioritising those most in need. The new Coordinated Care Panel should allocate these properties, utilising the same processes that are used for the allocation of the ten properties per month the Adelaide Zero Project receives from the Housing Authority. By-name list data must be used to support decisions around allocation of properties, ensuring they are prioritised to people most vulnerable and in need.

21. Document an Outreach Coordination Framework

Significant efforts have been made to improve the coordination of outreach services in recent times. These efforts should be documented in an agreed Outreach Coordination Framework and shared not just with the inner city services and stakeholders, but in an accessible way with people sleeping rough. The alliances could also prioritise increasing the outreach components of all homelessness service delivery in the inner city. The Rough Sleeper Coordinator should take responsibility for ensuring stakeholder (including lived experience) agreement with the Outreach Coordination Framework and publicising activities and outcomes, including with other alliances.

22. Consider the Aboriginal Mobility Data Project report

Ending homelessness in the inner city is not possible without ending homelessness for Aboriginal people. It is well known that the service system does not currently meet the needs of Aboriginal people sleeping rough. In fact, whilst the by-name list has enabled a sophisticated understanding of the needs of most people sleeping rough, to date it has not sufficiently captured the needs of Aboriginal people sleeping out (people who have housing, but for various reasons are sleeping in the parklands) or sleeping rough (people who do not have housing). The Aboriginal Mobility Data Project conducted by TAASE and the AAEH sets out a range of findings and recommendations that aim to help

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[4] https://askizzy.org.au/

[5] https://sacommunity.org/

[6] https://d31atr86jnqrq2.cloudfront.net/docs/homelessness-support-adelaide.pdf?mtime=20200629152930&focal=none

[7] https://www.housing.sa.gov.au/about-us/our-partnerships/homelessness-service-providers/supportive-housing-program

address the issues associated with Aboriginal mobility and homelessness that must also be considered in the context of inner city (and alliances) service coordination (see also Appendix A2, Figure 6).

23.   Better access to mental health services

Access to mental health services was repeatedly raised as a key issue. People shared how they were unable to access mental health care either for themselves or for their clients, in many cases, simply because the person seeking help had no fixed address. There is a need for more mental health services for people sleeping rough, but particularly for a more streamlined and less traumatic way for people to access such services. Consideration should be given to the Central Adelaide Local Health Network re-establishing the 'Mental Heath – Homelessness Specific Triage Team' with a tightly defined scope to support those identified as in need (by the Coordinate Care Panel and potentially as part of the Most Vulnerable Persons Framework). It is understood that the Central Adelaide Local Health Network Mental Heath – Homelessness Specific Triage Team was wound up because it was providing a city-wide service which was outside the scope of the Central Adelaide Local Health Network's role.

24.   Speed up and connect prevention work

Prevention work is currently a missing piece in the inner city services landscape. The lack of such work is recognised in the various Housing Authority reform documents and key motivator of reform (SA Housing Authority 2020b).

The SA Housing Authority should expedite the implementation of the Homeless Prevention Fund and ensure efforts are connected to inner city coordination mechanisms (i.e., the structures/proposed structures within the Adelaide Zero Project). Such efforts must also be focused on driving reductions in inflow to the by-name list.

The inner city area needs to be a priority focus area if the goal of Functional Zero is to be reached, and to free up resources in the homelessness and broader service systems to address other challenges. The Aspire program and other research have demonstrated that preventing the most chronic forms of rough sleeping homelessness is what saves the most public resources. In fact, we know that it is cheaper to provide supportive housing than it is to leave people in chronic homelessness, as is currently occurring in the inner city.[8]

Recommendations
9.   Develop a shared understanding of available services
10. Coordinated support package allocation
11. Document an Outreach Coordination Framework
12. Consider the Aboriginal Mobility Data Project report
13. Promote better access to mental health services
14. Speed up and connect prevention work

Access to housing findings

25.   Develop a shared understanding of available housing

Access to appropriate housing remains a key challenge for efforts to end homelessness in Adelaide. Stakeholders around the Housing Allocations Meeting table – the engine room of allocations for people sleeping rough in the inner city – are conclusive in their assessment that stock often does not meet people's needs and options other than public housing need to be considered/offered for some people, with access to appropriate support a further challenge and defining element of a successful tenancy.

Despite these acknowledged challenges, no one has yet developed a directory of housing and support service options and their eligibility criteria that the Housing Allocations Meeting could use. This is a

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[8] https://theconversation.com/supportive-housing-is-cheaper-than-chronic-homelessness-67539 see earlier comment

result of an insufficiently coordinated and resourced system: finding housing for people sleeping rough is everyone's job but doing so in a systemic way is no one's responsibility currently. The Rough Sleeper Coordinator should work with the Inner City Community of Practice (ICCoP) to develop a directory of all the housing options and support service eligibility criteria relevant to people exiting rough sleeping.

26.   Nominate a Housing Access Worker

To improve both access to and the success of tenancies in public housing, the SA Housing Authority should consider nominating a Housing Access Worker whose job it is within the Authority to enable more flexibility in the way housing allocations are made. Such an appointment would ensure that highly vulnerable people who may have had long experiences of sleeping rough are not unreasonably expected to comply with requirements that set them up to fail. A simple example of where the Housing Access Worker can assist with access to housing is as follows: they ask and support tenancy officers to visit the possible tenant (outreach) rather than expecting the potential client to attend a set appointment time in a Housing SA office. This approach recognises that recovering from chronic rough sleeping takes time and sometimes a different way of working/engaging, and government service systems are not always compatible with where people are at in their recovery journey.

27.   Increase access to public housing

At the direction of the Minister for Human Services, the SA Housing Authority have sought to allocate ten public houses per month to people on the by-name list. Housing Authority employees have worked extraordinarily hard to deliver on this goal, and by-and-large have done so. The challenge is that these ten houses per month have not been enough to meet the need for appropriate housing. The Housing Authority should seek to increase the number of appropriate housing options allocated through this process (including supportive housing), based on what project data shows is needed. The Authority should also utilise the by-name list to inform planning its investment for the type of modifications, upgrades and new stock it prioritises.

28.   Listen to what the data are telling us

As greater certainty about the future of inner city service coordination and the future of the Adelaide Zero Project in a reform landscape emerges, a priority focus should be to implement the recommendations and learn from the lessons set out in the *Better Understanding the People on the Adelaide Zero Project's By-Name List* report (Tually and Goodwin-Smith 2020a). This deep dive into the Adelaide Zero Project data points to a range of housing and support options for people on the by-name list from sources such as the aged care system, the National Disability Insurance Scheme and veterans support agencies.

29.   Improve housing allocation timeframes

The Housing Allocations Meeting and the Housing Access Worker should consider how to reduce the length of time it takes to house someone from the by-name list. Reducing the time taken to support a housing allocation is important, not just to support people to exit their homelessness as soon as possible, but also because the longer it takes between housing being identified and an allocation being made the harder it is for Community Housing Providers to meet their contractual and regulatory requirements.

30.   Trial improved access to community housing

To enable Community Housing Providers to allocate more housing to the Adelaide Zero Project (per the recommendation by Casey and Brennan (2019), the SA Housing Authority should work with the provider with the most housing in the inner city, Housing Choices, to conduct a trial removing any contractual obligations preventing it from prioritising a set number of their vacancies for people exiting the by-name list. These properties should be allocated via the Housing Allocations Meeting.

31. Invest in more Supportive Housing

There is a shortage of permanent supportive housing in inner Adelaide, as well as metropolitan Adelaide and South Australia generally, and what limited supportive housing is available is not always prioritised for those with the most vulnerability according to the VI-SPDAT (common assessment tool). Further investment is needed in supportive housing to reduce rough sleeping in the inner city, particularly among the core group of people on the by-name list who are chronic rough sleepers (those who have slept rough on and off for the longest periods of time) and among those with the most acute needs (are the most vulnerable according to the Care Coordination Group/Panels' assessment). Investment in more supportive housing must be recurrent, ensuring an increasing stock of options is built, and specifically targeted to the group of people who need it most.

32. A share housing review

The SA Housing Authority should commission a review on how share housing can be utilised more frequently as an option for people moving on from rough sleeping specifically, but also for people moving on from all types of homelessness. The review needs to consider the challenges faced by people seeking to enter into or sustain share housing arrangements/tenancies and look at what can be done to improve support for those seeking to do so. The views of people with lived experience of rough sleeping must form a central part of the review.

33. Develop a Housing First statement of intent

There is a need to develop a greater understanding of the principle of Housing First amongst the housing and homelessness sector in the inner city and beyond (including among all the alliances). There is an associated need to conceptualise the role and nature of crisis accommodation within a Housing First system where there is a shortage of available housing. We suggest that the appropriate role of crisis accommodation is one of 'supported throughput' to housing as soon as possible, as distinct from being part of a housing readiness system. The development of a Housing First statement of intent may assist with a better understating of, adherence to and evolution of the principle of Housing First, including the role and design of crisis accommodation services.

34. Invest in private rental options

Data from the by-name list has shown that the private rental market is a pathway out of rough sleeping for some people. In line with the recommendation in the 2019 report by Dame Louise Casey and Dr Nonie Brennan, and the report from the Neami convened Private Rental Action Lab (Pearson 2020), the South Australian Government should support the implementation of a step down (time-limited) private rental subsidy program specifically for private rental tenancies. Such an initiative should be designed to end homelessness for people with acute and chronic health conditions. The Doorways Model by Wellways (Victoria)[9] is one option that has been demonstrated to work with people with lived experience of homelessness (including rough sleeping), delivering health resource savings (especially hospital presentations) by ending chronic cycles of rough sleeping. Given the demonstrated savings to health from such a time-limited intervention, SA Health could be approached to fund it. Similarly, as the program prevents clients cycling through chronic homelessness, resources could be redirected to such an initiative from the Homelessness Prevention Fund.

Recommendations
15. Develop a shared understanding of available housing
16. Nominate a Housing Access Worker
17. Increase access to public housing
18. Listen to what the data are telling us
19. Improve housing allocation timeframes

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[9] https://www.wellways.org/our-services/doorway

Sustaining effort

35. Develop and implement a Coordinated Systems Checklist

Significant reductions in rough sleeping have been undertaken in the inner city of Adelaide in the past, and then effort has dissipated over time. Responses to Roseanne Haggerty's Thinkers in Residence report (Haggerty 2007) and a range of other efforts led to rough sleeping declining in the inner city to a recorded 40 people in 2009.[10] At the same time, homelessness declined in South Australia overall. Notably, this was at a time when homelessness increased across the rest of the country. To ensure that service coordination in the inner city does not weaken over time again, a Coordinated Systems Checklist should be established and used as the basis of a comprehensive service coordination framework (see Appendix 7 and discussions in early sections of this report about Coordinated Access Scorecards). The Coordinated Systems Checklist will indicate the quality and extent of service coordination for an effort or community and is intended to be displayed publicly, via a dashboard or similar progress platform (the Adelaide Zero Project dashboard or an alliance dashboard, for example). In this way it would act as an accountability mechanism for all the service systems involved, including local, state and federal government, philanthropic and community services and other institutions, such as universities.

36. Consider a Homelessness Prevention Act

The South Australian Government should consider developing a Homelessness Prevention Act to provide a legislative underpinning for long term, whole of government service integration and accountability, similar to efforts in Wales and Canada.[11] The Act could require the development of a whole of government 'no discharge into rough sleeping' homelessness policy or framework, similar to the one the New South Wales Government has recently developed[12] as part of their Premier's priority on reducing rough sleeping homelessness.[13]

Recommendations
25. Develop and implement a Coordinated Systems Checklist
26. Consider a Homelessness Prevention Act

Conclusion

This project was commissioned to assess the feasibility of establishing an inner city service coordination network in Adelaide, including opportunities for co-location of service delivery and/or service coordination in the context of the Adelaide Zero Project. Since commissioning, the landscape around the Adelaide Zero Project has changed considerably, impacting the scope and focus of the feasibility study. The project final report, and its recommendations, provide a feasible plan for the successful integration of inner city services oriented to the delivery of the Adelaide Zero Project's goal of Functional Zero rough sleeping in the inner city. The focus on inner city service coordination supports the SA Housing Authority's stated goal of Functional Zero rough sleeping for *all* South Australia (SA Housing Authority 2020a). A significant amount of focused and sustained work is required to meet the recommendations of the report, to better integrate efforts and ensure the most

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[10] See Adelaide Zero Project dashboard: https://www.dunstan.org.au/adelaide-zero-project/dashboard/

[11] https://www.abc.net.au/news/2019-08-08/homelessness-plan-to-compel-government-to-find-social-housing/11386610

[12] https://www.facs.nsw.gov.au/about/reforms/homelessness/prevention-and-early-intervention/no-exits-from-government-services-into-homelessness-a-framework-for-multi-agency-action

[13] https://www.facs.nsw.gov.au/about/reforms/homelessness/premiers-priority-to-reduce-street-homelessness

efficient use of scare resources. As indicated throughout this final project report, there is a need for data informed targeted investment. Goodwill and collective intent alone cannot solve the complex and multilayered problem that is rough sleeping.

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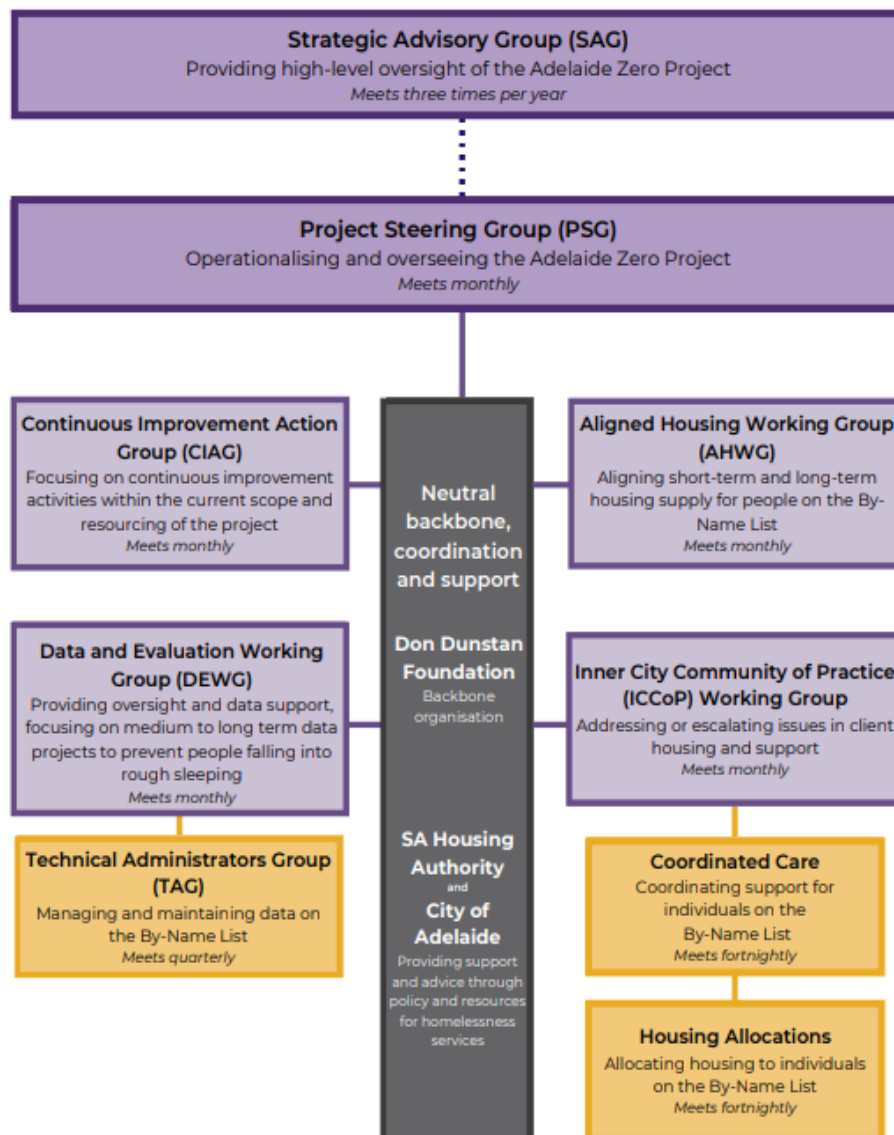
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Appendices

Appendix 1: Governance structure, Adelaide Zero Project, phase two

Adelaide Zero Project
Governance Structure
Phase Two

Strategic Advisory Group (SAG)
Providing high-level oversight of the Adelaide Zero Project
Meets three times per year

Project Steering Group (PSG)
Operationalising and overseeing the Adelaide Zero Project
Meets monthly

Continuous Improvement Action Group (CIAG)
Focusing on continuous improvement activities within the current scope and resourcing of the project
Meets monthly

Neutral backbone, coordination and support

Don Dunstan Foundation
Backbone organisation

SA Housing Authority
and
City of Adelaide
Providing support and advice through policy and resources for homelessness services

Aligned Housing Working Group (AHWG)
Aligning short-term and long-term housing supply for people on the By-Name List
Meets monthly

Data and Evaluation Working Group (DEWG)
Providing oversight and data support, focusing on medium to long term data projects to prevent people falling into rough sleeping
Meets monthly

Inner City Community of Practice (ICCoP) Working Group
Addressing or escalating issues in client housing and support
Meets monthly

Technical Administrators Group (TAG)
Managing and maintaining data on the By-Name List
Meets quarterly

Coordinated Care
Coordinating support for individuals on the By-Name List
Meets fortnightly

Housing Allocations
Allocating housing to individuals on the By-Name List
Meets fortnightly

Current as at April 2020

Appendix 2: Timelines and governance options

This appendix (A2) provides a range of governance options put forward for the consideration of stakeholders in the Adelaide Zero Project and the evolving homelessness reform landscape. These options were developed as part of this project because of the significant uncertainty about the future of inner city service coordination generally, and the future of the Adelaide Zero Project specifically (. They have been presented to key stakeholders in the Adelaide Zero Project and beyond to start conversations around the 'new world' of alliances in the homelessness sector, as well as the emerging 'new world' for outcomes-oriented homelessness service delivery, which may or may not include the/an Adelaide Zero Project.

Figure 1, below, details the timeline against which the new world conceptual thinking needs to be considered.

Further figures in this appendix detail current and transition backbone arrangements for the Adelaide Zero project (during reform), a quick reference table outlining the core elements of the governance options developed/considered (A2 Figure 3), how the backbone for an Adelaide Zero Project/alternative initiative and alliances can interact and a specific model related to governance and inner city service coordination in the context of Aboriginal homelessness, especially mobility related homelessness.

A2 Figure 1: Timeline and focus of this report
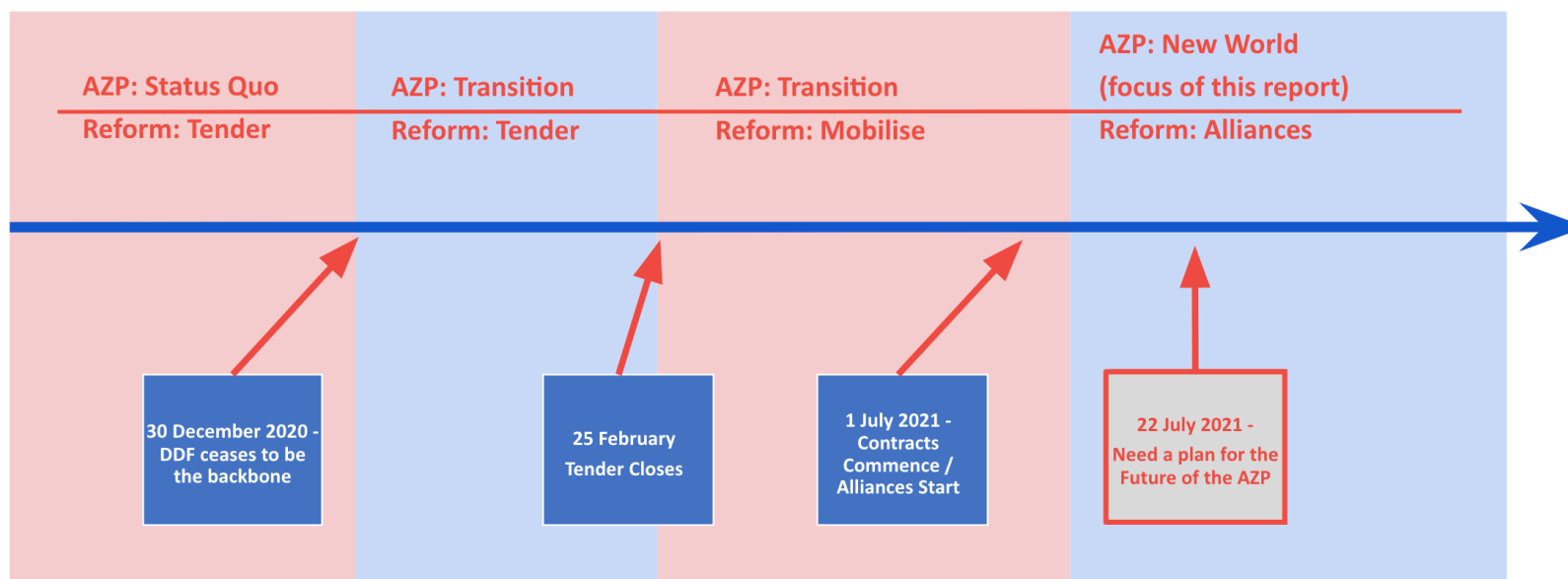
A2 Figure 2: Transitional governance arrangements, Adelaide Zero Project

With the Don Dunstan Foundation deciding to step away from providing the backbone functions for the Adelaide Zero Project, transition backbone arrangements have been put in place for the Adelaide Zero Project. The Figure below captures what was known about such transitional governance arrangements for the Adelaide Zero Project as at December 2020.
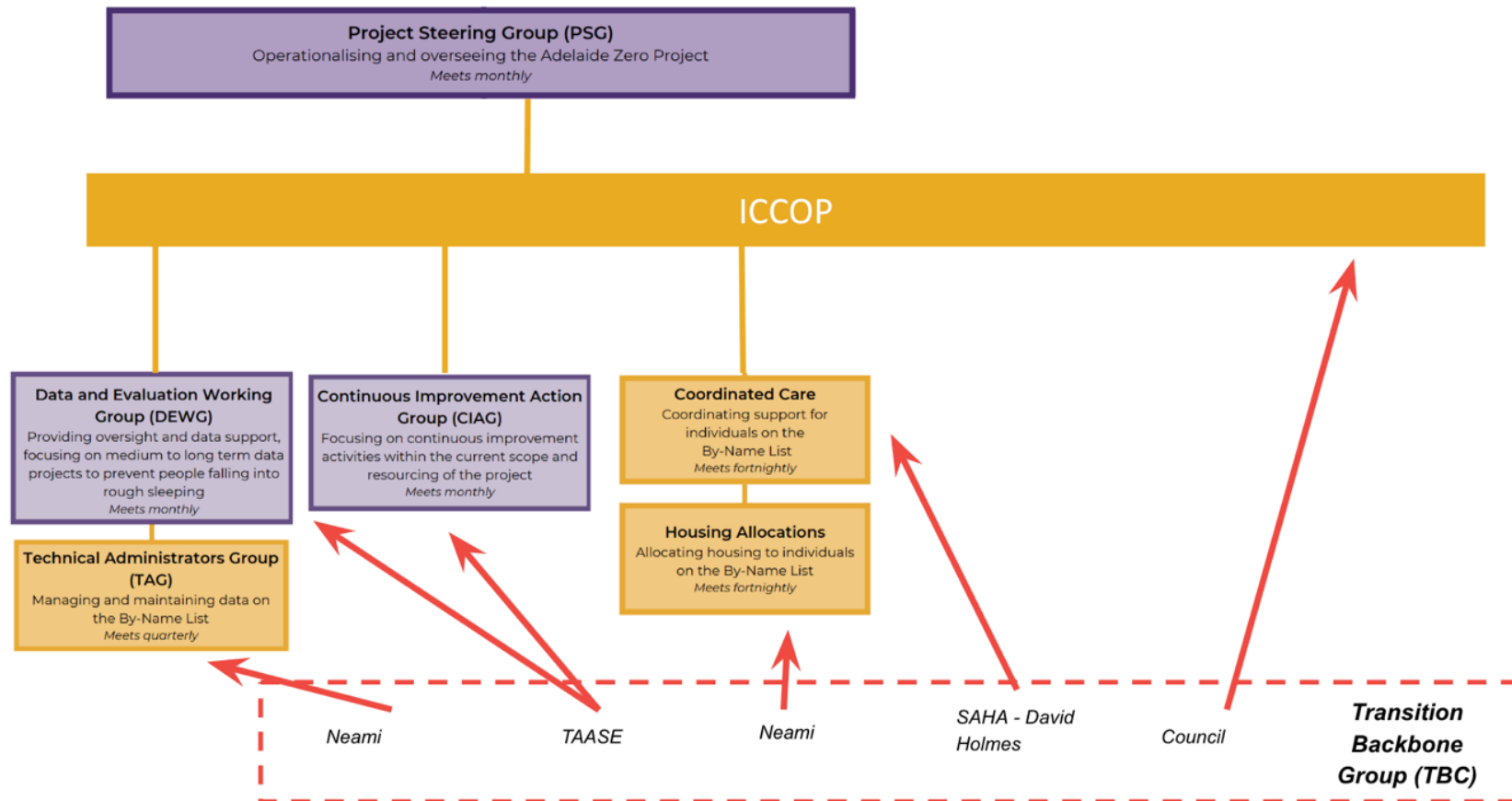
**A2 Figure 3: Governance options re inner city service coordination**

The table below provides a summary of the core elements of the governance options developed/considered as part of this project for inner city service coordination in the homeless sector reform landscape. Diagrams representing the four options follow.

|	Collective Impact Governance*	Backbone	Branding Retained	Community BNL Retained
1) Retain AZP (with tweaks)	Yes	Yes	Yes	Yes
2) AZP but no backbone	No	No	Yes	??
3) Fresh start	No	No	No	Yes
4) Independent fresh start + expand scope	Yes	Yes	No	Yes

* Collective Impact in this context means a combination of: data being community owned, backbone organisation, collective (non-contractual) governance, broad community buy-in. Available structural information about alliances released through in tender documents does not describe this type of Collective Impact and therefore make it difficult to see the alliances as Collective Impact structures.

Option 1: Retain Adelaide Zero Project (with tweaks)

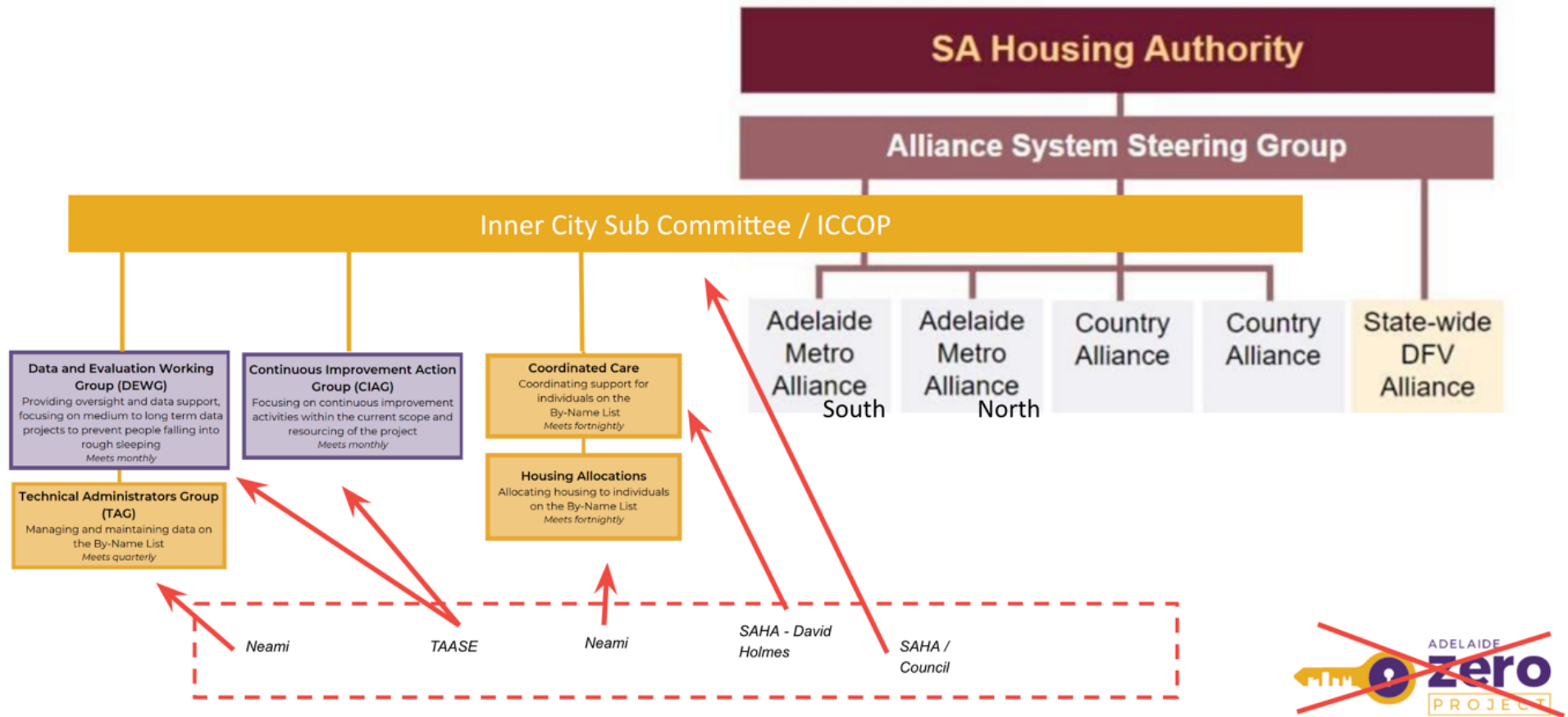Note: This option was generally regarded as the preferred one of the four presented, but with a key consideration being how this would be resourced in the new world (reform and mobilisation landscape).
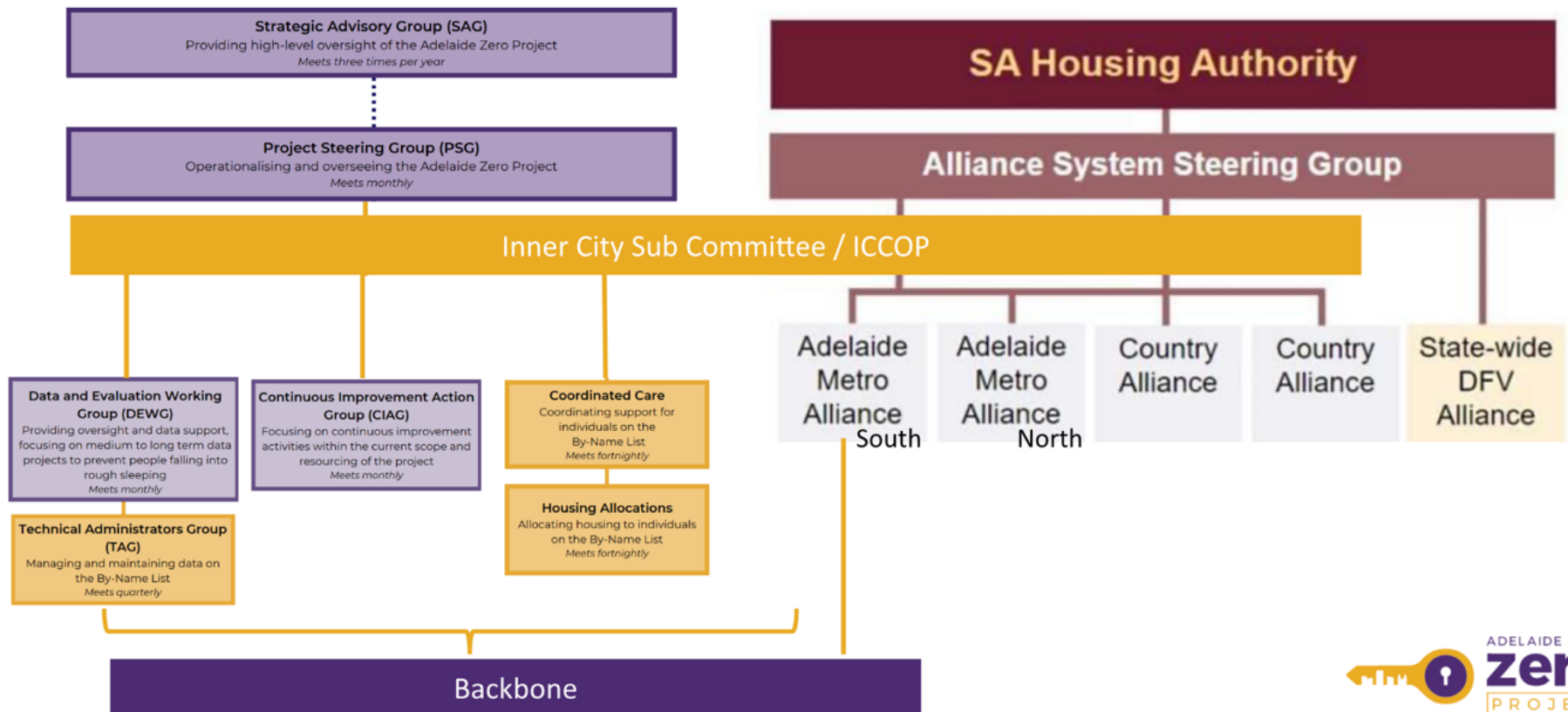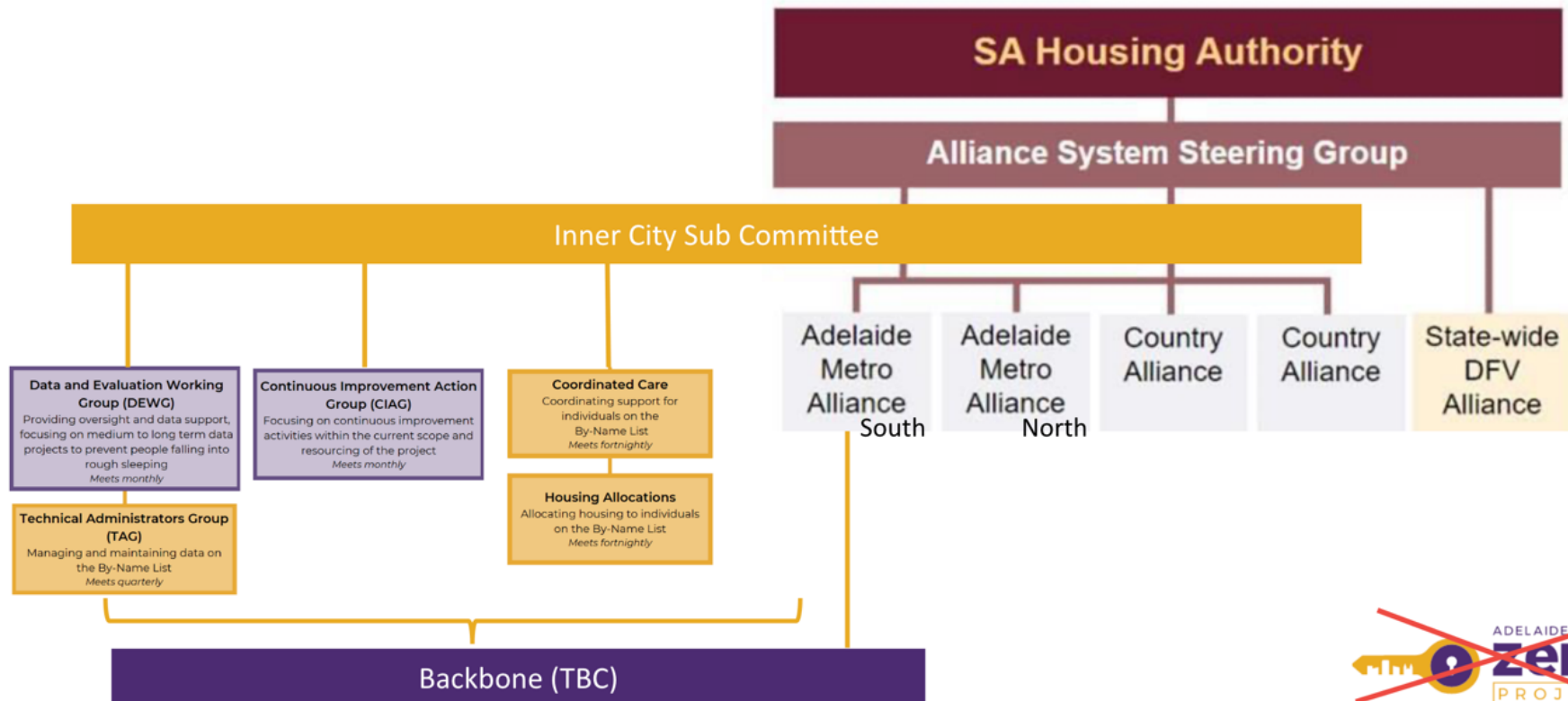
Option 2: Retain Adelaide Zero Project (no backbone)
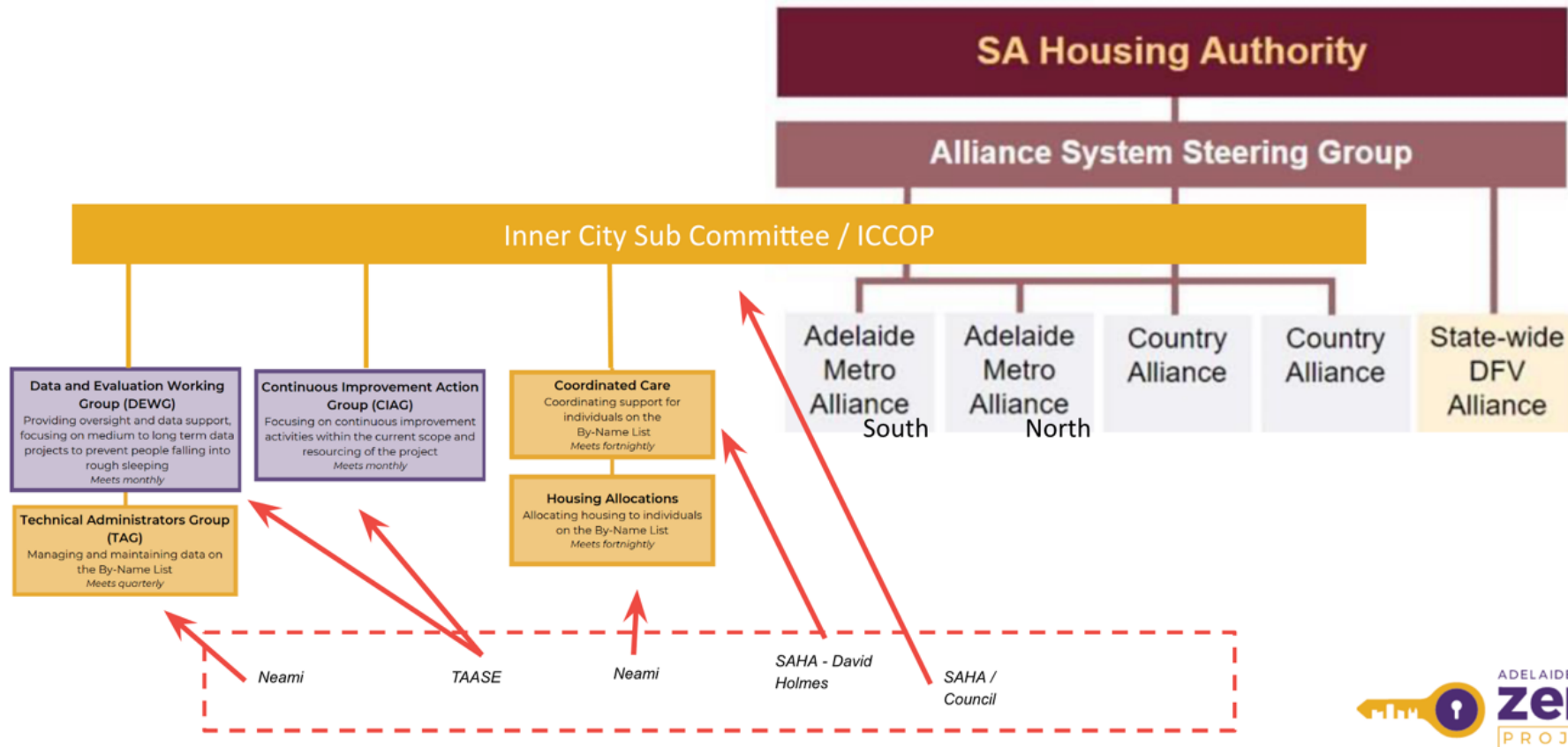
Option 3: Fresh start (no backbone and no Adelaide Zero Project branding)

*Option 4: Fresh start (backbone but no Adelaide Zero Project branding)*

A2 Figure 4: Other governance options

| Option	Sector thoughts
1. AZP Shared by the two metro alliances - AZP becomes metro-wide with focus retained on rough sleeping	Potentially a good option, could happen in the future, but subject to what the alliances look like.
2. Shared by metro alliances – the Adelaide Zero Project becomes metro-wide with focus expanded to other cohorts	Unlikely to fit.
3. AZP Shared by all alliances – South Australian Model	Could happen in the future, but subject to what the alliances look like.
4. New Zero Projects under each alliance	Could happen in the future, but subject to what the alliances look like.
5. Scrap the AZP and model	Seen as a backwards step/undesirable by most stakeholders.
6. Other options?	

A2 Figure 5: Backbone and alliances interaction

The figure below provides the best assumptions of how inner city service coordination backbone functions could be integrated into an alliance structure, given the alliance procurement process was underway when consultations for this project were undertaken and this report was written.
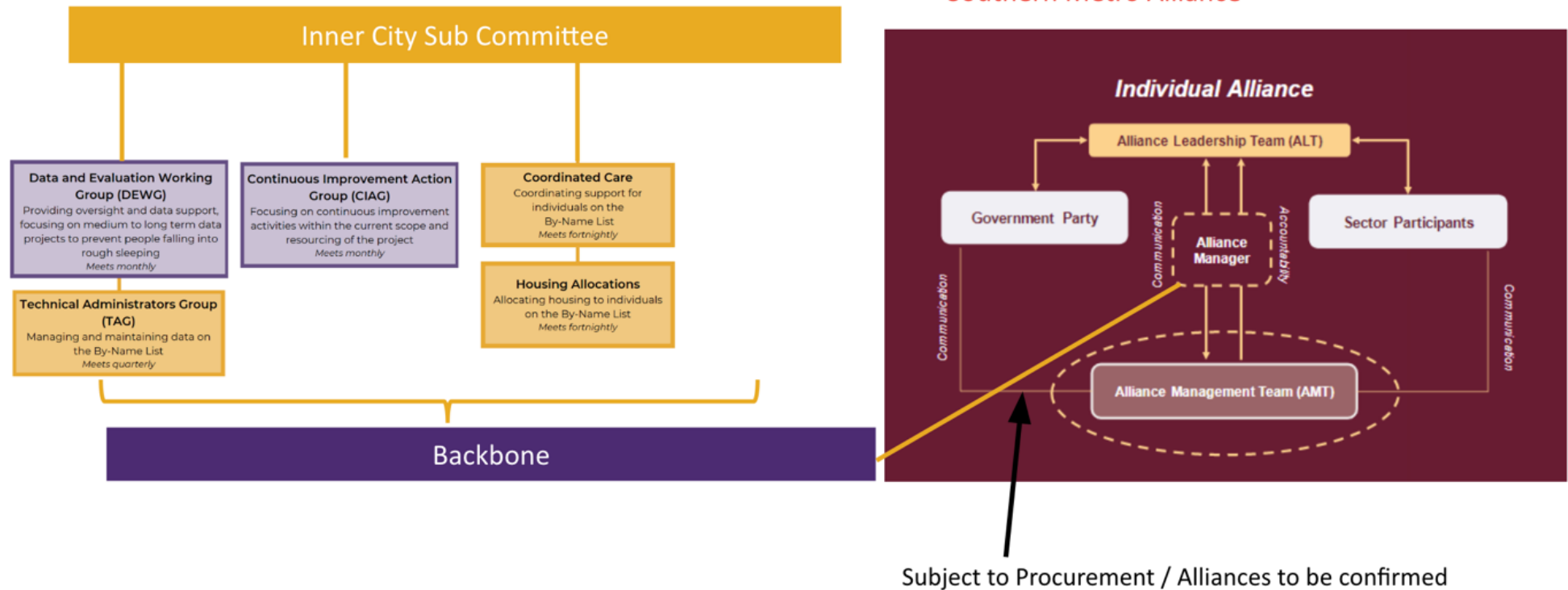
A2 Figure 6: Aboriginal Mobility Data Project governance changes

At the same time as this project was developed, a parallel piece of work was being undertaken by researchers from TAASE and the AAEH on Aboriginal homelessness and mobility in the Adelaide Park Lands: the Aboriginal Mobility Data Project. The final report of that project recommends some new inner city coordination/governance structures that should be integrated with existing inner city homelessness service coordination. The figure below sets out how such report recommendations *could* be integrated into the governance options outlines previously.
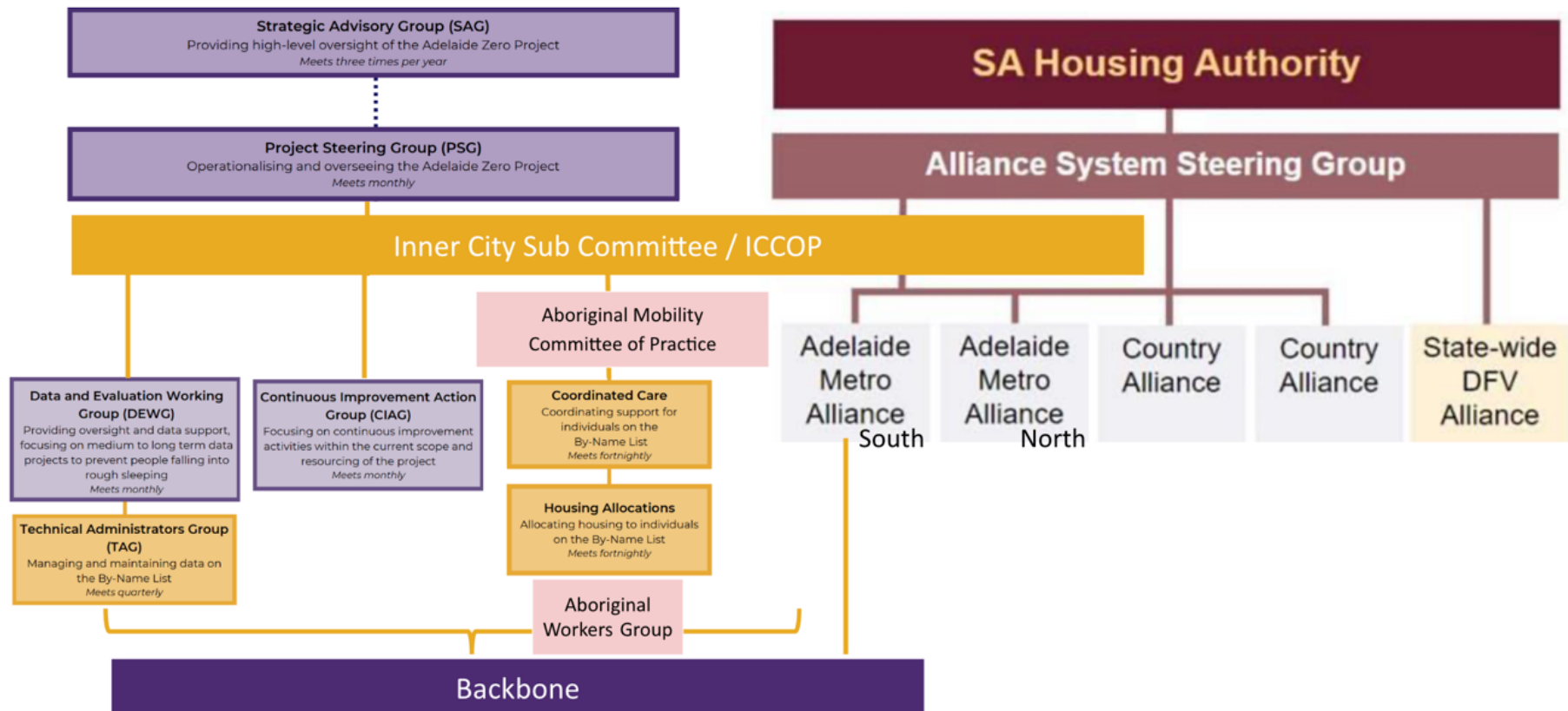
Appendix 3: ABS Census statistics on rough sleeping homelessness in SA

Local Government Area (LGA)	Persons	Country	Metropolitan
Adelaide (C)	121		121
Berri and Barmera (DC)	38	38	
Port Augusta (C)	17	17	
Onkaparinga (C)	16		16
Renmark Paringa (DC)	15	15	
Whyalla (C)	14	14	
Ceduna (DC)	13	13	
Murray Bridge (RC)	9	9	
West Torrens (C)	9		9
Loxton Waikerie (DC)	8	8	
Port Lincoln (C)	8	8	
Barossa (DC)	7	7	
Port Adelaide Enfield (C)	7		7
Mid Murray (DC)	6	6	
Charles Sturt (C)	5		5
Holdfast Bay (C)	5		5
Clare and Gilbert Valleys (DC)	4	4	
Goyder (DC)	4	4	
Port Pirie City and Districts (M)	4	4	
Salisbury (C)	4		4
Tatiara (DC)	4	4	
Alexandrina (DC)	3	3	
Grant (DC)	3	3	
Kangaroo Island (DC)	3	3	
Kimba (DC)	3	3	
Lower Eyre Peninsula (DC)	3	3	
Mallala (DC)	3	3	
Marion (C)	3		3
Mount Barker (DC)	3	3	
Mount Gambier (C)	3	3	
Norwood Payneham St Peters (C)	3		3
All	348	178	173

Note: The figures are presented to give an idea of the scale of rough sleeping homelessness in country (red cells) and metropolitan areas (white cells). There are widely acknowledged limitations with the ABS Census, particularly as it is an estimate and figures below at least 5 are unreliable. Hence the importance of the Adelaide Zero Project model with the arcuate and real time data collection. Notwithstanding the above, what is inescapable is that there is clearly a big challenge in addressing rough sleeping in the regions of South Australia as much as there is in the inner city of Adelaide.

Appendix 4: Resourcing

The following has been identified as being needed in terms of minimum resourcing for the ongoing backbone function for inner city service coordination.

Resource	Functions		Funded By	Employed By	Based At
Project Coordinator (1.0 FTE)	Overall Project coordination, fidelity to the model, collective impact management, PSG and SAG management, Comms management, project troubleshooting and development.	Previously	DDF from sector & philanthropy	DDF	DDF
		Transition	DDF from sector & philanthropy	Anglicare	TAASE
		Future	Combination of SAHA, Sector & Alliances	Backbone/Alliance	Backbone/Alliance
Rough Sleeper Coordinator (1.0 FTE)* *IGH Recommendation*	Management of the ICCoP, Housing Allocations and Coordinated Care meetings. Escalation of system issues, policy/cohort issues as well as from time to time individual issues.	Previously	City of Adelaide (0.6 FTE)	City of Adelaide	DDF
		Transition	City of Adelaide (0.6 FTE)	City of Adelaide	City of Adelaide
		Future	½ City of Adelaide & ½ SAHA	Exceptional Needs Unit (ENU)	ENU + Backbone/Alliance
Data & Improvement Project Officer (1.0 FTE)**	Drives system innovation and try, test and learn efforts. Leads data quality efforts, continuous improvement work, and data analysis work. Support data working group and updating public dashboard.	Previously	SAHA	SAHA	DDF
		Transition	SAHA	SAHA	TAASE
		Future	SAHA	SAHA	TAASE
Administration and Communications (1.0 FTE)	Calling meetings, Website updates, events, reporting, executive support for various governance structures and general administration and communications.	Previously	DDF	DDF	DDF
		Transition	Already lost & never a full FTE	Already lost	Already lost
		Future	Combination of SAHA, Sector & Alliances	Backbone	Backbone/Alliance

*Position was previously funded by the City of Adelaide as part of a strategic partnership with the Don Dunstan Foundation in a part time capacity to support the ICCoP functions of the Adelaide Zero Project. ** Over time this role could morph into a supporting role for any initiatives by alliances seeking to utilises the Advance to Zero methodology that the Adelaide Zero Project is based on.

Appendix 5: Exceptional Needs Unit (ENU)

As outlined in the ENU factsheet:

The Exceptional Needs Unit (ENU) is a team within the Department of Human Services that works to help navigate systems to assist individuals and families who may be stuck, facing complex responses or are confronted by barriers in accessing appropriate supports. The ENU works with systems, services and eligible families and individuals with exceptional needs, risks, responsivity factors and circumstances to improve purposeful engagement within the community, reduce risk and improve service delivery. ENU provides individualised, time limited responses to meet needs and reduce risk. Referrals are made through organisations.

Exceptional needs clients must have all of the following:

- **multiple complex needs across multiple life domains that are not being met by mainstream services***,* these usually include mental or physical health needs, homelessness, offending histories, family challenges, social isolation, disability etc.

- **exceptional Risks** – to self, others and community

- **exceptional Responsivity factors** – services and interventions have been attempted, and aren't working, helping or appropriate or are not coordinating and working together

The ENU works across the state of South Australia and across the lifespan.

To be eligible, a person and/or their family needs to be at risk or be at risk to others, and mainstream services need to have been attempted, and aren't working, helping or appropriate, or are not coordinating and working together and internal escalation strategies have been unsuccessful.
The ENU provides a range of services as outlined below.

Source: Department of Human Services 2020.

Appendix 6: The Interagency Therapeutic Needs Panel (ITNP)

Background: a pilot program in 2015 based on the Evolve Model inter-agency program in Qld for children in care. Pilot program recommended and endorsed by Royal Commission into Child Protection SA.

Purpose: to provide a high level, interagency response to children and young people under guardianship who are presenting with severe and complex needs across a range of life domains, and who require therapeutic intervention.

Composition: a number of people holding senior positions who are able to effect change. Panel is co-chaired by a Department of Child Protection Lead and CAMHS Psychiatry, with Education, Mental Health and Child Protection represented as panel members, and an ITNP coordinator (0.6). Panel consists of a core group and others invited to join as required. Membership of the panel is mandatory but seen as an opportunity to try a new approach.

Accountability: accountability falls with lead agency and have representatives that have bought into panel idea in high enough senior positions to effect change as much as they can – need to be creative about resolving difficulties.

Operations: there are a number of criteria for referral. Once a child is identified the process is as follows:

- referral request are emailed to the panel Coordinator;
- the coordinator reviews the referral and if appropriate schedules a panel meeting, generally fortnightly;
- Coordinator develops a set of anticipated goals and gathers together the documentation on each child and sends to panel members so panel attendees immediately understand what needs to be discussed. There needs to be a clear plan for every referral – every child – and a shared understanding of why the child was referred;
- all people leave the meeting with tasks and understand their responsibility;
- no minutes of meetings – letters of recommendations: this is the team, reason for referral to panel, recommendations for each child in each domain of life – cultural needs, case management, mental health, physical health, allied health – makes things clear and people accountable;
- Coordinator meets with everyone involved in the pathway designed for the child after three months to check on progress and ongoing if needed and,
- Coordinator surveys services every 6 months and concerns followed up as to what can done better.

Coordinator's assessment of panel outcomes: Feedback has been positive, things are moving, things are happening, not getting blockages, people are thinking about they how can provide solutions. Prior to this panel everything was siloed, people only talked to the people involved, they didn't talk to anyone else who might be affected. Has raised awareness of issues with other agencies and they are now more understanding and sympathetic. Appears to be saving resources as it is freeing up services as a much more targeted approach rather than a shot gun approach.

Cases are viewed more positively. It is about moving forward – what are we going to do, acknowledging that this child has had a really tough time. Often what happens is never an intent it is just life's circumstances. Empathic in the way we present, change our language to be positive and organisations are respectful of what's possible. Don't have KPIs but person-specific goals, which can be small but are achievable and can be life changing for the person. Have noticed a learning and acceptance (among stakeholders) that everyone does things differently and wrong at times but they are real people. Experiences of trauma and grief not linear.

It is all about how do we give the person the scaffolding that they need to move forward. It is not about moving back and forwards. It is about the person and what they need or why they don't fit. We need to be creative with solutions: just don't stop at first rejection by a service to offer a service to a person. We need to keep trying, to be supportive – do not accept no as an answer.

Source: Interagency Therapeutic Needs Panel Fact Sheet; pers. comm ITNP Coordinator, 2020.

Appendix 7: Progress in implementing the Casey report recommendations

As at: November 2020

Recommendations Summary

Status	Number
Implemented	6
In Progress	4
Partially Implemented	6
Not Implemented	6
Total	22

Recommendation	Priority	Status
1. Increase the supply of shelter and housing options *There is an obvious and urgent need for an increased supply of both shelter and permanent housing solutions to safely and quickly move more people off the streets in Adelaide. Increasing supply requires these measures as soon as possible:*	Establish a short-term low-barrier shelter which people with complex needs can access, even including those with pets and people who are intoxicated. The shelter should be considered a temporary 'Code Zero' response as part of the Adelaide Zero Project.	Not implemented. Progress made with addition of Weymouth Street additional temporary accommodation.
	Community Housing Providers to allocate more stock for individuals on the By-Name List.	Partially implemented. Between May 2018 and October 2020 – 57 properties from Community Housing Providers were available to house people off the by-name list through the housing allocations process.
	SA Housing Authority (SAHA) to allocate more stock to individuals on the by-name list.	Implemented. SAHA committed 10 houses per month, generally has been met. The challenge has been the stock often doesn't match need, support not matched, and not enough stock available.

	The Minister & Lord Mayor of Adelaide to host a *Housing Pledge Event* whereby housing providers (from a range of housing options) can commit to providing housing stock for individuals on the by-name list.	Not implemented. Housing providers felt there were not enough vacancies to hold a pledging event. We have requested they report on vacancies internally while we investigate ways to create movement in the system.
	Funding more supported housing properties as part of inner city system reform.	Not implemented.
2. Increase the investment in Adelaide Zero Project's backbone work *Investing in the 'backbone' work is critical to drive innovation and collective action towards solutions on the street. To ensure this, as a matter of urgency there is a need for the following resources:*	A *Rough Sleeper Coordinator,* ideally from the SA Housing Authority, who can collaborate with the backbone organisation and homelessness services but have the authority and autonomy to influence greater responsiveness for people on the by-name list.	Not implemented.
	A *Systems Innovation Coordinator*, ideally from the backbone organisation or community sector, who has the skills and resources to coordinate, test and learn from system innovations to reduce rough sleeping. This position would collaborate with and work alongside the Rough Sleeper Coordinator.	Implemented. SAHA funded and seconded this position to the Adelaide Zero Project Backbone as the Data and Improvement Advisor.
3. A Greater Focus on targets and data *Firm targets should be informed by the data to identify measurable reductions in the*	An urgent deep dive into cases on the by-name list to proactively inform rapid responses for people currently sleeping rough and understand the main drivers.	Implemented. Monthly data analysis is undertaken by both Neami and Hutt Street Centre, with Anglicare funding research to support this.

number of people sleeping rough. This requires:	The Minister for Human Services & Lord Mayor of Adelaide to announce a firm target to achieve Functional Zero street homelessness in the inner city that is informed by data and includes interim reduction milestones	Partially implemented. The South Australian Government is committed to achieving Functional Zero for rough sleepers, as identified as a key performance measure within SA Housing Authority's Strategic Plan. No Interim reduction milestones have yet been agreed.
	The *South Australian Housing and Homelessness Strategy* to incorporate data on inflows and outflows of the state-wide system, with set targets to achieve measurable reductions	Partially implemented. SAHA have set homelessness prevention as a priority and further work has been committed to through an Outcomes Framework.
	Investment is needed to transition the interim by-name list platform to a better functioning and accessible database.	Implemented. Data has been transitioned to the AAEH national Advance to Zero database.
	A long-term consideration to transfer the state's H2H database from government to backbone oversight to ensure data is community owned, accessed and governed.	In progress. Priority is given to rolling out the national A-Z database. SAHA considering H2H future post Alliances.
4. Invest In early intervention work *High quality data should inform where to invest efforts to have the biggest impact on prevention and early intervention and divert people who are at risk of falling into homelessness. This includes investment in:*	Establishment of a *flexible prevention fund* (approved by the Project Steering Group) that provides various types of financial supports to move individuals into housing and private rental, based on successful interstate and international schemes	Partially implemented. Partial support from philanthropy. SAHA established prevention fund, but no connection to the by-name list.
	The City of Adelaide to review how their *Community Development Grant* funding is currently distributed among homeless sector organisations, in order to free up funds that can be managed by the Adelaide Zero Project's Steering Group to distribute to identified priorities	In progress. City of Adelaide have committed to reviewing the Community Development Major Grant program before applications open for 2020/21.

	Central Adelaide Local Health Network (CALHN) to consider establishing a mental health housing and support program modelled on the successful Victorian Doorways program as a hospital avoidance measure	Not implemented. Neami have done significant work on this but no state government investment has been forthcoming.
5. Strengthen and leverage the current governance arrangements *Whilst the Adelaide Zero Project's governance structure is strong, there are opportunities to leverage the Project Steering Group to participate in broader reform. It is recommended that:*	As part of the new Housing Authority's *Housing and Homelessness Strategy*, ensure AZP's Project Steering Group participates in system reform and allocation of the state's $11 million inner city funding. Any new funding or resources from local or state government should be co-designed with, and commissioned by, the Project Steering Group.	In progress.
	Refine the current governance structure to increase efficiency	Implemented. Further improvements were made with the release of the Implementation Plan 2.1.
	The Chief Executive of the SA Housing Authority join and be actively involved with AZP's Project Steering Group	Partially implemented.
	Begin pre-planning and discussion for the expansion of Adelaide Zero Project into a *South Australian Alliance to End Homelessness*	Not implemented.
6. Service and system level innovations *Increased innovation in services and system responses is needed to improve the sector's efficiency and impact. This includes:*	Developing a business case for the co-location of key inner city homelessness and outreach services in a centralised service hub	Implemented.
	Urgent integration of culturally appropriate responses for Aboriginal people sleeping rough	In progress. Aboriginal Mobility Data Project has been commissioned.

	Expanding access to primary healthcare for people on the By-Name List, particularly through CAHLN's Hospital Avoidance Team and Adelaide Primary Health Network	Partially implemented. Hospital Avoidance Team links in with Street To Home outreach have been improved. Baptist Care SA has also led significant work on this.