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Mission Australia

Flagship Service Models

This Flagship Service Model has been created for the services delivered by Mission Australia. However, if another community services organisation wishes to replicate the service model in a community where Mission Australia does not deliver it, please contact us to discuss how Mission Australia can support that endeavour.

What is a Flagship Service Model (FSM)?

The following Flagship Service Model ('FSM') is part of MA's growing suite of national service models. Each FSM is evidence-led and aims to drive consistency and best practice by creating national guidelines that can be customised for local context.

The services documented in these FSMs have been chosen based on what we do best, what we want to scale and what we want to be known for. They also support business development by packaging core offerings that can inform tender responses and proactive opportunities.

Each FSM contains:

1. **A Theory of Change:** an evidence-led description of why we deliver the service in the way we do and what social impact we hope to achieve
2. **Need & client journey:** a description of the client and/or community need and visual mapping of the client's pathway through the service
3. **An operating model:** a 'Gold Standard' and 'Minimum Viable Service' model, including staffing, caseload ratios (where relevant) and assumptions to drive financial models
4. **Sector standards and accreditation plan:** Expectation for periodic self-assessment and governance (including clinical) frameworks where relevant
5. **A Measurement, Evaluation and Learning ('MEL') plan:** describes the overall integrated approach to monitoring, impact measurement, evaluation and learning about a program over time, including inputs, activities, outputs, processes and outcomes.
6. **Implementation steps:** a guide for the staged localisation of FSMs for local services, including development of local service model and/or operational guide.

Sections 3, 5 and 6 are not included in this externally published version.

FSMs may be used to inform and guide:

- Proactive Business Development
- MA Funded Programs
- Design and re-design of services
- Modelling for tenders
- Prioritising evaluation
- Quality improvement initiatives.

Note: Flagship Service Models are about sharpening focus on where we have common evidence-informed models and those which we want to strategically scale – they do not articulate everything that MA does. They are also not intended to be entirely prescriptive, but provide guidelines for the local nuancing and contextualisation of the service models.

Flagship Service Model: Homelessness and Stable Housing Support Services

Name of model	Homelessness and Stable Housing Support Services
Prepared by	Service Design and Innovation team
Date	March 2022

1. Introduction and Background

1.1 Purpose and scope of this document

The **Homelessness and Stable Housing Support Services FSM** outlines Mission Australia’s approach to providing individual support to people who are at risk of or experiencing homelessness and housing instability, so that they can access and sustain safe, affordable, accessible, appropriate and secure (SAAAS) housing, enjoy improved levels of personal wellbeing and thrive in their community. It describes a model of support delivered independently of housing or accommodation, but may apply to the support component delivered alongside many of MA’s housing and accommodation services, or those provided by other housing providers.

The support component of the FSM for MA’s Integrated Model of Housing and Support (IMHS) falls within the scope of this FSM. The IMHS describes the high level model of how Housing and Support functions work together to deliver an integrated and seamless model of Housing and Support to tenants, while this FSM describes in more detail the support component of that model.

1.2 Strategic alignment

The MA Strategy 20-25 identifies our organisational goal as *end homelessness and ensure people and communities in need can thrive* with three externally-facing strategic areas of focus: help Australia end homelessness; supporting people in need to thrive; and partner to strengthen communities.

MA’s Homelessness and Stable Housing Support (HSHS) services are key contributors to our strategic focus to *help end homelessness*, by: (i) supporting people to exit homelessness; and (ii) preventing tenancies from failing and people entering homelessness. They also play a key role in helping people increase their capacity to sustain housing over the long term.

These services are also key contributors to MA’s strategic focus of *supporting people in need to thrive*. Stable housing acts as a critical foundation of stability from which individuals can work towards improving their wellbeing, achieving their goals in other life domains and thriving in their community.

1.3 Foundational Principles and Evidence Base

Based on research, practitioner experience and insights from our clients and tenants, the following evidence-led principles underpin the design of this Flagship Service Model. Many of these principles focus on the characteristics of effective case management in the homelessness context.

The importance of an effective case management relationship: An effective relationship between case manager and client is the mechanism of case management – it’s what makes it work, and a key foundation for successful outcomes. An effective relationship plays an important role, not only in providing direct support, but in building belief in self, hope for the future, trusting others, agency and empowerment. Relationships should be “care-full” - characterised by respect, understanding, trust, collaboration, communication, commitment, empowerment and continuity, while being managed within professional boundaries. See Appendix B for further detail on the importance of the case management relationship.

Empowerment, agency and choice: Belief in self and hope for the future leads to improved capacity to leverage opportunities which in turn leads to better outcomes. Case management does not aim only to meet client needs and support them to achieve their goals, but in the way the support is delivered, aims also to increase a client’s capacity to care for themselves, self-manage access to the support they need and to plan to achieve their own goals. A strengths-based approach builds from a client’s strengths to help them achieve success, rather than focussing on deficits, in turn building their belief that they can create change in their lives and achieve their goals.

Support is person-centred and holistic: People and their circumstances are unique. The underlying drivers of housing instability and homelessness are complex and inter-related. The best outcomes are enabled when we work with people holistically in a way that responds to their unique situation and needs.

Housing First: People should be given access to stable long-term housing as soon as possible combined with the support that they need to sustain it. A Housing First approach means that people should not be required to be “housing ready” before being given the opportunity to access long-term stable housing. This is particularly important for successful outcomes for people who have complex needs, addiction or complex mental health or the long term homeless.¹

Early intervention and prevention: Prevention of homelessness falls into three main categories: targeted prevention for at-risk groups; crisis prevention where people are at risk of homelessness; and emergency prevention where people are at imminent risk of homelessness or have just experienced homelessness.² Early identification of vulnerability and risk of homelessness allows support to be offered early so that people can avoid falling into homelessness. We work with people on “risk pathways” and to identify early signs of risk of homelessness so that we can provide the right support at the earliest opportunity before a situation escalates and to prevent eviction and homelessness, or prevent homelessness becoming entrenched.

¹ A concise set of Housing First principles developed for the Australian context can be found here: <https://www.ruah.org.au/wp-content/uploads/2020/08/Housing-First-Principles-web.pdf>

²What works – Evidence Notes: Prevention. Centre for Homelessness Impact, UK. Tim Gray, Sarah Argodale and Guillermo Rodriguez-Guzman. Can be found here:

[61a5fcbfdb6e3b634905254b CHI.WWC.EvidenceNote.Prevention.pdf \(webflow.com\)](https://www.chi.org.uk/evidence-note-prevention)

Recovery oriented and trauma informed approach: An understanding of trauma-informed care is integral to a recovery oriented approach. The recovery journey is best supported when an individual feels safe physically and emotionally. The key principles of trauma-informed care include safety, trustworthiness, choice, collaboration and empowerment, and an understanding of trauma and its effects on individuals and their support networks. It involves creating safe physical and emotional spaces and supporting individual choice and control. This principle is particularly important in HSHS services as many of the target cohort also experience mental health concerns.

Culturally appropriate practice: The best outcomes for people can only be achieved where services are delivered in ways that are respectful and sensitive of the diverse cultural backgrounds from which they come that people come from. We are committed to developing an understanding of the specific cultural context of the individuals and communities we work with so that they can access culturally appropriate support that meets their holistic needs.

The service is shaped by the following organisational documents:

- MA's National Case Management Approach.
- MA's Recovery Oriented Practice Framework
- MA's Sustaining Tenancies Strategy
- Learning from Lived Experience: A Framework for Client Participation

2. Target Group and Outcomes

2.1 Theory of Change

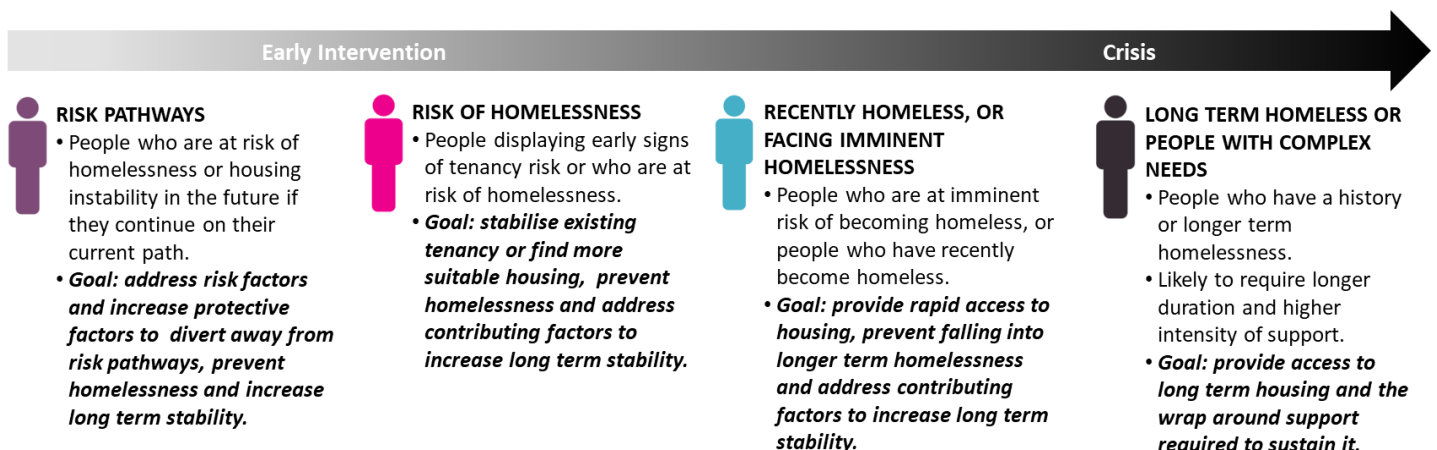
The 'Theory of Change' for this Flagship Service Model is underpinned by the foundational principles summarised above, alongside practice insights gathered from Mission Australia subject matter experts. It articulates the expected consequences we believe clients will undergo as a result of the core activities in the service model. The theory of change can be found in Appendix A.

The following sections explain core components of our Theory of Change in more detail.

2.2 Target needs group

MA's HSHS services aim to support people who are at risk of or experiencing homelessness and housing instability, so that they can access and sustain safe, affordable, accessible, appropriate and secure (SAAAS) housing, enjoy improved levels of personal wellbeing and thrive in their community.

This broad group can be broken into sub-groups based on where they fall in the intervention spectrum. Services may focus predominantly on one of these groups, or work across multiple. While the model of support offered is similar for each group, the goals of support, duration and intensity may vary.



Homelessness and housing instability are often triggered when people are faced with external factors or significant life events in combination with existing vulnerability factors. The range of factors below highlight why the causes and underlying drivers of homelessness are often complex and interrelated. Working holistically with people to understand the range of factors that may be contributing to their situation is essential for successful outcomes and is a key part of case management support.

Vulnerability factors include:

- Poverty and low income
- Previous debt or housing instability
- Mental illness
- Physical ill health
- Disability
- Misuse of drugs or alcohol
- Cultural factors
- Lack of social supports
- Limited life skills
- Household/family instability/conflict
- Isolation
- Family history of housing instability

Examples of external factors or life events which, if inadequately managed, could trigger risk of homelessness:

- Mental or physical illness or disability
- Unemployment or Loss of income
- Unanticipated expenditure
- Financial difficulty
- Relationship/family breakdown
- Domestic and Family Violence
- Rental affordability and lack of suitable affordable housing
- Family or personal life changes/crisis
- Neighbourhood conflict
- “pile-up” of stressful events
- “relapse” risk factors
- Exit from institutional or care settings (e.g. prison, hospital/rehab, out of home care)
- Systemic barriers to accessing services
- Discrimination

Stable tenancies have the following characteristics:

- Rent is up to date
- No neighbourhood conflicts
- Maintaining property
- Meeting legal obligations of tenancy
- Engaging with supports (where relevant)
- Positive connection to community
- Access to services that are required e.g. schools, transport, medical
- Tenant is in suitable housing including appropriateness for their needs, safety and affordability

Primary presenting reasons tenancies may be at risk of termination include*:

- Rent arrears
- Neighbour complaints
- Anti-social behaviour
- Noise complaints
- Property care issues or damage to property
- Not meeting legal requirements of tenancy
- Illegal and/or criminal activity

*Note are these presenting issues that often occur when people face the vulnerabilities and external factors outlined above.

People in this broad target group outlined above may be living in (or have previously lived in) a range of settings including rough sleeping, couch surfing, boarding houses, crisis/transitional housing, social or affordable housing, private rental, institutional or care settings, living with family/friends or even home ownership.

MA's HSHS services often provide support across a range of housing settings, and may continue to support the same client as they transition between different forms of housing. Transition between housing is recognised to be a key risk point in a person's housing journey and their support needs may be expected to be more intensive during these transitions.

Within this broader target group, services may work with one or more specific sub-cohorts. In some cases these cohorts will have specific needs that must be considered in the delivery of the service.

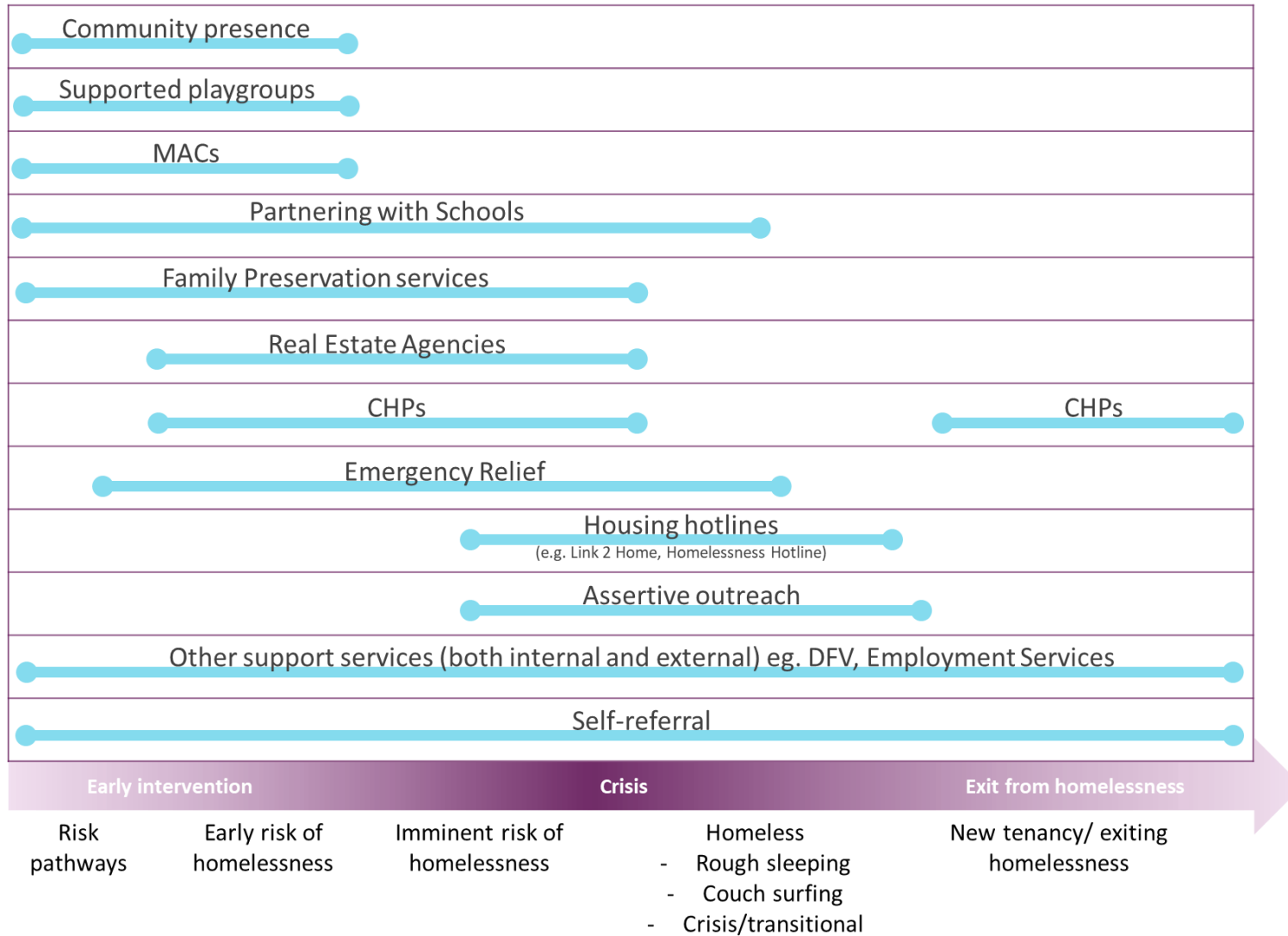
These groups may include:

- People who have experienced chronic or long term homelessness
- Young people
- People living with complex mental health issues
- Older people, including older women
- Families with complex needs
- Aboriginal or Torres Strait Islander people
- People from culturally and linguistically diverse backgrounds
- People who have experienced domestic and family violence
- People who identify as LGBTIQI

Snapshot guides for working with some of these cohorts will subsequently be produced as supporting documents to this FSM.

2.3 Referral pathways

People may engage with the HSHS service from a wide range of referral pathways which may vary depending on the specific target needs group for the service. Examples pathways are mapped below as they generally relate to risk of homelessness.



2.4 Service outcomes and objectives

MA’s HSHS services aim to support people who are at risk of or experiencing homelessness and housing instability, so that they can access and sustain safe, affordable, accessible, appropriate and secure (SAAAS) housing, enjoy improved levels of personal wellbeing and thrive in their community.

The long term social impacts that the model contributes to include:

Individual	Community
<ul style="list-style-type: none"> • People are living in safe, affordable, accessible, appropriate and secure housing that meets their needs and are able to sustain it • People enjoy high levels of personal wellbeing and thrive. They are: <ul style="list-style-type: none"> ○ Housed ○ Safe ○ Healthy ○ Connected and participating ○ Experiencing economic wellbeing ○ Supported and resourced ○ Developing and achieving 	<p>The service contributes to stronger communities through:</p> <ul style="list-style-type: none"> • A strong and cohesive service system exists that is adaptable to change. • Partnerships and collaboration exist, working towards shared goals • Supports, services, events, spaces and resources are available and accessible to all people.

Note that the long term social impact in the Theory of Change links back to the domains in the MA Outcomes Hierarchy (“people and communities are...”) and Mission Australia’s Stronger Community Domains and Outcomes which outline our vision for communities that are connected, inclusive, healthy, resilient and thriving.

The short medium and long term outcomes that are expected to occur for participants as a result of the activities delivered as part of the service are outlined below.

Short Term Outcomes

(soon after entry)

Participants:

- have somewhere safe to stay and their immediate basic needs are met
- feel safe, supported and that someone is advocating for them
- feel respected, treated with dignity and begin to restore confidence and hope for the future
- have insight into their own story and the factors contributing their current situation.
- have an understanding of the options available to them and can make choices.
- start to identify their short and longer term goals and plan steps towards them.

The local sector and community:

- has a better understanding of the needs of people experiencing homelessness and the challenges they face.

Medium Term Outcomes

(during service)

Participants:

- access safe, affordable, accessible, appropriate and secure (SAAAS) housing that is sustainable and meets their needs
- are working towards achieving their goals
- access support and resources needed to help achieve their goals and sustain their housing
- are engaging with support to address the factors contributing to their risk of homelessness
- are building the skills and capacity to sustain housing over the long term
- strengthen their personal and community networks and connections
- have increased capacity to self-care and self-manage their own access to any supports required
- feel more hopeful about the future

The local sector and community:

- work collaboratively to meet the needs of people experiencing homelessness and address barriers to accessing the support they need.

Long Term Outcomes

(on exit and beyond)

Participants:

- are living in long-term housing that is appropriate to their needs
- sustain their housing
- feel socially connected and able to participate in their community
- have increased capacity to face future challenges and access support when they need it.
- have improved personal wellbeing

The local sector and community:

- offer comprehensive, accessible and seamless support pathways for people experiencing or at risk of homelessness that meet their needs.

We achieve these outcomes through the following key objectives:



1. Access to safe and stable housing

We support people to access safe and stable housing that is sustainable and meets their needs.

This includes addressing unsuitable and instable housing, rapid access to ensure experiences of homelessness do not become entrenched, and access to long term housing for those exiting periods of homelessness.



2. Equip people to sustain their housing

We support people to address factors contributing to their risk of homelessness and build protective factors that will help them sustain their housing over the long term.

This includes supporting them to build the skills and capacity to sustain their housing and ensuring they can access any ongoing support they require.



3. Equip people to thrive in the community

We support people to build their capacity to thrive in the community through strengthened personal and community connections and increased capacity to self-care and self-manage their own access to any supports required.

For some this may include access to ongoing supports that are needed to enable them to live independently.

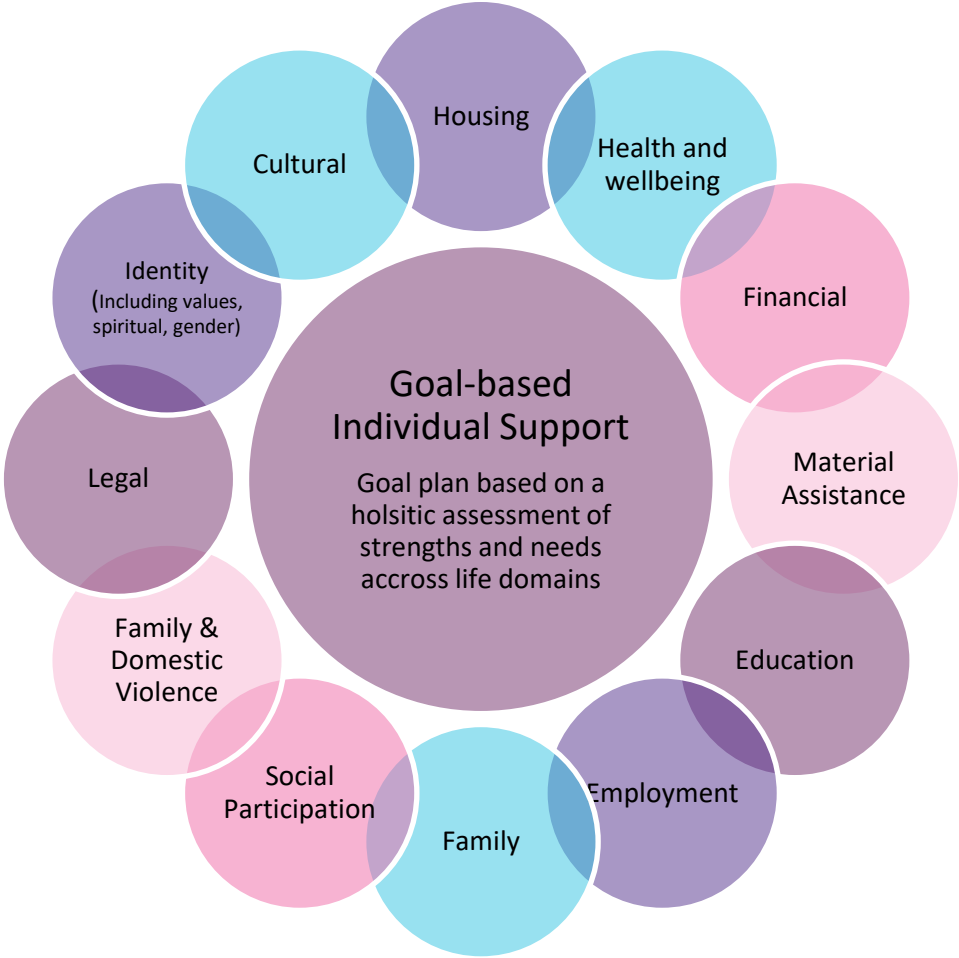
3. Service Activities

The table below outlines the main activities MA delivers to achieve the three key objectives outlined above.

	1. Engage (Referral and intake)	2. Reflect and plan (assessment and goal planning)	3. Walk beside	4. Step back
Individual	<ul style="list-style-type: none"> Treat with dignity and respect Provide support to meet immediate basic needs (e.g. shelter, food, safety) Initial assessment of needs and suitability for the service. Establish an effective relationship based on trust <p>Some people may access only brief interaction support rather than proceeding to ongoing structured Case Management. See Section 3.2 for more detail on the role of brief interaction.</p>	<ul style="list-style-type: none"> Listen to the client’s story building a holistic picture of strengths and the factors contributing to their risk of homelessness. Encourage the client to reflect on their goals and what is most important to them. Help the client identify the resources, opportunities and tools available to them to achieve their goals. Help the client make choices, plan steps to help them achieve their goals and plan to overcome anticipated barriers. 	<ul style="list-style-type: none"> Support clients to take steps to achieve their goals and problem solve challenges Provide warm referrals to specialist services if required Advocate for clients to access supports/resources Support clients to build and recognise their skills and sense of agency Review progress, celebrate success, plan next steps, update goals Coordinate supports if required Establish and strengthen personal and community connections 	<ul style="list-style-type: none"> Celebrate achievements Planning to ensure: <ul style="list-style-type: none"> ✓ stabilised in their tenancy ✓ connections to any ongoing supports well established ✓ natural support and social connections well established Plan for how to handle future challenges Less frequent check-ins over time. Planned exit from formal support. <p>Some people may return for brief interaction support if required. See Section 3.2 for details on brief interaction support.</p>
Community/ System	<ul style="list-style-type: none"> Work collaboratively with sector stakeholders to identify clients who require support Maintain a presence in the local community and raise awareness of homelessness and how to access support Create early intervention pathways that make accessing support easier. 	<ul style="list-style-type: none"> Maintain a knowledge of the supports and resources available to clients in the local community Identify trends in needs and system level issues facing clients and work collaboratively within the sector on strategies to address them. 	<ul style="list-style-type: none"> Work collaboratively with the sector to address barriers to accessing support and facilitate supportive and responsive service provision Maintain relationships with community stakeholders and resources that will support clients to be more connected and achieve their goals 	<ul style="list-style-type: none"> Maintain a community presence that allows people to stay connected to MA and easily re-engage if they require support in future

3.1 Goal-based individual support

At the core of MA’s HSHS services is goal-based individual support. This may take the form of case management or support coordination³, depending on the needs of the target cohort and local content. While it may range in intensity and duration, support is holistic focused on identify strengths and needs and setting goals across the full range of life domains.



³ Case management and support coordination are distinct but similar models of support. Both are individual goal-based support. Support coordination generally focusses on facilitating access to other supports (e.g. via formal referrals) and coordinating all of the client’s supports to achieve their goals, rather than providing direct support. Case management generally includes more direct support to help clients achieve their goals. Both may vary in intensity depending on client needs, however as case management provides more direct support to clients, it is often considered the more intensive form of support.

3.2 Brief Interaction Support

Short, but often intensive, periods of brief interaction support play a key role in HSHS services. There are a range of scenarios in which people may access brief interaction support rather than structured ongoing case management. Examples are given below.

Brief interaction support focuses on meeting the immediate needs of clients, often relating to their key presenting needs and linking them with other supports that may be beneficial to them.

To the extent possible, the service still works holistically with the client, looking beyond the presenting issue to link them with (refer them to) the most appropriate supports to address any additional factors that may be identified as contributing to the client's risk of homelessness.

Integrated pathways from brief interaction to structured case management are ideally provided within one service, however where this is not possible, pathways should be created through close partnerships between services.

- **Scenario 1: Client does not need case management support.**
Some clients may require only a brief period of support to help them through a crisis situation and get back on their feet. Others may require support to access resources or supports that will meet their needs without the need to engage in ongoing case management.
- **Scenario 2: Client is not ready.**
Although a client may benefit from structured case management, they may not be ready or willing to engage in case management support at this time. They may return for multiple periods of brief interaction support. For some people this support may play a role in building trust so that they may be willing to engage in case management at some point in the future.
- **Scenario 3: Client is not eligible or not suited to the service.**
Some clients may not be eligible for the service, or may be better supported by different services. However, with a no wrong door approach, many clients will still be provided with some form of support to meet their immediate needs and link them to the services that will best support them. This may include people who re-locate to another area.
- **Scenario 4: Active holding.**
The service does not have capacity to provide full case management support to the client at this time. The client may be provided with brief interaction support until a case manager is available.
- **Scenario 5: Aftercare.**
The client may have previously been supported and exited formal case management. However they may return to the service for periods of brief interaction support to help them get back on track when facing future challenges or periods of crisis.

3.3 Material Assistance (Brokerage)

Access to brokerage funding is critical to achieve the best outcomes and effectively minimise and de-escalates crisis situations. Examples of uses include:

- Brokerage for small costs to achieve goals/address crisis situations (e.g. transport, phone credit, removalist, educational or employment requirements)
- Brokerage support for establishing a new tenancy
- Some services are also able to use brokerage to pay a bond and/or pay off rental arrears on behalf of a client.

A pool of funding may also be used to deliver group programs based on the needs of participants.

The amount required/available varies greatly but should be guided by the needs of the cohort.

Services should also work collaboratively with other services that hold brokerage funding in the local area to avoid duplication of brokerage support and facilitate connection with additional services.

Brokerage is generally short- term with a view to achieving ongoing sustainability through client capacity building. . Where it is not possible for services to have their own brokerage allowance they must be able to access externally.

3.4 Group Programs and Activities

While not all HSHS services will deliver group programs, group activities can be a valuable optional component that complements other elements of the support model. These may take a wide range of forms to suit client needs and provide opportunities to support clients in different ways including providing opportunities for clients to connect with others, engaging with different target cohorts, and meeting needs that have been identified as common across the target group in an efficient way. Group activities may also provide opportunities for clients to engage with others who have lived experience of homelessness or other life challenges. This may include engagement with other clients in the group as well as incorporating lived expertise workers into the delivery of group programs and activities. When people experience life adversity, people who have navigated similar experiences are uniquely placed to understand, role model, mentor, and sometimes challenge people in their own overcoming processes. Many clients report they find the connection and learning from these engagements very valuable, contributing in a range of ways including increased coping, empowerment, change and reduced feelings of isolation.



4. Critical Success Factors

Although local implementations of the model will vary, there are common factors that are critical to successful delivery of the model to achieve the target outcomes.

Critical Success Factor	What does this mean?
1. Establish a genuine and effective case management relationship	<ul style="list-style-type: none"> ✓ Relationships between case managers and clients are characterised by respect, understanding, trust, collaboration, communication, commitment, empowerment and continuity. ✓ Caseloads should be appropriate to allow formation and maintenance of a relationship. ✓ There should be a separation where possible of “supporting” and “compliance” roles (for example, landlord role vs support provision). ✓ Relationships are maintained within professional boundaries including clear policy and procedures, child- safe guidelines and open and transparent communications.
2. Support is person-centred and holistic, tailored to each client’s individual needs, strengths, preferences, circumstances and cultural context.	<ul style="list-style-type: none"> ✓ Duration of support is flexible and determined according to individual needs. ✓ Intensity of support is flexible and dynamic based on individual needs. Periods of higher intensity support can be accommodated during crisis or to support key transitions such as establishing a new tenancy. ✓ Engagement and retention approaches are tailored to the individual. ✓ A proactive and flexible approach is used to find effective strategies tailored to individual needs and circumstances. ✓ Support includes a wide range of domains to create a holistic view of the individual rather than just focusing on presenting issues or needs.
3. Case management is structured around an individual goal plan based on client-led goals	<ul style="list-style-type: none"> ✓ Goal plans are based on a client’s own goals, and not dictated by the service or case manager. ✓ Goal plans are created in ways that invite ownership and participation by the client. ✓ Goal plans are living documents that the client and case manager refer to and updated regularly as goals are achieved or circumstances change. ✓ Case managers are skilled in helping client’s to articulate their short and long term goals, identify steps towards achieving them and plan for addressing anticipated barriers and challenges. ✓ Case managers recognise that while they must exercise a duty of care, clients have a right to make their own choices for their own lives.
4. Case management seeks to build independence and resilience rather than dependence	<ul style="list-style-type: none"> ✓ The case management process is used to build the client’s confidence, agency and capacity to self-care and achieve their goals. ✓ Case managers provide “just enough” support to enable and empower each individual client’s own resourcefulness and strength rather than “doing for” them. ✓ Clients are supported to achieve small wins and test new skills in a supportive context that allows them to gain confidence and a sense of agency. ✓ Support seeks to build and strengthen ongoing natural supports and community links and to reduce social isolation.
5. Case management is assertive, proactive and responsive	<ul style="list-style-type: none"> ✓ Case managers meet clients “where they are at” at any point in their personal journey, providing support that is responsive to their capacity and individual circumstances and building from their strengths. ✓ Case managers proactively engage with clients in ways and settings that reduce barriers to them engaging with support (e.g. meeting in community settings)

Critical Success Factor	What does this mean?
	<ul style="list-style-type: none"> ✓ Case managers are assertive and persistent in engaging clients, while recognising that support will naturally vary in intensity over time. ✓ Case managers know when to be more directive, and can help clients to prioritise goals, as well as link their obvious needs to client driven goals. ✓ Case managers work proactively with the network of stakeholders for each client, including other support agencies, family and community connections.
6. Access to essential resources	<ul style="list-style-type: none"> ✓ There must be access to affordable stable long-term housing options. ✓ Access to appropriate specialist supports or multi-disciplinary teams is critical to achieving successful outcomes. ✓ Where there are known service gaps, the caseload may need to decrease to allow case managers to provide more direct support. ✓ Brokerage resources are available and accessed for use appropriately to improve client outcomes. See Section 3.3 for more details on brokerage funding.
7. Invest in highly skilled staff	<ul style="list-style-type: none"> ✓ Staff need comprehensive assessment skills and the capability to respond to a wide range of needs. ✓ Staff need high level communication and relational skills including the ability to sustain a genuine connection with clients who have complex needs or may display challenging behaviour. ✓ Staff need a high level of support, including line management supervision and structured internal and/or external practice supervision. ✓ Staff bring a knowledge of the service system and resources available to clients, and are skilled in advocacy. <p>See Section 6.4 for further details of staff qualifications and experience.</p>
8. Manage client expectations	<ul style="list-style-type: none"> ✓ Ensure clients understand what the service is and isn't, setting clear expectations from the start. ✓ Ensure referring agencies have a clear understanding of the service so that they provide appropriate referrals and set realistic expectations for new clients. ✓ Support clients to maintain realistic expectations around housing options and other goals and encourage personal responsibility. ✓ Encourage clients to set shorter term and longer term goals, and see some goals as stepping stones to others.
9. Work collaboratively	<ul style="list-style-type: none"> ✓ Develop strong partnerships to support identifying and engaging service users, particularly Real Estate Agents and Housing Providers who may be the first to identify signs of risk. ✓ Develop wide ranging partnerships and referral pathways to help tenants access holistic supports, sustain tenancies, participate in their community and provide any ongoing support required after clients exit formal case management. ✓ Engage with the local sector and other stakeholders to create place based approaches to support clients in the context of a shortage of affordable housing options. ✓ Multi-disciplinary, multi-agency approaches have one clear lead agency and the client is included to ensure they are an active participant in determining their support goals and plans. ✓ Connections and transitions to other services are actively facilitated through warm referrals to provide continuity, ensure the client feels supported and other services understand and can meet their needs.

5. Practice Standards

5.1 MA Quality Assurance Framework (QAF)

MA's Homelessness and Housing Stability Services use MA's Quality Assurance Framework (QAF) to maintain a focus on continuous improvement of services.

The QAF is an internal compliance and continuous quality improvement process which aims to ensure high quality, safe services are delivered to those accessing our services, and that our service provision is in accordance with relevant standards, accreditation, legislation and safety requirements.

The objectives of Mission Australia's Quality Assurance Framework are to:

- Support managers of accredited services to undertake the accreditation process and manage compliance obligations;
- Support managers of non-accredited services to strengthen practice – at MA 'all services must meet a standard';
- Drive continuous quality improvement;
- Ensure equitable and consistent service delivery and risk management through our quality system leading to better outcomes for clients; and
- Provide transparency for clients, service providers, funding bodies and the community about Mission Australia's expectations relating to our practice standards.

The QAF maps to a wide range of sector standards. It involves a series of generic and service specific online self-assessment checklists which, when completed, will highlight areas of governance and practice that are being done well and those that require strengthening. Where it is identified that an area requires strengthening, an action plan will be generated with targeted actions to be completed within a set timeframe.

5.2 External Accreditation

Homelessness and Housing Stability Support Services undertake external accreditation in line with their funder's expectations.

NSW Specialist Homelessness Services are accredited against the Australian Service Excellence Standards.

5.3 Relevant organisational practice frameworks and policies

MA's Homelessness and Housing Stability Support Services should be delivered in line with relevant organisational frameworks and policies. These include:

- National Case Management Approach
- Recovery Oriented Practice Framework
- Quality Assurance Framework
- National Principles for Child Safe Organisations
- Clinical and Care Governance Framework
- Lived Expertise Practice Framework

- MA Partnership Framework
- Partnership Kit: Supporting Aboriginal and Torres Strait Islander Partnerships
- Learning from Lived Experience: A Framework for Client Participation
- National Service Charter Guidelines

5.4 Staff qualifications and experience

Support services should be delivered in accordance with MA's [National Case Management Approach](#).⁴

Case managers within MA's Homelessness and Housing Stability Support Services require qualifications, skills and experience in delivering person centred and holistic evidence-based practice approaches, including:

- Recovery oriented practice
- Trauma informed care
- Mental Health First Aid
- Responding to challenging behaviour
- Critical incident management
- Cultural competency
- Motivational Interviewing
- Stakeholder coordination and engagement skills
- Domestic and Family Violence

6. Partnerships

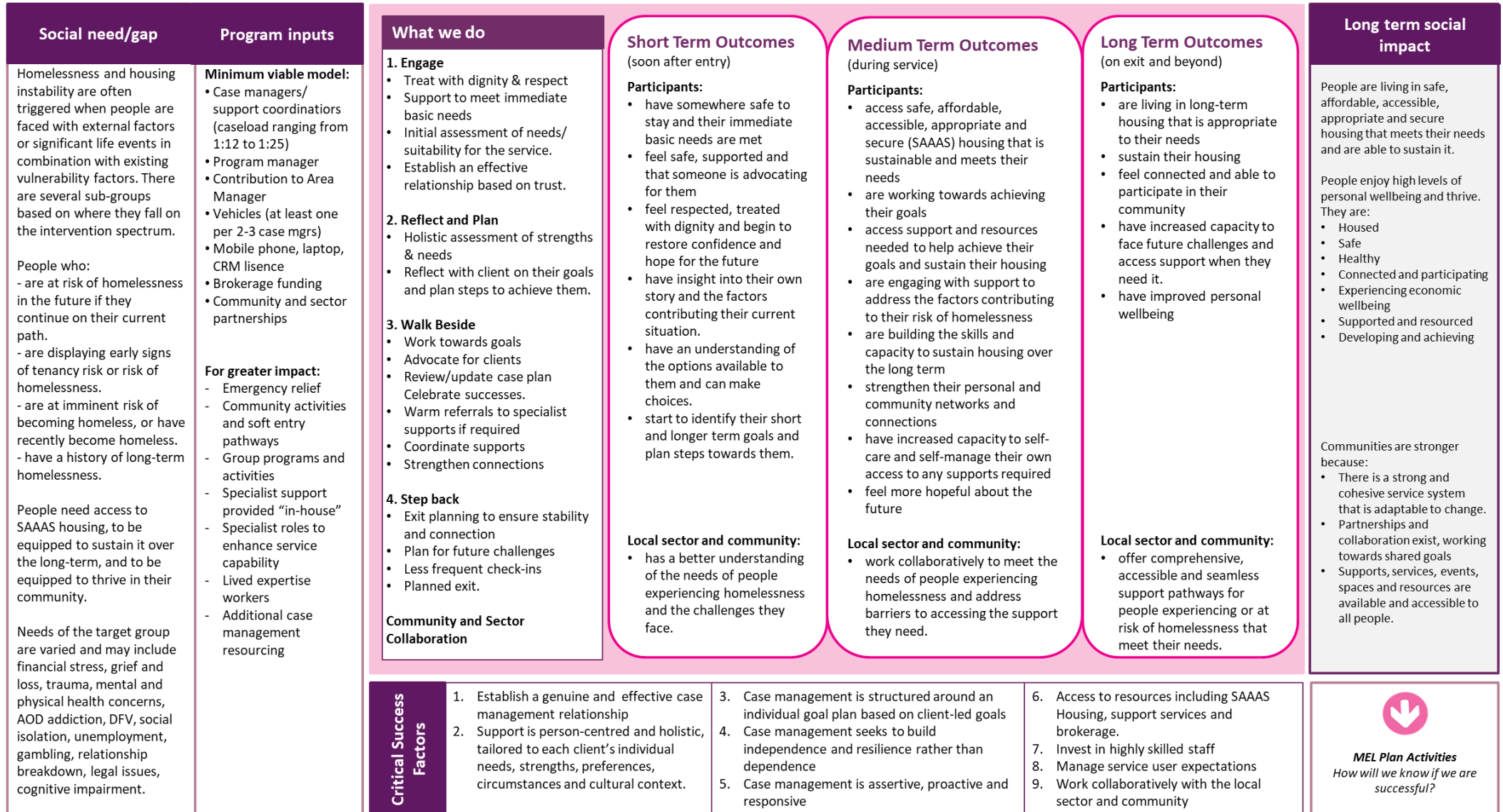
Strong collaborative partnerships are a critical success factor in delivering the integrated model. Key areas of focus for partnerships include:

- **Referral pathways** to engage people who are at risk or experiencing homelessness. In particular, those who are the first to see signs of risk, those who engage with people on risk pathways.
- **Community Housing Providers and Real Estate Agents** may identify tenants whose tenancies are at risk and may require support as well as being key partners in providing access to long-term stable housing.
- **Wide ranging support pathways** to help tenants achieve their goals, sustain tenancies and participate in their community. These would include both:
 - **Formal support pathways with support providers** enabling clients to access any holistic supports needed including any ongoing support required after clients exit formal case management.
 - **Informal supports and community networks** that can help clients achieve their goals, increase their natural support networks, and increase their social and community connection (e.g. sporting or cultural groups, churches and other faith based organisations).

APPENDIX A: Theory of Change

Flagship Service Model: Theory of Change Homelessness & Stable Housing Support Services

Service Aim: To support people who are at risk of or experiencing homelessness and housing instability, so that they can access and sustain safe, affordable, accessible, appropriate and secure (SAAAS) housing, enjoy improved levels of personal wellbeing and thrive in their community.



APPENDIX B:

The Case Management Relationship

The information in this appendix is predominantly based on two literature review papers, as well as consultation with Mission Australia staff and clients.⁵

The importance of the case management relationship

Literature, consultation with clients and consultation with experienced practitioners all highlight the case management relationship as a critical factor in achieving client outcomes through case management based services.

It is well established that the quality of relationships people have with others is a key determinant of happiness and well-being. There is evidence from a range of areas that the quality of relationships between service providers and service users play an important role in delivering positive outcomes.

In *Deep Value: A literature review of the role of effective relationships in public services* the authors highlighted the growing evidence that not only do service users overwhelmingly put great importance in the quality of the relationship between service providers and service users, but that they actually increase the effectiveness of services. They added that people make direct links between the effectiveness of the relationship and securing a good outcome.

In an AHURI research synthesis titled *“What makes case management work for people experiencing homelessness?”* a key finding was that “a genuine relationship between the client and the case manager is the active mechanism in achieving case management outcomes.” It also states literature “shows that the strength of the case management relationship is correlated with reductions in homelessness and greater life satisfaction for the client.”

These relationships seems to be especially important to people in certain services that they access when they seek comfort, have complex or chronic needs or lower levels of skill and confidence.

Consultation with Mission Australia clients has reinforced this message. Several key themes identified in 2019 client consultations to inform the development of Mission Australia’s 20-25 *Strategy* speak to the importance of the client/case manager relationship.

- Clients spoke positively about MA staff and listed their relationship with staff as one of the best things about their experience with MA services.
- Staff who are supportive and non-judgmental are critical to a positive service experience. Clients want to feel valued and important.

⁵ Deep Value: A literature review of the role of effective relationships in public services. Community Links. Kate Bell and Matthew Smerdon. February 2011. <https://www.bl.uk/collection-items/deep-value-a-literature-review-of-the-role-of-effective-relationships-in-public-services>

What makes case management work for people experiencing homelessness? Evidence for Practice. Australian Housing and Urban Research Institute. Hellene Gronda. January 2009. https://www.ahuri.edu.au/sites/default/files/migration/documents/AHURI_Final_Report_No127_What-makes-case-management-work-for-people-experiencing-homelessness.pdf

- The trusted relationship between clients and workers means the access to and continuity of workers is very important.

The AHURI report cites evidence that the relationship is effective whether it is with an individual case manager or multi-disciplinary team. In fact, it suggests that for clients with more complex needs a multi-disciplinary team may be more effective both for accessing resources to meet the client's needs, and avoiding staff burnout when clients have intensive support needs.

The role of the case management relationship

Effective case management relationships have been are believed to enable positive outcomes in a number of ways beyond meeting a client's immediate needs.

In *Deep Value* the authors state:

“In these relationships, it is the practical transfer of knowledge that creates the conditions for progress, but it is the deeper qualities of the human bond that nourish confidence, inspire self-esteem, unlock potential, erode inequality and so have the power to transform.”

In both the above-mentioned reports, effective case management relationships play a key role in achieving successful outcomes in a range of ways:

- Promote co-creation - doing with, rather than doing to. Help build a shared understanding of the problem, unlocking joint solutions.
- Assist in finding out the true cause of problems
- Build confidence and agency so that individuals might realise their own potential
- Increase motivation for action
- Highlight common ground to address the power difference, fostering equality between the service provider and service receiver.
- Be socially inclusive – counteracting the isolating effects of stigma and making the client “feel like somebody”

Characteristics of an effective case management relationship

Both reports detail the characteristics of an effective relationship between service providers and service users.

Deep Value lists the following characteristics of an effective relationship:

- Understanding – the service provider seeks to understand the needs and circumstances (economic, personal, emotional, cultural) of the person using services and treats people with dignity and respect demonstrating that they are ‘on their side.’ In return people using services acknowledge the pressures on service providers and their need to make judgements about good use of public funds.
- Collaboration – there is trust, founded in part on demonstrable competence of the professional, both sides have confidence in each other, both are honest and achieve a position where agenda setting and decision making are shared.

- Commitment – where both sides demonstrate dynamism and commitment and is are thorough and well prepared for meetings.
- Communication – where the service provider listens and opens new lines of questioning to draw out relevant deeper issues.
- Empowerment – where relevant, an aim of public services should be to support people to change thinking and behaviour so as to cope differently with challenges in the future. This may involve challenge and confrontation but if the other elements of effective relationships are in place, the result can be powerful for the individual and cost effective for the public purse.
- Time – having the time is important, but this is not open-ended. With the right skills and systems in place people can quickly put these elements of effective relationships in place.

The AHURI report describes the characteristics of an effective relationship as being: respectful, persistent, reliable and intimate.

How is an effective relationship established and maintained

Literature emphasises the importance of time to establish effective case management relationships. This applies not only to the duration of support, but also to the frequency and intensity of contact. The time required will vary between cohorts, with those with more complex needs often requiring longer to develop trust and effective relationship.

Studies have concluded that intimacy is a critical part of this relationship. Intimacy is created both through establishing a genuine personal connection with the client, as well as the personal nature of support (e.g. attending doctor's appointments, financial management, shopping). This generates some practice challenges that are noted below.

Challenges in delivering a relationship based service

Case management relationships need to be carefully maintained within very clear professional boundaries. In particular, because it is a genuine personal connection, staff must be skilled in knowing how to balance a range of tensions including emotional ambiguity, power differences, professional boundaries and expectations, and the differing perspectives of clients and workers.

These challenges mean that case management is most effective when

- It is delivered by highly skilled staff
- Staff are well supported including through regular practice supervision
- Clearly defined professional boundaries are defined and maintained.

Some studies also suggest that, where there are barriers to establishing an effective case management relationship, case management as a support model can be less effective. This may include people with higher levels of impairment due to mental illness, drug use or cognitive impairment. It may take much longer to establish an effective relationship with some cohorts and to achieve outcomes.