

The Specialist Homelessness Sector Transition Plan (2018-2022)

Improve local service coordination

The Specialist Homelessness Sector Transition Plan (2018-2022) outlines 15 goals.

Action tables have been developed to provide more specific detail on what each goal means, why it is important, future vision, relevant literature, good practice examples and helpful resources.

The action tables are designed to be a useful reference and a good starting point for organisations or individuals wanting to action any of the 15 goals in the SHS Transition Plan.

All 15 action tables can be found at: chp.org.au/shs-transitionplan18/.

7. Improve local service coordination

What we mean	Coordinating local services effectively by creating networks with a clear purpose to create effective place based service responses. Using local data to inform decision making and create agreed local priorities. Forming alliances and partnerships to meet specific identified needs.
Why is this important	<ul style="list-style-type: none">• Sharing local information, data and available service responses is likely to help identify and address homelessness issues locally• Coordinated local services are likely to help identify and respond to homelessness issues earlier• Effective local responses to homelessness may prevent escalation to chronic homelessness and transition of people experiencing homelessness to larger urban centres.
Future Vision	Strong, collaborative local networks which: <ul style="list-style-type: none">• Share and analyse data• Develop shared priorities for action• Respond quickly and flexibly to emerging needs• Effectively collaborate and coordinate services• Build shared knowledge of available skills, tools and resources• Harness local area resources and supports.
Literature	There is significant evidence to demonstrate the relationship between place and people's health and wellbeing, including for example the extensive work

research completed on Social Determinants of Health^{1,2}. Social determinants research has conclusively shown that people living in disadvantaged areas have poorer outcomes in key indicators including health, education, employment and general wellbeing^{3,4}.

Place-based approaches provide a strategy to address issues like disadvantage and health inequality by developing services and systems that are designed to effectively coordinate, and collaboratively meet the specific needs of a particular location^{5,6}.

Key findings in the literature related to service coordination and integration specifically related to housing include:

- Systems that are better integrated have significantly better housing outcomes but not better social and clinical outcomes⁷
- Studies evaluating integration approaches related to Housing First and Common Ground typically show improved housing outcomes when compared with case management only interventions, but no demonstrable impact on clinical outcomes^{8,9}
- A study of housing and substance use treatment integration found that a range of services need to be available, from least to most integrated, so that clients can be matched to a level of integration according to the level of complexity of need¹⁰

¹ Commission on the Social Determinants of Health (2008). Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health, World Health Organisation: Geneva, Switzerland.

² Hughes, P., Black, A., Kaldor, P., Bellamy, J. & Castle, K. (2007). Building Stronger Communities. University of New South Wales Press: Sydney, NSW.

³ Australian Institute of Health and Welfare (1999). The Burden of Disease and Injury in Australia., AIHW cat. No. PHE 17.

⁴ Churchill, B., Doherty, Y. & Hansen, E. (2012) People and Place: Developing a Research Program for Understanding and Addressing Place-based Health Inequities in Tasmania, University of Tasmania/Department of Health and Human Services: Tasmania.

⁵ Churchill, B., Doherty, Y. & Hansen, E. (2012). People and Place: Developing a Research Program for Understanding and Addressing Place-based Health Inequities in Tasmania. University of Tasmania & Department of Health and Human Services: Tasmania.

⁶ Yeboah, D. (2005). A framework for place based health planning Australian Health Review, vol. 29(1), pp.30-36.

⁷ Goldman, H., Morrissey, J., Rosenheck, R., Coccozza, J., Blasinsky, M., Randolph, F. and the *Access National Evaluation Team*. (2002). Lessons from the evaluation of the ACCESS program, *Psychiatric Services*, 53, 967–970.

⁸ Tsemberis, S., Gulcur, L. and Nakae, M. (2004), Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis, *American Journal of Public Health*, 94, 651–656.

⁹ Morse, G. (1999), Review of case management for people who are homeless: Implications for practice, policy and research. In Forsberg, L. and Dennis, D. (eds.) *Practical Lessons: The 1998 National Symposium on Homelessness Research*. Washington DC: US Department of Housing and Urban Development, US Department of Health and Human Services.

¹⁰ Larimer, M., Malone, D., Garner, M., Atkins, D., Burlingham, B., Lonczak, H., Tanzer, K., Ginzler, J., Clifsefi, S., Hobson, W., and Marlatt, A. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems, *Journal of the American Medical Association*, 301, 1349–1357.

<p>Good practice examples</p>	<ul style="list-style-type: none"> • Local Area Service Networks (LASNs) – support integration and coordination of homelessness services in specific geographical areas • Frontyard Youth Services provides a ‘one stop shop’ to young people experiencing disadvantage. • EDVOS a family violence support service offers advice on integrated service delivery strategies (see page 11)
<p>Helpful Resources</p>	<ul style="list-style-type: none"> • Homelessness Services Coordination Training Guide: service coordination training guide (Housing and Homelessness) for RTO’s. • Victorian Service Coordination Resources: service coordination in Victoria (resources and tools). • The proposed Multi-Agency Client Coordination and Outcomes Framework developed by DHHS may assist with considering client coordination issues. • The Current State Analysis - Multi-agency Client Coordination and Outcomes Framework¹¹ developed by DHHS may provide helpful contextual information on client coordination

¹¹ Department of Health and Human Services. (2018). Current State Analysis - Multi-agency Client Coordination and Outcomes Framework.