

2010

# Common homelessness assessment tool forum: youth sector specific



Queensland Youth Housing  
Coalition

11/26/2010

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## Introduction

The Queensland Youth Housing Coalition in partnership with the Queensland Government Homelessness Information Management Project (HIMP) Team conducted a workshop on the 26th November 2010 with specialist youth homelessness services. The forum was to consult with youth services about the development of a state-wide Common Homelessness Assessment Tool and a vacancy/capacity management system in Queensland.

The HIMP Team was consulting stakeholders about these concepts through regional forums however it was recognised that there needed to be a focus on specific target groups due to the varied nature of access to services. As a result this forum, with a focus on young people and youth services, was developed.

Specialist youth homelessness services throughout the State were invited to attend. There was no capacity to provide a travel subsidy to assist in their attendance however the forum was free of charge and catering was supplied for the day. The forum brought together 61% of specialist youth homelessness services located in Brisbane Region and this constituted 34% of all specialist youth homelessness services in Queensland.

## Outline for the day

The forum was intended to be informational and interactive (see Appendix 1: Agenda) and had two main aims:

- 1) To inform youth specific services about the Queensland Government Homelessness Information Management Project and their deliverables;
- 2) To seek information from youth specific services around how they manage their intake, assessment and referral processes;
- 3) To receive feedback from youth specific services in terms of systems reform; and
- 4) To contribute to building better and more efficient systems (including an improved relationship building/collaboration) between government and the non government service sector and within the NGO sector.

Services were asked to share their tools and experiences about what assessment and referral processes they use with young people.

## 1. Homelessness Information Management Project

The first session focussed on Homelessness Information Management Project. Brian Miles introduced the Homelessness Information Management Project and outlined the funding allocated to the Project, deliverable and timeframes attached to these (see Attachment 2: HIMP Factsheet).

Prior to the forum participants had been provided a copy of the HIMP consultation presentation workshop power point to assist them in understanding the project. This ensured that they could also ask clarification questions of the HIMP team in an informed manner.

Brian also outlined the relationship of HIMP to the other National Partnership Agreement activities (see Figure 1):

- Homelessness Community Action Planning; and
- Homelessness Service System Planning and Coordination.

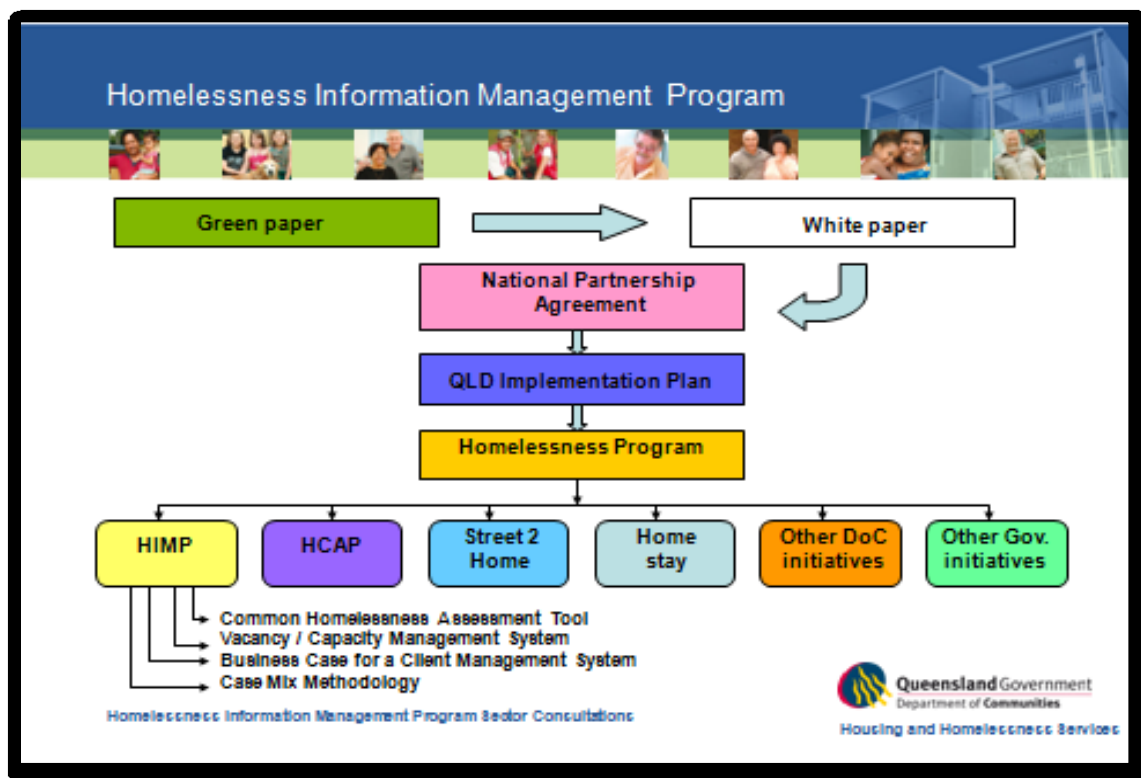


Figure 1: HIMP consultation workshop presentation power point slide 5

Brian Miles outlined that HIMP incorporates four projects that combine to build the platform for an effective, accountable service system. These projects are:

- Develop and implement a common homelessness assessment tool;
- Develop and implement a vacancy management system;

- Develop a business case for a client management system; and
- Develop a case mix methodology.

The forum would only be focussing on the first two projects listed above.

### 1.1 Assumption underpinning Common Homelessness Assessment Tool

Brian outlined the assumptions that underpinned the Common Homelessness Assessment Tool and Framework. These are:

- All funded homelessness services will be required to use the common assessment tool;
- There will be a prioritisation component of the assessment tool;
- Staff in homelessness services will be provided with training in the use of the tool and the framework;
- Homelessness services will not be required to undertake assessments for people who are not part of their target group;
- The homelessness assessment will also be aligned with the assessment for social housing; and
- Non-homelessness services will not undertake homelessness assessments.

Glen Dixon from the HIMP team provided information to the participants on:

- Discussion on what is being described as assessment; and
- Current referral and assessment pathways in Queensland (see Figure 2)

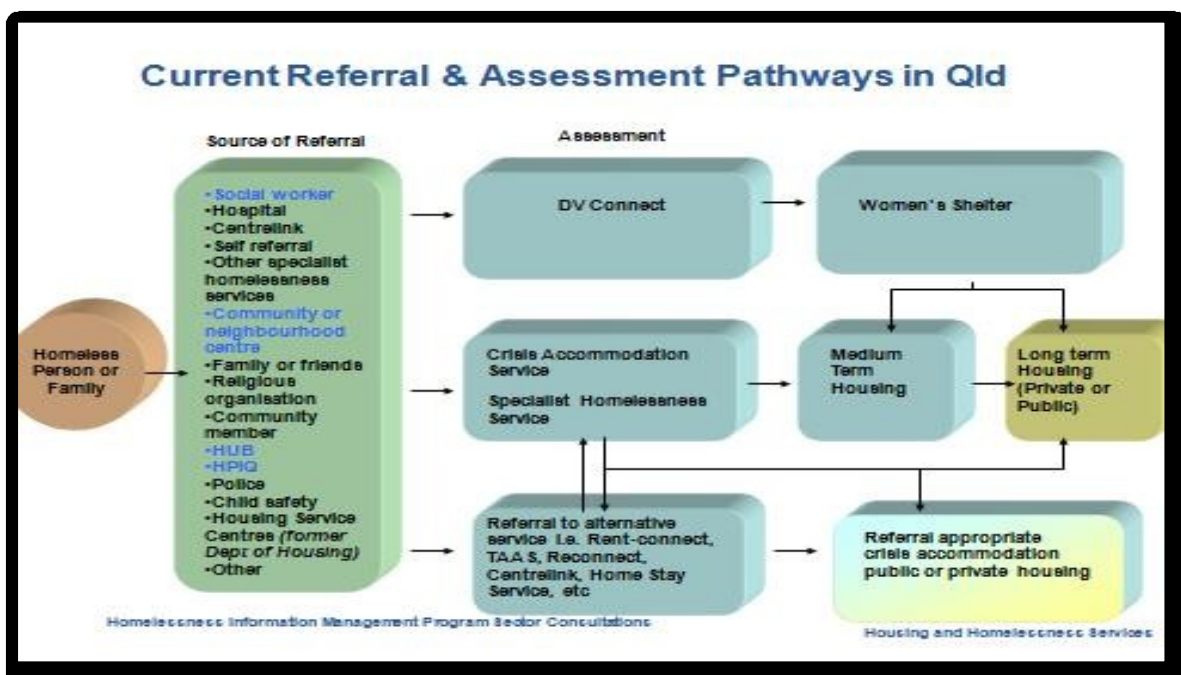


Figure 2 Figure 1: HIMP consultation workshop presentation power point slide 22

## 2. Terminology: Initial assessment/intake/screening

With an understanding of the assumptions underpinning the Common Homelessness Assessment Tool and some of the current thinking about the concepts the forum was ready to commence its own discussions and critiques.

The starting point for discussion and critique was around definition of terms. It was vital that all participants had the same understanding of the terms that we would be using. In order to do this the participants were asked to break into small groups and to answer the following key question.

*Is intake about information gathering and to enable a range of practitioners to commence casework or treatment options?*

*Or not*

*Is intake different to referral?*

### **Summary:**

The forum participants clearly identified that:

- Intake is different to referral, and that each process has its own function and role.
- That regional variation will impact (much of this related to the capacity of the service system and how this varies across Queensland), so whilst there needed to consistency there also needed to be flexibility in the system.
- That there should only be a minimum collection of information – not the collection of information from young people that did not relate to the referral or intake process.
- Young person must be seen as a consumer; informed decision making by young people
- That young people must be provided with information at the point of referral especially with regard to their rights and issues of confidentiality especially with Juvenile justice and Child Protection related matters.
- That referral and intake were not an assessment or case management process.
- That any new system requires a robust ‘Data Dictionary’ to enable clear referral pathways.

[For raw data please go to Appendix 3]

<b>Intake</b>	<b>Referral</b>
<ul style="list-style-type: none"> <li>• Identifying their immediate needs and any underlying issues</li> <li>• Developing a rapport and identifying and appropriate referrals out.</li> <li>• Information gathering – immediate risk, safety and eligibility</li> <li>• Defining eligibility</li> <li>• Developing a picture of a client, building a picture, face to face contact – first point of actual, can be about a referral out.</li> <li>• Intake is about when a young person becomes part of the database and service will be provided.</li> <li>• Intake is about getting and giving information, fit of service with the need of the young person and the young person can select out. Has an element of a basic induction.</li> </ul>	<ul style="list-style-type: none"> <li>• Referral is that initial information and do they fit into your organisational criteria, in and out</li> <li>• Information coming in and if the criteria fitted they would enter into the service</li> <li>• Standard referral is about another service/young person/other person contacting the information and is about eligibility checking.</li> </ul>

### 3. Modules concepts

QYHC outlined that in the Victorian Alcohol and Drug Treatment Services – specialist assessment form (see Other Readings) the process of referral, intake and assessment is structured in a modular format. A copy of the ‘*A&D specialist assessment form*’ and ‘*Section 2: Assessment and intervention tool for youth alcohol and drug treatment services*’ was provided to participants to assist in this discussion.

QYHC noted that the Common Homelessness Assessment Tool could be developed in a modular format with each module building on each other.

The participants considered that this could be a valid process.

#### 3.1 What would we collect at what point?

In having general agreement from session 2 about terminology, the forum then proceeded to explore what sort of information should be collected from young people.

The participants explored at what point in the Common Homelessness Assessment Process what level of information needs to be collected and for what purpose.

The forum participants were provided with a number of intake and referral forms from service in Queensland and interstate to assist in their deliberations, these included:

- Anglicare Tasmania – Supported Residential Facility Service provider Information kit V6;
- Youth Accommodation Association NSW – example Initial Referral, Assessment and Information Sheet;
- Canterbury Youth Services client intake and Assessment Form; and
- Participants own intake, assessment and referral forms.

### **3.1.1 Referral**

It was noted that there were some generic questions required such as:

- Are you homeless?
- Are you alone, with children?
- What is your age?
- Gender
- Name
- Questions in relation to eligibility - everything
- When are you needing accommodation
- Lengths of stay
- Have they been here before
- Contact number
- Why do you need accommodation? Has your accommodation broken down
- Where are you?
- Do you need transport
- Do you need a TIS

In terms of youth specific questions these were:

- What is your age? 12 -16, 17 -21, 22–25
- Are you at home, in care?
- Initial question – Juvenile justice, health/mental health, child safety

It was also noted that there needed to be a referral loop ie if there was a referral was the person/s accepted into the service.

[For raw data from the forum please see Appendix 4]



### 3.1.2 Intake

Again the forum identified the generic questions as well as those that would be specific to young people.

- Contact detail
- Date of birth
- Presenting needs inc medical needs
- Other service supports – more drilled down
- Informal supports - family
- Income
- Ethnicity
- Ability – broad concept
- Homelessness/ housing history
- Composition of need
- Engaged in training
- Do you have dependents
- Do you have your name down for other services/housing
- Who should not be contacted?
- Do you have a pet?

Youth specific questions were:

- Consent around guardianship
- Attending school – year level
- Alternate education
- Are you pregnant (young women only)

Very few services had a dedicated intake officer/s.

## 4. Entry points

The forum noted that the referral and intake process was limited if young people did not know of the services in their local community.

There was discussion about the interface with the One Social Housing System and participants were provided a copy of the Queensland Government ‘*Application for Housing Assistance: Form 7*’ and consideration was given to the utilisation of the One Social Housing System infrastructure.

The Queensland State Government is also going through a reform process in disability services. QYHC provided a copy of the Fact sheet (v2) about the ‘Growing Stronger Strategy’ to assist service in reflecting on other sector processes.

As part of understanding how young people accessed service and to delve into the question of whether a one point entry was valid participants were asked to outline how young people first made contact with their services through the following questions.

*How do clients find out about your service (where do your primary sources of referral come from) i.e. HIPQ, Centrelink, police, HUBS, walk ins, hospitals, internet. Etc*

*How do clients make first contact with your service? i.e. telephone, email, face to face.*

### **Summary of entry point/s discussion:**

It was noted that many organisations provide service information to young people either through brochures or a website.

It was noted however that young people's networks was the strongest point of referral.

Once they were made aware of service many young people used the phone as their first point of contact into a service. Depending on the size of the service there might also be an internal referral.

Who and how you are contacted does differ depending on the model of service you are providing – ie immediacy of housing need of young person can mean different providers can have greater contact with some service than others.

Participants noted that most would contact another non government services and that the use of Homeless Persons Information Queensland (HPIQ) was as a last resort or used where the client was outside the target group of the service.

So in terms of the statewide call centres there were very few call from DV Connect and limited referral from or to HPIQ.

There was general agreement from the participants that there should not be a one point entry into the service system- and certainly not through the OSHS process.

There was some limited use of the Homeless Hubs but mainly due to the fact that they held a significant amount of the brokerage funds targeted to homeless people.

Lastly service felt that it would be great for HIMP to consult with young people directly around access to services and that they should be provided the opportunity to feedback on this process.

Following is a Table of referral points into the specialist youth homelessness service system.

**Table 1: Referral points into SYHS**

Young people	Family	Government	NGO Service	Networks
<ul style="list-style-type: none"> <li>• Word of mouth is a really strong referral.</li> <li>• Young people know a vacancy before one even comes up</li> <li>• Murri grape vine</li> <li>• Snail mail – women in prison</li> </ul>	<ul style="list-style-type: none"> <li>• Families will refer – broad definition of family</li> <li>• Peers and friends</li> </ul>	<ul style="list-style-type: none"> <li>• School – guidance officers, YSC whoever they have a relationship with in the school.</li> <li>• Centrelink</li> <li>• Hospitals – social workers as a standard rule</li> <li>• Police – early morning or nights</li> <li>• HPIQ : variable referral processes</li> <li>• Child safety</li> <li>• Housing area office – cold call/drop in assistance</li> <li>• Social workers at TAFE (GC)</li> <li>• CYMH</li> <li>• Juvenile justice and courts</li> <li>• DSQ</li> </ul>	<ul style="list-style-type: none"> <li>• Other services – but in many cases workers who have past experience of the service, networks, other syhs</li> <li>• YBASS</li> <li>• MPIP</li> <li>• Reconnect</li> <li>• Stillwaters</li> </ul>	<ul style="list-style-type: none"> <li>• CRYPAR – and programs within it</li> </ul>

## Attachment 1: Forum Agenda

Queensland Youth Housing Coalition Inc in partnership  
with the Queensland Government presents:



# Common homelessness assessment tool forum: youth sector specific

HIMP Project Team welcomes the opportunity to conduct a workshop on the 26<sup>th</sup> November with specialist youth homelessness services about the Common Homelessness Assessment tool and the vacancy/capacity management system. Whilst this is forum focussed on specialist youth homelessness services we are open to other participants who work with young people who may be interested in attending.

This is a one day event open to services throughout Queensland.

It is anticipated that the forum will be informational and interactive. We will be asking services to share their tools and experiences about what assessment and referral processes they use with young people.

**Venue:** Quaker Centre  
10 Hampson Street Kelvin Grove

**Time:** 10 am start

## Agenda



**9.30am :** Registration

**10am:** Welcome and outcomes for the day

**10:15–11am:** Initial assessment/intake/screening—discussion points:

- Is intake is about information gathering and to enable a range of practitioners to commence casework or treatment options or not?
  - Sharing of current intake practices

**11am:** Morning tea

**11.15–12.30:pm**

**Discussion 1:** Modules concepts - Vic example

- [Module 1.1: Referral] [Module 1.2: Intake]
- What do we need to collect, why and at what point?
- What could be included in each module and how could they build upon each other?
  - What would be the youth specific content?

**Discussion 2:** Referrals and entry points

- What do we think about a one point entry to the specialist youth homelessness service system?
  - How do referrals work?
- Should there be an interface with the OSHS one point entry?
  - Who decides: about eligibility

**12: 30–1.00pm:** Lunch

**1.00–2..45pm: Discussion 3:** What is assessment?

- Is assessment an organisational issue?
- What part of the common assessment process is actually about joint case management?

**2.45 - 3.00 pm:**  
Vacancy Management System

**2.45–3.00 pm:** Where to from here and close

## Attachment2: HIMP Factsheet

Department of Communities  
fair, cohesive and vibrant communities

# Fact Sheet

## Initiatives in the Queensland Implementation Plan for the National Partnership Agreement on Homelessness

### Homelessness Information Management Program

This program has received \$ 5.6M over 4 years to develop and implement information systems aimed at improving client pathways through the homelessness service system. The program incorporates four projects that combine to build the platform for an effective, accountable service system that better meets the needs of homeless people. These projects are:

- Develop and implement a common homelessness assessment tool;
- Develop and implement a vacancy management system;
- Develop a business case for a client management system; and
- Develop a case mix methodology.

The common assessment tool and vacancy management system will help manage demand by directing clients to appropriate services based on a consistent initial assessment and will ensure clients have easier access to services without repeating their story.

The potential for an enhanced common client management system is that it would provide a platform for case management, data collection, performance reporting and support service integration across agencies.

HIMP will also deliver a case mix methodology for consideration by the Queensland Government.

A case mix framework identifies the cost of supporting clients and provides a basis for better alignment of resource allocation with client needs and service capacity.

This Program will link closely with related National Partnership Agreement activities:

- Homelessness Community Action Planning; and
- Homelessness Service System Planning and Coordination:

### Target Clients

Homeless people (or people at risk of homelessness) and the wider homelessness service system (service providers, agencies).

### Location

HIMP activities have state-wide application through a staged approach.

## Appendix 3: Raw data 1

- **Group 1:**

Is intake different to referral – yes they are different, referral is that initial information and do they fit into your organisational criteria, in and out.

Intake is about more information – identifying their immediate needs and any underlying issues, developing a rapport and identifying and appropriate referrals out.

There may be a geographical impact.

Referral was about information coming in and if the criteria fitted they would enter into the service

Eg if a young person is 26 then obviously not appropriate but this was about referral

- **Group 2:**

Intake is different to referral - both have their own function and role.

Intake is information gathering – immediate risk, safety and eligibility.

Intake is defining eligibility developing a picture of a client, building a picture, face to face contact – first point of actual, can be about a referral out.

There are different opportunities for young people presenting information and for service gathering info – info is not provided in different stages.

- **Group 3:**

Referral is different to intake.

Standard referral is about another service/young person/other person contacting the information and is about eligibility checking.

Intake is about when a young person becomes part of the database and service will be provided to a young person. Intake is about getting and giving information, fit of service with the need of the young person and the young person can select out. Has an element of a basic induction. It is not an assessment or case management process.

For these different procedures to occur there must be clear definitions.

Need a data dictionary.

- **Group 4:**

See group 3.

What is the minimum amount of information required - not a long convoluted set of questions.

- **General comments:**

- Issues about flexibility balanced with consistency.
- There needs to be shared principles in the system.
- Young person must be seen as a consumer, informed decision making by young people
- Intake may be less about assessment but more about problem solving.
- Rapport and relationship building
- Information would be provided to young people at the point of referral especially with regard to confidentiality especially with Juvenile justice and care issues
- Referral people should know about the service/s
- Issues in relation to the service delivery – people are entering into a program or range of program
- What is the minimum amount of information

- **Butcher Paper**

- Intake is:
  - Generic Intake form with common questions to capture uniformity across sector BUT have room for organisational – specific data collection questions also
- What is intake?
  - Defining eligibility
  - It's a “first picture” of clients
  - Is first point of actual contact
  - Intake is about gathering information and to decide where to from here
- Assessment
  - Different forms
    - Initial (crisis intake: getting basic information to decide on immediate risks, safety and eligibility)
    - On going contact or referral out
    - Case management
  - Assessment based on young people's needs and organisational resources inc number of workers, health and safety issues
- Intake
  - Sharing info about the service
  - More detailed info
  - Other supports/whom engaged with

- Advising re :whereabouts/consent
- Identifying medical

## Appendix 4: Raw data 2

Word of mouth is a really strong referral.

School – guidance officers, YSC whoever they have a relationship with in the school.

Other services – but in many cases workers who have past experience of the service, networks, other syhs

Centrelink

Brochures

Murri grape vine

Hospitals – social workers as a standard rule

Young people know a vacancy before one even comes up

Police – early morning or nights

YBASS

MPIP

CRYPAR – and programs within it

Websites

Snail mail – women in prison

HPIQ : variable referral processes

Child safety

Housing area office – cold call/drop in assistance

Other NGO's

Reconnect

No calls from DV connect generally

Families will refer – broad definition of family

Peers and friends

Social workers at TAFE (GC)



Stillwaters

Internal referrals within service

CYMH

Juvenile justice and courts

DSQ

- **Butcher Paper**

- Referral is:

- Common referral intake form with generic questions and room for organisational specific questions
- Basic info (do you fit the criteria?) if not = referral
- Part of rapport building process
- Referral  $\xrightarrow{\hspace{1cm}}$  in- agency or self - basic info  
 $\searrow$  Out  $\xrightarrow{\hspace{1cm}}$   $\left\{ \begin{array}{l} \text{intake} \\ \text{Assessment} \end{array} \right.$

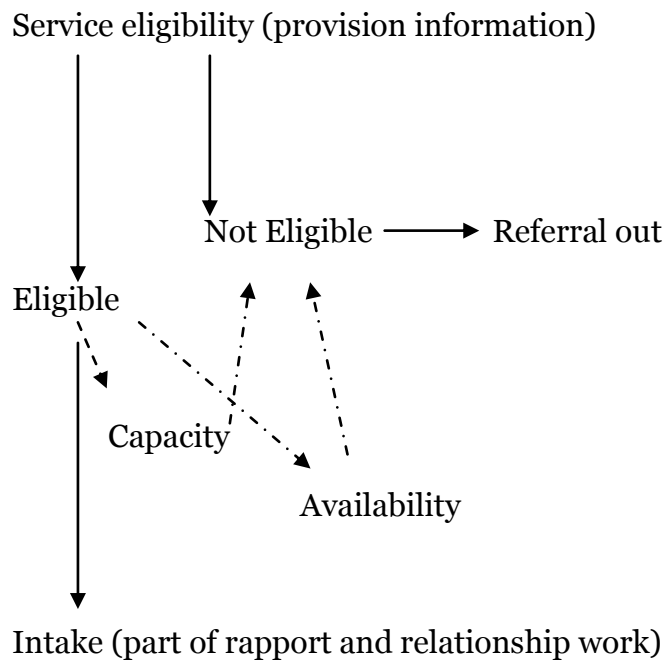
- Referral

- Target group eligibility as per service agreement
  - Eg Name
  - Age
  - Situation
  - Location

- Self referral

- Age
- Name
- Gender
- When needing accommodation (what's happened)
- Length of stay
- In care
- Have they been to the service before – service knowledge
- Do you have a day time activity
- Contact number
- Explain programs
- Previous stay – questions about the breakdown of accommodation
- Do you need transport to get here? Where are you located?
- Know locality
- Involvement with youth justice, orders etc
- Interpreter

- Referral is about eligibility checking



## Other readings

Anglicare (2008), *Supported Residential Facility Service Provider Information Kit*

Centre for Multicultural Youth Issues, *NAYSS Information Sheets #3*, Department of Families, Community Services and Indigenous Affairs (FaCSIA)

London Housing Foundation and Triangle Consulting, *Outcomes Star*

Queensland Health (2002), *Implementing Integration: A guide for Health Service Integration in Queensland*

Thomson Goodall Associates Pty Ltd (2001), *Final Report: Statewide Assessment and Referral in Homelessness Services Project*, Victorian Department of Human Services

Turning Point Alcohol and Drug Centre Inc (2000), *Victorian Alcohol and Drug Treatment Services: Specialist Assessment Form – for General Client Population*, Department of Human Services

Turning Point Alcohol and Drug Centre Inc (2004), *Youth Alcohol and Drug Treatment Services: Assessment and Intervention Tool*, Department of Human Services

Youth Accommodation Association, *Example Form: Initial Referral Assessment and Information Sheet*