

Responding to Homelessness – A ‘Joined Up’ Government Approach

Peter Lake, Housing & Community Building Division, Department of Human Services, Victoria

The Victorian Homelessness Strategy *Directions for Change* identified a number of specific client groups who are at risk of homelessness because they have additional support requirements such as mental health and drug and alcohol issues. In addition, people leaving institutional settings such as prison, juvenile justice facilities or acute health settings require assistance to reintegrate into the community.

In order to address the needs of these client groups a range of initiatives were established to investigate new approaches in service delivery. This involved collaboration between homelessness and other services, including those funded or delivered by the Department of Justice, and other Department of Human Services programs such as Juvenile Justice, Mental Health and Drugs Services.

These projects resulted in significant additional support funding from other program areas allocated to the provision of services targeting shared clients who were homeless or at risk of homelessness. These resources matched a corresponding growth in Transitional Housing Management (THM) resourcing to assess and house clients for the ‘joined up’ business.

These projects have demonstrated successful outcomes for clients, for service sectors and government. Clients have achieved a period of housing stability and support assisting them to access long-term accommodation options and address additional ongoing support issues. The services have gained increased expertise and responsiveness to clients with multiple and complex needs, and improved understanding and linkages with a range of service systems. The outcomes for government include better cooperation, and a focus on strategic planning for broader service delivery, across service systems and program areas.

As part of the whole of government response, Victoria is diversifying its approach to providing housing and support, moving beyond individual program responses. The learnings from these initiatives will result in future service delivery incorporating improved differentiation of responses according to the complexity of need, age and gender across the diversified service system.

Address correspondence to:

Mr Peter Lake
Manager, Homelessness Assistance
Housing Services, Housing and Community Building Division
Department of Human Services
7/555 Collins Street, Melbourne 3000
Tel: 03 9616 9794
Email: peter.lake@dhs.vic.gov.au

Responding to Homelessness – A ‘Joined up’ Government Approach

1. Introduction

While it is well understood in the homelessness and housing sectors that to be homeless involves far more than the absence of a place to call home, the responses from government and the community sector over the past thirty years have generally built on a service system designed to address crisis and provide shelter.

People become homeless through a range of often-interrelated structural and personal factors. These factors are compounded by the poverty, disadvantage, vulnerability and social isolation that is the common experience of those without a home, creating a mutually reinforcing cycle of disadvantage.

As a result, being homeless may entail impoverishment, chronic health concerns, loss of community and personal supports, failed family relationships, loss of custody of children, loss of employment and is at times, linked with trauma, abuse or violence. Sometimes it means trying to cope with a complex mental health issue or an addiction, or the effects of having lived with domestic violence, exacerbated by the insecure, frequently unsafe nature of homelessness. So often people have lost personal and social connections available through family, friends, employment and the wider community when they face homelessness.

The challenge for government and the community sector in assisting people who are homeless has implications far beyond provision of appropriate housing. When housing needs are addressed in isolation of the broader range of factors impacting on the individual or family, the prospects for successfully moving out of the homelessness system on a sustainable basis, are lowered significantly.

In Victoria, work has been underway since 2000 to provide a response to homelessness that breaks the traditional domains of legislation, mandate, program funding and guidelines and to work holistically across government to provide assistance for people to navigate the complicated health and human services systems both into and out of homelessness. The outcome has been the development of a new range of broader based responses that are able to:

- prevent people from becoming homeless, or to reduce the likelihood of ongoing homelessness and subsequent return to ill health, recidivism or re-offending by dealing with both the multiple nature and complexity of people’s needs;
- achieve better coordination of services for people who need to use different health, housing and community services simultaneously ; and
- attain a marked improvement in shared knowledge and cooperation across government and the community sector, which at the same time is protective of people’s privacy and enables them to maintain control over their information and preferred forms of assistance.

This paper outlines the context for the development of this work in Victoria and explores the challenges and benefits of this approach to addressing homelessness, particularly for people with multiple and complex needs who are better served through a coordinated delivery of health and human services from a range of government and community providers.

2. Background

The current Victorian homelessness service system comprises over 190 Supported Accommodation Assistance Program (SAAP) providers with approximately 1,000 worker positions. There are 19 Transitional Housing Management Providers, with a stock portfolio of approximately 3,500 properties across Victoria. A flexible funds program complements the housing and support components of the system. The current system operates within the strategic framework of the Victorian Homelessness Strategy (VHS).

In reality, the homelessness system outlined above is relatively recent. Prior to 2000, rather than being a cohesive system providing a continuum of assistance from crisis intervention, to transitional housing and support and on to independent living, the system was fragmented and failing to meet the needs of many of its clients.

Going back to the 1970s when the Government first started providing funds to community based providers to address homelessness, government generally sat at arm's length from service provision and the service delivery response. In the early days, community based providers were only able to provide a response to homelessness that was a relatively uniform "one size fits all".

This broad-based response meant those clients with complex needs, or those groups of people within the homelessness population requiring a specific response (eg. people leaving the prisons, Mental Health clinics or Juvenile Justice centres) often went around the crisis system for piecemeal assistance rather than being supported on a pathway out of homelessness.

This lack of system connectedness reinforced entrenched homelessness amongst many in the homelessness population. Recognising this, the then Victorian Government introduced the THM program in 1997, separating the provision of support from tenancy management in order to enable support to follow the client. At the same time, transitional housing was significantly expanded and has grown from 1,053 properties in 1997 to the 3,500 in 2005.

The introduction of this program demonstrated that Victoria had become more serious about creating a service system that was able to intervene and transition people out of homelessness. However, the success of this approach for those with more complex needs remained limited.

The announcement of the Victorian Homelessness Strategy in 2000 focussed much activity on developing an integrated service system able to address the full range of needs of those who are homeless. For those with more complex needs, the responses required were often both more extensive and intensive than the existing homelessness service system was capable of addressing.

The VHS was the catalyst for work to produce the evidence base needed to develop a service system that could intervene to respond to vulnerability and limit the impact of crisis, so people have opportunities and linked support on which to progressively restructure their lives towards independent living and outlook.

The compilation of this evidence base has gathered momentum over the past three years as new approaches have tested different ways to rebuild the service responses.

As an outcome, over the next two years, Victoria will progressively move to a homeless service system based on a few highly visible entry points where the intake, assessment, and referral process is consistent and focuses on people's needs rather funding source. Through improved service coordination, access to homelessness will be simplified, screen for the full range of needs as early as possible, make information about services readily available and allow for information to travel with people with their consent so the responsibility for service provision shifts from people who are homeless to providers.

The new system will use a common information technology platform, compatible data collection and reporting to support good practice, with quality assurance based on accreditation and a consumer charter. Much of this work has drawn on complementary initiatives in other areas of human service provision.

Equally critical to building the evidence base to inform how the system should be structured and supported, has been the trialling of service models to effectively respond to people who are homeless, particularly those with multiple and/or complex needs.

From the evidence to date, three levels of client need have been identified, each requiring distinct systemic responses. These include:

- Tier One - incorporates a broad-based responses to homelessness providing a generalised housing and support response as is currently provided by the housing and homelessness service system, with recognition of some distinguishing requirements for people from Indigenous communities, for young people and for women and children escaping family violence.
- Tier Two - targets those groups with a higher risk and propensity to remain homeless, for example clients with multiple and complex needs. Second tier clients often require services from health, housing and community sectors.
- Tier Three: Provides individual housing and support packages through the Victorian Department of Human Services Multiple and Complex Needs Project. This group of clients are numerically small but have needs that are of greater complexity and require flexible, individual targeted responses.

3. Cross-Government Initiatives

Between 2000 and 2004, the Victorian Government has established two forms of 'joined up' service improvement initiatives to assist people identified as being vulnerable to homelessness as a result of systemic blocks (notably tier two):

- (a) Cross-government pathway initiatives designed to provide a more integrated response to the needs of complex clients.
- (b) VHS pilot projects designed to test preventative approaches for incorporation into generalist service provision across all tiers of client need.

These ‘joined up’ initiatives have provided the opportunity for diverse areas of government to jointly address the needs of common clients, and to share responsibility for transforming policy and practice to alleviate homelessness. In some instances, these initiatives have consolidated existing responses to people who are homeless assisted outside the homelessness service system, such as the Mental Health Homelessness Program developed by Mental Health Branch, in the Department of Human Services.

This ‘joined up’ approach has informed strategies outlined in the Youth Homelessness Action Plan (YHAP), and the creation of a suite of responses to family violence, generating a range of options for women and women and children experiencing family violence.

In addition, implementation of these ‘joined up’ models has brought more than \$6M in additional funding per annum to the homelessness service system and has created valuable linkages between previously segregated areas of government.

3.1 Cross-Government Pathway Initiatives

Under the pathway initiatives, community sector agencies are jointly funded and coordinated by Housing and Community Building and partner areas of government to provide linked transitional housing and specialist support services. Key project partners are the Department of Justice (DOJ) and other divisions of the Department of Human Services.

Housing and Community Building has allocated approximately 350 additional transitional housing properties to these initiatives, managed by Transitional Housing Managers (THMs). In addition Housing and Community Building provides funding for tenancy administration, establishment and maintenance costs and has funded housing information and referral workers to provide direct assistance to clients in prison, courts, and juvenile justice centres, as well as secondary consultation for correctional workers in these settings.

Non-housing project partners fund specialist support to tenants of these properties. This support is provided for approximately six months at a medium intensity (generally a staff-client ratio of 1:6 or 1:10). Generally this assistance is ‘SAAP like’ but provided within the specialist framework of other service systems.

Pathway initiatives include with DOJ are:

- **Drug Court Homelessness Assistance Program** with DOJ provides linked housing and support for people assessed through the Dandenong Drug Court on a Drug Treatment Order who are homeless.
- **Post Release Housing Pathways Initiative** with DOJ includes provision of homelessness assistance and linked housing and support to people at a risk of homelessness exiting three pilot prisons. Additional positions were funded in 2004 so that housing information and referral services are now available in all Victorian prisons.
- **Transitional Housing Management (THM)-Bail Support Program** This model assists people on bail who would otherwise be in prison on remand as a result of not having adequate housing.

Pathway initiatives within the Department of Human Services are:

- **THM-Juvenile Justice Initiative** with the Juvenile Justice Unit within the Office for Children. This initiative provides linked housing and specialist support for young people exiting Juvenile Justice Centres who are at risk of homelessness.
- **Mental Health Homelessness Program** with Mental Health Branch. This response assists people with psychiatric illness in crisis housing who are at risk of long-term homelessness.
- **THM – Forensicare Initiative** with Mental Health Branch. This small response provides linked housing and specialist support for people exiting the forensic mental health system who are at risk of homelessness.
- **Drug and Alcohol Supported Accommodation Program** with Drugs Policy and Services within Rural and Regional Health and Aged Care Services Division. People with substance dependency undergoing clinical treatment who are at risk of homelessness are provided with linked housing and specialist support.
- **THM-Disability Housing Pathways Initiative** with Disability Services. This is a small initiative providing an effective pathway for people with a physical disability, who have been homeless, to transition to longer term, stable housing and support arrangements.

3.2 *VHS Pilots*

In addition to the cross-government pathway initiatives, a number of pilot projects sought to trial new forms of intervention focussed on prevention and early intervention. These pilot projects were undertaken in two or three geographic locations to test application in different settings such as inner, outer metropolitan and regional Victoria. Most of the pilots concluded in mid 2005 or will end in late 2005.

While the broad policy directions for the pilots have been generated at the central program level, stakeholders were encouraged to develop localised responses based on local need and reflecting the local service system configuration.

These pilots were:

- **Supporting At Risk Tenancies in Public Housing Pilot** to assist and advocate for people whose tenancy is at risk due to significant arrears or behaviours that have impacted on other occupants or neighbours to the point that actions to terminate the tenancy are imminent.
- **Supported At Risk Indigenous Tenancies in Public and Aboriginal Housing Board Victoria Housing Pilot** to assist and advocate for Indigenous people whose tenancy is at risk due to significant arrears or behaviours which have impacted on other occupants or neighbours to the point that actions to terminate the tenancy are imminent.
- **Preventing People with a Mental Illness Being Discharged into Homelessness Pilot** to assist people exiting hospital or mental health clinics with psychiatric illness, who would be at significant risk without planned transition to stable housing and support arrangements.
- **Older People in Tenuous Private Rental Pilot** to assist and advocate for older people, living in private rental, whose living circumstances are at risk and no longer financially viable.

- **Family Violence Private Rental Brokerage Pilot** to assist women and their children escaping family violence to move directly into a secure and safe living environment in their own community, or community of choice.
- **Housing options for women and women with children escaping family violence** to provide a strengthened early intervention response, with a housing focus, for women and children escaping family violence.

4. The Challenges of New Approaches

The most obvious challenge has been the intensive coordination and commitment required in bringing together distinctly different service systems, operating within at times divergent cultures, funding cycles and varied legislative and practice frameworks.

However, service systems are guided by unspoken principles, attitudes and orientation. Acquisition of a working knowledge of each other's service systems, policy and guidelines has been complex, but it is at the point of these more unconscious differences that misunderstandings and conflict have arisen.

For example, service providers in correctional settings work within a mandated environment, whilst homelessness providers work in a voluntary setting. Service providers experienced in correctional settings have had to adapt strategies for engagement and for encouraging adherence to program requirements, whilst homelessness service providers have had to learn to work within a correctional framework.

Opportunities for communication have been built into the models to ensure discussion and problem solving occurs at all levels. These opportunities include: negotiation of protocols, stakeholder forums, regular steering committee meetings, and, in some cases, creation of regional networks.

Difficulties have arisen in marrying Residential Tenancies Act requirements and preferred support/clinical models. This has been a factor in the Drug and Alcohol program when service models have required eviction of tenants who do not comply with abstinence requirements and in the Juvenile Justice initiative when support providers have sought on-call entry to tenants' homes.

Differing funding models, timeframes and purchasing procedures have also had to be negotiated and correlated.

Agreement on and clarity of mutual governance responsibilities has been critical, as we have created a system in which two contract managers (Office of Housing and our partner) are involved in separately managing our respective areas of funding, whilst jointly managing an initiative.

At times stakeholders felt that the process of implementation was time consuming. Not surprisingly though, we have found that the more intensive the investment in implementation, the more successful the initiative.

5. Benefits

Housing and Community Building is clearly of the view that this 'joined up' approach to addressing homelessness is productive and beneficial.

While awaiting final evaluation reports for most of the initiatives, benefits of additional resources, a shared understanding of client need and collaborative responses to that need can already be seen.

Preliminary evaluation findings are showing that this model has improved participants' sense of stability, reduced the chaos in their lives and offered opportunities for them to participate in education, vocational training and community life.

Indications are that these partnership programs have a three-fold benefit:

- *For participants:* a period of housing stability and targeted support to find long-term accommodation and ongoing assistance to redress issues that led to homelessness.
- *For services:* increased expertise and responsiveness to people with multiple and complex needs; improved coordination; cooperation and shared understanding with linked service systems.
- *For government:* better cooperation and stronger links across service systems and program areas and a reduction in recidivism.

The significance of the collegiate relationships that have developed at the program and service level should not be understated. A shared understanding of each other's respective work has created a forum for further discussion, shared problem solving, constructive program development and provided a springboard for the development of new joint initiatives.

Program officers now assist each other in: provision of advice on policy issues, responding to media issues and devising new joint policy responses to complex issues (such as managing the delicate process of improving the appropriateness of housing allocation for child sex offenders leaving prison.)

Evaluation findings and Steering Group reports suggest that the development of these collegiate relationships has been replicated at the local level, with similar benefits for improved linkages and shared planning.

These initiatives have highlighted the benefit of iterative processes of planning, action and policy development.

6. Outcomes

Of course the key determinant of program success is positive outcomes for our shared clients.

With some evaluations yet to be finalised, the evidence base to date is encouraging. For example, the post release initiative evaluation, completed in June 2004, shows that homelessness has been alleviated amongst people leaving those prisons participating in the initiative. Of the 564 people assessed for homelessness assistance in the two years of the pilot project, 72% entered stable accommodation on exit from prison.¹ In addition 76% of participants interviewed report that their

¹ Bartholomew et al, (June 2004 – unreleased), *Final Report on the implementation of Victoria's pilot Transitional Housing Management-Corrections Housing Pathways Initiative*, Deakin University, Victoria, p 230.

involvement in the initiative has reduced the likelihood of re-offending². Of those interviewed, 45% believed they would have re-offended, and been reincarcerated, had they not participated in the initiative.³

The consultants evaluating the Drug Court model report that:

Participants' access to stable accommodation was seen as a critical success factor and the important role of Housing Support Workers and [THM] Tenancy Administration workers in this regard was recognised.⁴

And that:

Stakeholders considered that the provision of transitional housing enhances participants' sense of stability, forming a vital component of an environment conducive to addressing their drug-taking and related issues.⁵

The report of the second year of the Homeless Drug Dependency Trial suggests that:

By reducing the chaos in people's lives, the stay in the Crisis Supported Accommodation Services makes the greatest contribution to drug reduction in the short-term. Thereafter, it's the continuity of the helping relationship, the stability of housing and the opportunities to participate in education, vocational training and community life that are critical.⁶

Those assisted by the post release initiative have commented:

I think it's a great idea because so many blokes come out of jail with nowhere to go and they just go straight back in. I know I would have, if I didn't have somewhere secure. I think it's great, not just with the housing, but supporting you in every way.

To tell you the truth, it's probably the best thing that's happened in my life for a long time. (HPW) came to me at Fulham and told me that through [THM] I had a place to live, and it changed my life.

For the first time in my life, I actually had a life.... I got out, and it was my home, my sanctuary, a safe haven where I could take my children and my grandson. I made it my little home and it meant so much to me. It was so perfect; at the end of the day I could go home and just be safe...It's responsibility, which is something I choose to embrace now.

² One of the by products of this approach is, we expect, a reduction in recidivism in both the correctional and health institutions and within the homelessness service system. This view is supported by literature of the post release experiences of ex prisoners in Australia and the United Kingdom:

Studies have shown that ex-prisoners often experience difficulties in locating affordable, long-term post release housing. Research has also shown that prisoners, once released from prison with no stable accommodation to go to are almost three times more likely to re-offend than those who have accommodation.² Not surprisingly, housing has been shown to be a significant factor in successful resettlement in the community.

³ *ibid*, p. xii

⁴ Turning Point Alcohol & Drug Centre, et al., (January 2005), *Court Diversion Program Evaluation: Final Reports*, Department of Justice, Victoria, 21

⁵ *ibid*, p. 120

⁶ Rayner, K., & Nicholson, T., (December 2003), *The Homeless & Drug Dependency Trial – Summary Report: Summary of Second Year Findings*, Victoria, 25

*It's given me a lot of opportunities. It makes it easier for me to get another place to live in if I need one.*⁷

Yeah, they work closely with you. You become so institutionalised. They (workers) are there for you not just for housing, but also your kids, DHS, everything.

*I've never had to pay bills before. It showed me how to be more responsible. I never knew anything about it before, now I know about rent and stuff.*⁸

7. Specific Learnings from Individual Cross-Government Initiatives

7.1 Pathway Initiatives:

As the pathway initiatives have been progressively developed and implemented since 2000, some initiatives have been fully evaluated while others have yet to have their evaluation completed.

- *Drug Court Homelessness Assistance Program:* The initiative has been evaluated and key learnings indicate that the provision of stable accommodation is a critical component of overall positive outcomes for participants. Connectedness to family and friends is greatly improved through this initiative. The recurrently funded program is now being examined with a view to better integration of the range of interventions contributing to the overall model.
- *Post Release Housing Pathways Initiative:* This initiative's evaluation provided clear evidence that better housing outcomes are being achieved for people who have left prison, contributing to a reduction in reoffending and reincarceration rates.
- *Transitional Housing Management (THM)-Bail Support Program:* Anecdotal evidence suggests that incarceration rates have reduced as a result of assistance provided through this initiative. This project will be reviewed at a later date in the context of a strategic plan for the broad range of therapeutic jurisprudence and community based approaches DOJ is developing, including Family Violence and Koori Courts and a Neighbourhood Justice Centre.
- *THM-Juvenile Justice Initiative:* Findings show a reduction in parole deferment with a marked improvement in housing outcomes for people on bail. The need for an intensive support model for participants with complex needs and increased independent living skill development has been highlighted by this intervention.
- *Mental Health Homelessness Program:* The initiative is under evaluation. Findings to date suggest that the model is assisting relatively rapid stabilisation of clients, which is reducing the intensity of longer-term support needs. This links well with ongoing preventative assistance which can identify and respond at an early stage to a potential situation which, if left unheeded, could place a person's health and housing at risk.
- *THM – Forensicare Initiative:* This small initiative is the most recently developed of the 'joined up' initiatives, responding to people with extremely complex needs. Prior to

⁷ Bartholomew, et. al, *ibid*, 251

⁸ *ibid*, 262 - 263

establishment of this initiative, access to housing was cited as one of the most difficult issues confronting case managers in the forensic mental health system.

- *Drug and Alcohol Supported Accommodation Program*: Comparative analysis of outcomes against the initial program design has identified that people with increasingly more complex needs are entering the program. However successful housing outcomes are being achieved. Some conflict has arisen between the more intense support model, current support service capacity and the requirements of the Residential Tenancies Act 1997.
- *THM-Disability Housing Pathways Initiative*: Stakeholders have reported that this initiative is effectively assisting people with disabilities to access stable long-term housing and support.

7.2 VHS Pilots:

Whilst most pilots have shown good outcomes, certain target groups have benefited more than others. By and large learnings from the pilot initiatives have usefully informed the development of other mainstream models. For instance, the interventions trialled through the ‘tenancies at risk’ pilots have informed a restructure of the Public Housing Advocacy Program into the Social Housing Advocacy and Support Program (SHASP), which will primarily support and sustain tenancies in social housing.

- *Supporting At Risk Tenancies in Public Housing Pilot* has been evaluated. The pilot tested a strong preventative and early intervention model comprising intensive support and referral. Evaluation has suggested that this service delivery response is best placed outside public housing.
- *Supported At Risk Indigenous Tenancies in Public and Aboriginal Housing Board Victoria Housing Pilot* Early evaluation findings have reinforced the need for a flexible service model offering outreach, practical support and referral for tenants at risk of losing their tenancies.
- *Preventing People with a Mental Illness Being Discharged into Homelessness Pilot*: Early evaluation findings to date show major service sector integration between clinical and community based Mental Health Services and evidence of better outcomes due to an integrated approach to discharge planning to ensure participants’ housing needs are being considered. For the first time, as a result of the mental health discharge pilot, homelessness assistance staff have been allowed on to hospital wards and into ward case planning processes to assist with the development of exit plans for people with mental illness, reducing the numbers of people being discharged from hospital into homelessness.
- *Older People in Tenuous Private Rental Pilot*: Early evaluation findings show that participants’ service requirements are Home and Community Care-like, with the majority of referrals from health services networks rather than homelessness assistance. These learnings are the subject of discussion with Aged Care Services.
- *Family Violence Private Rental Brokerage Pilot* This initiative has been evaluated and the findings have demonstrated highly successful outcomes for people with low support needs and with capacity to utilise private rental or retain their current housing. A second component of this pilot – *Housing Options for Women and Women with Children Experiencing Family Violence* has provided a successful support response for women with higher needs.

8. Where To From Here?

Housing and Community Building has identified several opportunities and challenges from here:

- Incorporation of the learnings from these pilot initiatives into ongoing service responses is underway, for example, through the integrated whole of government response to family violence, the implementation of a new Social Housing Advocacy and Support Program, and development of an ongoing program in several locations across the State to support Indigenous tenancies at risk.
- There is a need to create an 'early warning system' which reactivates support, without a high cost, and avoids an intensive response which puts people back in crisis and destabilises their lives. Housing and Community Building is working to access more ongoing support for public housing tenants who have ongoing multiple or complex needs, from a welfare system in which support is generally short term and/or episodic.
- Housing and Community Building and partner programs are exploring the possible development of appropriate structures to support independent living skill development, particularly for young people leaving State care and Juvenile Justice Centres, and people exiting prison. Linked to this is the need to develop 'step down' models for people exiting institutions with a reduced capacity to live independently.
- Further expansion of 'joined up' partnerships is envisaged: building on the 'joined up' model to incorporate a wider range of service systems.

Having developed the skill base necessary for the two programs to partner, it is important to move on to the challenge of partnerships with multiple programs and responses such as collaboration between homelessness, addiction services and the mental health program to address the needs of inner city crisis accommodation service users.

As the balance of the evaluation reports are received the iterative process of examining the outcomes and developing improved service responses continues.

At a broader whole of government level, the Victorian Government social policy action plan, *A Fairer Victoria*, released in April this year, provides a policy framework within which to build on these learnings. One of the key thrusts of this Plan is reinforcement of the Government's commitment to an integrated 'whole of government' approach to issues. *A Fairer Victoria* seeks to address disadvantage through:

- Ensuring that universal services provide equal opportunity for all;
- Reducing barriers to opportunity (to enable improved access to community participation)
- Strengthening assistance to disadvantaged groups, particularly with regard to accessing services;
- Providing targeted support to the highest risk areas; and
- Involving communities in decisions affecting their lives and making it easier for them to work with Government. This will be largely achieved through streamlined delivery of services and joined up government and community responses.⁹

⁹ State Government of Victoria, (2005) *A Fairer Victoria: Creating opportunity and addressing disadvantage*, Victoria, 5

A Fairer Victoria represents the Government's focus on social policy and the social and economic dividends that flow from investing in community building, education and health. Consistent with this strategy, Housing and Community Building is working to broaden our cross-government responses to include stronger relationships with education, employment and training sectors.

9. Conclusion

There are consistent high-level learnings across all of our 'joined up' work that can fundamentally change the way current program arrangements and service models are designed to respond to homelessness. We have demonstrated that the success of these initiatives is dependent upon the capacity of government and community managed agencies to effectively partner and work holistically with individuals across housing, support, health, justice, education and employment sectors, as well as identify service as a continuum of tailored assistance. This will challenge policy makers to rethink their service models, platforms and tools to build in greater integration, and challenge service providers to develop strengthened relationships that better link service provision for people requiring assistance.

References

- Baldry, Dr. Eileen, (November, 2001), *Homelessness and the Criminal Justice System, Parity*, Volume 14, Issue 10, Council to Homeless Persons, Victoria.
- Baldry, Dr. Eileen, McDonnell, Dr, D., Maplestone, P., Peeters, M., (April, 2002), *Ex-Prisoners And Accommodation: What Bearing Do Different Forms Of Housing Have On Social Reintegration For Ex-Prisoners?*, AHURI, University of NSW, Royal Melbourne Institute of Technology University with the Brosnan Centre.
- Bartholomew et al, (June 2004 – unreleased), *Final Report on the implementation of Victoria's pilot Transitional Housing Management-Corrections Housing Pathways Initiative*, Deakin University, Victoria.
- Department of Human Services, (2002) *Directions for Change: Final Report of the Victorian Homelessness Strategy*, Victoria.
- Newman, T. (2005), *Sustaining Tenancies, Paper to the National Housing Conference 2005*, Department of Human Services, Victoria.
- Office of Housing (2004) *Youth Homelessness Action Plan: first stage report*, Department of Human Services, Victoria.
- Office of the Deputy Prime Minister, (2004), *Breaking the Cycle: Taking stock of progress and priorities for the future*, Social Exclusion Unit, United Kingdom.
- Office of the Deputy Prime Minister, (2002), *More than a roof: a report into tackling homelessness*, United Kingdom.
- Rayner, K., & Nicholson, T., (December, 2003), *The Homeless & Drug Dependency Trial – Summary Report: Summary of Second Year Findings*, Victoria.
- State Government of Victoria, (2005), *A Fairer Victoria: Creating opportunity and addressing disadvantage*, Victoria.
- Turning Point Alcohol & Drug Centre, et al., *Court Diversion Program Evaluation: Final Reports* (Department of Justice, Victoria, January 2005).
- Ward. L., (June 2001), *Transition from Custody to Community: Transitional Support for People Leaving Prison*, Department of Justice, Victoria.