



Continuous Improvement Review – Street to Home: Outreach

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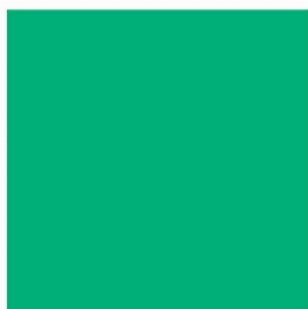
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1. Background

In late 2019 the Institute of Global Homelessness (IGH) conducted a service review for Adelaide Zero Project (AZP) as part of the Don Dunstan Foundation's (DDF) Thinkers in Residence program. Dr Nonie Brennan conducted the review and indicated that more work was required to better integrate outreach and other services in the inner city.

To address this, and to support Neami's broader contribution to the collective response to implementing all recommendations of the review, in early 2020 Neami engaged IGH's Australian Director, Mr David Pearson to:

- Assess current strengths, challenges and opportunities for Street to Home integration
- Provide advice, opportunities and pathways for improved integration with Day Centres, Royal Adelaide Hospital, including Drug and Alcohol Services SA, housing and emergency support providers and Mental Health services
- Develop a 12-month map for strengthening outreach integration with other services
- Identify improvement projects resulting in better Housing First and/or health outcomes for people experiencing rough sleeping.

Between February and March 2020 interviews were conducted with a broad cross section of the organisations involved in providing services to people sleeping rough in the inner city of Adelaide. A summary of feedback from these interviews can be found below. Importantly, a consultation roundtable also occurred with a range of people with a lived experience of the service system in the inner city, their views can also be found below.

A series of recommendations based on what was found in these consultations is set out in this report, along with a recommendation for supporting implementation.

A general understanding of the Street to Home Service and the Adelaide Zero Project are assumed in the below report.

For more information about the Street to Home service see: www.streettohome.org.au

For more information about the Adelaide Zero Project see: www.adelaidezeroproject.org.au

For more information about the reviewer, see Attachment D.



2. Recommendations: Summary

The following table presents the recommendations for both Neami National in the operations of the Street to Home service and, more broadly, for the Adelaide Zero Project, of which Neami and the Street to Home service play a central role.

If there is one overriding theme to the review it is this: that there is much more to be done to better integrate the work of the homelessness specific services in the inner city, with that of other services that people sleeping rough need. The Street to Home service is literally on the front line of this work, but addressing this challenge is a collective responsibility of all stakeholders.

The following recommendations are intended to help both the Street to Home service and the various stakeholders and forums of the Adelaide Zero Project. The recommendations are not intended to be directives but are provided in the hope that they can help with the principle of continuous improvement that is central to the Adelaide Zero Project.

Suggested time frame definitions as follows:

- Short Term – within the next 3 months
- Medium Term - within the next 6 months
- Long Term – by the end of the year

Lived Experience - Recommendations	Who to Action	By When
1. <u>Guide to Services</u> - That the City of Adelaide considers expanding the existing guide to homelessness services 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 it's '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 homelessness-specific and other services relevant to people sleeping rough.	City of Adelaide	Medium Term
2. <u>Corrections</u> - DDF to discuss with Offenders Aid and Rehabilitation Service (OARS) the potential for the development of a pre-release bag of information and a housing placement welcome pack for people exiting corrections facilities.	DDF + Offenders Aid and Rehabilitation Service	Medium Term
3. <u>Volunteers</u> - Explore the option of having trained teams of volunteers to support street outreach work to expand their reach and levels of engagement.	Neami	Long Term
Street to Home – Recommendations & Suggestions	Who to Action	By When
4. <u>Cost of Living</u> : Consider developing a partnership with The Salvation Army's Affordable SA telephone service where a proactive call could be made to people who have recently been housed to see what cost of living support services they could be connected to.	Neami + The Salvation Army	Short Term



5. <u>Training</u> - Establish a training plan for the Street to Home team and consider integrating it into a potential broader training plan for the Inner City Committee of Practice (ICCOP). This plan should enable training and knowledge exchange, opportunities for relationships building and forming connection between the Street to Home team, other services and the service system.	Neami + ICCOP	Medium Term
6. <u>Hospital Avoidance</u> - The Street to Home team and the Hospital Avoidance Team together establish a process for sharing the names of people that the Hospital Avoidance Team (HAT) is able to support to rapidly access health services, allowing the Street to Home team to focus on supporting HAT to make the necessary individual connections. This process and relationship need to be documented and incorporated into the operating procedures of both teams.	Neami + HAT	Short Term
7. <u>Mental Health</u> – Consider the establishment of a formal partnership enabling greater collaboration between the teams and direct referrals. This partnership could include a worker from Eastern Community Mental Health Team (ECMH) being integrated into Street to Home team (potentially a clinical mental health worker) to improve pathways to access support services.	Neami + Eastern Community Mental Health Team	Medium Term
8. <u>Case Management Protocol</u> - A protocol be established between the Street to Home service and other services operating in the inner city and the metropolitan Adelaide regions delivering case management for people who have been identified as sleeping rough through the Adelaide Zero Project.	Neami	Medium Term
Adelaide Zero Project - Recommendations	Who to Action	By When
9. <u>Meetings</u> - The chair or chairs of each of the ICCOP, Coordinated Care, Housing Allocations and Aligned Housing meetings propose adding a six-monthly planning session to their terms of reference. This session should be used to review and agree such things as membership, purpose and progress on priority work/actions.	DDF + Chairs of ICCOP, Coordinated Care, Housing Allocations and Aligned Housing meetings	Medium Term
10. <u>Technology</u> - The Chairs/secretariats of the Coordinated Care and Housing Allocations meetings urgently resolve the technology issues impacting on the ability of these meetings to do their work.	DDF + Secretariats of the Coordinated Care and Housing Allocations meetings	Short Term
11. <u>Coordinated Care Meeting</u> - Be extended by half an hour. The agenda is structured in a way that there is an opportunity to	Coordinated Care	Short Term



share issues, for agencies or guests to share information that will inform the work occurring, and for the issues identified to be elevated to the various forums of the AZP for consideration and/or action.		
12. <u>Inner-City Service Network</u> - DDF provide the insights shared by participants in the Coordinated Care meeting with whoever is commissioned to develop the Inner-City Service Network study.	DDF	Short Term
13. <u>Golden Ticket</u> - ICCOP adopt a 'golden ticket' concept in its work, whereby the most vulnerable people sleeping rough are given priority access through government and community service systems – outside of homelessness specific services.	ICCOP	Short Term
14. <u>Mental Health</u> – That Central Adelaide Local Health Network (CALHN) consider re-establishing the 'Mental Health – Homelessness Specific Triage Team' with a tightly defined scope to support those identified as in need by the Coordinated Care meeting, potentially as part of the 'golden ticket' concept.	CALHN	Medium Term
15. <u>Collective Impact for Health</u> - Consider the establishment of a Health and Homelessness Network and seek partners willing to drive it. The intent should be to engage a broad range of health practitioners, universities, and others to consider how access to healthcare can be expanded for people on the by-name list and how these health services can be better integrated into the specialist homelessness sector's work.	DDF and Wellbeing SA	Long Term
16. <u>Housing Allocations</u> - The Housing Allocations meeting consider how the length of time it takes to house someone from the by-name list can be improved and how it is reported within AZP.	Housing Allocations Meeting	Medium Term
17. <u>Support Package Allocation</u> - SAHA consider allocating a number of Supported Housing packages to the AZP for prioritising those most in need as identified by either the Housing Allocation Meeting or the Coordinated Care Meeting. This should occur in a similar manner to the commitment of 10 houses per month that SAHA prioritise for allocation to people on the by-name list.	SAHA	Medium Term
18. <u>Support Package Allocation</u> - The chair of the Housing Allocation Meeting should give consideration to the way the meeting is structured to ensure support options are discussed and how limited support packages available are prioritised. This should be done in a similar way housing is currently allocated.	Chair, Housing Allocations Meeting	Short Term
19. <u>Housing Advocacy</u> - The Aligned Housing Working Group should use the recently completed analysis of acuity and inflow information for people on the by-name list conducted by The Australian Alliance for Social Enterprise (TAASE) researchers to advocate for support for cohorts within the list. The Strategic Advisory Group's assistance should be sought in this advocacy work.	Aligned Housing Working Group	Short Term
20. <u>Housing & Support Pledge Events</u> - The Don Dunstan Foundation give consideration reviving the housing pledge event proposed by Dame Louise Casey in her review. Such consideration should determine if this event, or events, could be done online, include support not just for housing, and in a way that maximises	DDF	Medium Term



commitments from other housing sectors, including the private rental sector.		
21. <u>Housing Choices Trial</u> - SAHA relieve Housing Choices of contractual obligations preventing it from undertaking a trial prioritising a set number of their inner city vacancies for people exiting the by-name list and for these properties to be allocated through the Housing Allocations Meeting.	Housing Choices	Short Term
22. <u>Shared Housing</u> - The Aligned Housing Working Group and Housing Allocations Meeting should hold a Solutions Lab, or joint meeting solely focused on shared housing. This work should understand the challenges faced by people seeking to enter into or sustain shared housing tenancies and look at what can be done to improve support for those seeking to do so. The meeting should involve those with a lived experience of rough sleeping and shared housing.	Aligned Housing Working Group + Housing Allocations Meeting	Medium Term
23. <u>Housing Meetings</u> - DDF should consider making the Housing Allocations Meeting a subset of the Aligned Housing Working Group, not the Coordinated Care meeting in the governance structure for the AZP.	DDF	Short Term
24. <u>Care Coordination</u> - The co-chairs of ICCOP should meet with Uniting Communities to clarify what their role is in this work going forward and advise the DDF about how the AZP Implementation Plan can be updated to reflect current practice.	ICCOP Chairs and Uniting Communities	Short Term
25. <u>Mental Health Membership</u> - DDF seek a representative from Eastern Community Mental Health (i.e. Leslie Leeks) to join the Project Steering Group.	DDF	Short Term
26. <u>Meeting Communication</u> - The Data and Evaluation Working Group (one part of the old Strategic Data Working Group) should consider how it can better share information with the ICCOP to inform the work and focus of the Coordinated Care and Housing Allocations Meetings.	Data and Evaluation Working Group Chairs	Medium Term
27. <u>Implementation</u> - That the DDF coordinate reporting twice to the Project Steering Group (PSG) on the implementation of these recommendations by all relevant partners and meetings. First on initial responses to these recommendations, and second six months later regarding the status of implementation.	DDF	Short and Long Term



3. Feedback: Lived Experience

On the 24 February, Neami held a consultation session with a number of people with a lived experience of homelessness. This was facilitated by the IGH and one of Neami's peer workers. The following is a summary of what we heard:

Street to Home

- "Street to Home, go above and beyond the call of duty, you aren't machines, you've got hearts of gold".
- "They empower us to engage with a system that just disempowers us again".
- "A lot of services seem happy to make people to be dependent on their services".
- "The fact that Street to Home comes to us, means they meet us at our level. It should always focus meeting people where they are".
- "Some services pick and choose who they help, Street to Home doesn't do that".
- "My experience with Street to Home was really positive, I wasn't just dumped when I received housing, they stayed engaged with me".
- "I really like the fact that Street to Home will help you fill out the paperwork".
- "The fact that they pair people with a lived experience worker has been so important".

Judgement

- "They are great, so many services are judgmental, the Street to Home crew are never judgemental".
- "They are non-judgemental, they don't ask if you are on drugs, the Street to Home team are the only people that I didn't cop it about drugs from – I got it from youth services, Centrelink, employment services, GP, and more".
- "There's no judgement there, it means you're relaxed, and you don't walk away".
- "I think there is a lack of information being shared about what services are available because there are organisations trying to compete with other organisations and because of the judgement of some staff in those organisations".
- "The lack of information is the result of personal judgement by workers in the system, some are great, and some are very judgemental. This judgement is a big reason why we don't access services".

Accessing Support

- "Street to Home needs to really focus on helping people access services not just housing - it takes a long time to figure this stuff out. Pride is a big problem".
- "I was told that you need to be sleeping rough for three weeks before you qualify to go on the list, that's the understanding that a lot of people on the street have".

Accessing Housing

- "We want options, we don't care if it's public, community, private rental or whatever as long as it's safe and affordable".
- "Some public housing is worse than rough sleeping".
- "I'd rather sleep on the street than in public housing that isn't appropriate".
- "Discrimination and stigma are big issues in accessing housing".
- "In order to get private rental, you have to do a lot of lying to get in. If you are on the dole no one wants to touch you".



- “Even if you can afford a property with rent assistance, they are dumps most of the time”.

Sustaining Housing

- “Housing was like being back in solitary”.
- “The first time I ever felt homeless was when I was placed into a property - even though I had four walls, I still felt homeless”.
- “Getting housed is one thing, keeping it is hard”.
- “The affordability of power, and other utilities is what tipped me over the edge”.
- “A lack of money makes you feel isolated”.
- “I had more money on the street. The bills are huge”.
- “It would be great if there were cost of living packs when you are housed - with info, and links to support”.
- “We need budgeting help when we move into a property”.
- “Helping me manage the bill shock is key”.
- “Utilities are the killer. Most of the places we can afford are dumps (so they are expensive to heat and cool) and so we can’t afford the utilities”.
- “In the heat waves I had a lot of mates who had to hose down the walls at night to cool the house”.
- “Employment has got to be part of it of the support for people to sustain a housing placement, particularly if it’s private rental”.
- “I’ve lost all my belongings many times, so I’ve got very little to help me run a house, more help with this, care packages when you move in and later on would help”.
- “After being on the streets you forget how to cook a decent meal and actually use a kitchen, to eat more healthily”.

Shared Housing

- “We need help with managing shared tenancies, it’s the only way we can get into some types of housing, but it’s hard. We’ve all got issues going on”.
- “It [shared housing] can work for a while, to help get back on your feet, but it doesn’t always work out as people have got stuff going on in their lives”.
- “Surely there are ways it could be made easier for us”.

Pets

- “Pets are a real barrier to accessing housing - particularly for LGBTIQ homeless people”.
- “Our pets are literally our kids”.
- “I’d rather die than give up my pet”.

Bushfires / Respite

- “Cudlee Creek caravan parks was the holiday spot for a lot of rough sleepers, a lot of us would go there to get a break from the streets, but the bushfires have impacted on our ability to get that respite”.

Dental Services

- “It was suggested that access to dental services is an issue, not so much when you are on the street but once you’ve been housed as you don’t meet the criteria then for access to services. There should be a grace period, to help with getting used to this sort of thing again.”





Navigating the system

- “Getting information about what services are offered is really hard, they don’t share it, you have to extract the information syllable by syllable”.
- “The greatest forum for getting information is smoking with my mates at Westcare”.
- “I’d been sleeping rough for ages before I heard about Vinnies”.
- “The services can be across the road, and you won’t even know about them. There is an expectation we’ll come to services, rather than them coming to us”.
- “Need stickers around town where there are often people sleeping rough, so they know who can help. I wouldn’t have known if I hadn’t walked past the Street to Home office one day”.
- “The workers have all the cards in their hands, the information about how to get off the gear, how to get access to crisis accommodation, access to getting on the housing list, this is so hard to find”.

Guide to Services

- “We need a hitchhikers’ guide to Homelessness, written and designed by people who have been homelessness in Adelaide”.
- “We know what a referral is, we’re not stupid, why are services that require a referral hidden from us”.
- Recommendation 1: That the City of Adelaide consider expanding the existing guide to homelessness servicesⁱ 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 it’s ‘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 homelessness-specific and other services relevant to people sleeping rough.
 - There may be opportunities for this guide to be incorporated into the new SAHA commissioned ‘Housing Advice, Advocacy and Engagement Service’ or with InfoExchange and their Ask Izzy Serviceⁱⁱ.

Corrections

- “I see why people re-offend, they get three meals and a bed. That’s more than you get on the street”.
- “It would be good if there was some sort of pre-release show bag, with information about where you can get food, support, etc”.
- Recommendation 2: DDF to discuss with OARS the potential for the development of a pre-release bag of information and a housing placement welcome pack for people exiting corrections facilities.

Volunteers

- “I think it would be a good idea if the Street to Home team used more volunteers”.
- “I’m all for more engagement on the street, as long as there is no judgement”.
- “Volunteers are great but lived experience volunteers are the best”.
- “I enjoyed the company of volunteers when they came to talk us on the street [during Connections Week], it would be great if they wanted to come and visit when I got housed”.
- Recommendation 3: Explore the option of having trained teams of volunteers to support street outreach work to expand their reach and levels of engagement.

The Hub

- “You could combine the outreach work with services like Fred’s van, where people are gathering anyway? It would save having to spend lots of time tracking us down”.



- “We all do two laps of the city a day, it’s exhausting, visiting all the different services. It would be better if there were more services located together”.
- “You wouldn’t want everything all in one place though, people can be territorial, you’ll have problems”.
- “Light Square is the upbeat cousin of the Whitmore square!”.
- “Would be good if there was a small room for counselling/private conversations in the Hub”.
- “It would be good if there were emergency packs (i.e. food) for people who have been rejected by others”.
- “You need something more than a bottle of water to create a sense of warmth”.



4. Feedback: Adelaide Zero Project

Whilst this review is focused on the outreach component of the Street to Home Service, it would be of limited value to consider the improvements that can be made to the way this service operates without also considering the improvements that could be made to the broader system change efforts that the Street to Home service is a central part of. As such the following section sets out the key feedback, relating to the Adelaide Zero Project generally, as received during interviews conducted with a broad cross-section of organisations providing services to people sleeping rough in Adelaide's inner city. It also includes insights gained from observing a number of the operational forums of the Adelaide Zero Project.

Meetings

- The AZP has spent a lot of time getting the right people in the right rooms, as noted in the Nonie Brennan reportⁱⁱⁱ. Attention now needs to turn to how effective these meetings are.
- "We need to better invest the time up front so that people know why they are there".
- There needs to be greater understanding of, and clarity on, the purpose and value of ICCOP, Coordinated Care, Housing Allocations and Aligned Housing for participants.
- Each meeting has a role to play in being the place where relevant decisions are made, actions formulated and delivered on, and where necessary referred to other meetings as part of the Zero Project.
- One way to gain greater clarity is to instigate six-monthly planning sessions for each AZP meetings, where participants step out of the day to day activities and take stock of what they are working on. To reconsider the membership, to make sure the right people from the relevant agencies attend (i.e. where necessary, decision makers), particularly from sectors such as mental health, drug and alcohol and others.
- This is happening for some meetings ad hoc but not all, and has not been systematised, or incorporated into the terms of reference for each of these meetings.
- Given the collective impact nature of the project, it is important that these efforts are done jointly with the backbone entity, the Don Dunstan Foundation.
- Recommendation 9: The chair or chairs of each of the ICCOP, Coordinated Care, Housing Allocations and Aligned Housing meetings propose adding a six-monthly planning session to their terms of reference. This session should be used to review and agree such things as membership, purpose and progress on priority work/actions.

Inner City Committee of Practice

- The chairing responsibilities of ICCOP, the care coordination and housing allocation meetings require a significant amount of work and leadership. It is not just a matter of chairing the meeting, it is about operational leadership. This work should be reflected in the position descriptions of the individuals involved in this work and supported by their line managers.
- For both the Coordinated Care meetings and the Housing Allocations meetings, there is limited utility in representatives attending meetings if they don't know what the purpose is and if they haven't been empowered to make decisions in the meeting beforehand.
- Time is often wasted with various participants not having information in front of them in these meetings, often this is because technology issues haven't been resolved to be able to access their agency's data or information systems. People often forget to bring mobile devices with them, don't have them, there is no wi-fi in the room booked, participants haven't requested remote access to their systems and other resolvable issues.
- Context is also important in these meetings, so it is also important that each participant has



access to relevant resources, past papers, minutes of these meetings. There are various digital platforms for storing these files, such as Dropbox, Box, Google Drive etc, but after more than 18 months of these meetings occurring, agreement has not been reached about how to store and access these important meeting resources. The Chairs and the DDF need to urgently resolve this.

- **Recommendation 10:** The Chairs/secretariats of the Coordinated Care and Housing Allocations meetings urgently resolve the technology issues impacting on the ability of these meetings to do their work. In particular that:
 - Wi-fi is able to be accessed by all participants in whatever venues are booked.
 - Participants undertake to ensuring they have access to the information they need in the room to ensure that information can be shared, and decisions made efficiently while they are in meetings.
 - A Dropbox, or similar digital platform, is created to store centrally all the resources of the meetings and that government representatives urgently resolve the IT issues that prevent them from accessing these.

Coordinated Care Meeting - General

- “Participation of the exceptional needs unit has made a marked improvement in the effectiveness of the meeting”.
- “There is a group of people who need ongoing support and it’s just not there”.
- “There has been a lot of improvement to the way case management coordination occurs, but there is still room for improvement”.
- “There isn’t a community that has ended street homelessness that hasn’t made the case conferencing process work really well”.
- “We need to focus more on how we can help people to succeed, and less on covering our backsides by putting them on a list”.
- The Coordinated Care meetings function too much as a risk management meeting, as the Vulnerable Persons Framework (VPF) meetings used to operate, with not enough time or consideration given to what can be done to actually help the people identified as the most vulnerable.
- “The meeting usually focuses on people that we can find, rather than about those that we can’t”.

Coordinated Care Meeting – Knowledge Sharing

- “Too often at coordinated care - we focus on the loudest, the schizophrenic people on the list. But the quiet ones drift off and there are other forms of vulnerability”.
- “There are vastly different levels of knowledge in the room, we should ask a different agency each week to present the issues, to ensure we are all more closely aligned in the understanding of the issues”.
- It was apparent that this was particularly the case in relation to mental health diagnosis and the interrelationship with drug and alcohol issues.
- “What is often seen as buck passing between AOD [alcohol and other drugs] and mental health services is often a misunderstanding of diagnosis”.
- “The meeting is too short, we need to have an extra half hour to deal with extra issues, the other cohorts. Needs some more urgency to some”.
- **Recommendation 11:** The Coordinated Care meeting be extended by half an hour. The agenda is structured in a way that there is an opportunity to share issues, for agencies or guests to share information that will inform the work occurring, and for the issues identified to be elevated to the various forums of the AZP for consideration and/or action.



- Opportunities here include: presentations from the Strategic Data Working Group, information about issues like guardianship, the new Borderline Personality Disorder Service, etc.

Coordinated Care Meeting – Problem Solving

- The Coordinated Care meeting needs a greater focus on the barriers to successful housing the people identified as vulnerable, to think laterally about where support and housing could come from, about which systemic barriers need to be considered by ICCOP and, where necessary, the Project Steering Group and Strategic Advisory Group.
- “We need to put the burden of problem solving onto the meeting, not the system generally, and if that means elevating the problem to another group in the AZP, that’s better than walking away after discussing the problem and not agreeing action items”.
- “We need to structure the meeting around the people on the list and their specific problems, not about the problems with the system as a whole, that’s too big to deal with”.
- “We need to step out of the day to day regularly, and reflect on what are we achieving, and change course if it’s not working”.
- “We need coordinated care meeting participants to spend more time together, focused on helping the people on the list outside of the day to day siloed work we do”.
- Some providers, particularly a number of the staff from the health system, expressed a desire to be able to work together more between meetings.
- Recommendation 12: DDF provide the insights shared by participants in the Coordinated Care meeting with whoever is commissioned to develop the Inner-City Service Network study.

A Rapid Response Model – the Golden Ticket

- There are technology and empowerment issues that are unnecessarily preventing participants in the meeting from being able to make decisions in the room. There are also government or agency rules that prevent this.
- The Department of Child Protection has a process and concept colloquially known as the ‘golden ticket’ for children under the Guardianship of the Minister. It works on the basis that because of the vulnerability and poor outcomes for these children that whatever South Australian Government funded service they need, they bypass the wait list, are exempt from eligibility requirements and bypassing whatever normal agency rules apply to ensure they are able to rapidly access the services they need.
- The people who attend the Coordinated Care meeting need to be empowered to bypass normal government or agency rules in order to have more flexibility to support the group of people that are identified as being the most vulnerable in this meeting.
- Case study - Dental: It was suggested in the lived experience session that access to dental services is an issue, not so much when you are on the street, but once you’ve been housed. The view was that you don’t meet the criteria once housed to access dental support. In order to ensure the successful tenancy of someone who has been sleeping rough, the golden ticket concept could mean that there is an exemption put in place for those most vulnerable people that the Coordinated Care meeting identifies as being in particular need of dental care.
- Case Study – DASSA: Another suggestion was made that access to drug and alcohol services is relatively flexible for people who are on the street (getting access within three days), however, once they are housed they can wait for up to three weeks for the triage nurse to get back to them, by then relapse can occur threatening the tenancy. The golden ticket concept would enable Coordinated Care to be able to, in exceptional circumstances, enable more rapid access to these services.



- Broad and enthusiastic support was received from all stakeholders for the golden ticket concept, including CALHN, mental health and AOD services.
- The golden ticket response needs to be threaded through the Coordinated Care and Housing Allocation meetings – enabling a whole of government, whole of community sector response.
- Recommendation 13: ICCOP adopt a ‘golden ticket’ concept in its work, whereby the most vulnerable people sleeping rough are given priority access through government and community service systems – outside of homelessness specific services.
 - ICCOP should adopt this principle as far as possible immediately provide advice to the Project Steering Group about what broader policy changes would be needed to implement it comprehensively.

Mental Health

- A number of homelessness services expressed difficulty accessing to mental health services for their clients.
- “It’s very inefficient what we are doing now, in terms of general mental health triage teams having to deal with rough sleepers who have very specific and intense needs. We need them to jump sometimes and they just aren’t set up to do that. I’m sure it would be better for everyone if there was a specific homelessness team”.
- “CALHN used to have a homelessness specific team a number of years ago, but that was wound up because it became a whole of Adelaide homelessness and mental health team which was beyond CAHLNs responsibility and capability”.
- Recommendation 14: CALHN consider re-establishing the ‘Mental Health – Homelessness Specific Triage Team’ with a tightly defined scope to support those identified as in need by the Coordinated Care meeting, potentially as part of the golden ticket concept.

Drug and Alcohol Services

- There was a view that once people were placed into housing, it is often a number of months before someone comes to visit. But more significantly, they aren’t eligible for services in the same way as they were when rough sleeping.
- AOD services found that they didn’t get a lot of referrals whilst people were sleeping rough, but that once they were accommodated there is much greater demand, including when people have been placed into hotels or emergency accommodation. By this point people previously rough sleeping are often not considered ‘category one’ for access to AOD services, which means there can be significant delays in accessing services or reduced rates of uptake of those services.
- Whilst there is a lack of housing there is more work that can be done to prevent these issues resulting in people losing tenancies in the first place or impacting their ability to sustain housing. The golden ticket concept could help with this, but it would need to be informed by good advice on where to focus. The Strategic Data Working Group has a role to play in assisting with this.

Health

- “A greater engagement of various health systems in the challenge of meeting the needs of rough sleepers is needed”.
- “There is a willingness to help on the part of staff in the various health agencies, but their work is very reactive, and so there is need for homelessness specific services to push these health sector workers, to engage with and support this group of people”.
- There was feedback from a range of health practitioners who resist working differently, particularly in a more connected up way with other services in the inner city.



- “It would be good if there was some way of engaging health professionals who already do, or could start, working with the street homeless, the encourage best practice, share expertise and encourage integration of their work”.
- Recommendation 15: DDF and Wellbeing SA consider the establishment of a Health and Homelessness Network and seek partners willing to drive it. The intent should be to engage a broad range of health practitioners, universities, and others to consider how access to healthcare can be expanded for people on the by-name list and how these health services can be better integrated into the specialist homelessness sector’s work.
- The Australian Alliance to End Homelessness has called for the establishment of a similar network in Australia^{iv}, modeled on the successful network already operating in Canada, as part of the Canadian Alliance to End Homelessness^v.

Housing Allocations Timeframes

- Community housing providers have expressed a concern about the length of time it sometimes takes to house someone from the by-name list once a property has been offered up.
- There are a range of legitimate reasons why this is hard, but they do need to be worked through.
- The Housing Allocations meeting could consider the adoption of monthly housing allocation timeframe goals, i.e. saying that we will at a minimum seek to make an offer for everyone within 90 days.
- Recommendation 16: The Housing Allocations meeting consider how the length of time it takes to house someone from the by-name list can be improved and how it is reported within AZP.

Housing Allocation Meeting

- “Aligned Housing meeting prioritises the small amount of housing, there isn’t sufficient focus on the support, ensuing the referrals happen, this is difficult as the support needs to happen at the local level, where the housing is”.
- “We need to target our responses more to the needs they [people on the BNL] have. We know that the key issues compromising tenancies are unmanaged mental health and AOD”.
- “We need more support to sustain tenancies”.
- It was suggested that it would be a good idea for SAHA to bring to the Housing Allocations Meeting a number of allocations from the Supported Housing Program.
- Recommendation 17: SAHA consider allocating a number of Supported Housing packages to the AZP for prioritising to those most in need as identified by either the Housing Allocation Meeting or the Coordinated Care Meeting. This should occur in a similar manner to the commitment of 10 houses per month that SAHA prioritise for allocation to people on the by-name list.
- “The alignment and prioritisation of support packages is not occurring to the extent that it needs to”.
- “We need to reflect on what we’re doing more, rather than only spending our time on allocating the limited number of houses we have, as important as that is”.
- Recommendation 18: The chair of the Housing Allocation Meeting should give consideration to the way the meeting is structured to ensure support options are discussed and how limited support packages available are prioritised. This should be done in a similar way housing is currently allocated.



Access to Housing – Aligned Housing Working Group

- There is a need for greater access to housing in order for Street to Home to be more effective and for the AZP to achieve its purpose.
- There is a broad-based frustration across the AZP at the lack of housing available, however, this frustration cannot and should not prevent action from being taken on improving the way the other service systems, particularly mental health and AOD work with the homelessness system. Such ways of working should focus on sustaining tenancies, both for those who are at risk of falling into homelessness and for those who have been housed through the AZP processes.
- Frustrations around housing supply are sometimes exacerbated by the fact that the type of housing offered to the Housing Allocations Meeting has at times not been suitable for people on the by-name list.
- “The Aligned Housing Working Group meeting is a waste of time, it’s just an information sharing forum with SAHA.”
- “The Aligned Housing Working Group meeting has had a lot of meetings and I’m not sure what it’s achieved”.
- “There is a lot of replication between what is discussed at the PSG and the Aligned Housing Working Group”.
- “Greater consideration needs to be given to how housing can be identified through providers other than the public housing authority and the community housing providers”.
- A lot of time and effort has been made by the Housing Allocation meeting to advocate for more housing for individuals. Greater collective effort needs to go into advocating/asking for housing for whole population cohorts that are on the by-name list. The Aligned Housing Working Group needs to take a stronger role in focusing on this.
- Recommendation 19: The Aligned Housing Working Group should use the recently completed analysis of acuity and inflow information for people on the by-name list conducted by TAASE researchers to advocate for support for cohorts within the list, including but not limited to:
 - Education providers, particularly Universities
 - Veterans groups
 - Disability accommodation services
 - Aged care services
 - Culturally and Linguistically Diverse (CALD) organisations
 - Aboriginal and Torres Strait Islander (ATSI) organisations.

The Strategic Advisory Group’s assistance should be sought in this advocacy work.

Housing Pledge Event

- It was suggested that the AZP should revive the pledge event idea that was first recommended in the original Dame Louise Cassey review report.^{vi}
- Recommendation 20: The Don Dunstan Foundation give consideration reviving the housing pledge event proposed by Dame Louise Casey. Such consideration should determine if this event, or events, could be done online, include support not just for housing, and in a way that maximises commitments from other housing sectors, including the private rental sector.

Access to Community Housing - Housing Choices Trail

- “Community Housing Providers have said that they have no vacancies, and then it shows up they’ve housed people off the BNL anyway, just not through the housing allocation process”.
- Frustration was raised by specialist homelessness service providers about the transparency of the allocation process for community housing generally.
- Community Housing providers explained the federal and state contractual obligations they must meet means they cannot wait for paperwork and other processes to be put in place that highly complex clients often need extra time to resolve.



- Frustration was also raised that support workers must either be from the specialist homelessness service provider or the community housing provider, but not both. If there were greater contractual flexibility, there could be a longer period of support provided by both agencies, helping to ensure a successful tenancy.
- Brokerage funding may also be required for such a trial given that CHPs must take clients who are able to pay rent straight away and that this isn't always possible for people who have been living on the streets for extended periods of time.
- In order to address these concerns, a Tier one Community Housing Provider could be identified to enable an increased focus on supporting chronic rough sleepers. Given Housing Choices has the majority of its properties in the inner city and the focus of the AZP, it has recommended that this approach be trialled with Housing Choices.
- Recommendation: SAHA relieve Housing Choices of contractual obligations preventing it from undertaking a trial prioritising a set number of their inner-city vacancies for people exiting the by-name list and for these properties to be allocated through the Housing Allocations Meeting.

Shared Housing

- Based on the feedback from the lived experience roundtable, further work is also required on shared housing.
- Recommendation: The Aligned Housing Working Group and Housing Allocations Meeting should hold a Solutions Lab, or joint meeting solely focused on shared housing. This work should understand the challenges faced by people seeking to enter into or sustain shared housing tenancies and look at what can be done to improve support for those seeking to do so. The meeting should involve those with a lived experience of rough sleeping and shared housing.

Governance

- A greater connection and reporting line needs to be developed between work occurring at the Aligned Housing Working Group (whose primary purpose is to identify ways to ensure sufficient housing is available to meet the needs of the people on the by-name list) and the Housing Allocations meeting whose purpose is to make sure the housing and support that is available is prioritised for those most in need.
- A number of people expressed frustration about this disconnect during the review.
- Recommendation: DDF should consider making the Housing Allocations meeting a subset of the Aligned Housing Working Group, not the Coordinated Care meeting in the governance structure for the AZP.
- Uniting Communities is the lead agency under the AZP Accountability Framework for Care Coordination, but in effect, Uniting Communities have little operational involvement in most of the work occurring as part of this mechanism.
- Recommendation: the co-chairs of ICCOP should meet with Uniting Communities to clarify what their role is in this work going forward and advise the DDF about how the AZP Implementation Plan can be updated to reflect current practice.
- Eastern Community Mental Health team are currently part of the ICCOP – in particular care coordination and housing allocation, but do not have a senior representative on the PSG.
- Recommendation: DDF seek a representative from Eastern Community Mental Health (i.e. Leslie Leeks) to join the Project Steering Group.
- The ICCOP and its working groups often struggle to step out of the day to day tasks they have and look at how the broader system can support their efforts. The Strategic Data Working Group's role is to better understand where the most impactful interventions can be made. Consequently, there is a need for greater communication between these groups.



- Recommendation: The Strategic Data Working Group co-chairs should consider how it can better share information with the ICCOP to inform the operational work and focus of the Coordinated Care and Housing Allocations Meetings.
- Recommendation: That the DDF coordinate reporting to PSG on the implementation of these recommendations by all reliant partners and meetings twice. First on initial responses to these recommendations, and second six months later on the status of implementation.



Attachment A: AZP Coordinated Outreach Framework

Coordinated and assertive outreach is an important part of the Adelaide Zero Project model. An assertive outreach service – known as Street to Home – is funded to operate across the Adelaide inner city area (including the parklands) with demonstrated strong reach into the rough sleeping population. This outreach service is funded to focus on the Adelaide inner city as this area remains the largest capture point for rough sleepers in South Australia. People sleeping rough in Adelaide’s inner city are also supported by other services working alongside Street to Home and the network of specialist homelessness services in the inner city. Street to Home’s referral process for people sleeping rough also includes the StreetConnect web platform operated by the SA Housing Authority.

The Coordinated outreach framework includes a directory outlining the agencies that regularly engage with vulnerable people in the inner city area and parklands. Understanding the types of services delivered by such agencies, operational locations and times allows us to better coordinate engagement with people sleeping rough and as referral points to the AZP By-Name List (BNL) where appropriate.

Understanding the scope and coverage of outreach services can be used to influence policy improvements and contract management to enable greater coordinated outreach across the inner city area.

Adelaide Zero Project use coordinated outreach, for example staff from multiple organisations undertaking assertive outreach together, organisations providing information to support other outreach teams, to address:

- extreme weather events, for example Code Red, Code Blue.
- seasonal responses to increased Aboriginal mobility.

The Coordinated outreach framework is a working document and will be reviewed regularly as opportunities for further coordination are identified. The Adelaide Zero Project will strengthen the BNL referral network as we continue to identify and build relationships with other services and assistance groups.

Organisation	Service	Contact Details	Service Description	Geographical Coverage	Operating Times	Input into the BNL
Neami National	Street to Home	1800 811 180 www.streettohome.org.au	Supports people sleeping rough in and around the Adelaide CBD to find and maintain sustainable housing.	City of Adelaide boundaries	<ul style="list-style-type: none"> • 7 days per week • 6am – 9am and 5pm-9pm 	<ul style="list-style-type: none"> • Data custodian • Able to input directly into By Name List • Main lead agency • Provides monthly data reports
Drug and Alcohol Service SA (DASSA)	Aboriginal Connection Program	0435 960 984 HealthDASSAACP@sa.gov.au	Dedicated AOD treatment service for Aboriginal people living within or frequenting the inner city area of Adelaide.	City of Adelaide boundaries	<ul style="list-style-type: none"> • Monday to Friday • 8am – 4pm 	Completes VI-SPDATs provides to Street to Home for input.
Aboriginal Sobriety Group	Mobile Assistance Patrol	0411 474 368 www.asg.org.au	Provides transport for individuals affected by alcohol and other drugs and at risk of harm to themselves or others from inner city Adelaide to places of safety.	<p>Main focus is inner Adelaide and Park Lands.</p> <p>Transport to metropolitan areas limited to Smithfield in the north, Port Noarlunga in the south and Mount Barker in the Hills.</p>	<ul style="list-style-type: none"> • 7 days per week • 4pm – 2am 	Not currently engaged with the By Name List.
Central Adelaide Local Health Network	Hospital Avoidance Team					Completes VI-SPDATs provides to Street to Home for input.

Organisation	Service	Contact Details	Service Description	Geographical Coverage	Operating Times	Input into the BNL
SA Police	Operation Paragon	<u>DL:SAPOL</u> <u>EasternNPT@police.sa.gov.au</u> 0437730404 Chief Inspector Matt Nairn: 0418 829 223	Patrol priority CBD areas and actively engage with community groups and support agencies with a focus on reducing criminal and behavioural offending and excessive and harmful consumption of alcohol and other substances.	Priority CBD areas. Teams of two are assigned one of four areas.		Refers to agencies for support and addition to By Name List if necessary.

Organisation	Service	Contact Details	Service Description	Geographical Coverage	Operating Times	Input into the BNL
SA Police	Community Constables		Community Constables assist police as a result of their knowledge and skills relevant to a particular community from Aboriginal or other cultural background. CC's build stronger community relationships and develop positive levels of understanding between communities and Police.	Adelaide CBD		Refers to agencies for support and addition to BNL if necessary.

Attachment B: Coordinated Outreach Ideas

The following are some Coordinated Outreach ideas being discussed between a number of services in the inner city.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6am-9am Street to Home*	6am-9am Street to Home	6am-9am Street to Home	6am-9am Street to Home	6am-9am Street to Home	6am-9am Street to Home	6am-9am Street to Home
10am-1pm ACP and Uniting Communities RTC	10am-1pm ACP and ASG	10am-1pm ACP, Street to Home and Uniting Communities RTC	10am-1pm ACP and Hutt St Centre	10am-1pm ACP, Baptist Care and Uniting Communities RTC		
5pm-9pm Street to Home	5pm-9pm Street to Home	5pm-9pm Street to Home	5pm-9pm Street to Home	5pm-9pm Street to Home	5pm-9pm Street to Home	5pm-9pm Street to Home

Agreed Information Sharing and Purpose

The role of Hutt St, Baptist Care and Street to Home when on outreach is to discuss options for completing an intake with Specialist Homelessness Services to support access to housing. It is recognised that the staff will ensure that the person is offered the opportunity to make their own choice about the agency they sign up with and in line with the criteria for each service.

Street to Home will send a brief email to ACP staff at the completion of Monday to Friday AM outreach to assist in information sharing or follow up.

Street to Home will send a brief email to ACP Staff after the weekend shift in regards to any intel, follow up etc.

We will work on establishing a way of recording and sharing information with this group by possibly leveraging existing By Name List infrastructure to tailor something for the needs of this group. Hopefully we will be able to progress this next week with the support of Don Dunstan Foundation.

The group will work on coming together on a semi frequent basis (frequency, format TBC) to discuss the effectiveness of this response to assist in future planning.

Consider whether any info sharing documentation for consumers is needed to enable coordination.

Consider the role of Hospital Avoidance Outreach team in this work.

* ACP to consider possibility of trialling a 6:30-9am joint outreach with Street to Home in the New Year TBC by DASSA

Attachment C: Consultation List

Organisation	Name	Title
Uniting Communities	Robyn Sutherland	Senior Manager
	Lydia Crawford-Pope	Designer & University Relations, Research & Innovation
	Ruth Tulloch	Service manager Aboriginal Community Connect
	Robert Spaan	Senior coordinator of Aboriginal Community Connect
Baptist Care	Jack Snelling	Health Precinct Project
	Philip Bunyon	Senior Manager
	Stefano Tocci	
Hutt Street	Lynda Forrest	Chief Operating Officer
	Ian Milverton	Manager of the Day Centre
SAPOL	Matt Nairn	Chief Inspector
	William Humphris	Operation Paragon
CALHN	Lisa Bartholomeus	Hospital Avoidance Team
	Kerry Dawson	Hospital Avoidance Team
	Liana Granello	Nurse unit manager, Hospital Avoidance
Eastern Mental Health Team	Ali Pickering	Sector manager for community mental health
	Lennard Buxton	
The Salvation Army	Paul Colson	Director Towards Independence Network of Services
	Tania Sharp	Manager of Sobering Up Service
SAHA	David Holmes	Regional Manager
	Ian Cox	Executive Director, Office for Homelessness Sector Integration
City of Adelaide	Caro Mader	Former, Manager Participation and Inclusion
	Lauren Grant	
	Christie Anthony	
Don Dunstan Foundation	Renee Jones	Senior Coordinator, Adelaide Zero Project
	Clare Rowley	Data and Project Officer, Adelaide Zero Project
Institute of Global Homelessness	Lydia Stazen	Executive Director
	Nonie Brennan	Senior Adviser
The Australian Alliance for Social Enterprise	Ian Goodwin Smith	Director
	Selina Tually	Senior Researcher
Community Solutions	Jake Maguire	Principle
Canadian Alliance to End Homelessness	Tim Richter	CEO and President

The following meetings were also observed:

- Street to Home Staff Meeting
- AZP: Coordinated Care Meeting
- AZP: Housing Allocations Meeting
- AZP: Project Steering Group

Participation in a number of outreach services and lived experience consultations also heavily informed the drafting of this report as well as significant engagement with the Street to Home team and others from Neami National.

Attachment D: About the Reviewer

David Pearson is the Interim Australian Director of the Institute of Global Homelessness (IGH) where he is supporting local Australian community's efforts to end street homelessness. David is also an Industry Adjunct at the University of South Australia's Alliance for Social Enterprise.

Between 2016-2019 he was the Executive Director of the Don Dunstan Foundation – where he led the establishment and development of the Adelaide Zero Project, a collective impact initiative of over 45 organisations all working together in new ways to end street homelessness in the inner city of Adelaide.

Prior to this David was the Senior Policy Adviser to a number of South Australian Premiers and Commonwealth Government Ministers in a range of portfolio areas including housing and homelessness, mental health, social inclusion and workforce participation. David has a Bachelor of International Studies and a Bachelor of Media, with Honours in Politics and Public Policy from the University of Adelaide.

David is a director of the Australian Alliance to End Homelessness (AAEH), the Social Impact Investment Network of South Australia (SIINSA), the Adelaide Fringe Festival and Community Bridging Services SA. In 2019 David was recognised as one of the top 40 Under 40 leaders in South Australia.

ⁱ City of Adelaide, A Quick Guide to Homelessness Services in the City, URL:

<https://d31atr86jnqrq2.cloudfront.net/docs/homelessness-support-adelaide.pdf?mtime=20190409144247>

ⁱⁱ <https://askizzy.org.au/about>

ⁱⁱⁱ Brenan, Nonie, Institute of Global Homelessness/Thinkers in Residence Report, “Ending sleeping rough in the inner city”, March 2020, URL: <https://dunstan.org.au/wp-content/uploads/2019/02/Thinker-in-Residence-Dr-Nonie-Brennan-Final-Report.pdf>

^{iv} Australian Alliance to End Homelessness, Leaving No-one Behind – A National Policy for Health Equity, Housing and Homelessness, January 2020, URL: https://aaeh.org.au/assets/docs/20200120-POLICY-PROPOSAL_Leaving-no-one-Behind.pdf

^v Canadian Network for the Health and Housing of People Experiencing Homelessness, URL: <http://cnh3.ca/>

^{vi} Casey, Dame Louise, Institute of Global Homelessness/Adelaide Zero Project, *Support Visit Review*, February 2019, URL: <https://dunstan.org.au/wp-content/uploads/2019/09/IGH-Visit-Report-Feb-2019-FINAL.pdf>