



Specialist Homelessness Services

Program Specifications

June 2021



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1. Purpose

The Specialist Homelessness Services (SHS) program is the primary NSW Government response to homelessness. The SHS sector is a vital part of the broader service system that is working towards ending homelessness.

SHS service providers support people who are experiencing, or who are at risk of homelessness, through early intervention, crisis and transitional support; and post crisis support services.

The SHS program's primary objective is to ensure people who are experiencing homelessness, or who are at risk of homelessness, are supported to achieve safe and stable housing in the community.

Where possible, people receiving a service from a specialist homelessness service are:

- Identified and supported to remain safely in their existing housing, or to secure stable housing, which is affordable for the person
- Provided with safe and secure accommodation and supported to access stable housing, which is affordable for the person
- Re-housed after experiencing homelessness and supported across the broader service system to stay housed
- Supported to access mainstream and specialist services
- Supported to connect with community and family

1.1 Purpose of this document

The Program Specifications form part of the Human Services Agreement (HSA), which includes the scope and intent for each service provider. The HSA is comprised of the Standard Terms and Schedule. The HSA includes specific information for each provider including target client groups, properties, geographic coverage and other aspects of program delivery that may be location specific.

The Program Specifications apply to services funded by the Department of Communities and Justice (DCJ) including:

- Specialist Homelessness Services (SHS) program
- Inner City Restoration Fund (ICR)
- Homeless Youth Assistance Program (HYAP)
- Service Support Fund (SSF)
- Domestic Violence Response Enhancement (DVRE)
- Youth Crisis Accommodation Enhancement (YCAE)

The Program Specifications includes the:

- Legislative Framework and Policy Context
- Program Objectives and Principles
- Program Description including eligibility, support services, accommodation and delivery models
- Program monitoring, contract management and governance
- Reporting requirements, SHS Outcomes Framework

Note: The Program Specifications presents the scope of service delivery. Individual service providers are not expected to offer every service contained within the Program Specifications but should be able to recognise their service within the overall program description.

The Program Specifications supersedes the Specialist Homelessness Services Program Guidelines released in June 2014 and the Specialist Homelessness Services Practice Guidelines released in

November 2014, as part of Going Home Staying Home reforms. Service providers are required to comply with the current version of the Program Specifications.

The Program Specifications may be updated or amended by DCJ during the contract term, this will be in response to continuous program improvement or where further program clarity is required. The HSA makes allowances for this under Clause 4 of the Supplementary Conditions. Changes to the Program Specifications will be made in consultation with the sector.

2. Legislative Framework

2.1 Community Welfare Act 1987 (NSW)

The primary legislation that underpins DCJ provision of funding to non-government organisations is the *Community Welfare Act 1987*¹ and associated regulations, which seek to protect and improve the wellbeing of the people of NSW.

2.2 Public Finance & Audit Act 1983, Personal Information Protection Act 1998

All funded services must comply with all relevant provisions in the *Public Finance & Audit Act 1983*² and *Privacy and Personal Information Protection Act 1998*³

2.3 Human Services Agreement (HSA)

The NSW Human Services Agreement (HSA) Standard Terms and the Agreement for Funding of Services Schedule outlines the obligations for each service provider, including the requirement that services are provided in accordance with all applicable laws, standards and policies and accreditation requirements.

2.4 Funding arrangements

The Australian Government is an ongoing partner in the NSW Government's response to homelessness and provides a co-contribution to the SHS Program. The primary source of funding for the housing and homelessness sector occurs under the bilateral *National Housing and Homelessness Agreement (NHHA), 2018*.⁴ The NHHA was created subject to the provisions of the *Federal Financial Relations Act 2009*⁵ (the FFR Act) and the Intergovernmental Agreement on Federal Financial Relations⁶ (IGA FFR).

The FFR Act establishes a framework for Commonwealth payments to support States' delivery of programs, services and reforms with respect to housing, homelessness and housing affordability matters including certain legislative conditions to receive Commonwealth funding.⁷

The States report annually against the agreed outputs during the operation of this Agreement (as set out in section 11.1. National Data Collection).

¹ *Community Welfare Act 1987* - <https://www.legislation.nsw.gov.au/view/whole/html/inforce/current/act-1987-052>

² *Public Finance & Audit Act 1983* - <https://www.legislation.nsw.gov.au/view/html/inforce/current/act-1983-152>

³ *Privacy and Personal Information Protection Act 1998* - <https://www.legislation.nsw.gov.au/view/html/inforce/current/act-1998-133>

⁴ *NHHA 2018* - <https://federalfinancialrelations.gov.au/agreements/national-housing-and-homelessness-agreement-0>. More information on the NHHA available here - <https://www.dss.gov.au/housing-support-programs-services-homelessness/national-housing-and-homelessness-agreement>

⁵ *Federal Financial Relations Act 2009* - <https://www.legislation.gov.au/Details/C2018C00482>

⁶ Intergovernmental Agreement on Federal Financial Relations - <https://federalfinancialrelations.gov.au/intergovernmental-agreement-federal-financial-relations>

⁷ Historically the SHS Program was called the Supported Accommodation Assistance Program (SAAP), which was established in 1985 under the *Supported Accommodation Assistance Act 1994* and the *SAAP V Multilateral Agreement*. The *SAAP V Multilateral Agreement* ended on 31 December 2008 and the National Affordable Housing Agreement (NAHA) commenced on 1 January 2009. The *Supported Accommodation Assistance Act 1994* is still in force.

2.5 Community Housing Providers - regulation relating to property and leases

Community Housing Providers (CHPs) are involved in the specialist homelessness services sector. Some CHPs are also service providers of specialist homelessness services, and other CHPs work in partnership with specialist homelessness service providers.

The Registrar of Community Housing administers the regulatory system for Community Housing Providers. CHPs must be a Registered Community Housing Provider within the meaning of the *Community Housing Providers (Adoption of National Law) Act 2012 (NSW)*⁸ to receive community housing assistance.

There are different arrangements that a registered CHP may have, which include:

- Owning properties
- Leasing NSW Government properties
- Receive funding from DCJ to lease properties in the private rental market

CHPs will sign separate contracts that support the SHS Program, for example:

- A contract with DCJ for a Community Housing Assistance Agreement (CHAA) for the funding of private leasehold properties
- A contract with NSW Land and Housing Corporation (LAHC) to lease capital properties

The *Housing Act 2001*⁹ provides the legislative basis for DCJ and LAHC to enter into contractual agreements with CHP's to:

- Establish a legal basis for issuing funding and/or properties to providers,
- Set standards and targets for providers to ensure accountability, and;
- Provide a basis for monitoring compliance with those standards and targets.

There may be some properties that are not currently on a CHAA, this may be the result of historical leases, which are yet to transition to a CHAA. DCJ and LAHC will work with these providers over time to adjust leasing arrangements.

CHPs that manage leases and/or have leasehold funding for properties used on behalf of a specialist homelessness service provider must comply with all regulatory and contractual requirements for property, tenancy and lease management.

Property management may include:

- Responsive and planned maintenance, and;
- Property outgoings such as the payment of council rates, water charges and insurances.

Tenancy management responsibilities may include:

- Rent collection,
- Resolution of complaints and disputes, and;
- Establishing and maintaining partnerships with support partners and/or housing providers.

For more information see Section 12.5.

⁸ *Community Housing Providers (Adoption of National Law) Act 2012 (NSW)* - <https://legislation.nsw.gov.au/view/html/inforce/current/act-2012-059#sec.4>

⁹ *Housing Act 2001* - http://www5.austlii.edu.au/au/legis/nsw/consol_act/ha2001107/

3. Policy Context

3.1 NSW Homelessness Strategy 2018-2023

The NSW Homelessness Strategy 2018-2023¹⁰ sets out the NSW Government’s plan for a comprehensive approach to prevent and improve the way we respond to homelessness. It is a framework for action that enables government agencies, the non-government sector, and the community to collaborate and act to reduce the impact of homelessness on individuals and improve outcomes for people and families.

The Strategy recognises that homelessness is not just a housing problem. A person’s pathway into homelessness is driven by the intersection of structural drivers, risk factors, and protective factors:

- **Structural drivers:** The structural drivers for homelessness include housing affordability, labour market forces, a reliance on income support, and intergenerational poverty.
- **Risk factors:** Individual risk factors include unemployment, financial stress, family breakdown, domestic and family violence, trauma, poor mental health, drug or alcohol dependence and a history of contact with state institutions.
- **Protective factors:** Protective factors include employment, financial security, involvement in school or community, healthy family relationships, and access to an integration of services.

The Strategy prioritises more effective responses and services for people who are experiencing homelessness. And, importantly, it emphasises people over process – helping to build a system that is integrated and coordinated so that the person is at the centre of the response.

The Strategy has three areas of focus:

Focus 1:	Focus 2:	Focus 3:
•Prevention and early intervention	•Better access to support and services	•An integrated, person-centred system

The Homelessness Strategy is part of a broader reform agenda to deliver better services, protect vulnerable people and improve social and economic outcomes for the people of NSW. It builds on the reforms being delivered under the *Future Directions for Social Housing in NSW* strategy.

Reforms to both the homelessness system and social housing system aim to increase the supply of social and affordable housing in NSW, improve access to services, and provide a wide range of supports that prevent crisis.

The DCJ funded Homelessness programs is also a part of the NSW Homelessness Strategy to respond to people who are experiencing or are at risk of homelessness.

¹⁰ NSW Homelessness Strategy - https://www.facs.nsw.gov.au/_data/assets/pdf_file/0007/590515/NSW-Homelessness-Strategy-2018-2023.pdf

3.2 Human Services Outcomes Framework

DCJ applies the [NSW Human Services Outcomes Framework](#) to funded programs, which aims to ensure that all children, young people, families and communities:

- Have a safe and affordable place to live
- Live a healthy life
- Learn, contribute and achieve
- Contribute to and benefit from our economy
- Are safe in their homes and communities
- Participate and feel culturally and socially connected
- Contribute to decision making that affects them

The SHS Outcomes Framework is mapped to the Human Services Outcomes Framework. The program incorporates an outcomes focused approach, which means shifting from the previous focus on measuring outputs, to also measuring outcomes for people. An outcomes-focused approach means that we can track a person's outcomes across services, sectors and Districts. An outcomes focus can build a link between evidence, our programs, and our performance. Ultimately, an outcomes focus can influence more effective outcomes for people through better informed program design and service delivery. Please refer to the SHS Outcomes Framework Guide (Appendix 1) for more information.

3.3 Aboriginal homelessness

DCJ has a broad strategic commitment to:

- Growing and strengthening the capacity of the Aboriginal NGO sector,
- Increasing the cultural competence of its staff and all service providers to work with Aboriginal people, families and communities,
- Increasing the employment of Aboriginal people in the provision of services to Aboriginal and non-Aboriginal clients, and;
- Improving outcomes for Aboriginal people who access DCJ funded services.

This commitment applies to all funded program areas, including the SHS Program. All service providers must demonstrate support for the DCJ strategic commitments to Aboriginal people, through how their SHS services are managed and delivered.

On Census night in 2016, Aboriginal people in NSW represented 3.5% of the NSW population and 7.3% of the population who were experiencing homelessness. Further, in 2019/20, 30% of people accessing Specialist Homelessness Services were Aboriginal.¹¹

3.3.1 Improving SHS services by and for Aboriginal people

DCJ is committed to engaging with Aboriginal stakeholders in the processes of refining what strategies and actions are put in place moving forward. DCJ is working to develop an Aboriginal SHS Sector Development Action Plan, which will be developed by Aboriginal people for Aboriginal people. In this contract term, as an immediate priority, DCJ commits to:

- Providing opportunities for all service providers to negotiate service targets for Aboriginal people and minimum targets for Aboriginal staff
- The inclusion in the Program Specifications that non-Aboriginal service providers have linkages and working relationships with Aboriginal services in the local area to improve their cultural competency

¹¹ AIHW (2020c) Fact Sheet: Specialist homelessness services 2019-20 NSW: Specialist homelessness services annual report 2019-20 - <https://www.aihw.gov.au/getmedia/c1ce917d-9812-459d-967d-0d2a027f70c0/aihw-hou-322-nsw-factsheet.pdf.aspx>

DCJ will also look closely at the interconnections between this work and ASES standards. For example, Reconciliation Actions Plans, relevant Aboriginal cultural competency on governing boards, and Aboriginal stakeholder involvement in strategic planning, are all expectations under ASES that will improve services by and for Aboriginal people.

3.4 Recommissioning

The NSW Government announced its intention to progressively commission homelessness services for outcomes in November 2015. SHS services were extended from 2017 to 2021 with the intention of embedding outcomes and quality into future contracting requirements.

During the next contract term, DCJ will continue working with the SHS sector to create a service system in which service providers can focus on what they do best – working with people to maximise their ability to achieve housing, safety and wellbeing outcomes.

The objectives of recommissioning are to ensure that:

- The sector has a quality assurance system in place that leads to improved business systems, management practices, service delivery and supports the achievement of outcomes
- Progress towards clearly defined, measurable and attributable outcomes
- Capacity of the sector to improve outcomes for Aboriginal people
- Clearer accountability on the role of homelessness services, government and the broader system
- Services are responsive to need, easier to access and evidence based
- Greater transparency around service performance and value for money with a focus on outcomes and strategic direction

3.4.1 Key program expectations

There are three key SHS program expectations that service providers are expected to progressively achieve during the contract term.

The key expectations are listed as milestones in the HSA schedule and include progressively implementing ASES, focusing on client outcomes and where relevant the Premiers Priority to halve street sleeping by 2025. The key program expectations are:

1. Service providers to progress towards gaining accreditation by 30 June 2024

The Australian Service Excellence Standards (ASES) is a set of standards and national quality improvement program that aims to assist non-government organisations to improve their business systems, management practices and service delivery. DCJ has adopted the ASES as the appropriate third-party quality assurance accreditation system for DCJ funded homelessness services¹²

Service providers that are not already ASES accredited (or accredited with the equivalent QIC Health and Community Standards), are required to actively work towards achieving accreditation under ASES for their SHS service delivery activities prior to 30 June 2024, and to continuously maintain this accreditation at 'certificate level' or higher from 1 July 2024 and for the duration of their SHS contract.

For more information, refer to the [ASES Policy Framework: Implementing a new quality framework for specialist homelessness services in NSW](#).

¹² QIC Health and Community Standards (7th edition) (QIC) have been recognised as equivalent to the ASES. Service providers accredited with the QIC or seeking QIC accreditation should refer to the ASES Policy Framework.¹³A person who is eligible cannot be excluded from support due to a requirement or expectation of financial contribution (see 12.5.7).

2. Service providers to progress towards collecting data for effective identifying, measuring and driving on client outcomes

The NSW Government is committed to the implementation of an outcomes-based commissioning approach for SHS.

DCJ is placing an increasing emphasis on demonstrating the achievement of meaningful client outcomes from all our commissioned services.

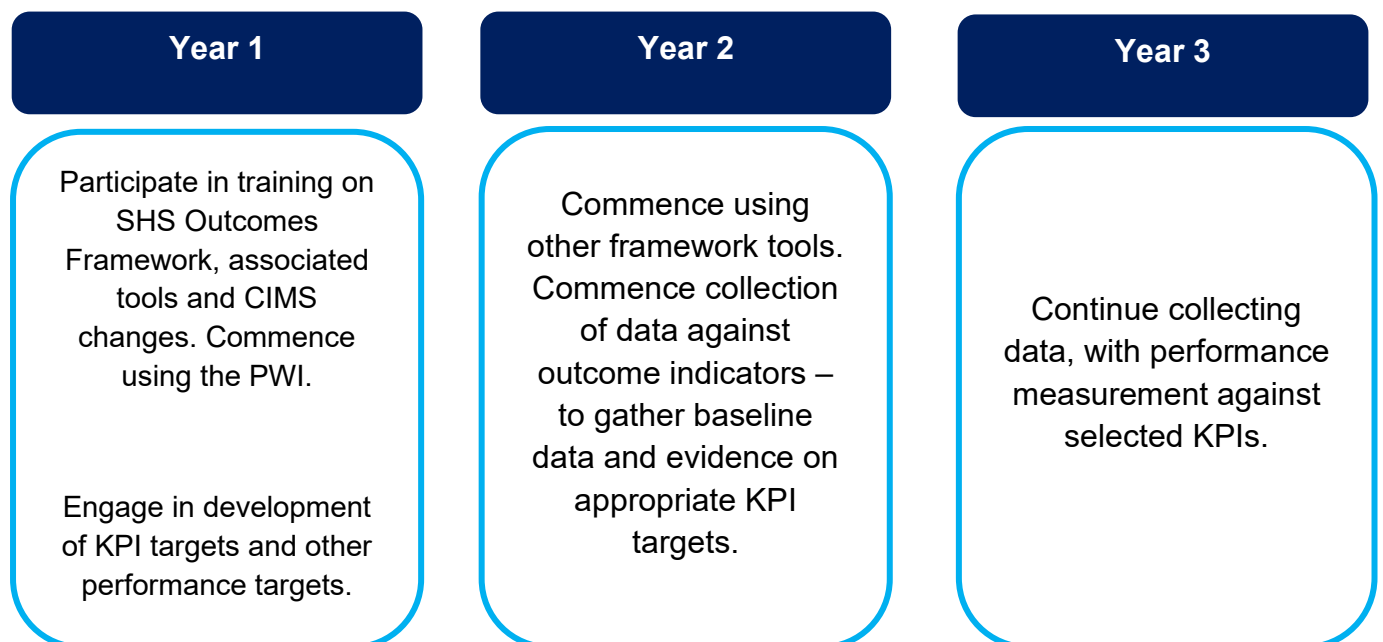
The SHS Outcomes Framework will be progressively implemented across the program from 1 July 2021 and this will focus on identifying, measuring and driving client outcomes. As outcome measures, tools and processes are further tested, DCJ will assess their robustness and usefulness for understanding outcomes for clients, and also the feasibility and data collection impact for service providers.

Collection of data will also allow for benchmarking of outcomes and inform the progressive application of appropriate KPI's within the Framework. In this contract term the emphasis will be on participation in implementing the SHS Outcomes Framework.

The outcome measures will provide a rich source of data across the sector for evaluation purposes, to facilitate discussions between service providers and contract managers, and ensure the client is at the centre of service delivery.

The Program Specifications will be revised as necessary as the SHS Outcomes Framework is further developed, in line with sector consultation and agreed changes. Please refer to the SHS Outcomes Framework Guide (Appendix 1) for more information.

Fig. 1 Overview of outcomes milestones during the contract term



For more information on the milestones, please refer to the HSA Schedule.

3. Contributing to the Premier's Priority to halve street homelessness by 2025 (where applicable to your service delivery)

In 2019, the Hon. Premier Gladys Berejiklian released 14 NSW Premier's Priorities. One of the targets is to 'Reduce street homelessness across NSW by 50 per cent by 2025. The full set of NSW Premier's Priorities can be viewed [here](#).

People who are street sleeping are a particularly vulnerable group who often face a range of complex and compounding issues, including:

- Historical and/or current trauma
- Abuse
- Family breakdown
- Physical and mental health issues (including Post Traumatic Stress Disorder)
- Substance use
- Cognitive impairment
- Discrimination and racism
- Distrust of authorities or services as a result of institutional or custodial experiences
- Limited or non-existent history of successful tenancies
- Financial difficulties
- Other barriers associated with systemic issues that perpetuate homelessness

People entrenched in street sleeping often require more intensive, proactive and long-term responses. This group often remains experiencing homelessness, disengaged from support services and not accessing the assistance they require for long periods.

People who are street sleeping are generally unable to access private rental accommodation independently due to the perceived barrier of their high support needs.

What are service providers contributing as part of the Premier's Priority?

The SHS program is part of a broader response contributing to achieving the Premier's Priority. However, there is a high degree of specialisation within SHS that makes the contribution to this Premier's Priority critical.

This includes effective coordination of housing and support services, existing engagement with this cohort, expertise in outreach and a workforce skilled in supporting people that are highly vulnerable.

Some service providers are also:

- Using tools which may assist in the assessment of people who are or have been street sleeping (such as the Vulnerability Index–Service Prioritisation Decision Assistance Tool: VI-SPDAT). See section 6.4 for more information.
- Participating in the delivery of Assertive Outreach, see section 12.4.

4. Program Overview

4.1 Program Objectives

The SHS program's primary objective is to ensure people who are experiencing homelessness, or who are at risk of homelessness are supported to achieve safe and stable housing in the community.

Where possible, people receiving a service from an SHS are:

- Identified and supported to remain safely in their existing housing, or to secure stable housing which is affordable for the person
- Provided with safe and secure accommodation and supported to access stable housing which is affordable for the person
- Re-housed after experiencing homelessness and are supported across the broader service system to stay housed
- Supported to access mainstream and specialist services
- Supported to connect with community and family

4.2 Program Practice Principles

Specialist homelessness service providers are required to deliver services in a person-centred, collaborative and connected way. Service providers will continue to operate from, or integrate the following principles, where appropriate to their service model, to deliver a person-centred response and provide effective support:

- **Person centred** – recognising when working with people that a person's needs are not static. The service response is built around the needs, circumstances, experiences and choices of the person, rather than a programmatic or predetermined service offering. This includes individually tailoring the intensity and duration of support and the accommodation setting in which support will be delivered. A person-centred response also considers the needs of the family or household in achieving a long-term housing outcome, including building individual and family capacity; skills; resilience; considering the needs of children; and building connections to community.
- **Informed choice** – all service providers delivering services as part of the SHS program will ensure a commitment to individual informed choice and self-determination.
- **Trauma Informed and evidence-based services** – recognise the impact of trauma on those people accessing services, and develop and implement trauma informed policies and practices based on evidence of what works.
- **Strengths-based** – using a strengths-based approach to service design and implementation focuses on building on individual and family capacity, skills, resilience and connections to community.
- **Collaborative** – collaborate with other homelessness services, mainstream service providers, housing providers and community organisations to problem solve, share expertise and resources in order to achieve best outcomes for people. This collaboration is a core part of a person-centred approach and key to preventing and breaking the cycle of homelessness. To be effective, service providers have an important leadership, promotion and collaboration role within the broader homelessness services system.
- **Early intervention** – to reduce risk and prevent homelessness, prevent entrenchment in homelessness, prevent the escalation of associated difficulties and facilitate access to post crisis support.

- Rapid re-housing – re-house people as quickly as possible to prevent further breakdown of connections, routines and relationships.
- Stable housing options – support people into sustainable, independent living from crisis or transitional accommodation arrangements as early as practicable; while recognising a lack of exit options may require flexibility around timing. Ensuring that the housing options are affordable for the person.
- Stability for people with complex needs – stabilise accommodation for people with complex needs, as a priority, so that interventions to address other areas such as mental health, can be more effective.
- Coordination of supports – identify the need for, and coordinate, multi-disciplinary support early in the support process, to build sustainable change.
- Reintegrate – maintain, re-establish or establish family, community, education, training and employment connections where practical and appropriate to do so.
- Risk mitigation – recognise and manage the risks associated with transitions and the process of change, in order to support people through change.
- Strategic use of funds – utilise brokered services and supports strategically to facilitate timely implementation and delivery of support plans to address long term needs.
- Client voice – ensure people accessing SHS are able to express their views in the design, delivery and continuous improvement of services, through a range of appropriate mechanisms, including direct consultation.
- Continuity of care – the program recognises the importance of continuity of care as a key factor in creating trusting, respectful and positive relationships between the person and the service. This means that a program participant should be able to access the same support worker, or where more than one service is involved, it is well organised and coordinated.
- Culturally safe – service delivery will consider the cultural needs of the person as part of the overall support planning approach. The service must be culturally sensitive and provide culturally appropriate services (see section 4.2.1).

To support these Practice Principles, DCJ has commissioned the Industry Partnership to deliver an evidence-based training program that supports the development of a professional frontline workforce (see section 8).

4.2.1. Culturally appropriate services

The service must be culturally safe. Where supporting Aboriginal clients the service will:

- Consult with Aboriginal stakeholders to ensure the service approach is culturally appropriate
- Have policies in place which proactively seek the recruitment and retention of Aboriginal staff and also a process that facilitates cultural competence training for all staff.

The service will also need to ensure accessibility and appropriateness for people from a culturally and linguistically diverse background (CALD). Where the service is supporting people from a CALD background, the service will:

- Have policies in place which proactively seek the recruitment and retention of staff from relevant CALD backgrounds
- A process that facilitates cultural competence training for all staff
- The use of translation and interpreting services as needed

4.3 Program Logic

The SHS Program Logic shows how the SHS Program as a whole is contributing to the goal to end homelessness. The Program Logic shows the context for homelessness in NSW, the evidence for certain interventions and the relationship between activities and program outputs and outcomes.

As this is the broad SHS Program Logic, service providers may have already or can develop their own Program Logic to map the local context and how services lead to the achievement of outcomes and program objectives. Developing a local Program Logic is not mandatory.

The SHS Program Logic provides a description of the broader program and what it aims to achieve, including:

- Context and client needs
- Evidence
- Program activities
- Program outputs
- Outcomes
- Goals

Please refer to the SHS Outcomes Framework Guide (Appendix 1) for more information.

5. Program Description

This section of the Program Specifications provides a description of the people who are eligible to receive a service from a service provider. The HSA Schedule will identify specific target client groups and service delivery model for individual service providers, which is aligned to local need and District planning.

5.1 Eligibility

The SHS program supports people in NSW who are experiencing homelessness, or who are at risk of homelessness. Support is available to any person regardless of their financial capacity¹³ (see section 12.5.7).

Each SHS service will have a specific delivery model and target client group/s in the HSA Schedule, which may restrict eligibility, for example, an older male presenting to a service for accommodation that only provides accommodation support to young people (for more information on accessing an SHS and the No Wrong Door approach, see section 6).

The program does not impose any restrictions linked to citizenship or residency, such as people who are on temporary or spousal visas (see section 6 for more information).

The program supports people 16 years and older. There will be some contracted exceptions for 12 to 16 year olds, for example under the HYAP (see section 7 for more information). People under the age of 12 will only be able to access SHS services as accompanying children.

The Australian Institute of Health and Welfare (AIHW) uses the following descriptions and examples of homelessness and at risk of homelessness outlined in Table 1.

Table 1. AIHW description of a person experiencing homelessness and at risk of homelessness

Description
<p>A person who is experiencing homelessness</p> <p>Living in non-conventional accommodation</p> <ul style="list-style-type: none"> • living on the streets • sleeping in parks • squatting • staying in cars or railway carriages • living in improvised dwellings
<p>Short-term or emergency accommodation due to a lack of other options</p> <ul style="list-style-type: none"> • refuges • crisis shelters • couch surfing • living temporarily with friends and relatives • insecure accommodation on a short-term basis • emergency accommodation arranged by a specialist homelessness agency

¹³A person who is eligible cannot be excluded from support due to a requirement or expectation of financial contribution (see 12.5.7).

Description

A person who is at risk of homelessness

A person is at risk of homelessness if they are at risk of losing their accommodation, or they are experiencing one or more of a range of factors that can contribute to homelessness.

Risk factors may include:

- financial stress (including loss of income, low income, gambling, change of family circumstances)
- housing affordability stress and housing crisis (pending evictions/foreclosures, rental and/or mortgage arrears)
- inadequate or inappropriate dwelling conditions, including accommodation that is unsafe, unsuitable or overcrowded
- previous accommodation ended
- relationship/family breakdown
- child abuse, neglect or environments where children are at risk
- sexual abuse
- domestic/family violence
- non-family violence
- mental health issues and other health problems
- problematic alcohol, drug or substance use
- employment difficulties and unemployment
- problematic gambling
- transitions from custodial and care arrangements, including out-of-home care, independent living arrangements for children aged under 18, health and mental health facilities/programs, juvenile/youth justice and correctional facilities
- discrimination, including racial discrimination
- disengagement with school or other education and training
- involvement in, or exposure to, criminal activities
- antisocial behaviour
- lack of family and/or community support
- staying in a boarding house for 12 weeks or more without security of tenure

5.2 Services

This section of the Program Specifications outlines the support that a service provider can offer to a person experiencing homelessness, or who is at risk of homelessness.

The HSA will articulate the specific support that is provided by an individual service provider, in the 1.2 Specific requirements section.

5.2.1 Support

Service providers deliver supports broadly characterised in the following categories early intervention; crisis and transitional support; and post crisis support:

Support category	Description
Early intervention	<ul style="list-style-type: none"> Early intervention aims to prevent homelessness occurring where possible, or to resolve it as quickly as possible. This can be by mitigating or limiting the impact of factors that pose a risk to safe, stable and secure housing.
Crisis and Transitional support	<ul style="list-style-type: none"> Crisis and transitional support aims to minimise the adverse impact of homelessness by providing access to accommodation and support services. This may assist people to move out of homelessness.
Post-crisis support (& follow up)	<ul style="list-style-type: none"> Post-crisis support aims to support a person after a period of homelessness, to stabilise their accommodation and build on their independent living skills. This may assist in preventing a return to homelessness.

5.2.2 Indirect and Direct Support

SHS supports can be delivered through either centre-based, mobile support services or accommodation models or a combination of these (accommodation models are covered in section 5.3). Pathways into assessment and support are discussed in detail in section 6.

Service providers deliver these supports either directly or indirectly, as outlined below.

Support
<p>Direct support</p> <p>Often direct support will be delivered through a case-management approach where service providers work in partnership with the person.</p> <p>Direct support may also be provided through an assertive outreach approach, brief intervention or through soft-entry engagement.</p> <p>Examples include:</p> <ul style="list-style-type: none"> Engaging with a person using an Assertive Outreach approach Providing assistance to reconcile with family and return home (where safe to do so) Providing assistance to access and/or maintain Temporary Accommodation, Crisis Accommodation or Transitional Accommodation Providing assistance to obtain and/or sustain a private rental market or social housing tenancy Providing assistance to obtain and secure private rental accommodation or a social housing tenancy, including assistance in completing housing application forms Providing assistance to access products, such as a bond loan and/or private rental subsidies, including work with real estates to secure properties. Providing assistance for a person to obtain identification documents if required Providing referrals to mainstream and specialist services (e.g. to health services, GPs, DV specialist services, drug and alcohol services, legal support and services, employment services, and court support) Identifying support needs and providing resources, programs or referrals for: <ul style="list-style-type: none"> Living skills support, including tenancy education Family and relationship support Personal and emotional support

Support

- Disability services and NDIS support
- Assistance with legal issues and understanding how to navigate the justice system
- Domestic and family violence
- Sexual assault
- Child protection
- Health and mental health
- Cultural connection
- Financial literacy
- Providing brokerage (as per Brokerage Guidelines)
- General advice, advocacy, mentoring
- Other basic support needs such as meals, showers and transport where applicable to the delivery model

Indirect support

Indirect support is where a service provider works systemically to assist people that are experiencing homelessness or at risk of homelessness.

Examples include:

- Engagement with real estate agents to work collaboratively with tenancies at risk, and intervene early to identify housing opportunities. Activities could include:
 - early notification of property availability
 - training or informing real estate staff on homelessness issues and support
 - establishing mechanisms for referrals to SHS for support of existing tenants
 - building relationships to facilitate rapid rehousing of clients in crisis
- Engagement with social housing – DCJ Public Housing and Community Housing Providers to advocate on behalf of people accessing SHS and to assist with referral processes and support to maintain a tenancy.
- Engagement with a range of other government and non-government services to build partnerships and collaboration and to provide advocacy for individuals and about systemic issues. This can improve access and enable person-centred, holistic support for people accessing SHS.
- Participation in community networks and events that support cross-sector approaches to improving outcomes for people at risk of or experiencing homelessness.

Other support

In some situations, service providers may choose to provide some limited activities aimed at people not yet at risk of or experiencing homelessness, in an effort to reduce future demand and to increase community knowledge of homelessness supports. However, this is done at the service providers own discretion and is not an expectation.

5.3 SHS program accommodation models

As outlined in section 5.2, a service provider can offer direct support through accommodation services. The accommodation models that a service provider may be commissioned to deliver (in some cases in partnership with a CHP) include crisis accommodation and transitional accommodation.

Table 2. SHS Program Accommodation Models

SHS program accommodation models	Definition	Description
Crisis accommodation	<ul style="list-style-type: none"> An accommodation model for people who are experiencing, or who are at risk of homelessness, which provides emergency or shorter-term accommodation e.g. crisis refuges. 	<ul style="list-style-type: none"> Shorter-term services or other crisis facilities that provide either 24/7 on-site support, partial on-site support and/or outreach support. May be provided in a congregate care setting (single building with shared living), in self-contained accommodation on a single site or across multiple sites, or through brokered nights of accommodation. The referral and assessment process for these services is usually quite rapid, and dependent on accommodation availability.
Transitional accommodation	<ul style="list-style-type: none"> An accommodation model for people who are experiencing, or who are at risk of homelessness, which provides medium or longer-term accommodation. This is not expected to be an ongoing or permanent arrangement. 	<ul style="list-style-type: none"> Longer-term services or other transitional facilities that provide partial on-site support, and/or outreach support. May be provided in a building with shared living facilities or in self-contained accommodation on a single site, or across multiple sites. The referral and assessment process for these services may be lengthier and may involve an interview process.

For more information see section 12.

Government-owned capital properties

The HSA Schedule specifies Government-owned capital properties as per Attachment 2. The property details in the HSA include:

- Suburb where the property is located
- The purpose of the property i.e. crisis/transitional accommodation (see Table 2)
- The number of bedrooms in the property
- Whether the SHS is providing a support function only, or has both a property and support function.

Support is prioritised to people receiving a service in the properties listed in the HSA.

Services are also encouraged to work with housing providers and other services to identify and access additional accommodation options where required. Funding provided for the delivery of services cannot be used to purchase properties.

Where the HSA states that an SHS is providing 'Property and Support' this means that the service provider is responsible for:

- Property management
- Tenancy management
- Delivery of support services

The responsibility for maintenance and upgrade costs will be according to each property's lease with the landlord.

Where the HSA states that an SHS is providing 'Support' this means that the service provider is responsible for:

- Delivery of support services

The service will work in partnership with a Community Housing Provider to co-ordinate the delivery of support, and property and tenancy management services associated with the properties identified in Attachment 2 in the HSA.

See section 2.5 for more information on registration requirements to manage properties.

Government funded leasing subsidy properties

Where a service is associated with properties that are leased in the private market using a subsidy funded by the NSW Government, the HSA Attachment 2 will specify the total number of leasehold properties attached to the service.

Properties leased from the private market are subject to change due to changes in the market or a decision from the service provider about a person's need and service delivery strategies.

Where this service is associated with properties leased from the private market, the service will have a protocol in place with the relevant lessor(s) (CHPs) in relation to those properties. During the term of this Agreement, the service is to advise DCJ Contract Management as soon as possible of any change proposed in relation to those properties, and work in consultation with DCJ and the relevant CHP in progressing that change.

If the service is seeking to manage leasehold properties associated with the service, the CHP is required to be registered under the National Regulatory System for Community Housing.

If the service is not seeking to manage leasehold properties associated with the service, activity will be limited to the provision of support services. DCJ will allocate the tenancy and property management to a suitably qualified and registered organisation chosen by DCJ.

For information on non-government properties, see section 12.3 Co-Contributions.

6. Accessing SHS service providers

There are a range of pathways for a person to access a service provider. These are through referrals and direct engagement.

Referral pathways:

- A referral from Link2home, which is the state-wide information and referral telephone service, which operates 24 hours a day, seven days a week. Link2home provides information, assessment and referral to SHS, Temporary Accommodation and other appropriate services for people who are experiencing homelessness or who are at risk of homelessness.
- A referral from the Domestic Violence line
- A referral from a team using an Assertive outreach approach

- A referral from DCJ or a Social Housing Management Transfer CHP to support a person accessing of Temporary Accommodation (TA)
- Self-referral - where a person calls or sends a message to a service provider, or where a person visits a service provider at their shopfront or an outreach location
- A referral to a service provider from a third party, such as the public

Direct approach:

- Where a service provider is using an Assertive Outreach approach (see section 12.4)

6.1 No Wrong Door approach

All SHS service providers operate using a No Wrong Door approach to people who are experiencing homelessness or who are at risk of homelessness. The No Wrong Door approach refers to the principle that a person will receive some support, or will be assisted to find support, whenever they access a service provider.

The No Wrong Door approach aims to ensure that:

- A person’s risks and safety issues are assessed and responded to with the appropriate level of urgency
- Timely information and advice is provided and is accurate to the person’s needs
- Assistance is given to a person to navigate and negotiate the broader service system, including referrals to services when appropriate
- When a person is assessed as experiencing homelessness or at risk of homelessness, immediate needs will be met at first point of contact, or a connection made to more appropriate supports, where this is possible
- Connection/referral to alternate or more appropriate homelessness supports will be made as efficiently and effectively as possible

The No Wrong Door approach does not require a service provider to:

- Provide substantial support to people who are outside of their contracted Client Target groups specified in their HSA, or;
- Provide support to more people than can be physically accommodated in a safe manner and/or can be attended to within the available staffing resources at the time – this is to ensure that people supported by the service are receiving a quality service, and that staff wellbeing and safety is considered (‘Quality service’ is taken to be reflective of commissioned client targets/service levels, therefore will be different in different service contexts), or;
- Provide support to people who are not eligible for assistance, for example people who are not experiencing homelessness, or who are not at risk of homelessness.

The No Wrong Door approach is about effective collaboration in the best interest of the person seeking assistance, however the approach also has to operate in the reality of high demand and sometimes limited resources (see section 9.2.1 Client Targets).

6.2 Common Assessment

All service providers are required to commence a Common Assessment for a person that they provide support to. DCJ requires a Common Assessment to be commenced during early engagement with a person, and appropriately recorded in CIMS, or another equivalent system (see section 11). The Common Assessment ensures that there is:

- A minimum, standardised approach across the SHS program to assessing people seeking assistance from service providers,
- That people’s needs are identified at an early stage, and;
- That duty of care is exercised.

Service providers may choose to collect additional information in line with organisational requirements. More detail on how this is required for clients is outlined in Table 3.

6.2.1 Common Assessment tool

The Client Information Management System (CIMS) contains the Common Assessment tool, formerly referred to as an Initial Assessment (see section 11 for more information on CIMS and approved Client Management Systems).

A person's Common Assessment information can move from one service provider to another service provider when using the CIMS tool, where client consent is provided for information to be shared. This can allow for one service provider to commence the assessment, as per the No Wrong Door approach, and the subsequent service providers to complete the assessment (where client consent is provided). For example, a person may engage with one service provider, who completes part of the initial assessment before making a referral to another service provider.

This initial information can be accessed by the next service provider to complete the full Common Assessment, where a client has provided consent. This information will inform the ongoing support for a person. This functionality can assist service providers to coordinate support and enables the person to avoid repeating their story.

Service providers that will be the main support or ongoing support for a person, are expected to contribute to and complete the Common Assessment.

Where possible, DCJ will work to streamline tools in CIMS to ensure that service providers can focus on what they do best – supporting the person.

6.3 How a person may be categorised in the data collection system

Following a person's referral or initial engagement with a service provider, a person may receive a service and will broadly fit into one of the following categories outlined in Table 3:

- Access support – this person is eligible and is assisted
- Case management support – this person is eligible and is assisted
- Unassisted person – this person is eligible and not assisted
- Person is not eligible – this person is not eligible and is not assisted

The categorisation will guide the requirements for the service provider, including:

- Undertaking the Common Assessment
- Reporting against the Outcomes Framework
- Brokerage eligibility
- Support periods established¹⁴

In supporting a person, service providers should first ensure that they are operating within the Practice Principles (see section 4).

The categories in Table 3 are designed to guide service providers in the appropriate level of data reporting for individual clients, and to assist with implementing specific tools and requirements. The person may also move between categories depending on the services they need.

¹⁴ Support period - the support period is the length of time a client receives services from a service provider. A support period commences on the day a person becomes a client by receiving a direct service from a service provider and it ends on the last day on which services are provided. <https://www.aihw.gov.au/getmedia/47792815-cce2-4ebd-858c-68f7c639ff0a/SHS-collection-manual-2019.pdf.aspx>

The information in Table 3 may also help a service provider reflect on appropriate prioritisation of clients, the design of internal intake and assessment processes needed to align with these categories.

Table 3: Client categories

Client categories
<p>Category: Access Support - this person is assisted by a service provider</p>
<p>Eligibility</p> <p>This person meets eligibility criteria for a service, as the person is:</p> <ul style="list-style-type: none"> • Experiencing homelessness, or is at risk of homelessness, and • Is identified/assessed as needing assistance and requires either: 1. an immediate referral to another service provider; 2. one-off assistance, brief intervention/s and/or other assistance that is accessed on an ad hoc basis (see section 5 on support services) <p>Brokerage</p> <ul style="list-style-type: none"> • This person is eligible to receive brokerage funds where a support plan is identified <p>Data requirements</p> <ul style="list-style-type: none"> • This person will have a support period opened • This person is not included in the SHS Outcomes Framework data collection <p>Assessment</p> <ul style="list-style-type: none"> • The person with an immediate referral could have a partial or full Common Assessment completed • The person provided support could have a partial or full Common Assessment completed <p><i>Note:</i></p> <ul style="list-style-type: none"> • The service would aim to engage this client into the Case management support category where appropriate. • This category also includes people who receive individualised support during a group or community program (i.e. a regular attender of a group program, with enough information collected to open a support period).
<p>Category: Case management support - this person is assisted by a service provider</p>
<p>Eligibility</p> <p>This person meets eligibility criteria for a service, as this person is:</p> <ul style="list-style-type: none"> • Experiencing homelessness, or is at risk of homelessness, and • Is identified/assessed as needing assistance, and receives regular, ongoing support and has a case management plan in place. <p>Brokerage</p> <ul style="list-style-type: none"> • This person is eligible to receive brokerage funds <p>Data requirements</p> <ul style="list-style-type: none"> • This person will have a support period opened • This person is included in the SHS Outcomes Framework data collection <p>Assessment</p> <ul style="list-style-type: none"> • This person will have all of the Common Assessment completed in the system

Category: Unassisted person – this person is not assisted by a service provider

Eligibility

This person meets eligibility criteria for a service as the person is:

- Experiencing homelessness, or is at risk of homelessness, and
- Is identified as needing assistance, however,
- The service provider is unable to assist the person for the specified reasons in the AIHW 'Unassisted persons' definition¹⁵.

Note:

- There is not an expectation that service providers will give substantial support to people who do not meet the requirements of the service delivery model, e.g. an older man presenting to a youth service.
- Where a service provider is willing and able to provide information, referral or brief intervention for this client, they should then regard this person as an 'access client' and should not complete an unassisted record.

Brokerage

- This person is not eligible for brokerage funds

Data requirements

- This person will have an unassisted record completed in the system
- This person will not have a support period opened
- This person is not included in the SHS Outcomes Framework data collection for that service provider

Assessment

- This person will not have the Common Assessment completed in the system

Category: Person is not eligible - this person is not assisted by a service provider

Eligibility

This person is not eligible for SHS services as this person is:

- Not experiencing homelessness and/or is not at risk of homelessness
- General information, simple referral or redirection to a non-SHS service may be appropriate

Brokerage

- This person is not eligible for brokerage funds

Data requirements

- No data requirements for this person
- This person will not have a support period opened

Assessment

- This person will not have the Common Assessment completed in the system

¹⁵ An Unassisted Person is any person who seeks services from a service provider and does not receive any service. There are several reasons why a person may not receive a service from a service provider, including but not limited to: the service requested by the person is not provided by the agency; the service requested by the person is not currently available at the agency due to high demand; the person is ineligible for service because they do not fit the criteria for assistance (for example, a father and son who seek emergency accommodation at a women's refuge). A client cannot be an Unassisted Person if they received at least one (14 continued) direct service from an agency. If a person has received at least one service, even if it is not the service they requested, they are a client. The Unassisted Person collection is used to gain information about adults and children whose request for service is not able to be met by a SHS agency. It measures the level of 'unmet demand' for specialist homelessness services. <https://www.aihw.gov.au/getmedia/47792815-cce2-4ebd-858c-68f7c639ff0a/SHS-collection-manual-2019.pdf.aspx>

6.4 VI-SPDAT

The Vulnerability Index-Service Prioritisation Decision Assistance Tool (VI-SPDAT) is a self-report survey developed by a Canadian consultancy Orgcode. The survey helps determine risk and prioritisation when providing assistance to people who are experiencing street sleeping.

This tool is currently used by frontline homelessness services in delivering programs that form part of the Premier's Priorities, such as Assertive Outreach.

The tool allows a service to triage and prioritise people for further assessment and service delivery based on a person's total calculated survey score. The score indicates the degree of vulnerability and complexity of the person and can indicate the type of response that may be needed in meeting the person's housing and support needs (see Table 4).

Table 4: VI-SPDAT score as related to support needs

Acuity score	Support Needs
Low	Housing only
Moderate	Time-limited case management/financial assistance
High	Housing First approach / intensive case management

A person with a low score would be more likely to be assessed as capable of sustaining housing without support. Clients with a moderate score are more likely to need time-limited financial and/or temporary case management supports with housing. Clients who obtain a score within the high acuity band are more likely to need intensive case management with permanent supported housing or housing underpinned by Housing First principles.

The tool has been designed to function within a referral and intake methodology that requires case coordination, including having knowledge and links with local healthcare providers, and allocation and eligibility of resources to match a client to support services.

6.5 The By-Name List

The NSW Government has partnered with the End Street Sleeping Collaboration (ESSC) and a number of specialist homelessness services in New South Wales to halve street sleeping by 2025. As part of the partnership, ESSC has developed the By-Name List (BNL), which is a database that holds important information on people experiencing street sleeping in NSW to help organisations match people with the most appropriate support agencies. It also ensures that people street sleeping are not having to repeat their stories to different agencies and service providers. Only authorised members will have access to the BNL.

Client consent is essential when administering the VI-SPDAT and storing results in the By-Name List.

Services will need to complete training and be allocated a login by End Street Sleeping Collaboration in order to access the BNL. The ESSC is providing training on the VI-SPDAT and By-Name List as part of the ESSC implementation plan. More information about the BNL is available here:

<https://endstreetsleeping.org/bnlguide>

6.6 Other considerations

6.6.1 Males 16 years or over accommodated in Women's services

Service providers must undertake a full risk assessment to ensure that there is no unacceptable risk to the person or other residents when providing accommodation to men and women in the same property (see Additional Supplementary Conditions in the HSA). In a crisis refuge, where it is safe to do so, service providers should make every effort to keep a mother and her male children 16 years or over together to support the family in a trauma informed way.

Where supported accommodation is provided, and the type of accommodation does not require any form of collective or group living with other women (e.g. separate transitional properties), then the client should be given the option of keeping her family together including any accompanying dependent male children over 16 years.

Where it is not appropriate for a service specific for women to support or accommodate a male child 16 years or over, the service provider should make all reasonable efforts to ensure the child/ren is able to access appropriate support and accommodation through another service provider.

6.6.2 Persons on temporary or spousal visas

Some people who have recently arrived in Australia are particularly vulnerable to homelessness. For example, women arriving on spousal visas who find themselves escaping domestic and family violence situations and are without an independent income.

Due to their residency status, these persons will not have access to the usual range of options for housing support (i.e. social housing or rental products), or the usual income support through Commonwealth income (i.e. Centrelink). This situation can impose additional challenges for a service provider that may be assisting a person.

It is however an SHS program expectation that service providers will provide support to these people experiencing, or at risk of homelessness. Services are available to a person regardless of financial capacity and exit option.

6.6.3 People with complex support needs

For the purposes of the SHS program, the delivery of a service for a person with complex support needs is often characterised by intensity, duration and multiple support needs. The challenges to accessing and sustaining appropriate accommodation are compounded by:

- Multiple factors that require concurrent support across several domains of someone's life,
- Multiple factors which are particularly intractable/persistent due to their nature and cannot be resolved by a short intervention, and where,
- Multi-disciplinary supports to offset these challenges are either not available or require ongoing extensive coordination and monitoring by the service provider.

Factors that may contribute to complexity of support needs can include people who have:

- Housing history and specific needs
- Trauma and related triggers
- Access to or control over income to sustain housing
- Mental health issues
- A disability
- Exposure to/Effects of Violence
- Challenging behaviours
- Risks to personal safety and wellbeing

- Physical health and self-care
- Problematic drug and alcohol use
- Cognitive impairment
- Custodial matters

It is recognised that the need for extended periods of support or repeat instances of intensive support for these clients can pose challenges for a service provider. However, all service providers require a capacity to work with people with complex support needs and to coordinate multi-disciplinary approaches to supporting these clients.

It is an SHS program expectation that people with complex support needs can appropriately access homelessness services, and where possible the responsibility for supporting them is shared equitably across the SHS sector.

DCJ will aim to support the sector by escalating systemic issues and working towards shared responsibility with mainstream and other human services sectors, through advocacy, governance and cross-sector collaborations (also see section 10 Governance).

6.6.4. Working with people with a disability and the NDIS

Service providers may work with people who have a disability and are eligible for the National Disability Insurance Scheme (NDIS). The NDIS provides all Australians under the age of 65 who have a permanent and significant disability with necessary supports.

Data collection

The Specialist Homelessness Services Collection (SHSC) includes a NDIS participation indicator collected at the start of the support period. The AIHW defines an NDIS participant as an individual who is receiving an agreed package of support through the NDIS. This data is available for clients who have support periods after 1 July 2019¹⁶. Not all clients identified as having a disability in the SHSC are eligible for the NDIS.

Practice Guidelines

Where possible, service providers are encouraged to assist eligible clients to access the NDIS.

Homelessness NSW developed Practice Guidelines for NSW, in consultation with the National Disability Insurance Agency (NDIA) and SHS service providers. The guidelines include NSW case studies, as well as information on working with the NDIA and NDIS processes to support people accessing the NDIS.

These Practice Guidelines are to be read in conjunction with NDIS material where possible for the most current information.

For more information:

- How the NDIS works - <https://www.ndis.gov.au/understanding/how-ndis-works>
- NDIS Operational Guidelines - <https://www.ndis.gov.au/about-us/operational-guidelines>
- Practice Guidelines for Specialist Homelessness Services regarding their interface with the NDIS - <https://homelessnessnsw.org.au/wp-content/uploads/2021/03/Feb-2020-Practice-Guidelines-for-SHSs-utilising-NDIS.pdf>.

¹⁶ AIHW (2020c) Specialist homelessness services annual report 2019-20 - <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-services-and-outcomes>

7. Specialisation

Service providers deliver services to people across NSW from a variety of backgrounds. In some delivery models, it may be appropriate for service providers to have a specialisation. The HSA Schedule will identify any specialisation for a service and whether there is a specific service delivery model. Current specialisations provided within the SHS Program include:

- People who are Aboriginal and Torres Strait Islander
- People from culturally and linguistically diverse backgrounds (CALD)
- Women with or without children experiencing or escaping domestic and family violence
- People who are street sleeping
- Young people aged 16-24, including people leaving out-of-home care or juvenile detention
- People exiting institutional settings
- People who are lesbian, gay, bisexual, transgender, queer and questioning, intersex, and asexual (LGBTQIA+)
- People who are older (for example women and men who are 55+)

More information on targeted funding streams also provided in the SHS program is outlined in 7.1-7.4. These streams may have additional policy and program requirements.

7.1 Children and young people under the age of 16

Specific policy considerations apply when a child or young person under the age of 16 years presents alone to a homelessness service provider, given the young person's vulnerability, legal status as a child, interaction with the *Children and Young Persons (Care and Protection) Act 1998*, and whether legal parental responsibility rests with the parents/guardian of the young person, or the Minister.

These considerations and respective responsibilities are outlined in the [Unaccompanied Children and Young People 12-15 Years Accessing Specialist Homelessness Services Policy](#). As at the date of publishing, work is underway to revise and update the policy. It is anticipated that this work will be completed by the end of June 2021.

The policy sets out roles and responsibilities for relevant agencies based on the age and legal status of the child and is based on the following key objectives:

- That a child who is experiencing homelessness or is at risk of homelessness is safe
- That where possible and safe, the child should be returned home as soon as possible
- That where a return home is not possible in the short term, a coordinated support plan be developed as early as possible in the support period with the aim of achieving a sustainable transition for the child out of the SHS. A coordinated support plan may involve either the SHS providing direct support or referrals to other youth services to ensure the child's needs are met

In addition to the requirements of this DCJ policy, Yfoundations has prepared [Good Practice Guidelines for Working with Unaccompanied Children 12-15 years Accessing SHS](#).¹⁷

Homeless Youth Assistance Program (HYAP) funding for some service providers has resulted in specialised services for this age cohort, and a preferred referral pathway (see section 7.2)

DCJ Districts in collaboration with local homelessness service providers, HYAP providers; and the child, youth and family services sector have developed a Protocol for responding to unaccompanied children and

¹⁷ Refer to - <https://homelessnessnsw.org.au/wp-content/uploads/2021/03/Good-Practice-Guidelines-for-working-with-Unaccompanied-Children-12-%E2%80%93-15-years-.pdf>

young people 12-15 years of age who are experiencing homelessness, or are at risk of homelessness. The protocols clarify case management responsibilities, duty of care responsibilities, response timeframes and relevant business processes and provides a framework within which services can work together to improve outcomes for this client group.

Service providers that work with children are required to comply with child safe practices as defined by the NSW Office of the Children's Guardian, and the Child Safe Standards¹⁸.

7.2 Homeless Youth Assistance Program (HYAP)

Unaccompanied children aged 12-15 years are eligible for support by a service provider specifically funded to support children aged 12-15 years through the Homeless Youth Assistance Program (HYAP).

- The [*Unaccompanied Children and Young People 12-15 Years Accessing Specialist Homelessness Services Policy*](#)¹⁹ sets out roles and responsibilities for DCJ, service providers, funded service providers (Homeless Youth Assistance Program – HYAP), and the broader service system for children and young people.
- The 'Protocol for responding to unaccompanied children and young people 12-15 years of age who are experiencing homelessness, or at risk of homelessness' sets out the District level local arrangements for how agencies will work together, including DCJ Districts, local SHS, HYAP providers, child youth and family services.
- The protocols clarify case management responsibilities, duty of care responsibilities, response timeframes and relevant business processes and provides a framework within which services can work together to improve outcomes for this client group.

Where a service provider's HSA includes reference to the provision of 'Homeless Youth Assistance Program (HYAP)' services, the following guideline applies.

Specialised services targeted to young people experiencing homelessness and at risk of homelessness aged 12-15 years are required to deliver services in a manner consistent with the [*Homeless Youth Assistance Program \(HYAP\) Service Delivery Framework*](#).

The key objectives of HYAP services include:

- Rebuilding family, kin and cultural connections and working towards family reconnection, where appropriate
- Engaging the child/young person with education or training
- Providing access to mainstream health, mental health and wellbeing services
- Engaging the child/young person with the broader community to build knowledge, a sense of belonging and which will support their development of age appropriate living skills
- Facilitating transitions to longer-term supported accommodation, when family reconnection is not achievable.

General requirements of HYAP services are to:

- Ensure the safety and wellbeing of the children and young people
- Deliver client-centred services
- Deliver strengths-based case management approaches
- Deliver trauma-informed services

¹⁸ For more information refer to the Child Safe Standards and resources from the NSW Office of the Children's Guardian - https://ocg.nsw.gov.au/sites/default/files/2021-12/q_CSS_GuidetotheStandards.pdf

¹⁹ As at the date of publishing, work is underway to revise and update the policy. It is anticipated that this work will be completed by the end of June 2021.²⁰ CIMS e-learning modules are available on the [Learning and Development platform](#)

- Deliver wrap-around services
- Delivery services that recognise the importance of continuity of care.

The safety and wellbeing of unaccompanied children and young people receiving assistance from HYAP providers is the paramount consideration.

It is an SHS program expectation that HYAP services must strive towards being child safe organisations. For an organisation to be child safe it must value, respect and welcome children and provide safe, nurturing environments to protect them from harm. Child safe policies and practice should be developed to reduce potential risks, including the risk of loss of identity for Aboriginal and Torres Strait Islander children.

The Office of the Children’s Guardian (OCG) has released a report on the proposed key elements of a child safe regulatory model in NSW that can be found at https://ocg.nsw.gov.au/sites/default/files/2022-02/R_Standards_Consultation_report_full.pdf

It is an SHS program expectation that HYAP services will undertake additional outcomes monitoring using the HYAP Client Outcomes Tool, located in CIMS.

Unaccompanied children under the age of 12 years are not eligible for support under the SHS program.

DCJ will be working with service providers to implement findings from the HYAP evaluation. A reconfiguration of HYAP will be undertaken in line with the evaluation findings.

7.3 Youth Crisis Accommodation Enhancement (YCAE)

Where an HSA includes reference to the provision of Youth Crisis Accommodation Enhancement (YCAE), the service provider will deliver an enhanced response for young people who are experiencing homelessness, or are at risk of homelessness, to enable access to crisis accommodation and support 24 hours, 7 days a week.

The service will ensure that crisis accommodation provided to young persons through YCAE funding includes:

- 24/7 staffing of the crisis accommodation, with staff sleepover
- early intervention and outreach support capacity, where possible

YCAE funding cannot be used to purchase properties.

7.4 Domestic and Family Violence Response Enhancement (DVRE)

Where an HSA includes reference to DVRE services, this is the provision of after-hours support and accommodation for women, with or without children, who are experiencing or at risk of homelessness as a result of domestic and family violence.

The DVRE funding must be used as a priority to enhance services to clients after hours and ensure after-hours intake and support for new clients, including both the provision of accommodation and support. After-hours intake and support will include provision of risk assessment, safety planning, monitoring and case management services for all clients.

Services delivered through DVRE must be fully accessible to all people regardless of where a person identifies as Aboriginal, have a culturally or linguistically diverse background, disability, mental health, sexual orientation and caring responsibilities. Aboriginal people are identified as a particular priority target client group for this support.

Where a HSA includes reference to the provision of DVRE, the service provider is required to ensure program availability for the nominated number of clients.

Headleasing properties

DVRE funding can be used to headlease suitable properties from the private rental market in collaboration with a Community Housing Provider (CHP).

Where this service determines that funding will be used for headleasing properties from the private market, the following is required:

- Properties should be as close as possible to refuges that are already operated by the service provider. This is to ensure that support can easily be provided to these additional properties.
- The service will be responsible for providing support to women and their children accommodated in the headleased properties.
- If the service provider is not already a Tier 1 or 2 registered CHP, the service will be required to work in partnership with a Tier 1 or 2 registered CHP. Headleased properties will be leased through the CHP who will deliver tenancy and property management services. The CHP will be responsible for all property outgoings. The tenant will be responsible for all related outgoings such as electricity, gas, water usage or any other charges.
- Any clients placed in the headleased properties must be fully supported by the service.

Where a service provider purchases Temporary Accommodation for after-hours access from motels, hotels, caravan parks or other appropriate sources, either on a per bed-night or up-front guaranteed access basis, all arrangements must be formally documented, offer value for money, and should be able to demonstrate how they have used these facilities if audited.

This accommodation resource should be in addition to DCJ Temporary Accommodation, and clients should be referred to DCJ and Link2home as soon as appropriate and supported to access the full range of housing assistance they may be eligible for.

Other requirements

- Enhancement funding for this service is to be used to provide short term crisis accommodation or transitional accommodation.
- Private head-lease properties will only be sourced via a lease arrangement with a registered CHP. The service provider will be responsible for payment of utilities (electricity, water, gas).
- Clients will not be charged more than 25% of income, plus Commonwealth Rent Assistance as rent. For clients with an income, a contribution to utilities may be negotiated.
- Furniture and other items required to support clients to use a nominated property (e.g. linen, crockery, etc.) may be provided.
- Service providers must ensure that the use of nominated properties complies with all Local Government and State Government regulations.
- No additional Government owned or funded properties are provided for DVRE under this Agreement. DVRE funding cannot be used to purchase properties.

Duty of Care

As with existing SHS services, ensuring the safety and wellbeing of women with or without children, escaping domestic and violence is the paramount consideration for service providers. Where an accommodation response is required:

- Services must be staffed with appropriate staff-to-client ratios
- Services must be staffed with appropriately qualified staff with up-to-date DFV training
- Services which are provided to women with children are to be, or be working towards becoming Child Safe Organisations
- Services which are provided to women with children must employ staff with a cleared Working With Children Check

- Accommodation must be safe and secure.

Brokerage

DVRE funding can be used to apply a flexible brokerage model to support purchase of temporary accommodation where necessary, support the use of additional properties the service provider may own or have access to not already part of a SHS contribution, additional specialist support, and emergency purchases on behalf of clients after hours and in absence of access to income or safe access to other personal resources, in line with the SHS Brokerage Guidelines.

8. Workforce and industry development strategy

DCJ funds the Industry Partnership (IP) to develop strategies and undertake activities and training to support SHS sector and workforce development.

The IP is made of the three homelessness peaks Homelessness NSW, DVNSW and Yfoundations. The contract with the IP is managed by DCJ Strategy, Policy and Commissioning (SPC).

It is an SHS Program expectation that funded service providers will contribute to the development of these sector strategies through available opportunities to provide input or feedback.

Service providers can access training or other forms of professional or organisational development, as delivered by the IP. Further information about the Industry Partnership is available from:

<https://homelessnessnsw.org.au/sectorhub/>

8.1 Learning and Development Framework

The NSW SHS Learning and Development Framework includes face-to-face, online and in-house learning opportunities.

Courses are fully subsidised by the Department of Communities and Justice for SHS workers and have been tailored especially for the homelessness sector. Refer to the NSW Homelessness Industry and Workforce Development Strategy available from <https://homelessnessnsw.org.au/sectorhub/learning-and-development/>

For an overview of everything that is available, refer to the [SHS Learning and Development Framework](#).

8.2 SHS program casework and specialised areas of practice

It is expected that service providers will ensure that they apply and maintain appropriate industry and professional standards relating to good practice in casework.

It is the responsibility of service providers to ensure their services are aware of, and incorporate evidence and knowledge relating to practice with people with complex support needs within their service delivery.

Practice guides will be produced by the IP and available online.

9. Monitoring and Performance

9.1 Monitoring of outputs and outcomes

Monitoring the overall performance of the SHS Program determines whether the program is appropriately targeted and that program outputs and outcomes are being achieved (for more detail on reporting requirements, refer to section 11).

Data is collected and reported on for a number of purposes, including:

- To meet reporting obligations under national agreements (see section 11)
- To monitor how well the SHS Program is responding to the needs of people who are experiencing homelessness or who are at risk of homelessness
- To monitor whether service providers are meeting their contract obligations (targets and outputs), and to improve performance where appropriate
- To monitor the effectiveness of service providers in achieving outcomes for people accessing their services, and informing continual practice and service improvement

Client information recorded in CIMS (and other approved equivalent systems) will be used to understand the performance of the sector against the National Performance Indicators outlined in the NHHA, including:

- Proportion of daily requests to specialist homelessness services where people are unassisted
- Proportion of SHS clients experiencing repeated episodes of homelessness
- Proportion of SHS clients who established long-term accommodation
- Proportion of SHS clients referred who sustained their long-term accommodation
- Proportion of SHS clients enrolled in education during the period of assistance
- Proportion of SHS clients entering the labour force during the period of assistance

9.1.1 SHS Program Outcomes

The SHS Outcomes Framework outlines the key outcome data sources and processes for collecting, reporting and using data to put client outcomes at the centre of contracting and commissioning.

During the contract term, the SHS Outcomes Framework will be progressively implemented and tested according to milestones within the HSA. These outcomes, measurement tools and process may change as understanding of their robustness/usefulness increases; and subject to further development and testing.

Table 5 outlines the SHS outcomes and indicators across domains mapped to the Human Services Outcomes Framework.

Table 5. SHS Program Outcome and Indicators

Human Services Outcomes Framework Domain	SHS Program Outcome	Indicator
Safety	Clients feel safer	Proportion of SHS clients that report they feel safer since engaging with the service
	Clients feel supported to make progress in addressing their safety needs	Proportion of SHS clients with demonstrated progress in engaging with services to address safety needs and addressing their individual safety needs/goals related to: <ul style="list-style-type: none"> • Being supported to access information and services to remain safer

Housing	Clients make progress addressing their housing needs	Proportion of SHS clients with demonstrated progress in engaging with services to address housing needs and addressing their housing needs/goals related to: <ul style="list-style-type: none"> • Increased knowledge of housing options • Increased skills in maintaining suitable housing • Completing actions to maximise housing opportunities • Transitioning to safer, more stable living arrangements (return to home, transitional accommodation, tenancy)
		Proportion of SHS clients presenting as experiencing homelessness that are appropriately housed at the end of the support period
	Clients sustain their tenancy	Proportion of SHS clients who receive tenancy support from service providers that sustain their tenancy or other accommodation (where that accommodation is appropriate) for the support period, covering: <ul style="list-style-type: none"> • Early or crisis intervention to sustain an existing tenancy • Post-crisis support to sustain a new tenancy
		Proportion of SHS clients who are appropriately housed at the end of the support period
Wellbeing	Clients have improved personal wellbeing	Proportion of SHS clients with improved personal wellbeing
	Clients have increased capacity to tackle future challenges	Proportion of SHS clients with demonstrated progress in engaging with services to address wellbeing needs and achieving their wellbeing goals in relation to: <ul style="list-style-type: none"> • Improved engagement with health services • Improved relationship with family (where appropriate) & support networks • Improved connection to community • Improved connection to education & employment.

Please refer to the SHS Outcomes Framework Guide (Appendix 1) for more information.

9.2 Contract management

Each service provider is required to work with the DCJ District Contract Manager in Commissioning & Planning, guided by the DCJ Funded Contract Management Framework (FCMF). This is explained in the [funded contract management overview](#) available on the DCJ website.

Contract managers will monitor the performance of service providers to:

- Verify they are meeting the performance requirements agreed in the contract
- Ensure they are capable of addressing the needs of clients and delivering the agreed outcomes
- Confirm they have the ongoing capacity and capability to deliver stable, uninterrupted services at the level of quality outlined in these specifications

Performance monitoring will include regular monitoring, annual assessments; and contract assurance health checks as required across the domains of governance, financial management and service delivery. Regular monitoring will include contract management discussions set at regular intervals with the contract manager e.g. quarterly.

9.2.1 Client Targets

In the HSA a service provider will have a 'minimum client target number'. The HSA also specifies other targets, where applicable, which can include a combination of the following:

- People who are at risk of homelessness
- People experiencing homelessness
- Age
- Gender
- Family grouping
- Location (LGA or State-wide)

These targets ensure that the intended SHS program scope, mix of service types and client prioritisation is maintained in each District.

DCJ acknowledges that service providers cannot necessarily control who will present/refer to their service, and that it is a program principle that anyone attending an SHS will receive a level of support where appropriate. This may have an impact on achieving targets specified in the HSA. As such, it is important that service providers work to achieve the targets articulated in the HSA. DCJ encourages service providers that are experiencing significant difficulties in meeting these targets, or who identify a significant change of local need, to discuss this with their DCJ contract managers.

10. Program Governance

Governance is critical for the SHS program. Each service provider will have governance arrangements within their organisation and are required to meet governance requirements with DCJ. Governance allows service providers the opportunities to escalate system-wide issues to DCJ and can be used to identify District-specific solutions.

10.1 Program Management

The program management function within DCJ will be performed by Strategy, Policy and Commissioning (SPC). SPC will report into the DCJ Housing and Homelessness Strategy Steering Committee, which is chaired at the Deputy Secretary level.

10.2 Program Steering Committee

DCJ will convene a Program Steering Committee to oversee all locations and ensure a continuous improvement approach to the delivery of the program. This group will reflect on program performance and discuss updates provided by the District Governance Group.

This group will work collaboratively to resolve issues that may escalate from the District Governance Group.

This group will provide recommendations back to the District Governance Group where additional advice/strategic input is required.

This group will include:

- Executive Director, Strategy, Policy and Commissioning, DCJ
- Deputy Secretary, Southern HDDSEM, DCJ
- Directors, Commissioning and Planning DCJ / Directors Housing (a representative from regional and metro areas for both C&P and Housing)
- Housing Statewide Services, DCJ
- Peak representative/s – Homelessness NSW, DVNSW, Yfoundations and other Aboriginal specific peak.

These meetings will be held quarterly and will align with the program's quarterly reporting cycle. Frequency of meetings may change over the contract term.

10.3 District Governance Group

The structure of the District Governance Group may look different across NSW, and it should be developed for a local context. The District Governance Group may utilise an existing local governance group that may be fit for purpose, such as the District Homelessness Implementation Groups (DHIGs).

This group will work collaboratively to resolve program implementation issues, risks, challenges and consider practice principles and how they are applied when supporting clients in the program.

The District Governance Group may consider local service system coordination, collaboration and support local program decision making.

Issues which require further strategic input and consideration should be escalated to the Program Steering Committee. The District Governance Group will complete a template for submission to the Program Steering Committee that will flag issues that need further consideration.

These meetings will be held quarterly and will align with the program's quarterly reporting cycle.

Membership of the group will comprise the following:

- A senior level representative from each SHS
- DCJ Commissioning and Planning representative
- Aboriginal representative

Service providers should decide how their local District Governance Group will be formed, for example one district wide group or a service provider specific group.

11. Client Data Collection

This section of the Program Specifications outlines the National SHS Data Collection, Client Data Collection Systems and Client consent.

11.1 National SHS Data Collection

Service providers are required to meet the data collection and reporting requirements related to the National SHS Data Collection.

Service providers must fulfil all requirements of the national SHS Data Collection, including the submission of de-identified data from people accessing the SHS program to the Australian Institute of Health and Welfare (AIHW).

The AIHW in conjunction with State and Territory Governments, has developed a national SHS Data Collection, which contains three elements:

1. A National Minimum Data Set (NMDS) to provide quality information about people who are at risk of or are experiencing homelessness and who seek or receive services from SHS
2. The secure web portal [Validata](#)™
3. An administrative database called the Specialist Homelessness Establishments Database (SHED)

Service providers are required to submit data to the AIHW each month using Validata™. For more information on this process, please refer to AIHW and the SHS Validata™ manual:

<https://www.aihw.gov.au/about-our-data/our-data-collections/specialist-homelessness-services-collection/specialist-homelessness-online-reporting>.

The AIHW produces statistical summaries of SHS data at 3, 6, 9 and 12 months. These are available at state and service provider level. An annual SHS report is also released by AIHW in December each year, with data available at national and state level.

11.2 Recording clients

The SHS Program is targeted to persons who are experiencing homelessness, or who are at risk of homelessness.

Only persons meeting these criteria may be recorded as SHS clients for the purposes of reporting under the SHS National Data Collection, or against SHS program service delivery targets in the HSA.

Service providers may from time to time undertake activities such as awareness raising, information, education, training programs or events in the community, schools or other locations.

However, only participants in these activities who meet the criteria of experiencing homelessness or being at risk of homelessness, may be considered as SHS clients. Solely participating in an SHS organised activity, event or program does not make a person eligible to be counted as an SHS client.

11.3 Client Data Collection Systems and consent

11.3.1 Client Information Management System (CIMS)

To support the SHS Program to capture all necessary data to comply with the National Data Collection (see 12.1), DCJ has an online client information management system (CIMS) available for use by all SHS services²⁰. It is an SHS Program requirement that all service providers use CIMS (or another equivalent data system approved for use by DCJ/AIHW section 11.3.2).

In addition to capturing all necessary data, CIMS is used for the following purposes:

- Hosting the Vacancy Management System (VMS) – all service providers are required to record and maintain their VMS listing (see section 12.5.2)
- Incorporating the SHS Common Assessment tool (see section 6.2) – service providers with approved equivalent data systems will use their own system that incorporates the assessment tool.

The SHS Program Outcomes Framework will be incorporated within CIMS (or approved equivalent systems) to support the integration of outcomes measurement within standard practice, and where possible reduce any administrative burden.

CIMS contains a number of other useful features and functions that include:

- Ensuring that information is recorded to meet reporting requirements on time
- Generating reports for individual workgroup and service level data
- Tracking Brokerage expenditure for individual clients
- Tools for client case management and goal setting

Service providers are also required to use a Client Information system (CIMS or approved equivalent system) that enables SHS client data to be searched and shared in real time across all NSW service providers (subject to consent and legislative requirements).

11.3.2 Service providers not using CIMS

Where a service provider chooses not to use CIMS as their Client Management System (CMS), the alternate system must be approved²¹. The alternate system must support the collection and reporting of service data outlined in sections 11 and 12. The SHS Outcomes Framework will need to be incorporated into this system.

²⁰ CIMS e-learning modules are available on the [Learning and Development platform](#)

²¹ The list of approved client management systems and details on approval is available here - <https://www.aihw.gov.au/about-our-data/our-data-collections/specialist-homelessness-services-1/approved-client-management-systems>

11.3.3 Client information and consent

Data on individual clients must be managed according to the *NSW Privacy and Personal Information Protection Act (1998)*²². Client consent is sought for:

1. Making client information available for 'state-wide search' within the SHS CIMS online database
2. The provision of information to another agency to support a referral for service
3. Collection and submission of data to AIHW in line with the relevant privacy provisions of the Commonwealth *Privacy Act 1998*²³

If a service provider is using the VI-SPDAT and entering this into the By-Name List, the service provider will need to complete the separate By Name List consent process.

Referrals from Link2home have a consent process that is adhered to.

11.4 Demographic information

There are a number of pieces of demographic information that is captured in CIMS including:

Demographic information in CIMS
<p>Sex</p> <ul style="list-style-type: none">• Male• Female• Other
<p>Household/Family Type (Living arrangements)</p> <ul style="list-style-type: none">• Lone Person• One Parent with child/(ren)• Couple with child/(ren)• Couples without child/(ren)• Other family• Group
<p>Age group</p> <ul style="list-style-type: none">• <16• 16-24• 25-54• 55+
<p>Cultural tab within CIMS</p> <ul style="list-style-type: none">• Indigenous status - Aboriginal / Torres Strait Islander / Both / Neither• Country of Birth• Main language spoken at home• Culturally and Linguistically Diverse flag
<p>LGBTQI tab within CIMS</p> <ul style="list-style-type: none">• Client's gender identify – Male / Female / Non-binary / Prefer not to say / Different identity (able to describe further, as required)• Client's sexuality - Lesbian, gay or homosexual / Straight or heterosexual / Bi-sexual / Queer / Prefer not to say / Different identity (able to describe further, as required)• Trans or gender diverse experience – Yes / No / Prefer not to say• Variation of sex characteristics (intersex) - Yes / No / Prefer not to say

There is capability within the system to identify whether a person has one or more specialised support needs, such as:

- Mental health
- Alcohol and Other Drugs
- Post-incarceration
- Domestic & Family Violence
- Leaving Care
- Disability (e.g. whether client needs help/supervision in self-care, mobility or communication or identify a need for physical disability services or Intellectual disability services)

12. Notified policies and standards

Service providers are required to appropriately reflect the policies, procedures, process and practices listed in section 12 in the delivery of their services.

These notified policies and standards may be updated, amended and replaced from time to time, or new documents added as necessary.

Service providers will be notified if and when changes are made. It is the responsibility of service providers to ensure the organisation maintains up to date knowledge of these notified policies and standards.

12.1 Brokerage assistance

Brokerage can be an important tool for achieving positive housing outcomes for people accessing a homelessness service.

Brokerage assistance may be managed at an individual service provider level, or a number of service providers may establish a collaborative process for assessing brokerage applications and approving expenditure.

Where collaborative brokerage assessment and approval processes are in place, the service provider that expends brokerage is responsible for record keeping and acquittal. This acquittal should form part of the annual acquittal process.

Brokerage assistance from SHS Program funds can only be provided to a person who:

- Is currently accessing a specialist homelessness service
- Has a current support plan in place
- Is also receiving non-brokerage support from the service provider

Brokerage assistance can only be provided where:

- Funds are only used for goals directly related to sustaining housing and/or preventing homelessness, and;
- Implementing the agreed support plan actions requires particular goods and services which,
 - the client is unable to directly access,
 - the service provider is unable to provide from other program resources,
 - the service provider is unable to access from other services/agencies, and;
 - where the cost for the client of these good and services within the timeframe required is not affordable.

Brokerage assistance is not available for:

- Goods or services that are provided free as part of a service or program the client is eligible for with another organisation or agency (e.g. Medicare bulk billing, DCJ rental housing assistance products, employment service supports, etc.)

- Rental arrears for social housing, which can be addressed through a payment plan with the housing provider
- Ongoing assistance with debts
- Personal debts repayable through a Work Development Order (WDO)
- Discretionary items not essential to achieving support plan goals

'Emergency assistance' from SHS brokerage funds that is not linked to a support plan, may only be provided in situations where an urgent response is required, and must be:

- 'One-off' for any client, and must be less than \$500
- Be for essential needs such as food or to forestall imminent homelessness

Money is not to be issued directly as part of a brokerage or emergency assistance response. The service provider must organise payment for goods or services directly with the relevant supplier.

All service providers should consider the following issues in determining brokerage policies, procedures and brokerage budgets:

- The target number of clients to be supported over the contract period
- Mechanisms to equitably manage brokerage across the SHS client portfolio
- Limitations on the range of goods and services that may be supported
- Assistance 'caps' with respect to each request or number of requests to assist in rationing funds
- The availability of goods and services in the local area, which can be procured without the use of brokerage funding
- The availability of goods and services in the local area, which have consistently required the use of brokerage funding to achieve sustainable client outcomes
- The capacity of individual clients to repay part or all brokerage funding received

It is a DCJ requirement that service providers keep auditable records of all brokerage approvals, expenditure, and funds recoveries, including:

- The identity of the worker who requisitioned the brokerage and the approver
- Identification of the client who received the brokerage
- The support plan activity and goal being supported
- The goods or services to be purchased
- Support plan records of the contribution brokerage expenditure made to achieving the relevant support plan goal
- Auditable records of purchase orders, invoices, receipts, remittance advices, credit card statements, or vouchers linked to each brokerage approval
- Auditable records of any brokerage expenditure recovered through repayments, refunds, re-sale of items purchased, etc.
- An itemised statement of overall brokerage expenditure in a financial year that can be reported as part of acquittal reporting through the DCJ Funded Contract Management Framework (FCMF).

12.2 Subcontract arrangements

For DCJ's purposes, subcontracting is when a service provider uses the department's funds to pay a third party — whether an organisation or an individual — to fulfil part or all of the services DCJ has contracted the service provider to deliver.

To comply with the terms and conditions of the contract with DCJ, the service provider must not subcontract any part or all of the services without our prior written consent (this is stated in clause 6.3 of the Human Services Agreement – Standard Terms).

The service provider may apply for DCJ's consent to subcontract in two ways:

1. As part of the procurement process (tender proposal); or
2. At any time during the term of the contract using the DCJ application form.

Subcontracting without DCJ's prior written consent may result in termination of the contract with DCJ. If DCJ grants consent to subcontract, the service provider will be subject to additional responsibilities and obligations. For these reasons, it's important that the service provider obtains independent legal advice, carries out the necessary due diligence, and informs us of their intentions in advance.

Consent to subcontract is generally given for the term of the contract.

Where DCJ has given written consent, the service provider (lead service provider as listed in the HSA) is considered to be the 'Prime Contractor'.

DCJ has a legal/contractual relationship only with a Prime Contractor.

There are three arrangements DCJ considers to be subcontracting:

- A consortium, where a service provider has a contract with one or more third parties to deliver all or part of the contracted services.
- A fee-for-service arrangement, where regularly or from time to time a service provider uses purchase orders to buy services from one or more third parties to deliver all or part of the contracted services.
- A labour-hire arrangement where a service provider hires contractors, either directly or through a third party — full time, part time or casually — to deliver any aspect of the contracted services.

Where a Prime Contractor wishes to terminate or substantially vary a subcontracting arrangement from that which was approved by DCJ, it will be necessary for DCJ to conduct a due diligence assessment to determine whether the Prime Contractor has:

- Managed the subcontract in accordance with clauses 6.3 of the Human Services Agreement – Standard Terms
- Continues to have the capability to deliver the contracted services in full, and that there will be no service interruption resulting from the change in subcontracting arrangements. In the event that DCJ is not so satisfied, this adverse assessment may trigger a retendering of the contract.

DCJ must be notified in advance of any proposed change in subcontracting arrangements to allow a due diligence assessment to be undertaken.

DCJ has no role in the resolution of disputes between a Prime Contractor and a Subcontractor, other than to assess any impact the dispute may have on the delivery of the funded services, and any reputational damage that may impact on the SHS Program more generally.

The term '**joint working arrangement**' doesn't have a set legal definition. The term is generally used to describe the arrangement where two or more organisations work together for a common purpose.

Joint working arrangements provide a mechanism for collaboration and service delivery between organisations in the sector, whether or not the organisations are contracted by the department. The purpose of the arrangement may be anything from an informal alliance for sharing information, through to a consortium established to tender for a project or services.

There are different approaches to working together, with different levels of collaboration. The nature of the arrangement depends on the needs of each of the organisations involved and, if contracted by the department, the outcomes to be achieved for our clients.

It's understandable that service providers may choose to enter into a joint working arrangement because of the benefits. By sharing workload and resources, organisations can lower overheads and enable more funding to be directed to frontline service delivery.

By working together, organisations can:

- improve their overall capacity, capabilities and geographical reach
- achieve better outcomes for beneficiaries: the organisations themselves, their clients and the sector in general

While we support joint working arrangements that help achieve better outcomes for our clients, it is important the arrangements do not pose a risk to service delivery.

Whether service providers are required to notify DCJ of a joint working arrangement depends on the terms and conditions of the contract.

One example is if the joint working arrangement is for the purposes of subcontracting.

Under the terms and conditions of the contract with DCJ, you must obtain our consent to subcontract before entering into the arrangement.

Please refer to the policies on the Department of Communities and Justice website for further information about what constitutes a joint working arrangement and sub-contracting and the related responsibilities and obligations for service providers.

12.3 Co-Contributions

Co-contributions reflect property, financial and other non-financial commitments offered for inclusion in services by providers and/or third parties. Listed in Attachment 3 of the HSA (Co-contributions Schedule), they form part of the contracted delivery requirements for the duration of the contract.

Co-contributions Principles

Service providers are accountable for the continued provision of committed co-contributions, and within reason, are expected to maintain their availability for the service where it is viable to do so.

This includes non-government properties contributed for provision of accommodation for the service's clients. At times co-contributed properties may change or become unavailable for future commitment. In the event this occurs, for example, due to a third party changing its usage or selling the property, it is anticipated the service provider will make every reasonable effort to replace the property and/or bedroom allocation.

Co-contributions are able to be reviewed and changes can be proposed for consideration with DCJ, where it is believed the co-contribution is no longer available, or of value to the service. DCJ recognises that third party arrangements especially may not always be available for continued contribution (e.g. donations or philanthropic funding commitments; other contributions such as volunteers, office space for meetings, etc.) that have been donated in the past but are no longer being offered for use by the service.

Assessment and acquittal of co-contributions

Only funds paid by DCJ and any direct income generated by the contract needs to be acquitted. NGO funding contributions such as a service providers own funds, or donations from other organisations, do not need to be acquitted.

DCJ has the option of dealing with any unspent funds identified at the end of a financial year in accordance with the Agreement for Funding of Services – Standard Terms and Schedule. DCJ may not be able to differentiate unspent funds directly attributable to DCJ funds, if co-contributed funding or donations are included in the acquitting of funds.

The following links provide further guidance if required:

- For service providers: <https://www.facs.nsw.gov.au/providers/funded/resources/annual-accountability>

- For contract managers: <https://commissioninghub.intranet.dcj.nsw.gov.au/contract-management/performance-and-accountability/annual-accountability>

12.4 Assertive outreach

Where a service provider's HSA includes reference to the provision of 'Assertive outreach' the following guideline applies.

Assertive outreach involves delivering persistent and purposeful street-based outreach to persons who are experiencing street homelessness. The NSW Government adopts the definition of street homelessness set out in the ['Global Framework for Understanding and Measuring Homelessness'](#) (Institute of Global Homelessness). The definition includes:

- people sleeping in the streets or other open spaces (such as parks, railway embankments, under bridges, on pavement, on river banks, in forests, etc.)
- people sleeping in public roofed spaces or buildings that not intended for human habitation (such as bus and railway stations, taxi ranks, derelict buildings, public buildings, etc.)
- people sleeping in their cars, or other forms of transport
- individuals or households who live on the street in a regular spot, with some form of makeshift cover

Assertive outreach involves actively approaching people experiencing street homelessness with the intention of offering supports related to service provision and/or to establish engagement. Such engagement is not time limited and may require frequent and sustained effort to establish and build rapport, and monitor wellbeing.

Initially assertive outreach support is provided where the client is responding directly and immediately to a person's' needs. This is by bringing services to the person, with the focus on prevention of harms associated with street homelessness. This is rather than focusing on the prevention of street sleeping itself, in addition to offering accommodation solutions.

A harm reduction approach aims to reduce the adverse effects of living outdoors, while working towards improved health and housing outcomes. Ending street homelessness, however, remains a goal and temporary accommodation options should be sourced to enable more intensive support to be provided leading to sustainable housing.

Assertive outreach is distinguished by delivering required services in an integrated response in partnership with a range of services.

An assertive outreach practice will be characterised by:

- A focus on client needs
- Flexible engagement
- Individual choice and involvement.

Please refer to [SHS Assertive Outreach Good Practice Guidelines and Resources](#) prepared by Homelessness NSW.

12.5 Housing related policies and standards

12.5.1 Critical incident protocols

When a critical incident occurs in SHS accommodation, service providers need to report the details of the incident and the actions taken in response to the incident. The purpose of reviewing these incidents is to learn, explore new risk mitigation processes, and update any relevant policy or procedures.

Critical incidents include but are not limited to:

- A death of a client in SHS accommodation
- Serious incapacity of a client in SHS accommodation, rendering a client incapable of communication/self-advocacy (e.g. stroke)
- Serious assault against or by a person within SHS accommodation or an SHS service
- An incident of serious harm against a child or young person under the age of 16 within SHS accommodation or an SHS service
- Major property damage rendering the building unsafe or uninhabitable.

Protocol

If the incident is an emergency, when an incident is first discovered, service providers should contact 000.

Service providers should first make sure that everyone is safe, including staff and people accessing the service. Then, following their own policies on managing incidents, service providers should immediately make a report to the relevant authority such as the Police or lodge a Mandatory Report of Significant Harm (ROSH) report in case of child or young person.

When it is feasible, service providers should advise their DCJ Commissioning and Planning Officer that a critical incident has occurred and outline as much detail as possible.

Staff affected by the incident should be offered counselling services and support.

In the event of a death or serious incapacity, services should work with Police to contact the next of kin or the Public Trustee/Guardian and store any personal belongings.

In the event of a critical incident involving a property (e.g. fire, structural failure, flood, storm, etc.) the service provider is required to, as soon as is practical:

- Contact the Housing Contact Centre if it is the lessee,
- Contact the Community Housing Provider, if it is in partnership with one.

The relevant property manager should then implement appropriate protocols to ensure the safety of people accessing the service, staff and neighbours as well as secure the property.

12.5.2 Minimising Service and Accommodation Vacancies

It is an SHS Program requirement that all service providers update service vacancy information in the SHS Vacancy Management System on a daily (workday) basis. This is also applicable for DVRE accommodation services.

This ensures that clients are assisted in the shortest possible timeframe, due to accurate information about where vacancies exist within the SHS system. It is important for the SHS system to respond as efficiently as possible to overall demand for both SHS accommodation support and for case-management support. This includes crisis accommodation and longer term options including transitional housing.

Further information on the process of updating the SHS Vacancy Management System can be found at:

12.5.3 Link2home and Temporary Accommodation

Link2home

Link2Home is a state-wide telephone service providing information, assessment and referral to specialist homelessness services, temporary accommodation and other appropriate services for people who are experiencing homelessness, or who are at risk of homelessness.

Service providers can expect to receive referrals from Link2home. This may be for accommodation and support, or support only depending on the delivery model and availability.

From 9am to 10pm daily, Link2home provides people who call the service with information, assessments and referrals to homelessness support and accommodation services across NSW.

Between the hours of 10pm and 9am, Link2home provides information and assessment only and will refer people to emergency services if required.

People who call Link2home will receive one or more of the following:

- information about local services
- an assessment to determine what kind of assistance is needed
- referrals to appropriate specialist homelessness services, support services, temporary accommodation and/or other services

Link2home also provides information about homelessness services across NSW to service providers and homelessness advocates acting on behalf of clients.

Temporary Accommodation

If a person can demonstrate that they have nowhere safe to stay for the night or are experiencing homelessness, DCJ Housing may offer to pay for a small number of nights of Temporary Accommodation (TA). It is a condition of this assistance that clients are actively looking for other short-term or long-term accommodation.

In some instances, service providers will assist people to:

- access TA by contacting Link2home or working with local DCJ Housing and SHMT CHP offices
- support people who are in TA to identify short or long-term accommodation

12.5.4 Crisis Accommodation

Crisis accommodation is short-term accommodation for people who are experiencing homelessness, often with on-site support and in congregate settings.

Where a HSA includes reference to the provision of Crisis Accommodation the following guidelines apply.

- The SHS program expectation is that services operating crisis accommodation should be proactively working with clients to secure more stable, longer term accommodation.
- DCJ acknowledges that participants may disengage; or may pose a risk to workers, other clients or the community, and may be required to exit a program before long term plans are established. The expectation is that service providers will aim to source alternate accommodation in these scenarios, where possible and safe to do so.
- It is an SHS program expectation that all clients in crisis accommodation will have an active support plan towards gaining longer term stable accommodation. It is in the client's interests to move from

crisis accommodation to sustainable independent accommodation within the shortest practicable timeframe, while fully recognising that the transition to independent accommodation may encompass a number of stages and require a period of wrap around support.

- Where clients in crisis accommodation have a regular income stream, including Centrelink allowances and pensions, it is appropriate for service providers to request a contribution towards the cost of food and lodgings.
- Inability to pay such a contribution (e.g. no income, debt recovery, medical costs, etc.) must not be used as a reason to exclude eligible clients from SHS support.
- Clients should not be exited into homelessness, nor should they be subjected to unnecessary destabilisation by being referred to another crisis accommodation service due to lack of longer term options.

12.5.5 Transitional Accommodation

Transitional accommodation is supported independent housing for clients transitioning from homelessness (including crisis accommodation) to longer term independent living. Generally, transitional accommodation will be for up to 18 months. Clients may be housed alone or under a shared tenancy arrangement.

Where a HSA includes reference to the provision of 'transitional accommodation' the following guidelines apply:

- Clients in transitional accommodation will be a tenant of, and have a lease agreement directly with the Community Housing Provider that is responsible for tenant and property management.
- Clients will not be charged more than 25% of their income, plus Commonwealth Rent Assistance as rent. For clients with an income, a contribution to utilities may be negotiated and other costs payable by the tenant will be subject to the terms of the lease and in accord with social housing practice and procedure.
- The SHS program expectation is that service providers supporting transitional accommodation will be proactively working with clients to secure stable, longer term accommodation within 18 months of them commencing their transitional accommodation.
- A Memorandum of Understanding between the service provider and the CHP may set an upper limit on the total period of occupancy for any individual tenant, of up to 18 months.
- Within this overall timeframe the tenant may be offered one or more shorter-term leases.
- Accommodation in transitional housing should not extend beyond 18 months unless there is a clear time-limited exit strategy to more permanent accommodation and only a short 'bridging' extension is required.
- It is an SHS program expectation that all clients in transitional accommodation will have an active support plan towards gaining ongoing, long term accommodation.
- Where suitable alternative accommodation has not been secured in this time period, and the client remains engaged with a goal of independent housing, there should be no exits into homelessness.
- DCJ acknowledges that participants may disengage; or may pose a risk to workers, other clients or the community, and may be required to exit a program before long term plans are established. The expectation is that service providers will aim to source alternate accommodation in these scenarios, where possible and safe to do so.

12.5.6 Transitional Housing Plus

Transitional Housing Plus (THP) is a form of transitional housing that provides longer-term supported accommodation, linked to training and employment outcomes, for vulnerable young people including those leaving Out-of-Home care arrangements or Juvenile Justice detention or supervision; and women with children experiencing domestic and family violence who are experiencing homelessness or are at risk of homelessness.

It aims to provide housing integrated with support to assist the tenant household to stabilise their lives over a longer tenure period (up to five years). The tenant household will be supported to engage in training and employment opportunities, and will move to independent living arrangements during, or at the end of the five-year period.

Where services work with CHPs and provide support through THP properties, details of relevant properties are included in Attachment 2 of relevant HSAs. The Transitional Housing Plus Guidelines describe the application, referral and support arrangements.

Note: The Transitional Housing Plus Guidelines are tabled for revision and updating by DCJ. The updated guidelines will be available on completion.

12.5.7 Accommodation charges in SHS Crisis Accommodation

Where a HSA includes reference to the provision of 'crisis accommodation' the following guidelines apply:

- If a crisis accommodation service collects any form of 'accommodation charge' (e.g. daily 'rent', tariff, bed fee, board, lodgings, meal or laundry fees, contributions, etc.) from people accessing a homelessness service:
 - A proper record of monies collected must be maintained
 - Clients must be made aware of the purpose for which monies are collected and will be expended
 - The expenditure of monies collected must be consistent with and support the delivery of the SHS Program
 - A proper record of how the monies collected have been expended must be maintained
 - Records of money collected and expended must be available for inspection by DCJ upon request by the Contract Manager.
 - Non-payment cannot result in termination of support.
- For the purpose of acquitting SHS program funds, however, monies collected from clients as accommodation charges, and how these monies are expended, should not be included in the on-line Income and Expenditure acquittal on the portal, and should not be included in the calculation of 'unexpended funds'.
- Where crisis accommodation is a service delivered under sub-contracting agreements (or Joint Working Arrangement), the operator of the crisis accommodation is also required to comply with this guideline. The prime contractor ('Lead') may request any such information they require to satisfy themselves the services are being delivered in accordance with the agreement between the prime and subcontractor, the DCJ contract, and the Program Specifications.

12.5.8 Change of use or transferring/exchanging SHS crisis and transitional properties

Where a HSA includes reference to 'crisis properties' or 'transitional properties' the following guidelines apply:

Properties made available to homelessness service providers will generally be owned by the NSW Land and Housing Corporation (LAHC), and are made available for a service provider under:

- A head-lease agreement between LAHC and a registered Community Housing Provider (CHP), and then
- A memorandum of understanding (MOU) between the CHP and the homelessness service provider.

Property types are subject to different council zoning requirements, which can limit transferring/exchanging options. There may also be building compliance, fire safety and resourcing issues, which may constrain the ability to change a property's use.

Crisis Properties

Crisis properties are usually subject to external planning controls, such as Local Environmental Plans (LEPs) and require Local Government approval to operate. They may also be subject to specific building regulations regarding fire safety. Crisis properties may also have been purpose built to facilitate group living. Consequently, it is not a simple process to change/swap the use of SHS properties between 'transitional' and 'crisis'.

Changing a property from general residential or 'transitional housing' for use as supported 'crisis accommodation' with group living, requires the approval and negotiation with Local Government, LAHC, and the CHP. Only LAHC, as the owner of the property, could initiate a change of use development application with Council. It would also require changes to be recorded on DCJ and LAHC administrative systems due to different arrangements for funding and financial responsibility between crisis and transitional properties.

While changing a property from 'crisis' to 'transitional' is a simpler process, DCJ would generally not support any reduction in the number of available crisis beds. Consequently arrangements for an alternative 'crisis' property would need to be in place. Additionally, a reduction in the amount of 'crisis' accommodation associated with a service package would trigger a review of the contract due to funding considerations.

A reduction in accommodation in a 'crisis' property, through converting bedrooms to other uses (e.g. offices, common areas), would raise similar concerns regarding loss of crisis beds and funding considerations.

From time to time service providers may have a strong case to change the use of part or all of a 'crisis' property to increase or facilitate better client and/or property usage outcomes. Such proposals should be discussed with the District contract manager, for recommendation to the SHS Program Manager.

No physical or operational change to the way a property is used can occur without prior assessment and approval by the NSW LAHC concerning building compliance and fire safety issues.

No transfer or exchange of a 'crisis' property between service packages or service providers can occur without prior consultation and approval from the SHS Program Manager (Strategy, Policy and Commissioning – DCJ). If recommended, the approval of Community Housing and Pathways – Strategy, Policy and Commissioning DCJ and the LAHC is required to amend funding and/or property leasing arrangements.

Transitional Properties

Requests to transfer or exchange 'transitional' properties between service packages or to replace one transitional property with another, can be considered on an exceptions basis only and subject to clearly demonstrated merit of the proposal. Reasons for such consideration may be that a property has become unusable (e.g. fire, need of major repair/renovation), the property type/size or potentially location is a particularly poor match for the intended client cohort.

A reduction in accommodation in a 'transitional' property, through converting bedrooms to other uses (e.g. offices, common areas), may raise concerns regarding loss of 'transitional' beds and funding considerations, and potential land use zoning issues.

From time to time service providers may have a strong case to change the use of part or all of a 'transitional' property to facilitate better client and/or property usage outcomes. Such proposals should be discussed with the District contract manager, for recommendation to the SHS Program Manager.

There must be no physical or operational change of the way a property is used without the prior assessment and approval by the NSW LAHC concerning building compliance and fire safety issues.

No transfer or exchange of a 'transitional' property between service packages or service providers can occur without prior consultation and approval from the SHS Program Manager (Strategy, Policy and Commissioning – DCJ).

If recommended, the approval of Community Housing and Pathways – Strategy, Policy and Commissioning DCJ, and the LAHC is required to amend funding and/or property leasing arrangements.

Properties head-leased from the private market

A CHP may be funded by DCJ to head-lease a property from the private market to meet service specifications on behalf of a homelessness service provider. In such cases the CHP is responsible for ensuring the property complies with any regulations relating to the intended use, and that the property meets the requirements of funding/service specification (e.g. bedrooms, location, etc.)

While an SHS may negotiate with a CHP over the specific choice of property, any change from the HSA in terms of reduced number of bedrooms, location, or use, requires prior consultation and approval from the SHS Program Manager (Housing and Homelessness – Strategy, Policy and Commissioning – DCJ).

12.5.9 Monitoring SHS usage of Transitional Housing properties

Since 2015, service providers, who are the lessee of a 'transitional housing' property, have been responsible for the responsive and planned maintenance of these properties as per the Asset Management Framework (LAHC, 2018). Rental income from properties is only to be used to manage tenancies as well as to repair, maintain and replace property items. Therefore, it is important that transitional housing stock is used effectively and efficiently with optimal occupancy to ensure:

- maximum availability of transitional accommodation for SHS clients
- optimal level of rental income in order to appropriately maintain housing stock today and set aside funds for future works

Where a transitional housing property is vacant for a period of 14 consecutive days, the service provider should contact:

- the District SHS contract manager - if the service provider is also the lessee of the property
- the Community Housing Provider (CHP) - if the SHS is in partnership with a CHP, as soon as possible and advise of the circumstances of the vacancy, and timeframe for re-occupancy

CHPs and some larger SHS lessees are required to report on occupancy and turnaround²⁴ data on a quarterly basis.

12.5.10 SHS property transfer resulting from loss of Registered Community Housing Provider status

It is DCJ policy that properties made available to support homelessness services through either allocation from the NSW Land and Housing Corporation stock portfolio, or through private market head-leasing arrangements, must be managed by a Registered Community Housing Provider.

Where the service provider and the Registered Community Housing Provider are different legal entities, the arrangement for the use of the property should be governed by a documented agreement.

In the event that the Community Housing Provider holding the head-lease to a property allocated to a service provider loses its registration under the *Community Housing Providers (Adoption of National Law) Act 2012 (NSW)*, the head-leases for any allocated properties will be transferred to an alternative Registered Community Housing Provider at the sole discretion of DCJ.

In the event that a Community Housing Provider, which is also the service provider, has its registration terminated voluntarily or involuntarily under the *Community Housing Providers (Adoption of National Law) Act 2012 (NSW)*, the following actions will occur:

²⁴ Turnaround is the period from when a property becomes vacant and is re-tenanted.

DCJ and LAHC will allocate leases and transfer leasing subsidy funding to an alternative Registered Community Housing Provider at their sole discretion.

12.5.11 Social Housing Assistance Policy for Registrable Persons

A registrable person is someone who is on the NSW Child Protection Register convicted of sexual and/or violent offences against young people (under 18 years of age).

The DCJ policy [Social Housing Assistance Policy for Registrable Persons](#) outlines the Housing Pathways Social Housing Sector's role in the provision of housing for persons who are registered on the Child Protection Register.

The policy requires Housing Pathways social housing providers in NSW to provide appropriate housing assistance to eligible registrable persons consistent with the specific requirements identified by the NSW Police Force and Corrective Services NSW, particularly in relation to the most appropriate location for them to reside.

Where appropriate, social housing providers may negotiate with support providers and relevant agencies for the support required to enable a registrable person to sustain their tenancy.

This policy allows for DCJ and Social Housing providers to determine eligibility of Registrable Persons for inclusion on the NSW Housing Register based on specific criteria and advice from NSW Police Force or Corrective Services NSW. Other housing assistance, such as temporary accommodation or private rental assistance, may be offered to the person, where appropriate.

Where a registrable person has been approved for assistance by DCJ or a Social Housing provider for either social housing or other assistance, it is an SHS Program expectation that such persons will receive SHS assessment and support from relevant service providers on the same terms as any other person seeking assistance from a homelessness service provider.

Any queries regarding a registrable person can be sent to Registercheck@facs.nsw.gov.au.