

**DARWIN HOMELESSNESS RESPONSE GROUP
OPERATIONS MANUAL: JANUARY – JUNE 2019**

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Background

The Darwin Homelessness Response Group (HRG) steering group was formed in April 2015. Its purpose was to consider piloting in Darwin, a Tasmanian example of a multi-agency, outcomes focussed, wrap-around support model for people with complex needs who are homeless or at risk of homelessness.

From October 2015 to June 2016, the [HRG was funded by NT PHN](#) and auspiced by St Vincent De Paul Northern Territory. In July 2016, NT Shelter assumed auspicing responsibility of the HRG. In December 2016, NT Shelter secured funding to continue auspicing the [HRG from January 2017 to June 2019 through the Department of Housing and Community Development](#).

Purpose

1. To encourage Government and NGOs to work collaboratively and with client consent, to provide wrap around case coordination to people in the Darwin region, with complex needs who are homeless or are at risk of homelessness.
2. To gather systemic issues experienced in providing support to clients, and advance them to decision makers and advocacy groups for consideration and action.

Objectives

The objectives of the HRG are:

- To build a culture of 'no wrong door' for clients to access support
- To promote and implement a shared assessment and referral tool
- To monitor the progress of identified individual clients
- To support case workers to consider creative, evidence based, sustainable client outcomes
- To review actions from HRG meeting for HRG clients to ensure effective wrap around case coordination with a focus on securing solutions that keep people safe
- To improve functional partnerships and service integration across government and non-government service providers working with homeless clients in the Darwin region
- To gather systemic issues experienced in providing support to clients, and advance them to the funder and advocacy groups for further action

Principles and Practice documents, models and recommendations

The HRG will operate within the following principles and practice documents, models and recommendations:

- HRG Operations Manual (this document)
- Case management processes and decisions of HRG member organisations

- [APO NT Partnership Principles](#): Partnership Principles for NGOs working with Aboriginal organisations and communities in the NT (Appendix 1)
- Recommendations from the Indigenous 'visitors' to Darwin's Long Grass report (Appendix 2)
- Recommendations from the Message In The Bottle: A Survey Of Drinking Patterns And Attitudes About Alcohol Policy Amongst Darwin's Homeless (Appendix 3)
- HRG Principles of Vicarious Trauma (Appendix 4)
- Australian Bureau of Statistics' [statistical definition of homelessness](#)
- NSW Department of Family and Community Services Specialist Homelessness Services Practice Guidelines (Appendix 5)
- Principles of recovery oriented mental health practice (Appendix 6)

Governance and Coordination

NT Shelter auspices and holds all liability and acquittal responsibility for the HRG. NT Shelter makes all final decisions for the HRG in consultation with the HRG steering group for which it provides secretariat support.

The role of the steering group is to provide cross sector expertise and feedback to deliver on the purpose of the HRG. Steering group membership is based on expertise to ensure the HRG remains relevant to all demographics of the Darwin homeless community. The 2017 – 18 steering group comprises: The Salvation Army, Mission Australia, Anglicare NT, St Vincent De Paul, TEAMhealth, YWCA of Darwin, Larrakia Nation Aboriginal Corporation, NT Shelter.

Membership

Organisations can become HRG members if they

1. Agree with the principles and processes of the HRG outlined in the HRG Operations Manual (this document)
2. Sign the Collaborative Agreement, thereby agreeing to the principles and processes of the HRG set out in the HRG Operations Manual
3. Operate an NGO that delivers services in the Greater Darwin region
4. Agree to accept relevant client referrals from other HRG organisations at HRG meetings
5. Commit to induct staff to HRG principles and processes prior to their participation in an HRG meeting

Meetings

The purpose of the HRG is to provide wrap around case coordination to people in the Darwin region, with complex needs who are homeless or are at risk of homelessness.

HRG meetings are held on the second and fourth Friday of the month, from January to June 2018, from 9.30am - 11.30am at the Salvation Army Corps cnr of Yanula Drive and Lee Point Rd, Anula.

An agenda (see Appendix 6) containing demographics of all current and new HRG clients is circulated prior to meetings.

Organisations can restrict attendance to meetings where clients on the agenda meet the criteria of their service.

The HRG acknowledges the time commitment required by staff and organisations to attend HRG meetings.

The HRG appreciates regular attendance by case workers and has found that client and staff outcomes increase with frequent attendance of case workers.

HRG meetings are

- focussed on developing actions to meet the current and future needs of the client, as identified by the client
- structured to document systemic issues identified in casework. Systemic issues experienced in providing support to clients are discussed and documented in HRG meetings, de-identified and advanced by NT Shelter to decision makers and advocacy groups for consideration and action.
- attended by senior case managers or team leaders to ensure decisions about client referrals and actions can be made at HRG meetings
- limited to two hours and held on the second and fourth Friday of the month to June 2018
- held at the Salvation Army Darwin Corps, Corner Lee Point Road & Yanyula Drive Anula. The Salvation Army have kindly donated the use of their premises for this pilot
- bound by the HRG Operations Manual including the HRG Practice and Confidentiality Agreement (see Appendix 6) which attendees are asked to sign and read at the commencement of each meeting
- guided by the existing casework relationships in place between organisations and clients

HRG Documentation

HRG meetings are guided by the following documents that will be explained on induction and appear in Appendix 6 of this document.

- HRG Sample Agenda
- HRG Assessment Tool
- HRG Confidentiality and Practice Agreement
- HRG Principles of Vicarious Trauma
- HRG Brokerage Form
- HRG Meeting Minutes and Agenda
- AIHW SHIP Privacy Information card
- HRG Client information Form
- HRG Consent Renewal Form
- HRG Client Exit Form
- HRG Member Organisation Collaborative Agreement

Client Consent

The HRG only accepts voluntary referrals. The HRG client consent form is on page 2 of the HRG Assessment Tool. It provides specific and time limited consent to share information with the HRG. Clients can withdraw consent from the HRG at any time through their case worker. Assessment forms with an incomplete client consent section will not be accepted.

The completed assessment tool remains the property of the referring organisation. Should the organisation wish to share the client's completed assessment form with another organisation, obtaining client consent for this is the responsibility of the organisations.

The HRG and member organisations must comply with NT Domestic and Family Violence, and Child Abuse and Neglect mandatory reporting obligations.

Referral Criteria

The HRG referral criteria is

1. The person is homeless or at risk of homelessness
2. The person has been supported in Darwin by the organisation for at least 3 weeks
3. The person consents to be supported in 3 or more casework domains as identified in the HRG Assessment Tool, including homelessness

The HRG uses the Australian Bureau of Statistics' [statistical definition of homelessness](#)¹ where a person is considered homeless if:

1. their current living arrangement is in a dwelling that is inadequate; or
2. their current living arrangement has no tenure, or if their initial tenure is short and not extendable (in this case, tenure means the financial arrangements under which someone has the right to live in a house or flat. For example, the person pays rent for the right to live in a house or flat); or
3. their current living arrangement *does not allow them to have control of, and access to space for social relations; or*
4. they lack a sense of security, stability, privacy, safety, or the ability to control living space.

Referral Process

Referrals to the HRG are made through the HRG assessment tool. The assessment tool is used to assess a client's eligibility for referral to the HRG meeting.

The assessment tool contains instructions to guide its completion. It is not designed for clients to complete on their own. It may be filled out over a number of sessions with prior knowledge or case notes. Responses in the tool must be approved by the client.

¹ ABS Statistical Definition of Homelessness 4922.0 - Information Paper - A Statistical Definition of Homelessness, 2012
<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4922.0Main%20Features22012?opendocument&tabn> (accessed 03/01/17)

The deadline for completed assessment forms is one day before the HRG meeting. Assessment forms will only be accepted by email to the HRG Coordinator at HRG@ntshelter.org.au The HRG Coordinator will advise the case worker if their client has been accepted before the HRG meeting.

Brokerage Criteria and Process

HRG brokerage is available to invest in clients for identified needs that will assist the client in obtaining and maintaining a tenancy. Brokerage applications can be made on the client's behalf after the case's second HRG meeting.

The HRG has not excluded any particular need a client or case worker identifies will assist the client in obtaining or maintaining a tenancy. Each request will be assessed on its merits taking into consideration evidence presented at HRG meetings to support the application.

Brokerage decisions are made by consensus by HRG meeting attendees at twice monthly HRG meetings. For the 1 January – 30 June 2018 period, brokerage requests are to be between \$100 and \$1000 per client. Brokerage requests above \$1000 will be considered based on need, outcomes and the HRG budget, this process will require additional discussion and these brokerage requests will not be resolved HRG meeting

Data Collection, Storage and Privacy

NT Shelter will store HRG data in line with the NT Information Act². The HRG does not store hard copies of the client assessment tools or brokerage applications. Hard copies of the HRG assessment tools and brokerage applications remain the property of the referring organisation. The HRG steering group has access to de-identified data reported through monthly, final and evaluation reports.

HRG meetings are documented on a dedicated HRG laptop. Completed HRG assessment tools are stored in a password protected file on the NT Shelter server. HRG files can only be accessed by the HRG Coordinator and NT Shelter staff.

Case discussions at HRG meetings are strictly confidential and should not be disclosed to agencies and their employees who are not involved in managing HRG clients.

The HRG is required by its funder, the Department of Housing and Community Development to record data in the secure [SHIP](#) platform and to extract and submit data monthly to the Australian Institute of Health and Wellbeing through the secure SHOR platform.

All HRG clients have the right to refuse to consent to this process in which case only generic non- identifiable data will be recorded. The AIHW privacy information card is to be used by case workers to ensure HRG clients are able to make informed decisions regarding the collection of data. The privacy card and additional information about SHIP is in Appendix 6 of this document and on the last page of the HRG Assessment Tool.

Organisation's HRG Point of Contact

Organisations are required to provide the HRG Coordinator with a point of contact.

The HRG contact must be at a management level in the organisation. Responsibilities of the HRG contact include:

² Office of the NT Information Commissioner, Privacy Overview <https://infocomm.nt.gov.au/privacy/overview> (accessed 03/01/17)

- Managing staff attending HRG meetings
- Ensuring only experienced staff trained to work with people living with high and complex needs administer the HRG assessment tool with clients
- Ensuring the person delegated to attend HRG meetings can make client referral decisions on behalf of their organisation at HRG meetings
- Participating in HRG evaluation processes and activities
- Managing complaint processes arising from the organisation's involvement in the HRG
- Advising the HRG Coordinator of proxies or change of staff

Organisation's HRG Meeting Representative

HRG meeting attendees will hold a senior case worker or team leader role in their organisation. They must be able to make client referral decisions on behalf of their organisation at HRG meetings.

Responsibilities of the HRG organisation's meeting representative include:

- Complete or oversee the completion of the HRG assessment tool with the client and submit to the HRG Coordinator for consideration
- Complete or oversee the completion of the HRG brokerage application form and submit to the HRG Coordinator for consideration
- Report back on minuted actions from previous HRG meetings in person at HRG meetings or by email
- Participate in HRG meetings in line with the HRG Practice and Confidentiality Agreement and Operations Manual
- Report on systemic issues experienced by clients, or experienced by case workers in their support of the client, at each meeting. Systemic issues will be discussed and documented at HRG meetings and advanced to decision makers and advocacy groups for consideration and action.
- An initial case presentation must be made in person at an HRG meeting, including:
 - What services are your organisation currently providing the client and for how long?
 - Summary of the responses in sections B to E of the client's HRG assessment form
 - Summary of any systemic issues the client or your organisation experience in supporting the client
- Collaborate with HRG colleagues to support clients as they move through different organisations

Risk Management

NT Shelter auspices and holds all liability and acquittal responsibility for the HRG. NT Shelter makes all final decisions for the HRG in consultation with the HRG steering group for which it provides secretariat support.

Risk management processes are embedded in HRG operations and governance processes. It is the responsibility of HRG organisations to conduct their own risk management processes regarding involvement in the HRG.

Dispute Resolution

The HRG operates within the NT Shelter dispute resolution policy. NT Shelter values the contribution of its staff and adopts the principle that staff should be treated fairly and equitably. Where a staff member feels aggrieved by an action or event, or is party to a dispute, that has occurred within the organisation or within the organisation's control, then the staff member can access a formal dispute and grievance procedure.

It is the aim of this procedure to ensure that grievances and disputes are resolved as quickly as possible in order to preserve positive working relationships. All grievances and disputes will be processed without bias or intimidation to either party and with respect for confidentiality at all times. It is anticipated that, during the process of resolving a grievance or dispute, the parties involved will continue normal work duties, unless otherwise arranged between the parties and the Executive Officer. The process should be completed where possible within fourteen days of the issue being raised or as soon as practicably possible.

Where a staff feels aggrieved by an action or event that is within NT Shelter's control, or is party to a dispute with NT Shelter contractor or staff member, then the person can access a formal dispute and grievance procedure. It is the aim of this procedure to ensure that grievances and disputes are resolved as quickly as possible in order to preserve relationships. All grievances and disputes will be processed without bias or intimidation to either party and with respect for confidentiality at all times.

Where there is a conflict that can't be resolved in the meeting about a shared client, the issue will be referred to the relevant manager of each HRG inducted organisation as per the Collaborative Agreement signed by all inducted organisations.

Cost

Organisations participating in the HRG accept all costs associated with that participation.

Evaluation and Feedback

HRG meeting agendas have a standing agenda item *HRG documents and process review / feedback*. It is a regular opportunity for HRG meeting attendees to provide minuted feedback on HRG documents and processes outside any separate and formal, point in time evaluation or review. This agenda item serves as a form of process evaluation.

Feedback on the flow and rational of HRG processes and documents is received and documented during HRG inductions with new case workers.

Feedback received through HRG inductions and meetings has been included in internal reviews of HRG governance and operations in October 2016 and February 2017.

From January 2018, the HRG will request case workers, where possible, arrange for clients to complete the HRG Client Exit Form (Appendix 6) upon their exit from the HRG.

In early 2018, NT Shelter will coordinate an external evaluation of the HRG in collaboration with the HRG Coordinator, steering group members, participating organisations and case leads.

APPENDIX 1. Aboriginal Peak Organisations Northern Territory Partnership Principles³

Aboriginal Peak Organisations Northern Territory (APONT) Partnership Principles for non-Aboriginal NGOs working with Aboriginal organisations and communities in the NT. In supporting these Principles, non-Aboriginal NGOs agree to undertake to

1. Consider their own capacity: Non-Aboriginal NGOs shall objectively assess whether they have the capacity (either in service delivery or development practice) to deliver effective and sustainable outcomes in the NT context.
2. Recognise existing capacity: Non-Aboriginal NGOs will recognise the existing capacity and particular strengths of Aboriginal NGOs and identify how they can contribute to further developing this capacity.
3. Research existing options: Non-Aboriginal NGOs shall thoroughly research existing Aboriginal service providers and development agencies before applying for service delivery contracts or prior to considering community development projects.
4. Seek partnerships: Where there is an Aboriginal NGO willing and able to provide a service or development activity, non-Aboriginal NGOs shall not directly compete with the Aboriginal service provider, but will seek, where appropriate, to develop a partnership in accord with these principles.
5. Approach to partnership: Non-Aboriginal NGOs will be guided by the priorities of the Aboriginal NGO in developing a partnership. Partnerships will be based on building and strengthening, rather than displacing, Aboriginal organisational capacity and control. Processes for developing partnerships will need to recognise the inherent power imbalance between large NGOs and small Aboriginal organisations, and will need to allow sufficient time for partnership development.
6. Recognise, support and promote existing development practice: Non-Aboriginal NGOs acknowledge that many Aboriginal organisations already have robust and effective development practices embedded in a cultural framework, although some of this may be implicit and undocumented. Non-Aboriginal NGOs agree to recognise and support these practices, including through partnership arrangements.
7. Work together with Aboriginal people to create strong and viable Aboriginal organisations: Non-Aboriginal NGOs recognise Aboriginal organisations and communities as lead agents in creating sustainable governance and leadership in Aboriginal communities in the NT, and agree to work within structures and processes that provide Aboriginal decision-making control. This may require formal delegation of power and the dedication of self-generated resources to assist with this process.
8. Ensure Aboriginal control, not just consultation: Non-Aboriginal NGOs agree that Aboriginal organisations need to be in the 'driver's seat' and have control of development initiatives, services and programs delivered to their communities. This should include having input to decisions regarding resource allocations and staffing.
9. Develop a clear exit strategy: Where the desired outcome is for local Aboriginal organisations to deliver services or provide a development role, non-Aboriginal NGOs will develop a mutually agreed, transparent exit strategy in consultation with their partners. Contracts with government should incorporate a succession plan and long term planning for local Aboriginal organisations to deliver services, with appropriate resourcing included.

³ APO NT Partnership Principles for Organisations working with Aboriginal organisations and communities in the NT <http://www.amsant.org.au/apont/our-work/non-government-organisations/apo-nt-ngo-principles/> (accessed 29/12/12)

10. Ensure robust evaluation and accountability: Non-Aboriginal NGOs will develop a robust accountability framework and evaluation process together with partner Aboriginal organisations and communities.
11. Cultural competency and appropriate development practice: Aboriginal organisations and non-Aboriginal NGOs will seek to work together to share learnings and establish effective development practice and cultural competency standards for development projects and service delivery initiatives.

APPENDIX 2. Larrakia Nation Indigenous ‘visitors’ to Darwin’s Long Grass report recommendations (2008)⁴

This project worked with 550 participants. It investigated reasons for and experiences of homelessness, quantified trauma levels in the homeless Indigenous population and documented attitudes of the broader population to the homeless. It involved semi-structured interviews, face-to-face surveys, and the successful application of an adapted, culturally appropriate form of the Harvard Trauma Survey. The survey found rates of post traumatic stress disorder amongst our urban homeless exceed that of our returning service men and women. The findings led to the creation and funding of a number of award winning outreach services at Larrakia Nation.

Derived from the findings of this study, the following general recommendations are made which aim to support Aboriginal people in Darwin’s Long Grass to attain an acceptable level of health and life quality and to be law abiding citizens.

1. Mainstream institutions must acknowledge that the population in Darwin’s Long Grass of Aboriginal people who experience primary homelessness is significant, and indicators predict a steady growth in this population.
2. The development or expansion of existing interventions that have relevance to the lived experience of the Long Grass is paramount to the health and wellbeing of this disadvantaged population. Interventions must be adequately resourced to meet their complex and potentially life-long needs.
3. Positivist (quantitative) means of determining the need, conceptualisation and effectiveness of interventions must not be privileged over post-positivist (qualitative) methodologies. These methodologies provide a depth and breadth of meaning to quantitative data and generate a deeper understanding of the lived experience of this population.
4. Ongoing research with this population (as opposed to on this population) is essential for effective interventions to be created and implemented. Trust must be an integral element of this research relationship, and methodologies which question the assumptions of the scientific endeavour are likely to facilitate a greater depth of understanding. (This does not preclude the collection of quantitative data, but rather, promotes a multi-method approach to add rigour to research.)
5. This present study has examined the views of non-Indigenous people concerning Aboriginal people in the Long Grass. However, the views of Aboriginal people on non-Indigenous society are not well understood. Research is required to fill this gap in our knowledge in order to move towards better understanding and management of difference.
6. Education for mainstream society that promotes a growing awareness of the cultural nature of its own values, beliefs and attitudes and subsequent behaviour is critical. Recognising mainstream cultural reproductive processes will be a prerequisite to bringing about genuine changes to the health, life quality and citizenship of Aboriginal people in the Long Grass. This recognition may provide not only opportunities for the improved wellbeing of this population, but also for the dominant society. Developing strategies to facilitate this learning presents an intellectual challenge. In the first instance, this learning should be integral to all tertiary studies programs, irrespective of the disciplinary area.
7. Similarly, Aboriginal people in the Long Grass need access to learning about the systems of belief and the associated behavioural expectations, values and attitudes of mainstream Australian society. This will create

⁴ Recommendations from Indigenous ‘visitors’ to Darwin’s Long Grass report <http://larrakia.com/wp-content/uploads/2014/05/Influx-project.pdf> (accessed 29/12/12)

choices for Aboriginal people – for example, about what has been conceptualised as anti-social behaviour – that do not currently exist.

8. The gulf between the lived experience in the Long Grass and mainstream perceptions of it must be narrowed. Educating the mainstream about the realities of life in the Long Grass (and why people are there) in order to overcome entrenched misconceptions is vital. Urban youth are identified as a priority population for improving awareness on this social issue.
9. A program to engage youth who are in the juvenile justice system should be implemented which places them with skilled staff/agencies that provide outreach services to the population in the Long Grass.
10. Interventions and initiatives aimed at improving the health, life quality and citizenship of the population in the Long Grass are more likely to have successes if they make sense to the target population, having relevance to their life worlds. They must be communicated by and negotiated with agencies/individuals which have an established relationship of trust with this population.
11. The adverse impact of stigmatisation (by the mainstream) on the physical and mental health and wellbeing of Aboriginal people in the Long Grass must be explicitly recognised. Interventions that specifically seek to challenge entrenched processes of social exclusion and the negative impacts of intolerance must be supported through practical measures.
12. Broad recognition of the high level of exposure to trauma events among Aboriginal people staying in the Long Grass is critical and trauma-informed care must be integrated into all agencies that provide services and support to this population.
13. The high prevalence of PTSD symptomatic individuals and associated comorbid conditions, such as substance use disorder, among homeless Aboriginals in Darwin requires immediate attention. Aboriginal people and healers, governments (across all sectors and levels) and non-government agencies must work collaboratively to develop models of healing that are compatible with the ways in which trauma is experienced and managed by this population (which may differ from Western perspectives). This will require significant financial and intellectual investment, where creativity and perseverance will be pivotal.
14. A variety of short-term and long-term supported shelter must be available to Aboriginal people when they are in Darwin. Shelter must be affordable and responsive to the needs of the target population. In particular, shelter must be safe, enable individuals to avoid harassment and manage mobility, fulfil cultural and social needs, have access to resources and have good amenity levels and aesthetic appeal.
15. The provision of additional support services, particularly outreach services, for this population is a priority. Examples include mobile health clinics, access to nutritious and safe food and water, cooking facilities, hygiene and laundry facilities and rehabilitation and respite services.
16. Council by-laws which prohibit camping in public places in Darwin and which criminalise the poverty linked to homelessness must be repealed. In doing so, the perception that Aboriginal people in the Long Grass are dangerous deviants may be reduced as they will not attract so much police attention. Of greater importance, however, a potential reduction in experiences of harassment and the loss of rights and autonomy felt by individuals in the Long Grass may eventuate.
17. The provision and servicing of litter and recycling bins in areas that are known camp sites is a priority and may assist in reducing the hostility directed towards people in the Long Grass.

18. Respite care for individuals who have alcohol addiction and the need to detoxify, both in Darwin and in home communities, is identified as a critical and long overdue service gap. The availability of respite services may lead to an increasing number of clients who choose to enter more structured rehabilitation programs.
19. The eligibility criterion for access to government funded aged-care supports and services must be reviewed so that they are more accessible to prematurely aged homeless Aboriginal Australians.
20. Specialist aged-care supports and services delivered in the Long Grass (outreach) are essential for the health, life quality and citizenship of this prematurely aged population. The approach service/support delivery must be flexible and innovative, and respond to: Aboriginal social processes and cultural obligations; Aboriginal conceptions of home and homelessness; powerful cultural differences and tensions that exist between ways of being-in-the-world that impact on health; and the high level of exposure to trauma events and associated illness among this population and its relationship to substance use disorders.
21. An investigation into the availability and function of aged-care services in home communities will be an important step in curbing 'elder abuse'. Further, an exploration into the mechanisms and strategies deployed by elderly Aboriginal people to deflect and protect against forms of 'elder abuse' will be instrumental in informing established and new aged-care services.
22. The vulnerability of women living in the Long Grass to sexual exploitation and sexual predators can no longer be ignored. Their experiences in prostitution and its impact on their health, life quality and citizenship is not well understood and requires a highly sensitive investigation to determine the risks to this population.
23. Investigations must go beyond simply documenting high levels of violence in Aboriginal communities and move towards understanding violence within a community's unique complex web of economic, political, historical, social and cultural factors. This will be fundamental to addressing the violence that causes individuals to leave for the Long Grass in the first place.
24. Individuals in the Long Grass must be supported to develop resilience strategies and techniques to manage and potentially avoid situations of violence and other forms of abuse.
25. Initiatives which support the social connectedness of individuals in the Long Grass with home communities should be expanded in order to alleviate or flag concerns about the welfare of families. Maintaining ties is a critical element in reducing chronic Aboriginal homelessness.

APPENDIX 3. Larrakia Nation Message in the Bottle: A Survey of Drinking Patterns and Attitudes about Alcohol Policy Amongst Darwin's Homeless report recommendations (2011)⁵

Conducted on behalf of the Department of Justice, Northern Territory Government, this research documented the drinking patterns of the urban homeless Indigenous population, their attitudes to alcohol policy and the experiences of non-drinkers in that population. This research plugged an important information gap, challenged prevailing stereotypes and identified practical policy recommendations from this hard-to-reach population.

1. There are a significant number of moderate and non-drinkers residing in the 'Long Grass' with 21.7% of participants reporting consuming alcohol on one or less days per week.
2. A large proportion of 'Long Grassers' engage in regular consumption of alcohol with 48.7% reporting drinking on six or more days per week.
3. In terms of risk, 73% of respondents report engaging in drinking practices that engender a high risk of short term harm and 72.2% report drinking practices that place them at high risk of long term harm. 18.9% of respondents report drinking patterns that place them at low risk of short term harm and 23.6% report drinking at levels which cause low risk of long term harm.
4. Stereotypes commonly applied to the 'Long Grass' population in Darwin do not reflect the diversity of that population and its positive attributes and norms. There is a need for public awareness raising in relation to the reality of the 'Long Grass' community, including raising the profile of the significant number of moderate and non-drinkers living in the 'Long Grass'.
5. More than a third of drinkers in the 'Long Grass' would like to stop drinking. In line with the findings of the NDLERF study, many participants expressed a preference for voluntary respite from alcohol by returning to their communities of origin. There would appear to be a need for transport to, and appropriate facilities located in remote communities to support this process.
6. The 'Long Grass' population has strong views on the new Government alcohol policy and consider themselves to be the primary targets of it. While highly critical of the policy provisions, they acknowledge a role for Government in managing alcohol abuse in the community and are able to articulate positive, alternative policy measures for this purpose. A strong preference was expressed for harm minimisation rather than alcohol control measures.
7. There is universal support in the 'Long Grass' population for the establishment of multiple designated drinking areas which are free from police attention - unless specifically requested. It was suggested that these areas be fenced to reduce the death toll on the roads and contain permanent amenities such as showers, toilets, cooking facilities and shelter. Supervision and safety in the form of regular Larrakia Nation Night Patrol visits is both necessary and welcome.
8. There are inadequate sources of safe and dry shelter for the homeless in Darwin, particularly in the Wet Season.
9. Individuals drinking in licensed premises in the city area are universally identified by the 'Long Grass' population as the main source of 'problem drinkers' in Darwin.
10. The 'Long Grass' population experiences high levels of violent crime and harassment from individuals outside of the homeless community.

⁵ Recommendations from Message In The Bottle: A Survey Of Drinking Patterns And Attitudes About Alcohol Policy Amongst Darwin's Homeless <http://larrakia.com/wp-content/uploads/2014/05/Message-in-the-Bottle.pdf> (accessed 29/12/12)

11. Both overt and indirect racism continue to be issues in the Darwin community, including direct violence and a strong perception of inconsistent standards for different racial groups. There is a feeling that the Government and justice system, which are dominated by one particular racial and cultural group, are not effectively representing and responding to the needs and aspirations of homeless Aboriginal people.

APPENDIX 4. NSW Department of Family and Community Services Specialist Homelessness Services Practice Guidelines⁶

Coordination groups typically ensure that all agencies – mainstream and specialist – are involved in common intake, assessment, and case coordination and support planning processes. In projects using a model of joint working, coordination groups were set up to share the responsibility for approving and case managing clients. Critical success features of coordination groups include:

- documented roles and responsibilities of members
- continuity in the membership
- processes in place to guide decision-making and allocation of resources
- ownership of resource allocation decisions at a local level
- support of a coordinator to drive the process
- clear communication processes
- respect for the input of all group members
- inclusion of Aboriginal services and key workers, and culturally and linguistically diverse services and key workers, as appropriate.

A client or person - centred approach to service design means that each service response is built around the needs of the individual client rather than a programmatic or predetermined service offer. The service response is based on the particular circumstances of each person, their experiences and choices. This includes individually tailoring the intensity and duration of support, and the accommodation setting in which support will be delivered. A person - centred response also considers the needs of the family or household in achieving a long-term housing outcome, including the needs of children.

A person - centred approach is strengths-based with a focus on building individual and family capacity, skills, resilience, and connections to community. In an effective person - centred approach, you expect to see:

- responses that focus on individual client needs
- linkages with the client's family and community
- consumer choice and client involvement
- assessment tools that link client needs to the best service response
- culturally appropriate and trauma-informed practice
- case management and coordination
- skilled caseworkers
- flexible brokerage funding
- collaboration with other services good relationships with housing providers.

⁶ NSW Department of Family and Community Services Specialist Homelessness Services Practice Guidelines November 2014
http://www.housing.nsw.gov.au/_data/assets/pdf_file/0009/327996/GHSHPracticeGuidelines.pdf (accessed 29/12/12)

A person - centred approach must be informed by evidence-based practice for working with specific population groups and client needs. For many services this is done by specialising in responses for specific groups of clients, for example, victims of domestic and family violence (DFV), people exiting prison, young people at risk and so on. The following criteria can demonstrate a client-centred approach, and the key signposts may be used along with other indicators to demonstrate capability against these criteria.

Emerging evidence strongly indicates that it is important for services working with people who experience or are at risk of homelessness to understand the impact of trauma.

Studies in Australia and internationally consistently document that people who experienced homelessness have high rates of exposure to traumatic events in their childhood and/or adolescence; this may include abuse, domestic violence, witnessing alcoholism or drug abuse, and other. Further, many people experiencing homelessness will also suffer from depression, substance abuse and severe mental illness, which makes them more vulnerable to further exposure to traumatic events. Consequently, people experiencing homelessness are at an increased risk of experiencing traumatic events during their periods of homelessness.

APPENDIX 5. Principles of recovery oriented mental health practice⁷

Australia's National Standards for Mental Health Services 2010 underpin the national recovery framework. Of particular importance are the 'Principles of recovery oriented mental health practice' and the 'Supporting recovery' standard (Standard 10.1).

The principles of recovery oriented mental health practice are relevant to all of the 10 national standards and apply to the whole mental health service system, including the non-government community mental health service sector.

From the perspective of the individual with mental illness, recovery means gaining and retaining hope, understanding of one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.

It is important to remember that recovery is not synonymous with cure. Recovery refers to both internal conditions experienced by persons who describe themselves as being in recovery – hope, healing, empowerment and connection – and external conditions that facilitate recovery – implementation of human rights, a positive culture of healing, and recovery-oriented services. (Jacobson and Greenley, 2001 p.482)

The principles of recovery-oriented mental health practice ensure that mental health services are delivered in a way that supports the recovery of mental health consumers. Principles of recovery oriented mental health practice are:

1. Uniqueness of the individual Recovery oriented mental health practice:
 - recognises that recovery is not necessarily about cure but is about having opportunities for choices and living a meaningful, satisfying and purposeful life, and being a valued member of the community
 - accepts that recovery outcomes are personal and unique for each individual and go beyond an exclusive health focus to include an emphasis on social inclusion and quality of life
 - empowers individuals so they recognise that they are at the centre of the care they receive.

2. Real choices Recovery oriented mental health practice:
 - supports and empowers individuals to make their own choices about how they want to lead their lives and acknowledges choices need to be meaningful and creatively explored
 - supports individuals to build on their strengths and take as much responsibility for their lives as they can at any given time
 - ensures that there is a balance between duty of care and support for individuals to take positive risks and make the most of new opportunities.

3. Attitudes and rights Recovery oriented mental health practice:
 - involves listening to, learning from and acting upon communications from the individual and their carers about what is important to each individual

⁷ A national framework for recovery-oriented mental health services: Policy and theory 2013
<http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-i-nongov-toc~mental-pubs-i-nongov-pri>
(accessed 29/12/12)

- promotes and protects individuals' legal, citizenship and human rights
 - supports individuals to maintain and develop social, recreational, occupational and vocational activities which are meaningful to the individual
 - instils hope in an individual's future and ability to live a meaningful life.
4. Dignity and respect Recovery oriented mental health practice:
- consists of being courteous, respectful and honest in all interactions
 - involves sensitivity and respect for each individual, particularly for their values, beliefs and culture
 - challenges discrimination and stigma wherever it exists within our own services or the broader community.
5. Partnership and communication Recovery oriented mental health practice:
- acknowledges each individual is an expert on their own life and that recovery involves working in partnership with individuals and their carers to provide support in a way that makes sense to them
 - values the importance of sharing relevant information and the need to communicate clearly to enable effective engagement
 - involves working in positive and realistic ways with individuals and their carers to help them realise their own hopes, goals and aspirations.
6. Evaluating recovery oriented mental health practice:
- ensures and enables continual evaluation of recovery-based practice at several levels
 - individuals and their carers can track their own progress
 - uses the individual's experiences of care to inform quality improvement activities
 - the mental health system reports on key outcomes that indicate recovery including (but not limited to) housing, employment, education and social and family relationships as well as health and wellbeing measures.

APPENDIX 6. HRG documents (see attached document)

- HRG Confidentiality and Practice Agreement
- HRG Assessment Tool
- HRG Brokerage Form
- HRG Meeting Minutes and Agenda Template
- HRG Client Information Sheet
- HRG Client Consent Renewal Form
- HRG Client Exit Form
- HRG Principles of Vicarious Trauma
- HRG Member Organisation Collaborative Agreement
- AIHW SHIP Privacy Information card (see last page of HRG Assessment Tool)