

Department of Communities and Justice

Specialist Homelessness Service (SHS) Access, Eviction and Withdrawal of Services Policy

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Specialist Homelessness Services (SHS) Access, Eviction and Withdrawal of Services Policy (2024)

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Policy version control

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1. Purpose

The Specialist Homelessness Services (SHS) Access, Eviction and Withdrawal of Services Policy (the Policy) is a notified policy that applies to the programs listed in the SHS Program Specifications (refer to section 1.1)¹. Under the Human Services Agreement, SHS providers are required, when performing their obligations under the Agreement, to comply with applicable notified policies issued by the Department of Communities and Justice (DCJ).

2. Policy Objective

The Policy was developed in response to the NSW Ombudsman inquiry into issues of access across homelessness services in NSW, *Specialist homelessness services: helping people with high or complex needs*² released 31 August 2022. The objective of the policy is to support SHS providers to have fair, clear and accountable decision-making processes when providing services to clients, or if services are withdrawn; that is strengths-based, and trauma informed.

3. Policy context

This policy is informed by consultation with:

- People with lived experience of homelessness – Public Interest Advocacy Centre’s StreetCare
- SHS providers – consultation through surveys and interviews
- The SHS Access and Withdrawal Working Group 2023

This policy operates within the broader SHS Program requirements including current legislation, the Human Services Agreement (contract) and Homelessness Accreditation Framework (see Snapshot 1).

DCJ acknowledges that the recommendations in the NSW Ombudsman’s report cannot be addressed without service system changes. The introduction of the policy alone will not address the service demand and capacity issues which also impact the barriers to accessing homelessness services.

The NSW Government is developing a new homelessness strategy, which aims to make NSW a place where homelessness is rare, brief and not repeated because people have a safe home and the support to keep it. Development of the new strategy will consider the shift in client needs and complexities, and how the system can respond to these changes to ensure services are more accessible for people experiencing or at risk of homelessness.

¹ SHS Program Specification - <https://www.facs.nsw.gov.au/download?file=811903>.

² NSW Ombudsman report - <https://www.ombo.nsw.gov.au/reports/report-to-parliament/specialist-homelessness-services-helping-people-with-high-or-complex-needs>

Snapshot 1: Policy context

Policy context

1. Current legislation

- NSW Anti-Discrimination Act 1977
- NSW Disability Inclusion Act 2014
- NSW Work Health and Safety Act 2011; NSW Work Health and Safety Regulation 2017
- NSW Residential Tenancies Act 2010
- NSW Mental Health Act 2007
- Commonwealth Privacy Act 1988
- Commonwealth Sex Discrimination Act 1984 amended 2013
- Commonwealth Disability Discrimination Act 1992

2. Current information in the Human Services Agreement and SHS Program Specifications

- Contract arrangements that specify service type (e.g., locations, target cohorts)
- 'No Wrong Door' approach (6.1)
- Practice principles (4.2),
- Eligibility (5.1)
- Accessing SHS service providers (6)
- Other considerations (6.6)
- Specialisation (7)
- Homeless Youth Assistance Program (7.2)
- Workforce and industry development strategy (8)
- Client targets (9.2.1)
- Appendices including: Crisis accommodation (12.5.4) and Transitional accommodation (12.5.5)

3. Homelessness accreditation

- Service providers are working towards achieving and maintaining accreditation under the Homelessness Accreditation Framework.

4. Intersecting agreements

- Housing and Mental Health Agreement (HMMA) 2022
- Joint protocol to reduce the contact of young people in residential out-of-home care (OOHC) with the criminal justice system (2019)

4. Access, Eviction and Withdrawal of services policy

The policy covers the following topics:

- 4.1. SHS eligibility
- 4.2. Accessible and inclusive information for people accessing or receiving homelessness services
- 4.3. Accessible services for clients
- 4.4. Decision-making based on client needs and risk assessments
- 4.5. Unacceptable and discriminatory exclusion practices
- 4.6. Conflict of interest and biases
- 4.7. Temporary withdrawal of service
- 4.8. Record keeping and data collection

4.1. SHS eligibility

Policy

The general eligibility requirements for the SHS program includes:

- The person is experiencing homelessness or is at risk of homelessness.³
- The person meets age criteria:
 - People aged 16 and above are eligible for SHS
 - Unaccompanied children aged 12-15 are usually only eligible for HYAP⁴

Eligibility is not based on a person's:

- Income or assets
- Residency status⁵
- Complexity⁶
- Location - while we acknowledge that many providers have geographical constraints in their contracts, it is reasonable that some people may be looking to move to a different area for a variety of reasons (e.g., family, supports) and therefore a person's usual or most recent place of residence should not in itself be a reason for exclusion.

Individual service providers currently have eligibility criteria that relate to their specific service delivery model and funding contract (the HSA Schedule identifies any specialisation for a service and whether there is a specific service delivery model). Currently the specific eligibility criteria includes:

- The person meets the target client group e.g., women, men, families, Aboriginal people, cultural and linguistically diverse (CALD), other presenting diversities⁷
- The person requires certain specialisations e.g., Domestic and Family Violence services (DFV)

³ Refer to SHS Program Specifications section 5.1 for descriptions / examples of homelessness and at risk of homelessness.

⁴ Refer to SHS Program Specifications section 7.2. for detail on HYAP

⁵ Refer to SHS Program Specification 6.6.2. for detail on persons on temporary or spousal visas

⁶ Refer to SHS Program Specifications 6.6.3. for detail on people with complex support needs

⁷ Refer to SHS Program Specifications section 9.2.1. for detail on Client Targets in the HSA

Policy application

Person meets eligibility for a specific SHS provider:

- Is experiencing homelessness, or is at risk of homelessness
- Meets program age requirements e.g. people aged 16 and above are eligible for SHS, unaccompanied children aged 12-15 are eligible for HYAP
- Meets service delivery model e.g. is within contracted target group (women, men, families, Aboriginal people, cultural and linguistically diverse (CALD), other presenting diversities)
- Meets other specialisation requirements e.g. service is for clients experiencing domestic and family violence.

4.2. Accessible and inclusive information for people accessing or receiving homelessness services

Policy

People who are experiencing or at risk of homelessness have the right to access and receive homelessness services that they are eligible for.

SHS providers have an important role in providing information to people about the services they offer. SHS providers are required to have readily available, up-to-date and accessible information⁸ for people seeking to access a service, receiving a service and if their service is withdrawn⁹. If a service that has been previously advertised or offered to a client is no longer available, the SHS provider is required to communicate this change to the client and provide alternative options or warm referrals to relevant other providers that provide this service.

Policy application

- For people **seeking to access** a service through self-referral or referral from another service, a SHS is required to provide clear, readily available, up-to-date, and accessible information including:
 - Eligibility criteria
 - Services offered
 - Feedback processes including how to make a complaint
- For people **receiving** services, a SHS is required to provide clear, readily available, up-to-date and accessible information on their rights and responsibilities during their period of service, including:
 - Client charter of rights (or equivalent)
 - Code of conduct (or equivalent)
 - Tenancy agreements, such as a residential tenancy agreement for transitional accommodation¹⁰
 - Feedback processes including how to make a complaint, escalate a complaint and the decision review process
 - Information on withdrawal of service processes and re-engaging with services (see Section 4.7 Temporary withdrawal of service).

⁸ This section outlines DCJs minimum expectations for accessible information for clients. Information accessibility is also covered through the Homelessness Accreditation assessment process and providers may need to provide additional evidence as required by their chosen standards and accreditation program - <https://www.facs.nsw.gov.au/providers/homelessness-services/ASES-accreditation-for-providers>

¹⁰ Where an SHS does not provide the Tenancy Agreement as it is provided by a Community Housing Provider (CHP), SHS can work to support access to the Tenancy Agreement and support with understanding the agreement.

- If a person is **not given access** or is **having services withdrawn**, a SHS is required to provide accessible information and next steps including:
 - the reasoning behind the denied access or withdrawal of services. *Note that sometimes the reasoning may include sensitive and confidential information about other clients, e.g., ADVO's, bail conditions, risk of violence or targeting of clients and in this case the SHS must avoid breaches of confidentiality where there could be an increased risk for victims.*
 - re-engagement and re-access options and timeframes (see Section 4.7 Temporary withdrawal of service)
 - how to provide feedback, make a complaint or have the decision reviewed if the client feels they have been unfairly excluded from a service,
 - details of alternative options or warm referrals to other services

- This information should be recorded to show the decision-making process, justification and referral process for the person. This record could be included in a case note (see section 4.8).

- SHS are required to provide people who identify as Aboriginal with information that is culturally appropriate and trauma-informed through information channels that meet their needs. This includes an emphasis on verbal communication and conversation where possible to supplement written information. SHS providers can work towards building trust and relationships with Aboriginal people accessing services. This may include:
 - Cross cultural communication requires a person to have the ability to watch, listen, wait and then respond in a way that is conversational rather than through direct questioning.
 - Being comfortable with silences – we often want to fill the silence
 - Taking into consideration your role and any power imbalances when working with Aboriginal people
 - Being respectful with your words and actions
 - Using a strengths-based and trauma informed approach

- SHS are required to provide people from Culturally and Linguistically Diverse (CALD) backgrounds with information that is culturally appropriate and trauma informed through information channels that meet their needs, including any language needs, interpreters or translators to be engaged as required.

- SHS are required to provide accessible information for people with disability. Information should be designed using universal design principles to ensure access for all people with disability e.g., using the *Web Content Accessibility Guidelines (WCAG)*¹¹ for online information, using plain/Easy English for written information. People with disability may require reasonable adjustments on top of universal design including:
 - decision supports and/or complaint support and may require support to access independent advocacy services
 - Auslan-English and/or Deaf interpreters
 - information in Easy Read formats

- SHS providers are required to use inclusive communication for people in the LGBTQIA+ community including verbal, written and visual¹².

¹¹ Web Content Accessibility Guidelines (WCAG) - <https://www.w3.org/TR/WCAG21/>

¹² CFCA Evidence to Practice Guide - Inclusive communication with LGBTIQ+ clients - https://aifs.gov.au/sites/default/files/publication-documents/2110_inclusive_communication_with_lgbtiq_clients_e2pg_0.pdf

Voice of people with a lived experience of homelessness 1



Up-to-date information readily available

A person with lived experience shared that the best service they ever received was from a place that advertised even the smallest service. There were A4 leaflets on a huge panel in the entrance of the service and you could take a leaflet and go. This wall was always updated with current information. It was all right at the entrance in a generous way. The service also sent out emails with the services available.

This story was shared to give an example of a service that provided information well to clients trying to access homelessness services.

Voice of SHS provider 1



Transparent information for clients accessing services

Be really clear and upfront about 'house rules', code of conduct and client charter. For example if the SHS is a 'dry house' then clear information provided to a client who may be using alcohol and other drugs about what choice this could mean for their access to the service e.g. "If you stay here that means XYZ, otherwise we can support you through outreach."

4.3. Accessible services for people with disability

Policy

It is vital for services to be accessible and welcoming to people with disability or additional support needs, including physical, psychosocial, intellectual, sensory, neurological, chronic health conditions, and diseases. Some individuals may have multiple disabilities or health issues, and their support needs may increase with age. Disabilities can be permanent, fluctuating, or temporary, and not all are visible or disclosed by clients.

SHS providers are required to provide accessible information for people with disability as per Section 4.2. In addition, SHS providers that operate **SHS crisis accommodation**¹³ properties are required to update the Vacancy Management System (VMS), which includes completing the 'Accessibility Checklist'. The checklist provides accessibility information to inform conversations between referrers to SHS providers and other services. Many people with disability will not require the features listed in this checklist and can access a broader range of locations. See – **Attachment A: Accessibility Checklist**.

Policy application

- People with disability have unique support needs and preferences, making it essential to discuss and understand their specific requirements. Determining the accessibility of accommodation for an individual involves dialogue with the SHS being considered for accommodation.

¹³ In the pilot phase, this checklist will be used to identify the accessibility features in **SHS crisis accommodation** properties only. Insights gained from using the checklist for SHS crisis accommodation properties will inform its potential application in SHS transitional properties and other service outlets. This checklist is not exhaustive and does not encompass all accessibility features available in SHS properties. It is not intended to mirror building legislation for accessibility. It helps to refine searches in VMS and is a conversation starter. This Checklist is not intended to constitute legal advice.

- There may be times when a person is seeking accommodation from a service and the property is not physically accessible. Other adaptations to enable service delivery to the client, such as meeting the person in an alternate accessible location should be explored. And where needed, the SHS provider is required to work with this person to provide warm referrals to alternate accessible accommodation and services.

4.4. Decision making based on a person's needs and risk assessments

Policy

The aim for providers should be to ensure people **who are eligible to receive a service** are included rather than excluded, wherever possible. SHS providers are required to have processes in place that demonstrate and record why an eligible person did or did not receive a service (see section 4.8).

As per Work Health and Safety (WHS) and accreditation requirements, SHS providers are required to have risk assessment and management processes, to form part of the decision-making process for working with a person who is eligible to receive services:

- Risk management processes will need to be proportionate and tailored to the service type and model – a service that provides accommodation support may encounter different risks compared with services providing outreach only.
- Risk assessment and management processes will need to be regularly reviewed for continuous improvement, to ensure that its responsive to client and community needs.

The SHS Program Specifications also require risk assessments specifically for:

- Presenting males 16 years or over accommodated in Women's services to ensure that there is no unacceptable risk to the persons or residents when providing accommodation (see SHS Program Specification 6.6.1)
- Domestic and Family Violence Response Enhancement (DVRE) after hours intake and support (see SHS Program Specification 7.1)
- When housing males and females together in congregate care or transitional housing products.

Policy application

- SHS providers are required to consider risk throughout the client journey, including during the intake process, through the support period and upon exit from the service. SHS providers will need to consider the risks to the individual client, SHS staff and other clients receiving services. Risk assessments are helpful to¹⁴:
 - **inform how to support a client** – it is good practice for assessment processes to be strengths based, trauma informed and disability aware. Where risks are identified, rather than an 'automatic no' to service, alternative options to support a client are to be explored/identified. For example, if a person cannot safely engage in an enclosed space with SHS workers, it may be possible to offer the client outreach support.
 - **consider the dynamics of other clients to inform the supports required** - some accommodation services, such as crisis accommodation with shared rooms, may need to consider the risks that are presented to the other clients in the service. This is not to automatically exclude a person from receiving a service, but to inform the supports required to manage the dynamic. Where risks to existing clients exist, management strategies should be considered. Where an appropriate

¹⁴ For more information refer to DCJ Case Management Kit 2012 (3.4 p.56-57)

management strategy is not possible, the SHS will attempt to find other options for the person seeking assistance, including warm referrals to other agencies where possible.

- It is critical that SHS staff are trained and supported in how to assess risks. Refer to Section 5 for more information on training and resources available.
- SHS providers are required to ensure that SHS staff have supervision to assist with the decision-making process.
- Where possible, people accessing services are not automatically refused a service without a conversation to try and understand the circumstances about why a person is reaching out for assistance. For example, a person who is currently couch surfing is not automatically 'turned away' from homelessness services because they are deemed 'adequately housed'.
- At times SHS providers might assess a person as having high support needs beyond their current capacity to support and identify that there may be more appropriate support in another service system. Dual support from the SHS and other system providers should be explored, but if not possible, the SHS provider will attempt to support the person seeking assistance through warm referrals to other agencies.

Policy in practice guidance

Voice of people with a lived experience of homelessness 2



Behaviour, communication and power imbalances

"In early education the saying is that "all behaviour is communication" – why should this not apply to adults as well? Case workers should not automatically ask "What is wrong with you?" but "What has happened to you?" and "How can I support you?"

It is a terrifying experience to know that a stranger has your life in their hands, that they are the gatekeeper between you and the smallest chance you have for a semblance of safety and security.

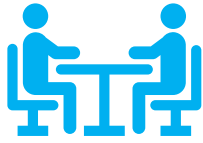
Sometimes all it takes is for a caseworker to look beyond what a client is doing and consider why they are doing it and how best they can respond without being reactive, defensive or punitive."

Working towards options to help a person and their needs

A lived experience member reflected on their past experiences accessing services and the barriers when thinking about accessing a homelessness service, "I don't know how comfortable I would be in a group situation and it might bring out certain aspects of my character that I am not particularly happy about, if I am living with people I don't feel comfortable with. And it may not mean I am an inherently bad person or that I have got issues or problems, it is just the environment, as opposed to the person, that is causing these problems rather than anything inherently wrong with them."

SHS providers are required to work in a person-centred, trauma informed and strengths based way when working with a person seeking and receiving services.

Voice of people with a lived experience of homelessness – youth service



Youth and the information they give when engaging with a service 'How I tell my story affects what services I get'

A person reflected on their intake assessment when accessing a youth service and also stories from other young people:

"I remember when I was going in and I didn't say much, I had mental health issues and stuff like that, I didn't want people to perceive me as crazy or something like that and be denied a service.

Where on the other hand, I know other young people who were very open to services and said 'Oh yeah I have PTSD and this and that' and they were turned away from services. Mostly the young people who have done this [shared their story in detail] aren't bad people, that should never have been denied a service. It's just that they have shared their story in the 'wrong way' maybe because of a lack of understanding of themselves or their issues. Usually they were just thrown into these services after a traumatic event and they don't know how to process everything so they either 'blurt it out' or say nothing.

[If they share their story in detail] this can sometimes work against them as a service provider will deny the young person the service because of what they have said. [I have heard] that service providers will give the young person some information on resources to find additional help before returning to the SHS. The young person generally won't use those resources.

Or like myself the young person doesn't say anything, and they get into the service and then struggle with their issues because they felt like they had to 'shut up' about it to get a service and feel trapped because they feel worried about losing their service if they say something."

The group commented that not sharing the full story can also happen in different age groups too.

SHS providers are encouraged to reflect on this story about how people seeking services are navigating the service system. SHS providers are required to work in a trauma-informed way and ensure all staff have resources and training to be able to work with people accessing homelessness services and in particular understanding how youth can present in different ways to services (see section 5 on resources).

4.5. Unacceptable and discriminatory exclusion practices

Policy

Discriminatory or exclusionary practices are completely at odds with the intent of the SHS program, which aims to treat all people who are eligible for homelessness services fairly.

Some SHS providers have approved target cohorts and specialist service models that are outlined in their contract.

If a SHS provider has in-house policies, procedures or practices that intentionally or unintentionally exclude people, outside of any agreed contractual targets, these will need to be reviewed and amended. Further, a person who is eligible to receive services cannot be excluded or refused service due to:

- Race, cultural background, religion, or language
- Sexual identity
- Gender identity
- Inability to pay a contribution to crisis accommodation costs (e.g., no income, debt recovery, medical costs, etc.).
- Being pregnant (see DCJ Case Management Resource Kit 2012 p. 143)
- Visa status (see SHS Program Specifications 5.1, 6)
- A client that requires a support assistance animal¹⁵
- Disability (see section 4.3)

Policy application

- Standard service delivery approaches may not necessarily be appropriate or effective for people who identify as Aboriginal or people from Culturally and Linguistically Diverse (CALD) backgrounds and could equate to exclusionary practice. SHS providers are required to identify cultural needs, be culturally sensitive and appropriate in their responses. SHS providers are encouraged to develop relationships with local Aboriginal Elders and communities to ensure their service delivery is approachable and responsive (see 4.2.1. SHS Program Specifications).

4.6. Conflict of interest and biases

Policy

In line with accreditation requirements, SHS providers are required to have a conflict-of-interest policy to guide the decision-making process where there is a real, perceived, or potential conflict.

SHS providers are required to ensure that decisions are based on a person's need and are not influenced from any discriminatory biases, including, but not limited to a person's:

- Cultural background
- Religious background or affiliations
- Sexual identity
- Gender identity
- Disability

¹⁵ An assistance animal (being a dog or other animal) are specially trained to alleviate the effects of a person's disability, are recognised under the Disability Discrimination Act 1992 and must be given full access to public facilities - <https://www.olg.nsw.gov.au/public/dogs-cats/responsible-pet-ownership/assistance-animals/>.

Policy application

- In some instances, a staff member may need to work across multiple services, which will need to be disclosed to each SHS provider. The SHS provider will need to manage any conflicts that may arise for the staff member if they are working with a client that they have encountered at another service, including:
 - that the staff member does not feel pressured to disclose information known at another agency, to ensure the privacy of the client;
 - the staff member can disclose information if there is a present and known safety risk to staff members or clients.
- In some cases, there may be circumstances where a family member or friend of an SHS staff member is seeking to access a service. In this case the person is not automatically declined service; however, the conflict-of-interest policy and process will need to ensure the client and staff member has the right supports in place:
 - Privacy and confidentiality are maintained between all parties
 - Shifts, duties or access between the client and staff is separated where possible
 - Clear accountability and records about how the client accessed the service
 - Provide supports if there is a breakdown in relationship
- SHS providers are required to put processes in place to ensure that each person who seeks to access SHS services has their assessment undertaken without bias. Bias refers to attitudes or beliefs that some people, ideas, cultures or things are better than others. The two main types of bias are known as:
 - Explicit bias –the person is aware of bias; it is conscious or deliberate
 - Implicit bias – the person is unaware of bias; it is unconscious or not intentional
- There may be circumstances where there is a negative bias towards a person due to presenting or previous behaviour or where a person is seeking to re-engage with a homelessness service after a service was withdrawn. SHS providers are required to have processes in place to use ensure that staff are using decision making tools and risk assessments to make informed decisions based on the person's current need and not from bias.
- SHS providers are encouraged to build trust and safety for Aboriginal people accessing and receiving services. This includes:
 - Respecting cultural diversity, values and beliefs
 - Understanding and acknowledging cultural differences
 - Recognising that language barriers, discrimination, racism and historical trauma have an impact on a person's experience
 - Being transparent and inclusive in actions and decisions
- Refer to the Policy in practice examples to explore how bias can show up in the day-to-day experience for people seeking to access homelessness services.

Voice of people with a lived experience of homelessness 3



These stories were shared to encourage service providers to continue to keep an open mind when people are accessing services.

Presenting 'too well' can be a barrier to accessing services

A person with lived experience shared that when they presented to a homelessness service and were articulate, knew their rights and their needs, they were then considered too articulate to receive support.

SHS providers in these instances will need to keep an open mind when people present for support and work with the person collaboratively to understand how they can be supported, regardless of how this information is being presented.

Experience of a person with disability accessing services

"This is particularly true for people with disability, who may have an invisible disability (or a condition other people don't consider 'severe enough' to be accepted as a disability). At times I've been advised to present myself to a service in my wheelchair with a support worker in tow, instead of on crutches or with a walking stick by myself, because only 'real' disabilities garner sympathy and understanding."

SHS providers can continue to work on understanding hidden biases that can take place when they meet people seeking services.

Voice of advocates for people with disability and lived experience 1



Understanding that some behaviours are a person's 'hidden' disability

Sometimes a person may present to a service, or be receiving services and they are exhibiting aggressive behaviour, or seem intoxicated from alcohol or other drugs (AOD), when in some instances this could also be the presentation of that person's disability.

It is important for SHS providers to be able to keep an open mind when faced with these situations that there may be more to the behaviour.

In one example, there was a person who was eligible to receive a service who was turned away. The service assessed that the person was exhibiting aggressive behaviour and they were intoxicated and the service did not have the capacity to accommodate the person at the time. However the person seeking assistance had Tourettes Syndrome (TS) and were exhibiting motor and vocal tics - including sudden movements and sounds repeated loudly including swearing (coprolalia).

The person's TS was hidden and became a barrier for this person to receive a service.

It is in some instances difficult for SHS providers to be able to distinguish these behaviours without knowing everything about a person on intake or when they are receiving services, however we can continue to work towards creating inclusive spaces for people with disability. SHS providers are encouraged to continue to learn more about how to work with people with disabilities including attending training provided by the Learning and Development program (see section 5).

4.7. Temporary withdrawal of services

Policy

Permanent withdrawal of services (sometimes referred to as bans or blacklists) is not permissible under the SHS program. SHS providers are required to have a fair and accountable process for ensuring that there are no permanent withdrawals of service for people who are eligible to receive homelessness services.

SHS providers align with strength based, trauma informed and disability aware approaches by ensuring that any situation which requires a temporary withdrawal of service for the client:

- is underpinned by a risk assessment (see Section 4.4), and;
- has the rationale for the decision recorded (see Section 4.8 Record Keeping and Data Collection).

There are reasonable circumstances where a SHS provider **temporarily restricts or withdraws access to** service for a client, including:

- When a person's behaviour presents a real and immediate safety issue, such as violent or aggressive behaviour for staff or other clients (this should be informed through decision-making processes and risk assessment).
- Where a client breaches the rules of accommodation that are set to ensure all client and staff safety, (this could include what is outlined in the Code of Conduct, Client Charter, tenancy agreements, such as a residential tenancy agreement¹⁶). If these are breached, this can lead to eviction. Prior to eviction, SHS providers are required to attempt remediation. These decisions will need to be clearly documented.
- Where a client has left, or appears to have left the service, and is no longer in contact with the SHS and this impacts the service's capacity to take on new clients. Prior to withdrawing the service, an attempt should be made to re-engage with the client. These decisions will need to be clearly documented.

Case management is one of the critical services that SHS providers offer a client. However, at times SHS providers may encounter people accessing or receiving a service that do not want to participate in case management. Where a client does not want to participate in case management, SHS providers are encouraged to:

- continue to develop rapport with the client to build understanding about why case management is important as part of receiving their service, and;
- focus on discussing housing options with the client as a minimum.

In relevant, non-accommodation based services, such as assertive outreach or drop-in centre programs, these clients are not to have services withdrawn due to not wanting to participate in case management.

There are reasonable circumstances where a SHS provider **is temporarily unable to** provide a service to a client. These are:

- Where there is an active warrant for arrest and this information is provided to the SHS provider
- That a person is legally not allowed to live in the town/suburb – in this case a warm referral to another service is encouraged where possible.
- Where difficult dynamics or other considerations relevant to congregate accommodation exist.
- That current service capacity does not allow the assessed needs and/or risk level to be safely supported.

¹⁶ For crisis accommodation, community housing providers must have an agreement in place with each resident setting out the nature of the residency and the rights of the resident. For transitional housing, community housing providers must have an agreement in place with each resident setting out the nature of the residency and the rights of the resident. This will generally take the form of a residential tenancy agreement.

NSW Community Housing Access Policy - <https://www.facs.nsw.gov.au/download?file=329872>

Policy application

In all these scenarios, providers must adhere to the policies outlined above in Eligibility, Accessible information, Decision-making, Withdrawal of service, Record-keeping and Conflict of interest and bias. Relevant SHS providers are required to act in accordance with the Residential Tenancies Act 2010 (NSW).

- Where a SHS needs to temporarily refuse a service, withdraw services or to evict a client, the SHS provider is required to:
 - base decisions on the outcome of a risk assessment or structured decision-making
 - provide the client with a timeframe for when they can re-engage with the service
 - have a warm referral process to support the client to engage with other services, which may be more appropriate to their current needs
 - give clear reasons for the cessation of services (*Note that sometimes the reasoning may include sensitive and confidential information about other clients, e.g., ADVO's, bail conditions, risk of violence or targeting of clients and in this case SHS must avoid breaches of confidentiality where there could be an increased risk for victims.*)
 - have a process for reassessing and re-engaging with the client
 - communicate the process for re-engaging with the service to the client
 - have a decision review process
 - have a complaints procedure for the client
- Where a person is re-engaging with a service, after having services refused or withdrawn:
 - The SHS will conduct a risk assessment to understand what supports the person requires and how these supports are provided (see 4.4 Decision making based on a person's needs and risk assessments).
 - SHS providers will have processes in place to support SHS staff who may be working with the client who is re-engaging with a service.

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Example of how there are barriers for clients accessing services

These stories were shared to highlight some of the hidden barriers that a person can face when trying to access services:

An experience was shared about how a person attended an SHS face-to-face and tried to access a service, but when their partner demonstrated aggressive behaviour towards staff members, the person was blacklisted - due to their partner's aggressive behaviour.

Another story was shared about how a service place a ban on parents who were seeking assistance and this ban affected the dependents in their care as well, leaving an entire family tarred by the same brush.

In these instances it is important to be mindful of the dynamics that staff are presented with when working with families or people in relationships. Where possible, it is important to work with people to meet their needs and not withdraw support due to other people's behaviour.



Example of trauma informed processes when a service needs to be withdrawn

A SHS provider shared the process for how they do not have a 'ban', but use a 'standdown period' when needing to temporarily restrict services from a client:

We have guidelines for each service, in addition to rights and responsibilities, which outlines expectations during a person's stay.

- If they are unable to meet these guidelines, we work with them to limit the impact on others or improve their capacity to meet the guidelines.

- Where it is not possible, we need to consider the impact on others and make a decision to withdraw service.

- "Standdown" periods may apply, however this is flexible and are not longer than 3 months. Standdowns are reviewed each time a person requests service. We take into consideration the impact on current dynamics and our ability to support that person's safely and limit their impact on others where that is a concern.

- All "standdowns" expire. If someone requests service prior to the expiry they can discuss this with a team member to see if we can withdraw/remove the standdown. Overnight emergency access is always available. We will work with people to access other services in an outreach capacity.

For outreach case management we do not withdraw/exclude/refuse unless, exhausting all options, there is no safe way to engage with that person.

This example highlights how this SHS provider aims to continue to work with people and provide outreach when there is a standdown period.

4.8. Record keeping and data collection

Policy

SHS providers are required to maintain accurate records and data, which supports transparency and accountability in the SHS program.

SHS providers are required to maintain records in the Client Information Management System (CIMS) or equivalent system.

The data fields in CIMS (or equivalent) are outlined in the Specialist Homelessness Services Collection, developed by the Australian Institute for Health and Welfare (AIHW) for national data collection. The fields relevant to this policy are:

- Recording reasons why a person was unassisted - specifically the data field 'person was refused service/person did not meet criteria' (reason code 9 – see Policy application)
- Recording reasons why a support period ended – specifically the data field 'Service withdrawn from client and no referral made' (reason code 5 – see Policy application),

SHS providers and DCJ will extract this data to inform discussions as part of the Annual Accountability process (see section 5).

SHS providers should strive to record case notes without bias and use strengths-based language. To support transparency and client directed practice, SHS providers should allow visibility or access to notes for clients where appropriate (see Policy in Practice example).

Policy application

- **Recording reasons why a person was unassisted:** SHS providers are required to record the reason(s) services are not provided for unassisted people in CIMS or equivalent. The SHS Unassisted Persons record includes:

Reason code	Reason value
1. Person did not accept service	<ul style="list-style-type: none">• The person did not accept the service that was offered to them.
2. Person wanted different services	<ul style="list-style-type: none">• The person wanted different services from those offered by your agency and the services the person wanted were not available.
3. Agency was in the wrong area	<ul style="list-style-type: none">• The agency is not situated in a location that is suitable for the services which have been requested.
4. Agency had no accommodation available	<ul style="list-style-type: none">• Accommodation services were requested but there was no accommodation available.
5. Agency had no other services available	<ul style="list-style-type: none">• The person requested services other than accommodation, but those services were not available at the time the person made the request.
6. Agency had insufficient staff	<ul style="list-style-type: none">• The services requested are generally available, but the agency did not have sufficient staff available at the time of the request to enable the services to be provided.
7. Agency was inappropriate/wrong target group	<ul style="list-style-type: none">• The agency is not set up to provide services for the person's particular circumstances.
8. Agency's facilities were not appropriate for a person with special needs	<ul style="list-style-type: none">• The services are generally available; however, the agency is not equipped to provide facilities to meet the person's special needs.
9. Person was refused service/person did not meet criteria	<ul style="list-style-type: none">• The person was refused service from the agency because they did not meet specific criteria applied before services are provided. This may include the person having been previously

	banned from your agency or because the person has a particular restriction in place which prevented you from providing assistance.
10. No fee-free services available at the time of request	<ul style="list-style-type: none"> The free services were not available at the time the person made the request.
11. Other	<ul style="list-style-type: none"> The reason the person did not receive services is not covered by the previous categories.

- Recording reasons why a support period ended:** SHS providers are required to record the reasons the support period ended in CIMS or equivalent system. The 'Support Period End Reason' is available in the List Support Period Characteristics in CIMS for Support Periods with an End Date recorded. This is accessible to DCJ contract managers and SHS providers. The Support Period End Reason values include:

Reason code	Reason value
1. Client referred to another specialist homelessness service	<ul style="list-style-type: none"> The client was referred to another specialist homelessness agency or to another specialist homelessness services program within the same organisation/agency that has a different Agency ID.
2. Client referred to a mainstream agency	<ul style="list-style-type: none"> The client was referred to an agency other than a specialist homelessness agency and no longer requires support from your agency
3. Client's immediate needs met/case management goals achieved	<ul style="list-style-type: none"> The client no longer requires support because their immediate needs have been met and/or case management goals have been achieved
4. Maximum service period reached	<ul style="list-style-type: none"> The agency ended a support period because the maximum time period for which they can provide a service has been reached. That is, an agency may have conditions placed on their services relating to how long they can provide support to a client—for example, 6 months.
5. Service withdrawn from client and no referral made	<ul style="list-style-type: none"> The agency ended the client's support period because of inappropriate behaviour or breaking agency rules. • Do not select if the client was referred to another specialist homelessness agency
6. Client no longer requested assistance	<ul style="list-style-type: none"> Client may have decided that they no longer required assistance, or they may have moved from the state/territory or region. • Do not select if the client was referred to another specialist homelessness agency.
7. Client did not turn up	<ul style="list-style-type: none"> The client had a further appointment with the agency and failed to show up. At the end of the collection period, if there is still no sign of the client, close the support period at the last service contact date.
8. Lost contact with client	<ul style="list-style-type: none"> Client may have moved on without notifying the agency. After attempting to contact the client without success, close the support period at the last service contact.
9. Client institutionalised	<ul style="list-style-type: none"> The client has been placed in an institution, either voluntarily or involuntarily, such as a rehabilitation facility or psychiatric ward of a hospital, and as a result the client no longer requires a service, or the service can no longer be provided to the client.
10. Client incarcerated	<ul style="list-style-type: none"> The client has been placed in a facility, of which the main role is to detain and rehabilitate either adult prisoners, or youth/juveniles, and as a result the client no longer requires a service, or the service can no longer be provided to the client.
11. Client died	<ul style="list-style-type: none"> The client died during the period they were receiving assistance from your agency.

12. Other	<ul style="list-style-type: none"> The support period ended for a reason not covered by the categories above.
13. Don't know	<ul style="list-style-type: none"> The client left unexpectedly, and you have no knowledge about the reason

- **Recording decisions to exclude, withdraw service or evict a client:** Where a provider has ticked either Unassisted Reason Code 9 or Support Period Ended Reason Code 5, then the provider is also required as per Section 4.2 to have thorough record keeping of the decisions made. This could include decisions reached through risk assessments or structured decision-making tools and could be recorded as part of intake assessments or case notes.
- **Recording complaints:** SHS providers are required to have thorough record keeping of any complaints including:
 - Client correspondence or case notes related to exclusion, withdrawal of service or eviction, including complaints and responses.
 - Providers should ensure that they are following organisational procedures for complaints.

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Example of how the way 'your story' is told, shapes access to services

An experience was shared about how a person accessing services gave information to a caseworker they trusted. Then the caseworker left the service and the next caseworker interpreted the notes and the person's story was translated into 'they are a bad person'. This person faced being banned from receiving services.

Example of a person's behaviour and note-taking

"I had seizures and PTSD, I can sit here and talk to you fine, but if I have a worker, they take notes I don't know what they are writing about. They can be kind to me but go to their offices and say I am irrational and use my disability against me. In programs like this you need the right forms of communication at the beginning and if you have workers taking notes and not sharing these notes with you that is still that 'us' and 'them' mentality"

These stories were shared to advocate for great care being taken when recording a person's story in CIMS or equivalent and when discussing a person with other staff members. SHS providers need to be transparent about the notes they are taking and are encouraged to reflect on this example for continuous improvement.

5. Policy implementation and monitoring

5.1. Annual accountability and data collection

The application of this policy will be monitored using the DCJ Annual Accountability process. DCJ will work with SHS providers to enable constructive conversations about access, eviction and withdrawal of services. Contract managers will discuss the implementation of the policy with providers and review any available service level data. Service level data could include:

- 1. Annual data** – annual report with data collected in CIMS (or equivalent system) (see section 4.8) including these data fields:
 - Unassisted person - Person was refused service (as per unassisted field)
 - Support Period End Reason - Service withdrawn from client and no referral made. The Support Period End Reason is available in the 'List Support Period Characteristics' in CIMS for Support Periods with an End Date recorded. This is accessible to DCJ contract managers and SHS providers.
- 2. Where requested** - DCJ may also request that data on other topics is explored as part of annual accountability for continuous improvement purposes including:
 - Numbers of client complaints and content of complaints to SHS providers relevant to this topic of access, eviction and withdrawal of services.

5.2. Implementation support, tools, resources and training

It is recognised that some SHS providers have processes in place to support policy implementation, while other SHS providers may request more support. DCJ will work in collaboration with SHS providers to identify tools that will support implementation where they are not currently in place. Current resources include:

- DCJ funded Learning and Development program
- Practice guidance:
 - [DCJ Case Management Kit 2012](#)
 - [DVNSW Good Practice Guidelines \(Second Edition\) Dec 2022](#)¹⁷
 - [LGBTIQ+ Inclusive Practice Guide Mar 2020](#)¹⁸
 - [Building Access project - People with Disability Australia \(pwd.org.au\)](#)

DCJ will work to provide the sector with tools to support implementation of this policy including:

- Example client charter, code of conduct – this is for service providers seeking guidance on what to include in a client charter or code of conduct (relevant to section 4.1).
- Example risk or vulnerability assessment tools, and structured decision-making tools – this is for service providers seeking guidance on strengths based and trauma-informed assessments for homelessness providers (relevant to section 4.3).
- Exploring new training options through the Learning and Development program, identified as supportive for this policy.

5.3. Feedback and policy review

DCJ will conduct an interim review of this policy 6 months following publication. This review will allow DCJ to hear directly from providers about the policy and any implementation support required. The link to provide feedback to this review can be found here:

https://surveys.dcj.nsw.gov.au/jfe/form/SV_6IOAy477cdvOpjE

DCJ will then conduct annual reviews of the Policy and implementation where required.

¹⁷ DVNSW Good Practice Guidelines (Second Edition) Dec 2022- <https://www.dvnsw.org.au/categories/good-practice-guidelines>

¹⁸ LGBTIQ+ Inclusive Practice Guide Mar 2020 - <https://lgbtiq.gitbook.io/inclusive-practice-guide/>