Council to Homeless Persons

Person-Centred Practice Guide

Together we work to centre the voices and experiences of people seeking housing.

chp.org.au

Council to Homeless Persons

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The Department of Families, Fairness and Housing (DFFH) funded the Council to Homeless Persons (CHP) to lead the development and implementation of a Transition Plan (2018-2022) for the Specialist Homelessness Services (SHS) in Victoria. Building on existing SHS knowledge, a Person-Centred resource has been developed.

Acknowledgements

We respectfully acknowledge the traditional owners of this land. We pay our respects to elders past and present. We appreciate and celebrate diversity in all its forms and believe diversity of all kinds makes communities.

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Centering practice on what is safe and meaningful to people without a home...

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Council to Homeless Persons

Acknowledgement of country

The Council to Homeless Persons (CHP) acknowledges and pays respect to the Traditional Owners of the land on which we live and work.

CHP's office is currently located in Collingwood, on the land of the Wurundjeri people of the Kulin nations. CHP's work is focussed across all Victoria – the lands of many different Aboriginal people across thousands of generations.

CHP acknowledges the pride, strength and resilience of Aboriginal and Torres Strait Islander people and we pay our respects to Elders, past, present, and emerging.

Our commitment to reconciliation

Our vision for reconciliation is an Australia where Aboriginal and Torres Strait Islander histories and cultures across the country are valued and respected.

We acknowledge that the significant over representation of Aboriginal and Torres Strait Islander people experiencing living without a home is a direct and enduring consequence of colonisation.

Housing instability and homelessness are an ongoing barrier to reconciliation.

CHP envisages an Australia, where Aboriginal and Torres Strait Islander self-determination is meaningfully achieved, where all specialist homelessness services are culturally safe and responsive, and where the structural forces that can lead to homelessness do not impact disproportionately on Aboriginal and Torres Strait Islander communities.

Always was.
Always will be.

Forward

Safe and secure housing is a human right and is fundamental to the health and well-being of all people, families and communities.

Homelessness in Victoria however is increasing at alarming levels.

The Specialist Homelessness Sector (SHS) is the workforce that has the responsibility of responding to this growing need, delivering critical services across Victoria.

We, at the Council to Homeless Persons are the peak body who represents this workforce, by providing leadership in policy development, advocacy, capacity building and working in partnership with people who are or who have been without a home.

We are privileged to deliver a Specialist Homelessness Transition Plan for the SHS sector. The development of the Plan has been made possible by government funding provided to CHP through the Department of Families, Fairness and Housing.

It is intended that the Plan will inform the good practice that is already occurring across the SHS and will respond to the growing needs of the sector by placing people, who are without a home, at the heart of service delivery.

The Plan identifies 15 goals. Broadly these goals describe how the sector can embed person-centred and place-based responses. They also include building service capacity to deliver a contemporary suite of services to gain and sustain housing, and to facilitate optimal use of emerging technologies.

The SHS Transition Plan provides a road map for the development of sector capacity in a strategic and systemic way.

The development of this Person-Centred Practice model guide delivers on the first goal of the Plan and has involved consultations with people with lived experience of being without a home, leaders in the SHS sector and the workforce.

We are very appreciative of people's contribution to its development. CHP looks forward to continuing to work in partnership with the sector and the Department to realise the ambitions of the SHS sector.

Deborah Di Natale – CEO,
Council to Homeless Persons

LGBTIQA+

2 x

That of the general population is the likelihood of LGBTIQA+ to experience homelessness.

First Nations People

40%

Increase in the experience of homelessness in Victoria over the past five years.

People in Prisons

33%

Of people in prison were homeless before prison and 1 in 2 expect to be homeless on release.

Young People

1 in 5

Victorians without a home are young people between the ages of 12 – 24.

Older Women

31%

Increase in the number of women over 55 experiencing homelessness.

Migrants & Refugees

1 in 7

People experiencing homelessness were born overseas, arriving in Australia in the last five years.

People with a disability

25%

Of homeless services clients are people with disabilities as reported by Homelessness Australia.

Women and Children

44%

Of people accessing SHS services are women and children experiencing domestic and family violence (DFV).

Regional Australians

2 x

The number of people in regional areas are accessing homeless services compared to in capital cities.

Council to Homeless Persons

Council to the Homeless Persons (CHP) is the peak body representing organisations and individuals in Victoria with a commitment to ending homelessness.

Our vision

An end to homelessness in Victoria.

Our purpose

A commitment to ending homelessness.

We work to achieve this purpose by providing leadership in policy development, advocacy, capacity building and working in partnership with people who are or who have been without a home.

Guiding principles

We believe that homelessness is unacceptable, avoidable, and within our reach to resolve.

All our work is driven by principles that give focus to this belief, and we prioritise our work where it can have the most impact.

What we do:

- Provide leadership in preventing and ending homelessness by developing, supporting and promoting evidence-based research, policy and practice
- Maximise effective consumer engagement in the development of homelessness policy and practice development
- Build the capacity of CHP members, and the homelessness and broader service sectors to achieve the best outcomes for people who experience homelessness
- Influence as strategically and effectively as possible to achieve our mission.
- Galvanise cross-sector collaboration to strengthen a shared commitment to ending homelessness.

CHP's work is underpinned by strong partnerships with people who have been without a home, and it is guided by cross-sector collaboration. CHP recognises that sound evidence, combined with the voices of people who are or who have been without a home, offers the most powerful way to inform decisions about policy and practice.

CHP provides the Peer Education and Support Program (PESP), a volunteer program that provides people who have been without a home with the opportunity to improve the service system. PESP team members and graduates play a key role in promoting the benefits and transformative power of consumer participation in service system and policy development.

CHP operates the Homelessness Advocacy Service which is the key advice and information service for consumers seeking or receiving assistance from any Victorian community-managed homelessness assistance or social housing service.

CHP publishes Australia's national homeless publication Parity, examining homelessness from personal, local, social and global perspectives.

The heart of what we do

What is homelessness?

There is no one definition of homelessness.[1]

Mackenzie and Chamberlain's cultural definition of homelessness[2] includes three categories in recognition of the diversity of homelessness:

1. **Primary homelessness is experienced by people without conventional accommodation including street sleeping, "sleeping rough" or in improvised dwellings such as cars**

2. **Secondary homelessness is experienced by people who frequently move from one temporary shelter to another including, emergency accommodation, refuges and "couch surfing"**

3. **Tertiary homelessness is experienced by people staying in accommodation that falls below minimum community standards including rooming houses, boarding housing and caravan parks**

This definition was adopted by the Commonwealth Advisory Committee on Homelessness in 2001 and is widely used in the homelessness sector.

The ABS[3] definition of homelessness is informed by an understanding of homelessness as 'home'lessness, not rooflessness. It emphasises the core elements of 'home' in Anglo American and European interpretations of the meaning of home as identified in research evidence (Mallett, 2004). These elements may include: a sense of security, stability, privacy, safety, and the ability to control living space. Homelessness is therefore a lack of one or more of the elements that represent 'home'.

The definition has been constructed from a conceptual framework centred around the following elements:

- Adequacy of the dwelling
- Security of tenure in the dwelling
- Control of, and access to space for social relations.

"The fact is that housing, an adequate income, and the support people need are not currently available."

Homelessness Australia (2022).
A plan to end homelessness.

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What we mean by ending homelessness?

Homelessness occurs at the intersection of personal circumstances; structural forces, such as poverty, marginalisation, inequity and housing unaffordability; and system failures, when systems of care fail to support people, particularly at points of transition and in early intervention.

People who become homeless are often financially disadvantaged, have experienced trauma and traumatic stress, have been exposed to violence and discrimination and have not had access to personal, community or social level resources and supports. Some will have spent a lifetime in insecure and unsafe housing.[4]

Ending homelessness doesn't mean that people will never find themselves without safe housing.

It means that homelessness will be rare, the experience brief, and it will only happen once.

Ending homelessness requires action to reduce poverty, address family violence and discrimination, and critically to improve the supply of affordable housing to people on low incomes.

Action is also needed to prevent homelessness occurring in the first place, and to deliver the supports and services needed to sustain housing that meet people's needs, particularly in relation to the health, disability, and justice systems.

Victoria requires the services to help people without homes to 'get housing' and for those with significant complexity in their lives 'to keep that housing'. Some people may need relatively little assistance for a short period of time, while others may need support over a lifetime. [5] [6]

How can homelessness be ended for good?

The communities that have been successful in reducing homelessness have identified common themes as part of an integrated response.

Prioritising the following actions can see an end to homelessness: [7] [8]

- Structural drivers of homelessness including poverty and housing affordability is addressed
- Clear, responsive and accessible services are available when and where people need them
- Targeted prevention is available to stop households losing their homes in the first place
- Immediate responses are provided when families are at risk of entering homelessness
- Rapid re-housing with support is available to get people back into housing fast
- Secure long-term housing is available for people who have experienced chronic homelessness
- Other health and human services are mobilised to maximise intervention as soon as possible
- A strategic framework includes a whole of government and community approach.

The heart of what we do continued

The Victorian Government's 10-Year Strategy for Social and Affordable Housing.[9]

The Victorian Government is currently developing a 10-Year Strategy for Social and Affordable Housing. The consultation phase received over 180 submissions from across Victoria including community housing providers, local governments, industry and advocacy groups.

The summary report identifies that the overwhelming message from the submissions is to focus on the people who most need access to safe and secure housing. Keeping *people at the centre* of the strategy.

The development of a highly capable, culturally fit Aboriginal housing and homelessness sector is essential to changing the trajectory away from housing stress and homelessness towards collective and individual ownership of land and housing.

Mana-na woorn-tyeen maar-takoort 'Every Aboriginal Person has a Home'. The Victorian Aboriginal Housing and Homelessness Framework.

Young people

Require housing and services that are focused on their long-term development. Options that build independence and support transitions from out-of-home care are required throughout the state.

Older Victorians

Require stable, fit-for-purpose accommodation to allow for aging in place. The private rental market is insecure and can be unaffordable. The social and affordable housing system needs to consider accessibility.

People with disabilities

Require a range of social, affordable and market available housing options. Crisis accommodation and rooming houses are particularly inappropriate for people with disabilities.

Aboriginal and Torres Strait Islander Victorians

Have rightfully been identified as a priority group in the Big Housing Build. Housing targets need to be supported by culturally appropriate systems, practices and accommodation types.

Low-income and key workers

Require access to social housing, affordable rental accommodation and homeownership options.

Women

Urgently require housing and services. Older women, survivors of family violence, single mothers and women from culturally and linguistically diverse backgrounds are particularly vulnerable and need greater access to crisis and long-term housing.

People experiencing mental distress

Need access to appropriate and supportive housing options with wrap-around support services. This is essential as poor mental health is a risk factor for homelessness and homelessness can lead to the deterioration of a person's mental health.

Periods of transition

Are critical moments and are often where people need the most support. Relationship breakdowns and transitions from the justice system, out-of-home care and health facilities leave people particularly vulnerable.

Regional Victorians

Urgently need more affordable housing with investment in both transitional/crisis housing as well as long-term rental accommodation.

Housing types

Affordable Housing

Affordable housing is housing that is appropriate for the needs of a range of very low to moderate income households, and priced (whether mortgage repayments or rent) so these households can meet their other essential basic living costs.

Public Housing

Housing owned and managed by the Director of Housing. The Government provides public housing to eligible disadvantaged Victorians including those unemployed, on low incomes, with a disability, with a mental illness or at risk of homelessness.

Community Housing

Housing owned or managed by community housing agencies for low-income people, including those eligible for public housing. Community housing agencies are regulated by the Government.

Social Housing

Social housing is an umbrella term that includes both public housing and community housing. Its provision usually involves some degree of subsidy.

The heart of what we do continued

Building the capacity of the Victorian homelessness sector.

Victoria has a strong and vibrant homelessness sector.

Focusing on the first goal, in The Specialist Homelessness Sector (SHS) Transition Plan, we are proud to deliver this Person-Centred Practice Guide, which aims to embed a person-centred model of care into SHS practice. Consultations with people with lived experience of being without a home, leaders in the SHS sector and the workforce, have informed the design of this model.

The overarching themes expressed across these consultations included honouring and privileging people's lived experience across the sector, working collaboratively in the spirit of inquiry, the importance of safety and leading with a strengths-based approach. Along with the views on worker needs and practice wisdom, has been a deep dive into current literature, state and federal policies and a review of globally recognised good practice service delivery models.

From this knowledge base we have taken the first steps toward meeting the goal of centring people at the heart of service delivery:

- Documenting a person-centred practice approach for the specialist homelessness sector (SHS), building on existing SHS resources
- Developing a Person-Centred Practice Guide and capacity building resources to guide the SHS workforce

The result is a testament to all the people involved in the design, development and delivery of the SHS Transition Plan

Helen Duggan – Director Services
Council to Homeless Persons

What people told us

The development of this Person-Centred Practice model involved consultations with people with lived experience of being without a home.

The overarching themes expressed in these consultations was the need to include, honor and privilege people's lived experience across the work force, in both practice and in the attributes expressed by workers.

Practices included:

- Centring people at the heart of the service
- Working collaboratively in the spirit of inquiry
- Listening and responding without pre-conceived judgement and assumptions
- The importance of being listened to
- Prioritising relational and strength-based collaboration
- Establishing and maintaining safety at all stages of engagement.

Practitioner attributes:

- Active listening
- Attentive and responsive to the circumstances of individual people
- Avoiding assumptions
- Inquiring mindset
- Relational; open, honest, transparent, collaborative
- Knowledge of systems, legal, health, employment, rights, housing
- Advocacy skills.

Specifics of practice:

- Aligning the lived experiences of people without a home in planning processes, both in the present and into the future, with regards to life and employment skills, access to quality education and community building, including support to maintain people's current connections and support networks
- Transparency and mutual accountability; working together in a partnership, including regular and meaningful feedback and access to people's own personal information
- Collaborating with rather than 'planning for'; working together over time
- Recognising people's circumstances and personal needs and preferences. Recognising that these may change over time
- Inclusive and welcoming
- Strengths-based approaches
- Goal setting centred on people's expressed needs
- Holistic integration of services: legal, health, education and employment
- Availability of peer worker roles for people with lived experience of being without a home; with additional roles across organisations including leadership roles
- Having a focus on the developmental needs and experiences of children and young people
- Developing inclusive practice approaches that are responsive to the needs of parents and families.

Introduction

People are relational and live within a multiplicity of stories and experiences.

This Person-Centred Practice Model will support individuals and organisations to provide holistic, strengths-based and trauma informed services to all people living in our state, regardless of who they are, where they are from and what their history has been.

The focus is to centre services on what is safe and meaningful to people accessing support.

This practice guide has been developed to assist the SHS workforce to develop a shared language and understanding about what a person-centred approach to service provision is and how to integrate it into current practice.

It is reflective of the Victorian Opening Doors Framework[10] and complements several policy and practice developments in the homelessness, health and human services sectors, including Housing First[11], From Homelessness to a Home (H2H), Homes for Families (H4F), Journey to Social Inclusion (J2SI)[12], Victoria's Rough Sleeping Action Plan[13] and Trauma Informed Practice Initiatives.[14] [15]

Foundational to the model is the application of various bodies of knowledge and practices including human rights, cultural safety, trauma responsiveness, intersectionality, the conditions of belonging and social justice.

The model is anchored in human rights practices that uphold the inherent dignity of all people.

Applying a rights-based approach to working with people seeking safe and secure housing enables us to work in ways that ensures that their safety is prioritised, that their right to make choices is recognised and that their inherent dignity is central to the design and delivery of services.

Conceptually person-centred practice is a paradox of sorts, as there is no one 'person' within person-centred practice, rather there are people, groups, identities and communities who live within complexity, dimensionality, diversity, and multiplicity.

Working with people who are without a home is complex work.

People may have experienced relationship breakdowns, the impacts of poverty, discrimination and marginalisation. They may be aging without support, have poor health, be experiencing mental distress, be survivors of family violence and are likely to have experienced trauma and traumatic stress.

This person-centred practice model is a way to recognise and respond in a holistic, strengths-based and trauma responsive way to the lived experiences and social ecology of people seeking support from specialist homelessness services.

It is reflective of and responsive to the personal, social, and collective costs of discrimination in all its forms and the marginalisation of individuals, identities and communities.

We recognise the impact of colonisation, dispossession, stolen lands and Stolen Generations on the health and wellbeing of Aboriginal and Torres Strait Islander people. We recognise that to improve health outcomes we must be aware of health equity and health justice, including access to culturally safe and acceptable housing.

A socially just society ensures all people, identities and communities have access to safe and acceptable housing, to meaningful work, to purposeful education, to culturally safe and responsive services and to live and grow in safe and strong communities.

Together we work to centre the voices and experiences of people seeking housing, we offer safe connection, and we uphold people's inherent dignity, strength and right to self-determination.

Housing and Human Rights

Safe and secure housing is a human right.

The causes of homelessness are often misunderstood.

A chronic shortage of social housing, an increasingly unaffordable private rental market, and inadequate income support means that thousands of Australians struggle to find a secure and affordable place to live.

In Victoria, the top three reasons for people seeking homelessness and housing assistance are structural rather than personal, with compounding impacts when experienced concurrently. They include:

- Poverty and financial difficulties
- Family and domestic violence
- Lack of affordable housing, *the housing crisis*.[16]

The Victorian Government's current housing policy, *Homes for Victorians, Affordability, access and choice*, identifies a lack of affordable housing, the housing crisis, as a national problem with a rapidly growing number of people facing homelessness across every Australian state.[17]

In Victoria, requests for assistance have increased to more than 100 000 per year in the past four years.

The policy report identifies that this deepening issue has been made worse by funding cuts, limited investment in public and social housing, ongoing uncertainty and a lack of federal commitment to long-term funding for local services.

Equity and Equality

Equity and equality are not the same thing.

Equality means treating everybody the same way, regardless of people's individual needs.

Equity recognizes that each person has different circumstances and is about giving people what they need, in order to make things fair and potentially achieve equal outcomes.

Targeted Universalism is an example of a policy approach that can assist to develop and implement targeted strategies for people and communities at risk of homelessness to reach the universal goal of safe and affordable housing.[18]

Targeted universal policies aspire to serve everyone by enabling different strategies based on the needs of different groups. Different groups will need different supports.

Everyone stands to benefit by reaching the universal goal of access to safe and affordable housing and an end to homelessness in Victoria.

What is Person-Centred Practice?

Person-centred practice **focuses** on people, families, and communities rather than services and systems.

It **centres** practice on what is safe and meaningful to people seeking support.

It seeks to **partner** with people who are without a home to deliver holistic, strengths-based and trauma responsive services to all people living in our state.

Strength-based practice is a way of working with people, families and communities that focuses on people's abilities, knowledge and capacities rather than on deficits or perceived problems. It is an attitude and an approach that emphasises self-determination; it recognises that people are resourceful and resilient; that they are capable of growth and development; and that they know what is meaningful and important for them.

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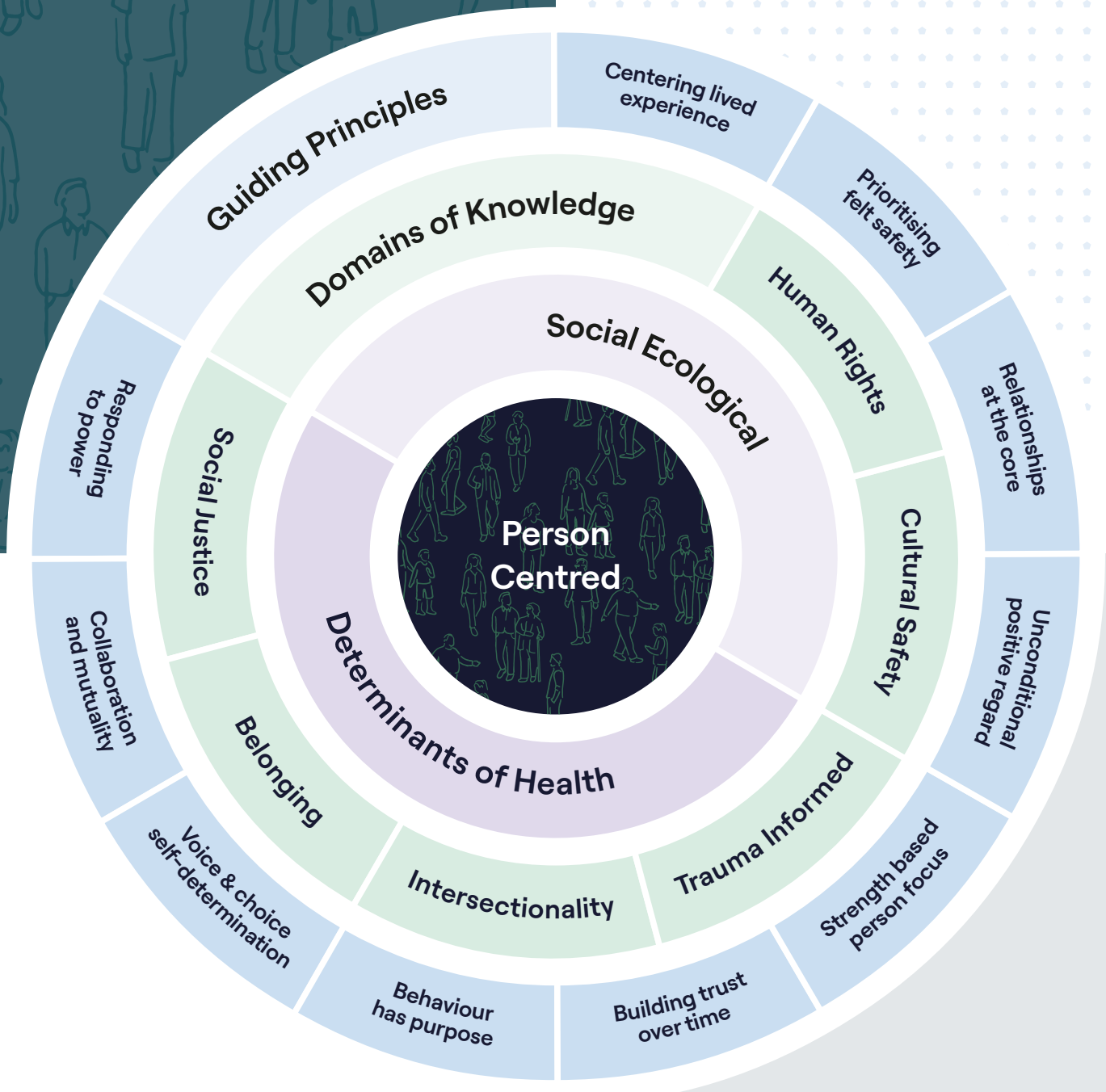

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People in Context

Our work requires us to understand who people are, what their history has been, what they have experienced, what is meaningful to them and what their hopes and aspirations are.

The more we can be curious, ask questions and work without judgements or assumptions the more effective we can be.

Reflecting on people's access to health determinants can assist us to understand the conditions that shape people's daily lives. For Aboriginal and Torres Strait Islander people, it is essential that we also recognise and respond to the cultural and political determinants of health, if we are to improve health outcomes.

Applying an ecological lens to this knowledge can deepen a holistic understanding about the identities, experiences, life circumstances, relationships, environments and structural forces that make up the context of people's lives.

Determinants of Health

The social conditions in which people are born, live and work are the single most important determinant of good health or ill health.

Social determinants of health (SDoH) are the non-medical factors that influence health outcomes.[19]

These wider forces that shape the conditions of daily life include economic, health and social policies, social norms and political systems.[20]

According to the World Health Organisation (WHO), the social determinants of health have an important influence on health inequities where we see the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, including Australia, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.[21]

Put simply, poorer people live shorter lives and are more often ill than people on higher incomes. This disparity referred to as the social gradient, highlights the relationship between the social environment and health outcomes. The higher the social gradient the better the health outcome.[22]

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People in Context continued

Examples of the social determinants of health that influence health equity:

- Income, economic participation, financial equity and social protection
- Access to affordable education, training and work skill development
- Employment, job security and the conditions of working life
- Food security
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion, participation and non-discrimination
- Access to affordable health and wellbeing services that are inclusive and responsive.

It is estimated that more than 50% of poor health outcomes are driven by SDoH factors ranging from structural racism to socioeconomic conditions, to food and housing insecurity.

The Australian Institute of Health and Welfare identifies the importance of the following four health determinants in influencing health outcomes: [23]

1. Social inclusion
2. Freedom from violence and discrimination
3. Economic participation and income security
4. Social inclusion

Social inequalities and disadvantage are the main reason for unfair and avoidable differences in health outcomes and life expectancy. Belonging and being connected to others has health benefits.

Discrimination/Violence

Social exclusion that occurs through discrimination, violence and stigmatisation harms the health and wellbeing of individuals, groups and communities through long-term stress and anxiety.

Economic participation

There is a two-way relationship between employment and health. Additionally, people's income position can and does influence people's health status. Increases in income benefit health outcomes.

People with low income are less likely to find suitable and affordable housing, and more likely to experience homelessness.[24]

It is essential to recognise and respond to the impact of inequity and health disparity on people's access to safe and affordable housing.

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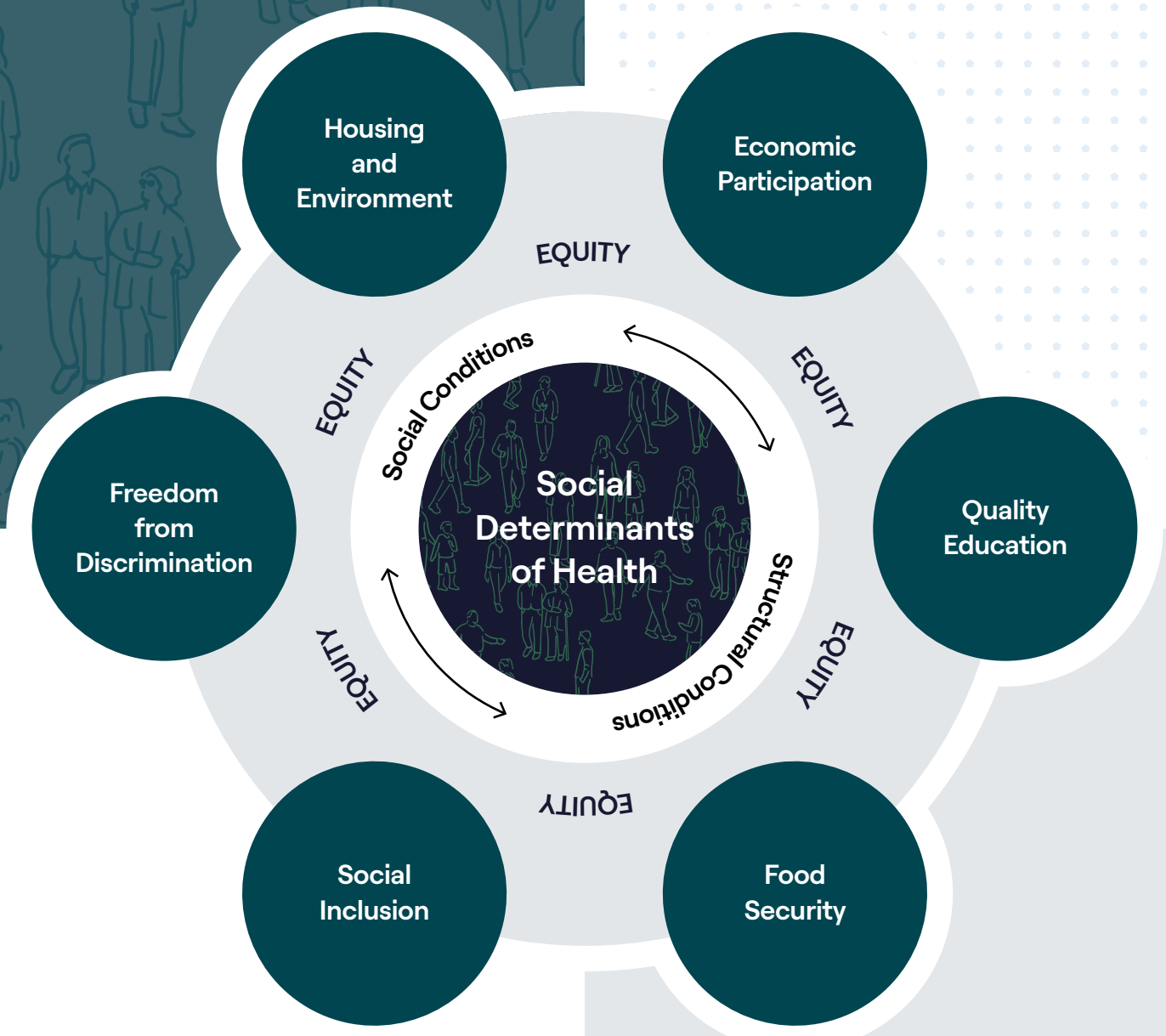

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People in Context continued

Aboriginal and Torres Strait Islander

Cultural and Political Determinants of Health

The cultural and political determinants of health centre an Indigenous definition of health and have been linked to positive health and wellbeing outcomes [25].

One in six Aboriginal and Torres Strait Islander Victorians will need assistance from a homelessness service each year.

"Housing outcomes for Aboriginal people are a significant part of the enduring legacy of an extensive colonisation process characterised by waves of dispossession. Aboriginal people have been homeless in their own nation for over 200 years." [26]

This Person-Centred Practice Model recognised the impact of colonisation and government policies such as assimilation and the ongoing experiences of the Stolen Generations on Aboriginal and Torres Strait Islander people, on their families, their kinship, and their communities.

In addition to recognising the social determinants of health, this Person-Centred Practice Model recognises the cultural and political determinants of health as identified in the Social Emotional Wellbeing (SEWB) Framework for Aboriginal and Torres Strait Islander people.[27] In this framework the cultural determinants of health are central to designing and delivering effective health care.

Cultural determinants include:

- connection to family, kinship, and community
- connection to culture, identity, and language
- connection to land and country
- connection to ancestors and spirituality

Cultural determinants utilise strengths-based approaches and recognise the importance of self-determination.

This approach also aligns with the Aboriginal understanding of health.

Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional, and cultural wellbeing of the whole community in which everyone is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community.[28]

Political determinants include access to early childhood services and education that are culturally safe and responsive, freedom from racism and racial discrimination, and a recognition of the impacts of colonisation on Aboriginal and Torres Strait Islander people.

People in Context continued

We are interdependent and interconnected.

An Ecological Lens

An ecological lens explores the relationships within and between people and their environment.

We each have a social ecology or environment, existing within time, within community, within place, within country, within culture and within history.

We both influence and are being influenced by the world around us.[29]

Our social ecology describes a complex interplay between our identities, our relationships, our communities and broader social level factors across time.

Each layer of our social ecology is both influenced by and influences our lives.

A social ecological lens recognises that a person's growth and development, including access to opportunities and the barriers people, groups and communities may face in health access and health equity, is an interconnected process between identities, relationships, social forces and environments.

Self

Personal identity including but not limited to, age, gender, sexuality, education, ability, income, occupation, and life circumstance.

Relationships

The social relationships and connections that people have which can include partners, family members, friends, peers, country, kin, culture, spirit, language, etc.

Community

The settings in which social relationships occur including neighbourhoods, workplaces, schools, community locations and service environments.

Society

Structural and system level factors including social and cultural norms, political systems, historical positions, health, economic, housing, and social policies that impact on health equity.

Time

The experiences that a person has and changes that they experience during their lifetime including environmental and historical events and life transitions.

A social ecological lens can help us to have a holistic understanding about the identities, lived experiences, life circumstances, relationships, structural barriers and the hopes and aspirations of the people we work with.

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Guiding Principles

The guiding principles in our person-centred practice model offer a way for workers to connect with people that is strengths-based, safe and respectful, and values people's voices, stories and lived experiences.

Building relationships that are trauma informed and that actively resist re-traumatisation.

A shared understanding and a shared approach to person-centred practice across the SHS sector means that people accessing services can expect the same quality of care across the state, responsive to who they are and what their needs may be.

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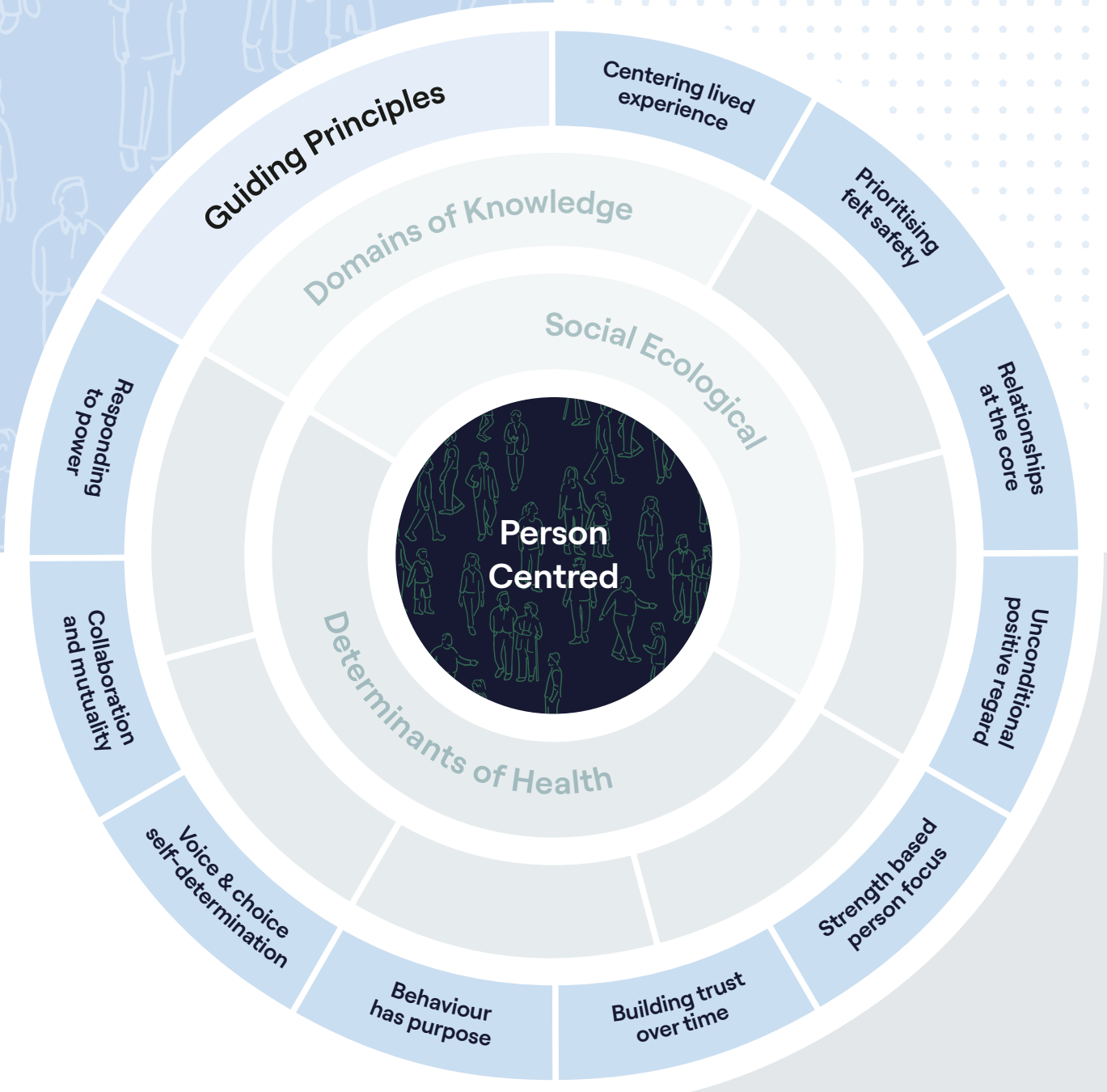

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Our ten guiding principles

Each of these guiding principles are equally important.

1.

Centring lived experience

People are experts in their own lives. They have their own ecosystems that are filled with stories, histories, connections, identities, values, beliefs, hopes and experiences. They know what has happened to them and what is meaningful for them. We seek to understand the uniqueness of each person's story.

2.

Prioritising felt safety

People who have experienced trauma can feel unsafe in their bodies, in relationships and in the world. We work to create a sense of safety in all that we do. We are consistent, predictable, and respectful. We ask questions. We take the time to listen. We respond to people's needs and we adapt towards safety.

3.

Relationships at the core

People need safe relationships to feel secure and connected in the world. We also acknowledge that for some people, relationships have and may continue to be a source of threat or danger. We take responsibility to build respectful, safe, and supportive relationships with people over time.

4.

Unconditional positive regard

We are genuine and engage with respect, recognising each other's humanity. We understand that the experience of homelessness can impact on people's identity, on their sense of self-worth, on their connections and on their sense of belonging. We work to communicate people's dignity and value.

5.

Strengths-based, person-focused

We recognise that the people we are working with are resourceful and resilient in the face of ongoing adversity. We use a holistic and collaborative approach, focusing on what people can do. We prioritise people's knowledge, abilities and capacity, rather than on their difficulties and struggles.

6.

Building trust over time

We recognise that people who are experiencing living without a home may also be experiencing a sense of ongoing betrayal. We take responsibility to develop trust by being predictable, transparent, and consistent. We share information and are clear about people's privacy and their right to make choices.

7.

Behaviour has purpose

We understand that we all adapt to survive. People may keep themselves safe via unconscious behaviours that can include high arousal, numbing, disconnection or withdrawal. We focus on strengths and understand that all behaviour has a purpose and can communicate past experiences and current needs.

8.

Voice and choice – self-determination

We listen to people. We promote choice, control and self-determination. We provide opportunities for people to make decisions and we support people to choose options that are meaningful and relevant to them. We co-construct platforms to hear a diversity of voices, perspectives, and life experiences.

9.

Collaboration and mutuality

We meaningfully partner with the people we support. We link with others to build inclusive services and communities, seeking points of connection and mutuality. We prioritise belonging and connection, offer clear information and work to ensure people's unique experiences are recognised and included.

10.

Responding to power

We understand that the experience of homelessness can impact on people's sense of power and agency in the world. We recognise power relations; we engage with humility and negotiate a 'power with' approach, sharing power and decision-making. We work to build people's skills and promote self-determination.

Domains of Knowledge

The domains of knowledge are bodies of work that include rights-based knowledge, recognising and responding to inequity and marginalisation and how to practice in ethical and socially just ways. Together they form the foundation of our model.

There are many resources that can assist you to gain a deeper understanding about the domains of knowledge and you will have some already embedded in your organisation.

Being responsive to cultural safety, understanding and applying an intersectional lens and recognising and delivering services in ways that promote belonging can assist the SHS sector to partner with people in ways that acknowledge their histories, identities, needs and experiences.

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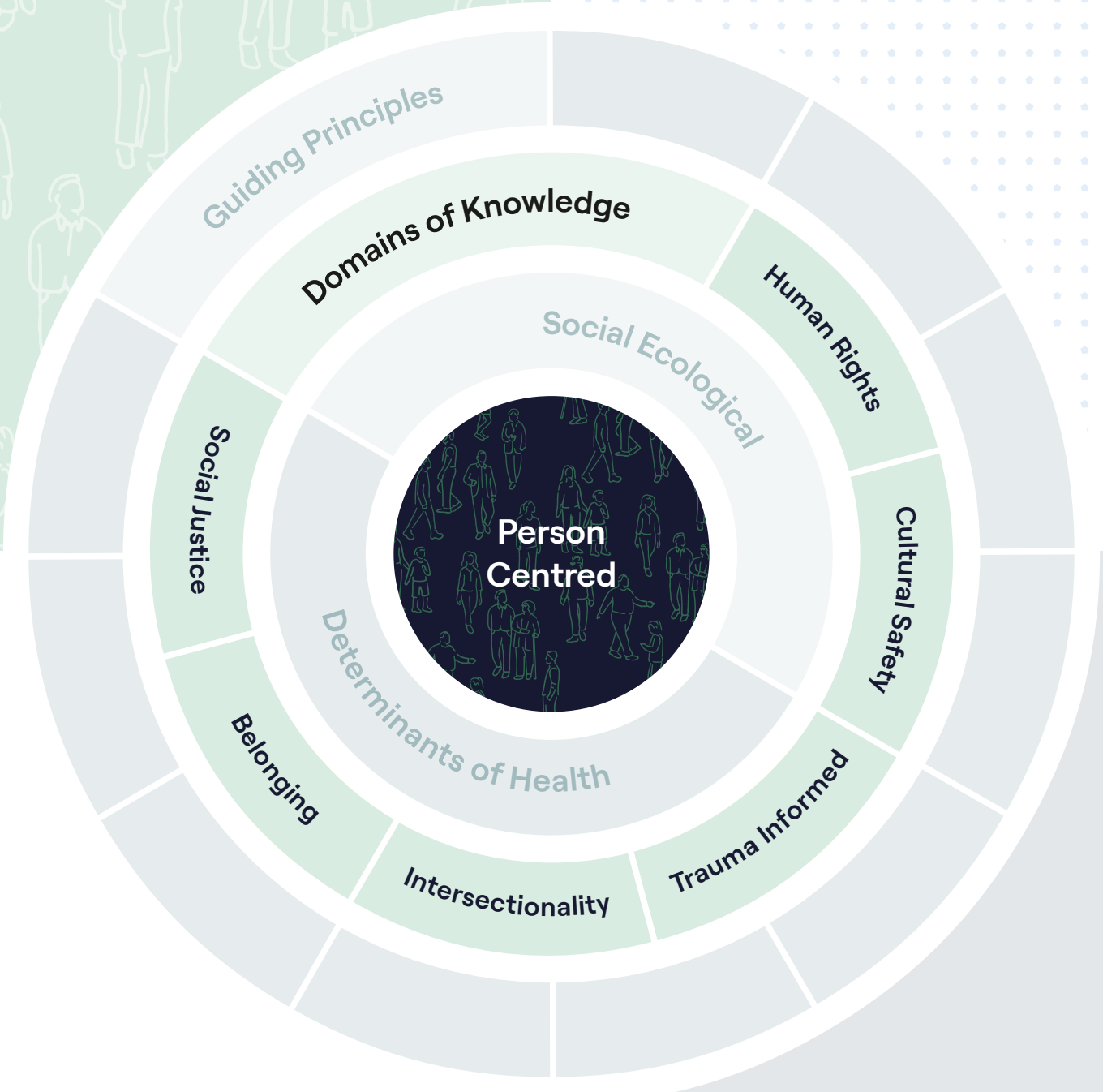

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Human rights

Safe affordable housing is a human right.[30]

Every person is free and equal in dignity and rights, and these rights are indivisible and universal.

"Homelessness violates the principle of human dignity enshrined in articles 1 and 22 of the Universal Declaration of Human Rights and in the International Covenants on Civil and Political Rights and Economic, Social and Cultural Rights."

Universal Declaration of Human Rights

A human rights-based approach is about recognising and respecting the inherent value and dignity of all people, centring people's rights in policies and practices and demonstrating how human rights are achieved.

Respect for human rights is the cornerstone of strong communities in which everyone can contribute and feel included.[31]

A human rights-based approach recognises the inherent value of each person, regardless of background, where we live, what we look like, what we think or what we believe.

Details of a human rights approach will vary depending on the nature of the organisation concerned and the issues it deals with.

These common principles have been identified as the "PANEL" principles: [32]

- Participation
- Accountability
- Non-discrimination and equality
- Empowerment
- Legality

Homelessness is a breach of the right to adequate housing; it impacts on the right to health; on the right to personal safety; on the right to privacy; on the right to an education; on the right to work; on the right to non-discrimination; on the right to social security; on the right to vote; on the right to freedom of movement and freedom of association; on the right to freedom of expression; and on the right to freedom from cruel, inhuman or degrading treatment or punishment.

Rights and freedoms

Human rights-based approaches are about turning human rights from purely legal instruments into effective policies and practices, and realities for people to provide guidance about what should be done to achieve freedom and dignity for all.

Taking a human rights-based approach to providing services in the SHS sector is about making sure that people's rights are put at the very centre of what you do.

HIGHLIGHT: Older Women

Women over 55 are the fastest growing group of people seeking assistance from SHS with a rise of over 30% in 5 years.[33 34]

The main reasons older women seek assistance often relate to domestic and family violence, the housing crisis and financial difficulties.[35] Research shows that most of these women have never been homeless before.[36]

Whilst the risk of homelessness is growing for older people generally, as less and less people retire owning their own homes, older women are at greater risk due to having lower lifetime incomes, less access to financial assets such as superannuation because they are more likely to take on informal care responsibilities, the consequences of family and domestic violence and lower rates of homeownership than their male counterparts.[37 38]

Although being without a home is difficult for all people, experiencing it in later life poses additional health risks and challenges.

The housing crisis has contributed to the rising number of older people experiencing homelessness generally; for women, lower lifetime earnings and savings and surviving family and domestic violence is particularly relevant to their experiences of being without a home.

Cultural Safety

Cultural safety involves acknowledging how power operates in service systems and relationships.

It also includes taking steps to avoid imposing one's own cultural values and beliefs on others.

The concept of cultural safety is drawn from the work of Māori nurses in New Zealand in response to the harmful effects of colonisation and its ongoing legacy on the health and healthcare of Māori people.

Cultural Safety is:

"An environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge, and the experience of learning, living, and working together with dignity." [39]

Within the Australian context, there has been increasing recognition that improving cultural safety for Aboriginal and Torres Strait Islander people is essential in all service sectors to improve both access to, and the quality of services provided.

Aboriginal and Torres Strait Islander cultural safety framework for the Victorian health, human and community services sectors[40] identifies Cultural safety as:

- shared respect, shared meaning and shared knowledge
- the experience of learning together with dignity and truly listening
- strategic and institutional reform to remove barriers to optimal health, wellbeing and safety outcomes for Aboriginal people. This includes addressing unconscious bias, racism and discrimination, and the ability to support Aboriginal self-determination.
- individuals, organisations and systems taking responsibility for ensuring their own cultural values do not negatively impact on Aboriginal people, including a responsibility to address their potential for unconscious bias, racism and discrimination.
- individuals, organisations and systems taking responsibility to support self-determination for Aboriginal people – this includes sharing power (decision making and governance) and resources with Aboriginal communities, and is especially relevant for the design, delivery and evaluation of services for Aboriginal people (Phillips 2015).

This means orienting the SHS service system to valuing the cultural beliefs and values of Aboriginal and Torres Strait Islander people and to addressing racism and inequity.

Threats to cultural safety for Aboriginal and Torres Strait Islander people when accessing homelessness support services include not being able to communicate with workers, not being listened to, not being respected, not having their world view recognised and included and not being able to involve trusted kin and community members.

The assumptions and biases that workers and services may hold can have serious consequences for individuals, families, and communities. When workers and organisations examine their assumptions and understand the historical and social contexts in which they operate, the quality of care that they provide improves.

Working in culturally safe ways requires us to acknowledge how power operates in the homelessness service system and in relationships between workers and people seeking safe housing; how services are provided and how they are experienced by people.

For Aboriginal and Torres Strait Islander people it requires an anti-racism approach that recognises the lasting impacts of colonisation, dispossession, racism and structural inequity.

Feeling that your cultural identity is respected can only be defined by those who receive care. [41]

HIGHLIGHT: Aboriginal and Torres Strait Islander People and Homelessness

- Aboriginal Australians are **overrepresented** in the homelessness system
- Aboriginal and Torres Strait Islander people make up around 3.2% of Australia's overall population yet represent **over 25%** of people assisted by SHS in 2021–22
- Aboriginal and Torres Strait Islander people make up 0.8% of Victorians, but **10.2% of homelessness** service users[42]
- **11.5%** Of people without homes in Victoria are Aboriginal or Torres Strait Islander
- **1 in 6** Aboriginal or Torres Strait Islander Victorians experience homelessness each year
- Aboriginal and Torres Strait Islander Victorians are **13.1 x** more likely to experience homelessness compared to other Victorians.

Mana-na woorn-tyeen maartakoort: Every Aboriginal Person Has a Home

The Victorian Aboriginal Housing and Homelessness Framework [43]

Actions to drive change:

- Embedding Aboriginal housing targets in all relevant mainstream and Aboriginal policies, strategies and programs
- Strengthening housing targets in the Victorian Aboriginal Affairs Framework with the addition of agreed measures of progress
- Adopting a small number of targets designed to drive effort in areas that are essential to improving housing outcomes.

Suggested targets:

- Rates of Aboriginal homelessness reduced by 10% per annum compounding for 10 years
- Aboriginal social housing allocations are monitored annually to ensure Aboriginal people receive a proportionate share of new tenancies
- 5000+ additional social housing units for Aboriginal people by 2036
- Aboriginal targets in the Victorian Agreement with the Commonwealth under the National Affordable Housing Agreement (NAHA)
- One percent of surplus Government land that is allocated for social housing is allocated to Aboriginal Housing organisations.

Aboriginal Housing Victoria (2020) Mana-na woorn-tyeen maar takoort; Every Aboriginal Person Has A Home. The Victorian Aboriginal Housing and Homelessness Framework. https://vahhf.org.au/

Intersectionality

Recognising the complex relationship between intersecting social identities, systems of power and experiences of oppression and discrimination.

People's lives are multi-dimensional and complex. Race, ethnicity, age, gender, sex, sexual orientation, gender expression, ability, religion, spirituality and so much more, can intersect in a single person or interaction.[44]

When people's identities are marginalised or treated with less value, they can experience multiple and unique forms of discrimination and oppression that cannot be conceptualised separately.[45]

People can also experience privilege and oppression simultaneously.[46]

An intersectional approach invites visibility, participation and inclusion for those who have been silenced and whose experiences remain invisible.

It involves thinking beyond individual identities and social factors and focuses on people's experiences of discrimination at the points of intersection.

"Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects. It is the acknowledgement that everyone has their own unique experiences of discrimination and privilege." Kimberlé Crenshaw

Reflections:

- What are some of your social identities i.e., your race, gender, class, ability, sexual orientation, gender expression, and other identities?
- Are some of your identities more privileged? Are some less so?
- Do you experience discrimination in response to any of your identities?
- How does power show up in your life?
- Are there times in which you hold more or less power due to the nature of the relationship?

"An intersectional approach must acknowledge Australia's colonial history in order to ethically and usefully discuss other forms of discrimination in Australia. It requires us to understand Aboriginal issues as intertwined with struggles against racism, poverty, police violence, war and occupation, violence against women and environmental justice, rather than treating the concerns of Aboriginal people as one issue among many others. By doing so, we can ensure that taking an intersectional approach does not subordinate or compartmentalise the Aboriginal struggle." [47]

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Taking an intersectional approach means:

- Going beyond explanations or solutions that use single categories to describe people or issues and acknowledging that we are shaped by many factors interacting together
- Identifying and transforming systems of power and privilege that negatively shape individual outcomes by building coalitions and working towards social equity
- Actively reflecting on and addressing our own relationships to power and privilege as bystanders, researchers, workers or advocates
- Understanding that there is no fixed hierarchy of disadvantage and that we may experience or understand the ways our lives are impacted upon by power or oppression differently
- Recognising that people can experience privilege and oppression simultaneously, depending on the specific context or situation
- Centring marginalised experiences, voices and leadership, wherever possible.

Chen, J. (2017). Intersectionality Matters: A guide to engaging immigrant and refugee communities in Australia. Multicultural Centre for Women's Health: Melbourne, Victoria

HIGHLIGHT: LGBTIQ+ homelessness

In 2017, the Gay and Lesbian Foundation of Australia's report, LGBTQ Homelessness Research Project Final Report, [48] [49] found that lesbian, gay, bisexual, trans and gender diverse and queer (LGBTQ) people are at least twice as likely to have experienced homelessness than the general population.

Drivers include family rejection, discrimination in the housing sector, mental health difficulties, problematic substance use and trauma.

The GALFA Report identified that LGBTQ people:

- Are **more likely** to experience homelessness compared to the general population
- **Stigma** and **discrimination** are major drivers of homelessness
- The impacts of stigma, discrimination, and **family rejection** contribute to more complex pathways and barriers within the homelessness system
- Experience specific safety risks within mainstream homelessness services.

The report notes that there are significant gaps in knowledge and inclusive practice among mainstream homelessness service providers and current data collection systems are inadequate.

Trauma-informed care

Homelessness is traumatic.[50] [51]

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides a statement about trauma.

"Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being"

It defines trauma as the three Es: events, the experience of those events, and the long-lasting adverse effects of the events.

Why is the experience of homelessness traumatic?

Traumatic pathways into homelessness frequently involve overwhelming experiences of danger and life threat, including adverse childhood experiences,[52] [53] exposure to interpersonal violence [54] and the impacts of structural and systemic oppressions.[55]

Exposure to trauma and traumatic stress often leads to experiences of betrayal.[56] [57]

People who have not been protected and supported in the face of overwhelming events can lose their sense of safety and trust in the world, in relationships and in their own bodies.[58]

We know from the evolving research in trauma and traumatic stress that recovery is possible.[59]

Applying a trauma responsive approach in the SHS sector recognises the interconnected experiences of trauma and homelessness and highlights the ways organisations can provide the optimal conditions for people to heal. [60] [61]

"Trauma is a significant contributing factor in experiences of homelessness. Traumatic events are often a precursor for housing instability and can hinder recovery for those experiencing homelessness. Homelessness increases the risk of experiencing further traumatic events." [62]

The primary goal of the trauma-informed approach is to re-establish safety and trust and to actively resist re-traumatising people when they access services for support. [63] [64] [65]

Key principles in Trauma Informed Care

Realise

The widespread impact of trauma on individuals, families, and communities and understand potential pathways for recovery and discovery.

Recognise

The prevalence, signs and symptoms of trauma and traumatic stress in individuals, families, and communities.

Respond

By fully integrating knowledge about the impact and experience of trauma and traumatic stress into policies, procedures, and practices.

Resist

Re traumatisation with programs, policies, procedures, and practices that seek to actively resist re-traumatisation and promote safety of service users and staff.

HIGHLIGHT: Domestic and Family Violence and Homelessness

Domestic and family violence (DFV) is the leading cause of homelessness for women and children.

While ideally victim survivors would remain in their homes, and perpetrators would be removed, the reality is that many survivors need to leave their home to find safety.[66]

SHS Annual Report 2021-22 [67]

42% Of all SHS clients had experienced DFV

93% Of SHS clients who had experienced DFV were women or children

40% Presented with their children

39% Did not have a home when support began.

More than **1 in 3** women were not able to be provided with accommodation

A lack of access to housing results in women returning to unsafe homes, or unable to secure long term housing, into homelessness. *Access to safe* housing is critical for victim survivors of DFV to recover from the impacts of interpersonal violence.

Everybody Matters: Inclusion and Equity Statement [68] is The Victorian Government's 10-year vision for a more inclusive, safe, responsive and accountable family violence system. It identifies that it is critical for service providers who work with victim survivors of family violence to adopt an intersectional approach.

Belonging

Diversity + Equity + Inclusion = Belonging [69]

Diversity - The ways in which individuals, groups or populations differ from and between each other

Equity - Recognising and redistributing power to provide more fair and equal access to resources

Inclusion - Acknowledging and respecting multiple ideas, identities, perspectives, and practices

Each of us comes with our own unique story.

To help people, we need to make them feel welcome and safe.

We need to move beyond concepts of cultural sensitivity and cultural competence, toward understanding how power imbalances, racism, and institutional discrimination impact on people, groups and communities.

That can be difficult unless we understand the ways race, culture, and implicit bias affect everyone's work in subtle and complex ways.

To do that, we need to use self-reflection, open-minded listening, and humility.

The concept of cultural humility was initially developed by Drs. Melanie Tervalon and Jann Murray-Garcia in 1998 to address inequities in the way health care was provided to diverse identities, groups and communities.[70]

It has three components:

- Lifelong learning and critical self-reflection
- Recognising and challenging power imbalances
- Institutional accountability.

Self-awareness is central to the concept of cultural humility.

Cultural humility is a willingness and ability to listen and learn from people about their own lived experience and involves understanding the dynamic and complex nature of identity.

Cultural humility helps us to understand that a worker will never be 'culturally competent' in the dynamic, personal and evolving nature of a person's lived experience.

In practice it provides us with a way to explore our own biases and offers us the skills to work to address them.

Applying cultural humility to person-centred practice can help us to acknowledge the dynamic nature of intersecting identities; support us to engage with curiosity; and help us to avoid stereotypes and end points about who people are and what their experiences have been.

Each night there are more than 6,000 young people with no safe place to sleep across Victoria.

HIGHLIGHT: Young People

The number of young people without a home has been increasing in Victoria, including young people who are couch surfing and living in overcrowded dwellings.[88] They are likely to have been exposed to family and domestic violence and a breakdown in caregiver relationships and experience poor mental health. [89] [90]

Currently there is no overarching strategy or plan to address youth homelessness in Victoria.[91]

Young people have distinctive pathways into homelessness and require the service system to apply developmental approaches.[92]

Applying an intersectional lens:

- Aboriginal and Torres Strait Islander people
- Young people whose support is ending due to 'aging out' of the out-of-home care system
- Those experiencing psychosocial and social emotional distress
- Lesbian, gay, bisexual, trans and gender diverse and queer (LGBTQ) young people.
- Young people exposed to family and domestic violence
- Young people in contact with the Youth Justice system
- Young people with cognitive and neurodevelopmental disabilities
- Young people in rural communities
- Children and young people in the youth justice and child protection systems, 'crossover kids.'

Social Justice

Our health and wellbeing, sense of safety and trust and our experiences of belonging are mediated by social and structural level drivers.[71]

The conditions in which we are born, grow, work, live, and age influence our access to health equity and health justice.[72] [73]

"People experiencing homelessness face violations of a wide range of human rights. Access to safe and secure housing is one of the most basic human rights. However, homelessness is not just about housing. Fundamentally, homelessness is about lack of connectedness with family, friends and the community that results in a lack of control over one's environment."

Australian Human Rights Commission. (2008). *Homelessness is a Human Rights Issue.*

The four interrelated principles of social justice are equity, access, participation, and rights.

Equity

Making adjustments to ensure a fair distribution of available resources across society, recognising that we do not all start from the same place.

Access

Ensuring people have fair access to personal and community level resources and can engage in opportunities regardless of who they are.

Participation

Ensuring people's voices are heard and their experiences recognised and that they can participate in decision making processes that affect their lives.

Rights

Ensuring people have access to information and can make decisions about things that affect them and can appeal decisions that feel unfair.

Globally, there is an increasing willingness to use social justice and the human rights framework to address social determinants of health and health inequities.[74]

HIGHLIGHT: People in transition

Transitions out of institutional settings including inpatient mental health units, residential withdrawal services, corrections, and the out-of-home care (OHC) system are threshold moments that carry increased risk of housing insecurity. A 'housing first' model for individuals transitioning out of institutional settings is an evidenced based way of providing effective post-exit support.[75]

1 in 3 young people leaving out-of-home care transition into homelessness within their first year after leaving care [76] [77]

People experiencing mental distress are more than **twice as likely** to experience homelessness[78]

57% increase in the number of Victorians who have been discharged by mental health facilities into homelessness in the past 10 years[79]

33% of people in prisons were homeless before prison; 54% anticipate homelessness on release [80]

People with complex support needs, including mental health conditions and/or cognitive disabilities, are at **increased risk of entanglement in homelessness and justice pathways.**[81]

Language matters

How we use language matters.

Homeless person, person experiencing homelessness or people who are experiencing living without a home.

Our language, both spoken and written is one of the ways in which we reflect our attitudes and opinions to others.

A person's identity and self-image are closely linked to the words used to describe them.

It is important for us to consider how commonly used words and phrases can perpetuate unhelpful and even harmful messages about the impacts and experiences of homelessness.

Phrases such as "resistant", "non-compliant", "aggressive", "evasive" and "sabotage" carry inherent judgements.

Utilising strengths-based language can help us to recognise and respond to the diversity of lived experience, assisting us to respond with empathy and compassion and in ways that uphold the rights and inherent dignity of the people we work with.

Experiences of shame and stigma can come from blame and judgement. Strengths-based language considers power dynamics and how avoiding the negative impact of labels and stereotypes can reframe biases and assumptions.

"Appropriate language is a vital component of communicating and establishing a sense of self-determination. If the wrong words are used, feelings of powerlessness can be overwhelming, especially when decisions about things important to a person seem to be or are in the hands of others." [82]

Power

The power dynamics that exist within relationships between people seeking housing support and workers, organisations and services and systems is actively negotiated.

Actions include using inclusive, easy to understand language, free from jargon to support a more collaborative relationship, rather than one in which the worker has the power, knowledge and authority.

Labelling

The negative impacts of labelling on people's identity, sense of value and self-worth and on their sense of connection and belonging in the world is recognised and understood.

Actions include choosing person-centred language and avoiding negative labels such as "resistant, non-compliant, aggressive or evasive" when describing people's behaviours. Behaviours are described without judgment and biases are actively explored by workers and organisations.

Stereotypes, stigma, shame and blame

The risk of stereotyping, blaming or shaming people for their life circumstances is recognised and actively avoided. [83] [84]

Actions include being reflective of organisational culture and the language that may be commonly used to describe experiences.

This means taking care to ask:

- Is it respectful?
- Does it uphold people's dignity?
- Does it promote self-determination?
- Does it support people's right to make choices about their lives?

(Re) framing

Working to actively reframe assumptions and biases, prioritising and centring people.

Actions include positioning homelessness as an experience, something that happens to and is experienced by people rather than the thing people are. Experiencing living without a home versus a homeless person.

"Using correct language can help build more inclusive environments for diverse communities." [85]

Choosing strengths-based language is about respecting the dignity, worth, unique qualities, and strengths of every individual, minimising stigma and communicating hope, respect and self-determination.

Language matters continued

What is strengths-based language?

Not strengths based language	Strengths based language
Power over	**Power with**
Do to	**Work with**
"I'm here to fix you"	**"I'm here to support you"**
Problem focus	**Strength and capacity focus**
Judging	**Acknowledging and supporting**
Behaviour viewed as problem	**Behaviour viewed as coping**
People make bad choices	**People who feel unsafe may do unsafe things**
Telling people	**Curious and exploratory**
What's wrong with you?	**What happened to you?**
Labels and pathology	**Behaviour as communication**
Consider only research and evidence	**Lived experience is valued as evidence**
Expert	**Collaborator**
Presenting issue	**Whole person and history**
Worker holds the knowledge	**Being transparent, shared knowledge**
Telling people	**Collaborating with people**
One perspective and approach	**Multiple perspectives and approaches**
Operating from the dominate culture	**Cultural Humility**

Adapted from Echo Training, Trauma Informed Arrow, 2017. www.echotraining.org

Applying strengths-based language

Instead of	Think about and try
My client	**The person I am working with.**
Sabotage	**May be having difficulty understanding the plan.** **Does not agree with the plan.** **Was not involved in making the plan.**
Suspicious	**Cautious about people's motivations.** **May be feeling unsafe.** **May need more time and information to make choices.**
Non-compliant	**I am exploring what's not working for you with the plan.** **Where do you want to start/focus on?** **What is important for you?** **Let's discuss what's not working, and change the plan.**
Is dangerous, abusive, angry, or aggressive	**Is distressed. Tends to [describe the actions without judgement] when overwhelmed.** **When distressed or overwhelmed, things that can help include [list].**
Resistant	**May not feel safe enough in the relationship yet.** **Needs time to develop trust.** **Has been hurt/harmed in relationships in the past.** **Connection can feel dangerous and scary.**
Inconsistent history	**Has difficulty recalling their history consistently.** **Has had negative experience in the past and is wary of services.** **Doesn't feel safe, is protecting themselves.** **Is cautious about what happens to their information.**
Is unmotivated	**Is having difficulty motivating themselves.** **Is not ready yet.** **May need more support.** **Is letting us know that we are not meeting their needs.**
Won't engage with services	**Has had negative experience in the past and is wary of services.** **Doesn't trust people, relationships, services.** **Feels threatened or judged and at risk of losing choices and control.** **Is letting us know that we are not meeting their needs.**

Adapted from Mental Health Coordinating Council 2022, Recovery Oriented Language Guide: Third Edition, Sydney, Australia. https://mhcc.org.au/wp-content/uploads/2022/10/Recovery-Oriented-Language-Guide-3rd-edition.pdf

The way forward

Leadership

When you think of a good leader what comes to mind?

You might think about somebody who remains calm in the face of the storm and can do the hard stuff, who can and does have difficult conversations, no matter what the challenges are.

Somebody that listens to another's point of view, who can empathise with their team, who is reflective of their work and who makes considered decisions.

These are qualities of someone with a high degree of emotional intelligence.

Being an effective leader is about technical skill, strategic thinking and knowledge.

Being a great leader also requires emotional intelligence.

Emotionally Intelligent leaders

- Develop positive work cultures and create mentally healthy and psychologically safe environments
- Recognise and respond to any experiences of inequity or discrimination in the workplace and challenge unhelpful stereotypes
- Provide relationally safe work environments where people feel seen, valued, connected and respected.

What Is Emotional Intelligence?

Emotional intelligence or EI is the ability to understand and manage your own emotions, and those of the people around you.

People with a high degree of emotional intelligence know what they're feeling, what their emotions mean, and how these emotions can affect other people.

There are five key elements according to Daniel Goleman,[86] an American psychologist, who is a leader in the field of emotional intelligence.

1. Self-awareness
2. Self-regulation
3. Motivation
4. Empathy
5. Social skills

The more you can manage each of these areas, the higher your emotional intelligence in leadership.

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The way forward continued

1. Self-awareness

Being self-aware means checking in to better understand how and what you are feeling in the moment and being able to reflect on how your emotions and your actions can affect the people around you.

Being self-aware as a leader helps you to better understand complex emotions that affect your team working in the SHS sector.

Being self-aware when you're in a leadership position also means being able to reflect on and talk about your strengths and challenges with your own leadership or mentoring supports.

What can you do to improve your self-awareness?

- Talk to a peer regularly; engage in reflective supervision, coaching or mentoring with a trusted colleague to explore and reflect on your leadership approach and any patterns of numbing or activation that may be present
- Offer and engage in 360-degree feedback as a workplace development process
- Slow down. When you experience strong emotions, slow down to examine why, what is and what else may be going on.

2. Self-regulation

Refers to our ability to navigate and manage strong or difficult emotions, particularly during difficult times or in response to distressing or overwhelming events. It also refers to a strengths-based attitude and outlook that a leader maintains in the face of adversities, challenges and competing demands.

This element of emotional intelligence includes a leader's capacity for responsiveness and flexibility and recognising their personal accountability.

How can you improve your ability to self-regulate?

- Ensure alignment between your values and the organisation's mission
- Hold yourself accountable. If you tend to avoid difficult situations or minimise when problems arise, make a commitment to move towards, rather than away from difficulty and complexity.
- Be aware of how you act particularly in response to a crisis or challenging situation at work
- Engage in reflective processes to explore the unconscious biases that may emerge in your leadership style, in your relationships and in your decision making at work.

3. Motivation

Self-motivated leaders work consistently toward their goals, and they have high standards for the quality of their work.

How can you improve your motivation?

- It's easy to forget what you really love about your role so take some time to remember why you have this position and your vision for your leadership
- Know where you stand, reflect on your values and on how motivated you are to lead
- Find something good. Motivated leaders can offer hope and optimism to the complexity of the work.

4. Empathy

Empathy is a critical skill for leaders in the SHS sector that can help you to have a deeper understanding about the experiences of your team as they provide direct services to people who are routinely in distress.

Empathy also enables you to support people's development at work, to recognise and respond to any experiences of inequity or discrimination, to challenge unhelpful stereotypes and to provide a safe work environment where people feel seen, valued and respected.

5. Social Skills

Leaders with strong social skills are great communicators and skillful at managing change and resolving conflicts ethically and relationally. They play an active role in mentoring, influencing, and coaching their team members.

How can you build social skills?

- Pay attention to your communication skills
- Respond to conflict in teams and work to find a resolution
- Recognise and acknowledge team practice and team experiences.

How can you improve your empathy?

- Take the time to look at situations from other people's perspectives
- Pay attention to body language and the message you are giving. Notice what you are communicating by paying attention to your tone and body posture.
- Reflect on and respond to the feelings expressed by your team or team members
- Work on yourself by engaging in training that addresses unconscious bias and experiences of discrimination including cultural safety, antiracism, cultural responsiveness, LGBTIQA+.

The way forward continued

A healthy and effective workforce

Self and collective care

As part of the SHS Transition Plan, CHP commissioned the Workforce Innovation and Development Institute (WIDI) at RMIT, to explore the needs of the SHS workforce. In their recently released workforce survey results , WIDI identifies sector wide vulnerabilities that include: experiences of fatigue and burnout, both work and non work related; feeling undervalued; the varied impacts of working in high pressure environments; and a lack of access to relevant training and workforce development resources.

A lack of access to affordable housing options, funding that has not kept pace with demand across the community and the wages and conditions of the sector create further workplace stress impacting on both worker retention and workforce wellbeing, making it harder to achieve positive outcomes for people.

Taking a person-centred and trauma-informed approach means we also need to prioritise our own wellbeing, taking care of ourselves as we take care of each other.

When we spend time on self, team, and collective care, we can show up from a place of strength, presence and calm as we provide support to others.

The health and wellbeing of the SHS workforce will impact on an organisation's ability to partner with individuals, families and communities across Victoria to deliver holistic, person-centred, strengths-based and trauma responsive services.

It is essential to care for the workforce delivering services, particularly those in direct service roles working in high demand contexts with limited access to housing resources.

Leaders in organisations have an important role in recognising and responding to the potential impact on staff that comes from working with people who are experiencing, or at risk of homelessness, and the increased prevalence of their exposure to trauma and traumatic stress.

Trauma and traumatic experiences are prevalent across the community, and your staff, volunteers and partners are part of this community. People within your organisation may have experienced, or be experiencing trauma, or traumatic events outside of work, in the past, or in their current daily life. They may also be dealing with reactions to stressful events at work.

Person-centred practice organisations are not immune from workplace stress

Having a strong and robust culture where staff feel recognised and supported enhances an organisation's capacity to build a mentally healthy workforce where people can:

- collaborate in strengths-based relationships with self-awareness
- feel a sense of connection and belonging to the organisational values and culture
- contribute to the ongoing development of safe working environments
- support a person-centred approach in all that you do.

Council to Homeless Persons

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The way forward continued

In addition to the prevalence and impact of trauma and traumatic stress across the community, working in organisations and services with people who have experienced or are experiencing adversity, trauma and traumatic events without sufficient attention to trauma informed workplace strategies, can impact on people's sense of wellbeing over time.

Some individuals and teams may have experienced multiple stressful events, they may be working in high demand environments, or they may be working with people experiencing intersecting levels of inequity and disadvantage.

Promoting a culture of wellbeing, that prioritises self and collective care can mitigate the impacts of stressful events.[87] Most people can and do recover from these experiences with the support of mentally healthy workplaces where people watch out for each other and can ask someone if they're okay, when managers and teams understand mental health and openly talk about it, and when people know about the things they can do to support themselves and each other during stressful times at work and at home.

A supportive wellbeing culture helps people to know when to seek help, encourages people to seek help early, lets people know how and where to seek help, and supports people in their recovery.

An ethical stance for justice-doing in community work. Vikki Reynolds

- **Centring Ethics** helps us put our shared ethics at the centre by taking positions against neutrality and for justice
- **Doing Solidarity** means that we see all of our work towards justice as inter-connected and that we act collectively
- **Naming Power** requires identifying injustices and taking positions that address abuses of power. It includes witnessing peoples' resistance to oppression, addressing privilege, and creating practices of accountability.
- **Fostering Collective Sustainability** acknowledges that we are meant to do this work together. We resist individualism and invite collective social responsibility for a just society without putting the burden of an unjust society on the backs of individual workers.
- **Critically Engaging with Language** acknowledges the power of language and commitments to using language in liberatory ways. It welcomes the language that occurs outside of words.
- **Structuring Safety** creates practices that invite safety into our work, informs us to act as allies where we are privileged and to honour collaboration.

Reynolds, V. & Polanco, m. (2012). An ethical stance for justice-doing in community work and therapy. Journal of Systemic Therapies. 31(4) 18-33.

In mentally healthy workplaces:

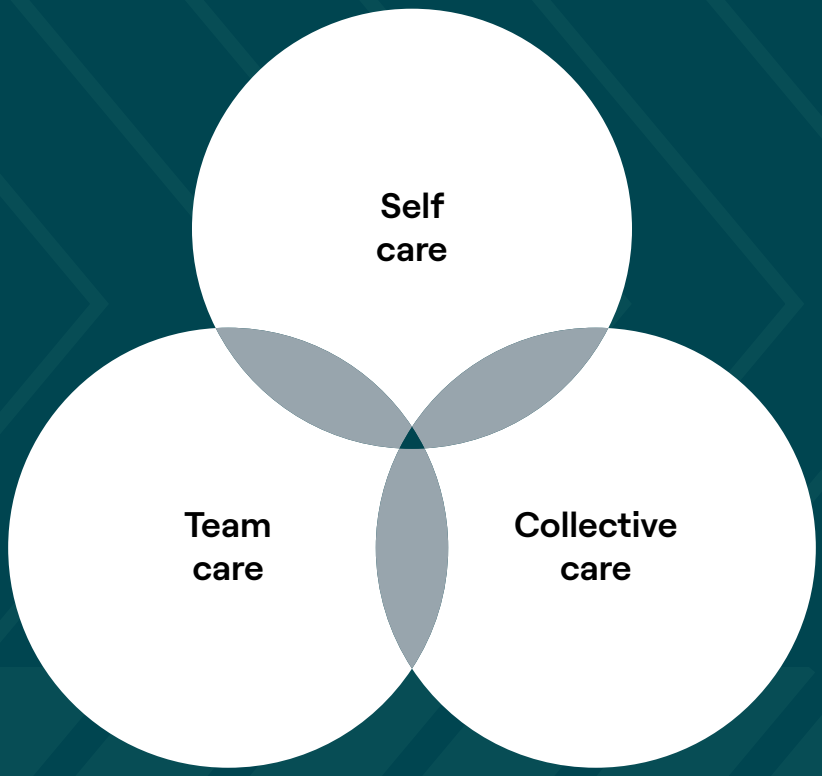
- People watch out for each other and will ask someone if they are ok
- Managers and teams understand mental health and can talk openly about it
- People know about things they can do to manage challenging times at work and at home
- Staff with mental health concerns seek help early
- Staff experiencing mental distress are supported in their recovery.

Black Dog Institute, Wellbeing at Work

https://www.blackdoginstitute.org.au/resources-support/wellbeing/workplace-wellbeing/

Building a Culture of Self and Collective Care

- Learn how to have conversations with people you're concerned about and encourage all staff to look out for each other
- Provide mental health education including the impact of workplace stress to teams
- Reduce stigma. Speak openly about mental health conditions and mental distress.
- Ensure senior staff are engaged in promoting wellbeing and providing a safe and positive work environment
- Implement a mental health and wellbeing policy including zero tolerance of bullying and discrimination
- Address structural issues in the work environment and respond to conditions that expose staff to secondary and vicarious traumatic stress.



The way forward continued

Service development

A whole of organisation approach

Integrating the Person-Centred Practice Model into your organisation can be supported by taking a service development approach.

This approach has three phases: knowledge mobilisation, implementation and sustainability. Each phase has its own set of actions.

1. Knowledge Mobilisation
Developing awareness, knowledge and confidence across the organisation in Person-Centred practice

2. Implementation					
The Policy Context	Models of Care	Direct Services	Environments	Evolving Practice	Healthy and Effective Workforce

3. Sustainability			
Quality improvement	Evaluations including feedback from people who use your service	Evidence	Outcomes

1. Knowledge Mobilisation

Knowledge mobilisation refers to moving available knowledge in person-centred practice into active use across your organisation. This involves making connections between the national and international research and evidence base and the voices and perspectives of people with lived experience and bringing these areas of expertise into the design and delivery of services to improve the outcomes for individuals, families and communities.

Knowledge mobilisation can be further supported by activities including coaching and mentoring, reflective practice, supervision and communities of practice across and between organisations.

This phase uses the principles of implementation science to convert knowledge acquisition into organisational practices and policy.

The Policy Context

Policy alignment ensures the language used and organisational practice has alignment across the organisation.

Activities:

- Review of organisational policies and procedures to identify alignment with the Person-Centred Practice Model including the ten guiding principles
- Support teams and programs to review local level policies and procedures, to ensure coherence across the organisation.

Models of Care

Models of care (MOC) outline how services are delivered. A review may include aligning the language and terminology used; making distinctions between activities, outputs and outcomes; and identifying and building on person-centred practices that already exist in your organisation.

Activities:

- Align program procedures including screening, identifying needs, and providing support and transitions with a person-centred approach
- Establish and maintain an open dialogue between the service provider and the people accessing services
- Prioritise dignity and choice and enable the voices of people with lived experience to be heard.

Direct Services

Positive implementation is achieved by embedding person-centred principles into service delivery.

Activities:

- Review the Client Journey: Support Program areas to review the four stages of client engagement to ensure the alignment of individual program practices and processes:
  - screen
  - identify needs
  - provide support
  - transition

Environments

Consider the interpersonal or relationship environment, the physical environment in which your services are located and the cultural environment of the organisation.

Consider how to design your organisational environment in a way that promotes person-centred practice, including how access points are designed and furnished, the environments and conditions in which people are asked to share their information, your connection to the local community and the neighbourhood in which your service is located.

Evolving Practice

Transforming practice to a whole-of-organisation response takes time and is supported by internal leads and champions. Program champions help to identify program needs and person-centred approaches, integrate staff voice in decision-making, pilot changes and inspire others.

Activities:

- Establish internal champions of person-centred care
- Remain open to the development of therapeutic practice and empirical knowledge including respect for the experience and knowledge held by service users, the peer workforce and carers
- Increase staff capability by cross-training from other programs, modification of services to suit the program, and the addition of new service components that are co-designed by people with lived experience.

Healthy and Effective Workforce

Working in organisations and services with people who are experiencing living without a home increases the risk of staff being exposed to secondary traumatic stress. Exposure to secondary traumatic stress has an impact on people's mental health and wellbeing with the added risk of psychosocial distress in individuals and across teams.

The implementation and sustainability of a person-centred practice model requires a psychologically safe and mentally healthy workplace that promotes and provides opportunities for reflection and builds skills in self-awareness, self-regulation and human rights-based practice.

Activities:

- Staff training and development that focuses on understanding the symptoms and behaviours that may arise from trauma and traumatic stress
- The relationship between trauma, vicarious and secondary traumatic stress
- Skill development in self-regulation, self, team and collective care.

3. Sustainability

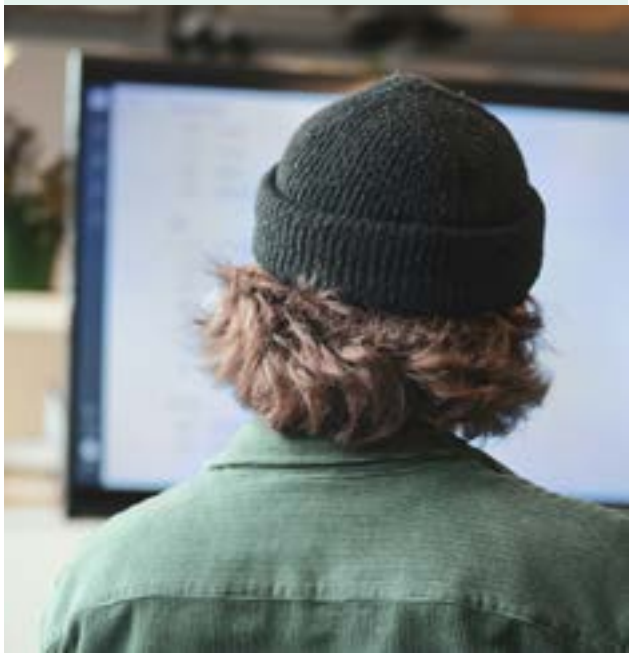
Full implementation requires us to address the potential paradox of sustainability within an environment of constant change.

Sustainability is recognised as an organisation's capacity to continue to implement person-centred practice into the future with fidelity and consistency, continuing to mobilise the resources required to ensure its relevance, responsiveness and ongoing accessibility into the future.

Activities:

a) Quality improvement

b) Evidence, outcomes and evaluations



Quality improvement

People who use SHS services have the right to receive high quality services that are based on the best evidence to identify what services will assist them, and they should expect that well trained and well supported professionals will provide these services. Organisational quality improvement (QI) tools and processes provide a formal approach to monitoring and enhancing the delivery of services to ensure these rights and expectations are met.

Evidence, outcomes and evaluations

It is critical that organisations collect data concerning outcomes for people who access their services. This can include evaluation of service accessibility, service responsiveness, and the care or support provided. This evidence should include perspectives of the service user and be assessed against the funding criteria and or identified needs.

Future evaluation themes may include levels of program alignment across your organisation using traditional logic models, performance measurements, and consumer consultation that includes feedback from qualitative methods such as user experience modelling, client satisfaction surveys and mapping of client stories.

The implementation and evaluation process recognises that evidence is comprised of many forms of knowledge and includes research based best practice, the lived experience of people, families and communities inclusive of cultural and traditional knowledge, and the perspectives of the people who provide services.

We believe that homelessness is unacceptable, avoidable, and within our reach to resolve.

This Person-Centred Practice Model has been developed to support the SHS sector to provide holistic, strengths-based and trauma informed services. It is built on current sector knowledge and practice wisdom and the perspectives and experiences of people without a home. Its overarching aims are to embed shared approaches and a continuum of flexible, person-centred responses to people at risk of, or experiencing being without a home.

chp.org.au

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