Prevention or cure?

What is prevention and early intervention in theory and practice? What does it look like for different groups?

How do we define it and how important are clear definitions to client outcomes?

An evidence based policy paper

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Introduction

Early intervention is used in many areas of social policy both in Australia and overseas and is a core component of the national approach to reducing homelessness outlined in the Australian Government’s homelessness White Paper, *The Road Home*.

It is frequently articulated in the same policy space as initiatives with a stated focus on prevention as is the case in Chapter three of *The Road Home*, *turning off the tap*.

With such a heavy emphasis on policy, program and service responses that are said to have a prevention and/or early intervention focus, Homelessness Australia was interested to examine what these widely used terms mean in theory and how they translate in practice for different client groups.

In doing so, we are mindful that the experience of the sector has often been that the terms have not been well defined and are often attached to homelessness responses with a lack of clarity around issues such as how soon is early and what types of interventions best characterise successful responses that enable workers and services to intervene early enough to either prevent homelessness or end it before it becomes entrenched.

This paper will examine theories that have been said to underpin concepts like early intervention and prevention in social policy and community services practice and then canvass examples in the homelessness sector of programs and service models that are said to deliver early intervention and or preventative responses to homelessness.

Having done this we will develop a set of themes that could be used to develop a clearer definition of what early intervention responses have in common when applied to different client groups and what the core elements of a response might need to include in order for it to be accurately characterised as early intervention.

It might also be useful to do this for programs and service models that are said to have a prevention focus in order to clearly differentiate between the two.

Inevitably, there will also be unique elements to early intervention models and programs for particular clients groups and it may be that over the course of researching and analysing the findings that we need to develop definitions of early intervention for a number of different client groups.

Having collated and analysed both theories of early intervention and prevention and practical examples of programs and service models with a stated early intervention focus we would then aim to determine how important clear definitions of early intervention and prevention are to achieving successful outcomes for people using these services.
Arguably, successful outcomes would be defined as the number of instances in which homelessness is either prevented as a result of early intervention by workers or it is resolved quickly and best characterised as a temporary or episodic experience that would otherwise have been much longer in duration had they not been supported by early intervention/prevention service models.

At the very least this paper will serve as a useful resource that articulates the breadth of responses delivered by homelessness specific and mainstream services that can be best characterised as having either an early intervention or prevention focus and the elements common to both the philosophy and practice of these responses.
Theories of prevention in community services and social policy

Prevention has its origins in Latin and is derived from the words *prae* and *venire*, *venire* meaning to come and *prae*, meaning before.

According to the literature it was the medical profession that first used the term ‘prevention’ in texts citing the importance of disease prevention in preference to the need for treatment or cures for disease once an outbreak had occurred.

In public health discourse prevention has been applied at a whole of population level as well as to specific population levels and down to local levels which in practice take place in the form of inspections of places where food is prepared, for example.

In ‘western’ medicine this would seem to be at odds with the dominant funding model which sees the overwhelming proportion of the health budget spent on hospitals and subsidising General Practitioners to treat patients who present with symptoms.

In more recent years, Governments have started to re-emphasise the importance of prevention in primary health care. Similarly, mental health advocates have stressed the need for prevention strategies to be adopted and applied to young people based on evidence suggesting that over 75% of people who go on to develop on-going or persistent mental illness first exhibit symptoms prior to the age of 25.

Other disciplines in which prevention theory has been applied include criminology, early childhood development and social work. Crime prevention strategies have tended to focus on minimising chances for opportunistic crimes to occur or building the capacity of communities to address and report crimes through programs such as Neighbourhood Watch.

Prevention theory can also be applied to criminal justice settings such as secure juvenile detention facilities and prisons where the prevention focus should be on recidivism.

This has implications for homelessness policy as a lack of stable accommodation increases the likelihood of re-offending and cyclical recidivism. This highlights the importance of early pre-exit planning not only to minimise the risk that people will become homeless soon after exiting correctional settings, but also as a means of reducing the likelihood of re-offending.

In social work theory prevention has tended to focus on larger populations and building the resilience of families and communities to ensure that particular ‘problems’ do not occur.

Some social work theorists have asserted that prevention theories have tended to be viewed as mainstream and have emerged from more conservative streams of social work theory. Prevention has also been described in social work texts as ‘an active process of
creating and developing the conditions and personal attributes that promote the well-being of people\textsuperscript{\textasteriskcentered}. In this context, the prevention of the breakdown of the family unit is considered as a primary facet of prevention work with families. Thinking about prevention in homelessness practice, this is important given that we know that family breakdown is a major cause of homelessness, particularly amongst young people\textsuperscript{\textasteriskcentered}. Similarly, much of the early intervention work in homelessness has been to prevent young people from leaving the family home.

Others in the field of social work have argued that prevention has not been given sufficient evidence in social work schools at a University level\textsuperscript{\textasteriskcentered}. They also suggest that while preventative strategies and techniques are routinely employed in social work practice they are infrequently characterised as such.

The emergence of prevention in social work and its application across the community services sector could be viewed as uneven. It has been widely applied to childhood development and family relationship settings where the emphasis has been on the early identification of particular risk factors or indicators of abnormal or maladaptive development or learning difficulties. In family relationship theory it has been characterised as intervening at the earliest possible stage following acknowledgement/detection of issues or problems placing the family unit under pressure.

Early intervention and prevention have been favoured approaches to social problems by conservative, liberal and progressive policy makers at various times over the past 35 years but for different reasons. Conservatives and economic liberals point to the apparent cost savings that can be made in other areas of the service delivery system if problems that are economically costly are either prevented or identified and responded to ‘early’, before they become entrenched. In the case of homelessness, conservatives and economic liberals would see the prevention of homelessness as positive as it avoids significant costs that increase the longer a person is without stable accommodation.

These could include:

- the cost of hospital admissions for mental health episodes or acute physical health problems resulting from homelessness,
- the comparatively high cost of crisis accommodation,
- institutional care and
- the cost of regular material aid from multiple agencies.

There may be other costs too, stemming from increased alcohol and other drug use/co-morbidity amongst people who have experienced medium to long-term homelessness and the potential for greater involvement in the cost-intensive criminal justice system. In addition, homelessness reduces a person’s ability to successfully participate in education
and training and secure and maintain employment. This is concerning to conservatives and economic liberals insomuch as it amounts to a loss of productive units who could otherwise be participating economically and adding to Gross Domestic Product.

Social liberals and progressives have tended to focus on the positive outcomes for people if personal and social problems are prevented or people are supported to overcome such problems early after their emergence. The economic costs of homelessness tend not to be emphasised by progressive proponents of ‘prevention’ approaches.

Instead the emotional, physical and psycho-social costs of prolonged homelessness are cited in social work literature and early intervention and prevention approaches are promoted as the best means of avoiding these costs. In homelessness then, we see early intervention approaches tend to focus on limiting the amount of time a person spends in a particular segment of the homelessness population. The literature emphasises understanding homelessness as a process.

It may be triggered by the sudden loss of housing, or a person may enter homelessness via ‘couch surfing’ or the boarding house sector and at some point find themselves unable to secure more stable accommodation. In the case of women experiencing violence or young people subject to abuse (physical or sexual), there may be multiple episodes in which people temporarily leave the home environment where violence/abuse is occurring then return, then leave temporarily, then return before finally making the decision to leave permanently.

In terms of prevention, logic would suggest that in order to be defined as such it would need to be an approach that stops homelessness from occurring or prevents it from re-occurring when a person is again identified as being at risk of becoming homeless.

Homelessness Australia continues to support the proposition in the homelessness White Paper, The Road Home, that mainstream agencies have a lead role to play in preventing homelessness.

At a political level, Governments have a major role to play as well by ensuring that there are whole-of-Government policies and strategies in place to combat homelessness and the broader structural factors that contribute to it such as intergenerational disadvantage and poverty. There also needs to be a concerted effort at a national, State/Territory and local Government level to address features of any problems with taxation and transfer arrangements that contribute to an imbalance between demand for and the supply of affordable housing, and that discourage or at the very least do not provide incentives for investment in affordable housing.

Homelessness prevention is of course not confined to the provision of affordable housing that is safe and secure and meets the needs of people. For young people, homelessness
prevention strategies also need to focus on keeping young people engaged with education and training and ensure they have access to adequate resources such as income or income support to successfully transition to independent living. Ensuring that young people remain in contact with family (where safe to do so) or peer networks is another component of prevention highlighted in the literature. Preventing young people from becoming homeless both immediately and in the medium-term after leaving care and protection settings is another area of importance for this client group.

For older people, homelessness represents a direct contravention of the Australian Government’s *ageing in place* agenda. While the White Paper has provided funding for new aged care facilities for older people experiencing homelessness, Homelessness Australia looks forward to receiving details about how the aged care funding package announced in the May budget this year will prevent older people at risk of becoming homeless from entering homelessness as well as assist those already experiencing homelessness to live out their final years with the dignity, safety and security that a place to call home with appropriate supports affords. Recent research has indicated that the trend that emerged in the Census data from 2006 may be continuing and may be more acute for older women.

In the case of domestic and family violence, preventing it from occurring in the first place must be the optimum goal and public awareness campaigns highlighting the damage caused by and potentially fatal consequences of domestic violence are a key component of prevention strategies. The economic imperative of preventing domestic and family violence and raising a generation to believe and act on the premise that domestic and family violence is never justified or acceptable was borne out by an Access Economics report. The report aggregates the estimated total cost of domestic and family violence across a range of sectors of the economy. Access Economics estimates that the total cost of domestic and family violence to the Australian economy is $8.1 billion per annum. From our perspective, the emotional and social costs to women and children and in a minority of cases men who are victims of violence are more important. That said, the Access Economics report makes clear that economic liberal theorists make a good economic argument for prevention as a cost-saving measure.

**Early intervention: Theoretical foundations**

The theoretical foundations of early intervention in social work and community services have their origins in the fields of health and early childhood.

There is some cross-over in these disciplines when discussing the theory underpinning home visiting programs by community nurses for newborns and very young children. The programs are underpinned by research from the United States that found they were effective in determining situations where very young children are at risk of poverty or neglect due to the circumstances of the parent or parents and their living conditions. In
Australia the programs are also used to facilitate early intervention for children with disabilities such as partial or total hearing loss or intellectual disabilities.

The literature review also cites pre-school programs as other important sites of early intervention for young children, which can lead to referrals to occupational therapists and medical professionals who can be engaged to treat or correct problems detected at an early age such as with hand-eye coordination, speech or early learning\textsuperscript{viii}. Early childhood settings are also discussed as key sites for early intervention in social work practice in social work texts canvassed during the course of research for this paper, research which found that the theoretical basis underpinning early intervention in social work is limited\textsuperscript{ix}.

Social work literature has tended to criticise schools of social work at Universities for not placing a great enough emphasis on the importance of early intervention in social work practice. Some of this has focused on it being viewed as at the margins of social work practice when in fact some scholars argue it should be front and centre, whilst other critiques have centred around social workers engaging in early intervention work on a routine basis in their social work practice but not documenting it as such\textsuperscript{x}.

In health literature, early intervention has focused on the early identification and treatment of symptoms in primary health and hospital settings, or the early identification of and response to the emergence of mental illness or psychoses in young adults\textsuperscript{xii}. Other health literature has identified early intervention work as a critical component of stopping or slowing the mass transmission of communicable diseases when they emerge within populations\textsuperscript{xii}. More recently early intervention work in the field of epidemiology has focused on HIV/AIDS and there is some cross-over with prevention strategies here especially in the areas of preventing its sexual transmission or transmission as a blood-borne virus (BBV) via blood transfusions or contaminated injecting equipment\textsuperscript{xiii}.

Elsewhere in the literature there is some cross-over between criminological work around prevention of crime and early intervention for juveniles who enter the criminal justice system. This is based on the notion that keeping young people out of secure corrective care environments (prisons) is preferable as an early intervention approach because incarceration tends to increase rather than reduce the prospect of recidivism\textsuperscript{xiv}. Early intervention can also be a component of certain types of punitive sanctions such as family conferencing and restorative justice where young people are required to face victims of their crimes and hear of the impact their actions have had\textsuperscript{xv}.

In the arena of homelessness much of the work around early intervention has focused on young people or families with an emphasis on intervening to prevent homelessness from becoming entrenched or chronic.
In Australia the work of academics such as Phil Crane and Jillian Brannock, Guy Johnson and Chris Chamberlain and David Mackenzie and Shelley Mallett as well as the National Youth Commission report ‘Australia’s Homeless Youth’ has been useful in providing us with frameworks for thinking about early intervention and its practical application in the field of homelessness.

According to the literature from academics’ writing of homelessness in Australia, early intervention first emerged – as was the case with prevention theory – in health discourse and centred around intervening early following the onset of symptoms of a health complaint, communicable disease or pandemic to minimise the impact on the individual or a specific population.

In addition they point to the importance of understanding homelessness as a process, that is often the end result of a series of events as having important implications for thinking about early intervention approaches and their application in the field of homelessness practice\textsuperscript{xvi}.

Earlier work by Christabel Young and Brian Burdekin also highlighted the importance of leaving home for the first time as a critical transition point that can for some people represent the starting point of a youth homelessness trajectory\textsuperscript{xvii}.

By understanding homelessness as a process we can deduce that there will be different stages during which interventions by homelessness services/workers could end homelessness for people. This provides us with a basis for thinking about early intervention for different client groups and at different life stages.

Much of the work around early intervention has focused on young people and families with an emphasis on intervening to prevent young people from leaving home prematurely or inappropriately. Where it is dangerous for a young person to remain in the home, early intervention may take the form of finding safer ‘alternative care’ arrangements for those too young to live independently or programs and services may provide sufficient support and brokerage where available to assist young people to transition to live independently.

In their report from the 2001 \textit{Counting the Homeless} project \textit{Homeless Careers}, Chamberlain and Mackenzie expand on the concept of understanding homelessness as a process by defining a series of ‘homeless careers’. This seems to mirror post-modern sociological theories of ‘deviance careers’ pioneered by Howard Becker and Erving Goffman\textsuperscript{xviii}. For Becker, the deviant career is a process of learned behaviour while Goffman focuses on the interactions with other individuals and with institutions and societal processes and their impact on how one views one’s self and one’s place in society. Through these interactions one engages in ‘dramaturgical performances’ in an effort to avoid being shamed or stigmatised by others. There are however circumstances where this is unavoidable.
In our society, where enormous emphasis and social status is placed upon the importance of embarking on the path to realising the great Australian dream of home ownership, homelessness as a ‘deviant career’ in the sociological sense, resonates strongly.

Conversely, the concept of ‘housing careers’ is also used to conceptualise a hierarchical continuum of housing tenure from rough sleeping through to home ownership. This has in recent times been invoked at a political level through the description of public housing as a ‘stepping stone’\textsuperscript{ix} on a continuum from homelessness to home ownership.

By understanding homelessness as a process and thinking about the social construction of ‘homeless careers’ we can develop different interventions that can be applied at different stages of the process of experiencing homelessness all of which should be aimed at ending it for a person.

As Chamberlain and Mackenzie note in their 2001 work \textit{Homeless Careers}:

“...In one sense, homeless careers all point towards ‘chronic homelessness’. This is where homelessness becomes a way of life or a long-term predicament. However, the homeless career brings sensitivity in policy and practice to different types of intervention appropriate to different phases of the homeless experience – prevention, early intervention, crisis intervention and long-term support In this sense, homeless typologies say much more about exit points from homelessness than they do about the pathway to chronic homelessness.”\textsuperscript{x}

Similarly, Dr Guy Johnson concludes that it is useful to understand homelessness as a dynamic process and draws on Erving Goffman’s seminal work on stigma and its reproduction through symbolic interactions with people, institutions and social structures\textsuperscript{xxi}.

Johnson draws on a range of other sociological theorists from different schools as well but the importance of sociological ‘career’ typologies to the understanding of homelessness as a process and early intervention approaches to interrupting or reversing the process or pathway to homelessness is emphasised in his work on pathways in and out of homelessness.

Much of the literature and research in Australia has focused on young people and youth homelessness. While this makes sense in terms of preventing homelessness from becoming cyclical, entrenched and then chronic, in more recent times it has become clear that there are elements of practice for many client groups that could be defined as early intervention.

Homelessness Australia canvassed the views of our member organisations in an effort to articulate the elements of prevention and early intervention approaches used by services and workers in the homelessness sector in Australia. These will be outlined in chapters 4 and 5.
In the following Chapter we will examine what the White Paper had to say about prevention and early intervention in Chapter three, Turning off the tap.
Turning off the tap: What the White Paper had to say on the subject

Chapter three of the White Paper, entitled Turning off the tap addressed the need to prevent homelessness before it starts and intervene early after which emphasised the importance of mainstream ‘first to know’ agencies having a lead role to play in preventing homelessness or identifying it early after it occurs and taking action to resolve it quickly before homelessness becomes entrenched.

According to the White Paper:

People without support networks, skills or personal resilience, or who have limited capacity due to their age or disability, can quickly become homeless. Those with the least resources are likely to remain homeless longer. When a person becomes homeless, even briefly, the impact can be long-lasting.

There are four main pathways into homelessness:

- Housing stress, often driven by poverty and accumulating debt
- Family breakdown, particularly driven by domestic violence
- Poor life transitions, particularly transitions out of the child protection system, prison or statutory care
- Untreated mental health and substance use disorders that lead to the loss of housing, education, employment, family and other relationships.

Homelessness can be prevented. Examining pathways into homelessness is important for identifying opportunities to prevent homelessness or intervene before it becomes an entrenched way of life.

It is important that efforts are directed both at preventing homelessness — by identifying people at risk and ensuring that they have access to the right support before reaching crisis point — and preventing the causes of homelessness.

Preventing homelessness involves both tackling the structural drivers of homelessness (such as entrenched disadvantage and the shortage of affordable housing) and targeting groups who are at particular risk of homelessness (such as people exiting statutory care and people in housing stress).

The role of state and territory governments in preventing homelessness is critical. People at risk of homelessness will often interact with multiple agencies and organisations — all of which must be involved in the national prevention and early intervention effort. These include child protection agencies, state housing authorities, criminal justice and corrective service agencies, mental health services, education, training and employment services, hospitals and Centrelink.
Community service organisations, charities and the private sector – such as banks and real estate agencies – also have an important role to play in preventing homelessness.

There are successful prevention programs in all states and territories. Many of these programs work well with a targeted population at a local level\textsuperscript{xii}.

One of the risks highlighted by some of our members when providing input into this paper was that prevention was being reduced in focus to supporting people to sustain their tenancies when in fact prevention approaches are necessarily significantly more diverse in focus.

In relation to young people for example, there may be no tenancy as such to sustain but there is often value in preventing a young person from exiting the family home by either supporting family reunification or preventing the breakdown of the family unit in the first place.

Prevention approaches would include those at a macro level such as the provision of adequate income support and sufficient low-cost rental housing to ensure that people do not enter homelessness for purely economic reasons. Indeed much of the literature around prevention approaches appears to be focused on broader structural factors that can create homelessness. Some successful prevention programs do work very effectively by addressing factors contributing to risk of homelessness at a micro or individual/family unit level as well.

A good example of such a program is the HOME Advice program auspiced by the Department of Human Services which will be discussed in more detail later on in the paper.

As the White Paper articulated, mainstream agencies also have a role to play in identifying individuals and families within their cohorts of service users who may be at risk of becoming homeless.

To date, Centrelink is the stand-out agency at a national level that has demonstrated to Homelessness Australia that it has embraced this greater responsibility and, it should be added, has done so without any noteworthy increase in funding for this purpose.

Job Services Australia providers were also required to demonstrate, as a component of the Request for Tender (RFT) process, that they could provide additional assistance under streams three and four to ‘highly disadvantaged jobseekers’ including people identified as either experiencing or at risk of homelessness.

Homelessness Australia and the National Employment Services Association (NESA) were funded to undertake a joint project (the HOPE project) that aimed to facilitate closing working relationships between the homelessness and employment services sectors. A component of the project was to develop a resource kit and training package for workers in...
both sectors. The resource kit identified the importance of both employment and housing access as key homelessness prevention strategies particularly for young people.

The unresolved question that emerged from that project work was which must come first? The house or the job? Arguably, even with employment a person remains homeless but equally, without employment it is incredibly difficult to sustain a tenancy in private rental in most capital cities and many regional centres in twenty-first century Australia, so the provision of housing and employment in tandem are ultimately likely to act as stronger preventatives factors protecting against homelessness.

**Elements of homelessness prevention approaches**

The following are elements of homelessness prevention or factors that when present may assist in the prevention of homelessness.

**Housing affordability (access to and affordability of a range of housing options including private rental and social housing that is accessible, safe, secure and well located).**

The current critical shortage of affordable housing is both a major cause of homelessness and a barrier to preventing it from occurring in the first place as well as resolving it quickly once people fall into homelessness. Homelessness Australia has written extensively on the need to increase access to exit points from homelessness services. By exit points we mean affordable housing that is safe and secure and well located close to transport and services that will enable people to establish a home and participate fully in the life of their communities.

Resolving Australia’s affordability crisis would be a major step forward in terms of preventing homelessness in Australia. There is currently a shortage of close to 500,000 rental properties that are said to be both affordable and available to people in the bottom 40% of income earners. There is a shortage of more than 200,000 dwellings that are affordable and available to the bottom 20% of income earners and more than 100,000 extra social housing dwellings are needed to ensure all people currently on public and community housing waiting lists can be stably housed in properties they can afford.

The lack of exits points continues to present a significant problem for homelessness services trying to prevent people from becoming homeless or becoming entrenched in the cycle of homelessness.

Homelessness Australia has previously called on all levels of Government to commit to the adoption of the necessary land supply, policy, planning and taxation reforms necessary to facilitate the construction of an additional 220,000 dwellings between now and 2020.

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Poverty and income support (e.g. youth wages, taxation, income support policies, rent assistance, allowances that match a living wage; single parenting income support payments)

The second cornerstone of homelessness prevention involves keeping people out of poverty. Here Government has a major role to play in Australia through the provision of universal income support and Medicare.

Members who contacted Homelessness Australia from tenancy support services have stressed that their clients generally do not have particularly complex needs and:

“...Generally do not fit the stereotype of problematic gambling, drug addictions, disruptive behaviours, etc, though of course the latter do exist for some tenants...”

Other providers told us that the majority of clients in need of referrals to tenancy support programs found they were simply unable to meet the costs of living, especially if they were living in private rental accommodation.

We know that the vast majority of people experiencing homelessness who come into contact with our member services are reliant on income support.

We concur with ACOSS that the current levels of most income support payments are inadequate, particular the Newstart Allowance and Youth Allowance.

Homelessness Australia supports the ACOSS campaign to lift non-pension allowance payments by a minimum of $50 per week. For the people our member services support, this would mean the difference between being able to have a chance of making it in some private rental dwellings and falling in and out of cyclical homelessness.

We also know that the majority of people in receipt of Commonwealth Rent Assistance remain in housing stress, allocating more than 30% of their NETT weekly income to servicing the costs of housing. It is estimated that as many as 25% of this group could be lifted out of housing stress if the maximum rate of CRA was increased by 30% or just $36 per fortnight.

Homelessness Australia endorses the campaign goal of Australians for Affordable Housing which seeks an immediate 30% increase in the maximum rate of CRA pending a Productivity Commission review of the efficacy of CRA as a housing subsidy. We believe this would also act as a practical and tangible homelessness prevention initiative.

Access and availability of universal and targeted health services (especially drug and alcohol and mental health services)
Increasing access to these services at low-cost or through the universally funded Medicare scheme should be prioritised as a core component or an overarching homelessness prevention response.

We know however that people experiencing homelessness find it difficult to access primary health care services as well. This can include having difficulty affording visits to General Practitioners. Notwithstanding the fact that many GPs will bulk bill eligible concession card holders, services report that people experiencing homelessness either do not have a health care card or are in possession of an expired one, or they have never been issued with one due to a lack of contact with Centrelink.

In Australia, presenting to GPs can also present a problem for people experiencing homelessness who do not have, or cannot locate a Medicare card.

Inadequate access to primary health care services has been identified by researchers overseas as a major driver of high utilisation of ambulatory services and accident and emergency departments. Conversely, by ensuring that people have access to universal health care before problems become chronic, significant cost savings are likely across the rest of the health and social services budget.

We also know that for people with mental illness and either stand-alone or co-morbid substance use disorders and limited familial and social supports, homelessness is a clear and present risk. Homelessness Australia identified that there is a strong correlation between homelessness and poorer mental health outcomes and severe and persistent illness and cyclical or long term homelessness.

In addition, it is now widely recognised that early intervention is vital not only in homelessness but also mental health. New funding announced in the 2011 Federal budget reflects this and includes the expansion of both the Headspace model and the Early Psychosis Prevention and Intervention Centres (EPPIC) pioneered by Professor Patrick McGorry. Research demonstrates that as many as 75% of people who go on to experience long term mental illness will first exhibit symptoms prior to the age of 25. We also know that as many as 40% of adults in specialist homelessness services also experienced homelessness before their eighteenth birthday and that just under fifty percent of people who were supported by specialist homelessness services in the three months to 30 September 2011. In addition, young people exiting juvenile justice and state care experience higher rates of both housing insecurity and mental illness than their stably housed peers. There is now good evidence to suggest that prevention and early intervention approaches with a focus on both secure housing and positive mental wellbeing...
outcomes would deliver optimum results for people who are at risk of or experiencing homelessness.

**Planning, resources and infrastructure in disadvantaged areas (e.g. public transport, public amenities and community facilities in areas of concentrated disadvantage)**

Social exclusion and isolation is a common factor in spatial disadvantage and this can give rise to homelessness. We need to ensure that no matter where people are located adequate planning occurs to ensure there are community facilities, health and education services and accessible transport corridors to act as preventative factors against exclusion.

While still a contentious issue in debates around the location of affordable housing developments, in particular social housing, many housing researchers and sector representatives have made a strong case against repeating the post World War II practice of locating social housing in sprawling estates near ‘satellite cities’ or on the outer-suburban fringes of major cities away from employment, social services and transport. While urban sprawl is in many respects an inevitable outcome of the process of urbanisation and the growth of Australian cities over the past five decades, the development of large-scale public housing estates on urban fringes has led to stigmatisation and locational disadvantage including intergenerational poverty and unemployment.

As cities grow and greenfields developments emerge further and further away from traditional Central Business Districts it may be prudent to incorporate into planning and development proposals capacity for ‘secondary CBDs’ such as Parramatta in Western Sydney which can serve to provide opportunities for employment, education and training and access to health and social services that are not prohibitively far from emerging population centres.

Homelessness Australia has previously advocated for new social housing to be located in mixed tenure communities close to transport and social services. That said, even in new developments with a high concentration of social housing, exclusion could be minimised by the provision of adequate community, health and social services and ready access to high quality, reliable public transport. In essence given our lessons from history, transit oriented developments must be the way forward particularly given current concerns around transitioning to a low-carbon economy in the coming decades.

People may need access to support services to help them sustain public or private tenancies and this has been shown to effectively prevent homelessness from occurring before it starts.

While these are now operating in multiple locations in most jurisdictions they may not be readily accessible via public transport from outer suburban locations. This can be
problematic for people at risk of eviction living in localities that are away from frequent public transport.

**Education and equity (e.g. address funding distribution to early childhood centres and public schools, especially in areas of concentrated disadvantage, ensure that children remain engaged with school)**

Ensuring that early childhood centres and schools remain well resourced is also a necessary component of homelessness prevention for children and young people. This is especially important in areas where there is concentrated disadvantage or where Census data tells us there may be a higher than average rate of homelessness.

For children and young people, ensuring they remain engaged with education and training programs is a critical component of homelessness prevention. We know that disengagement from school often happens quickly after a child or young person becomes homeless.

We need to ensure that services with a prevention and early intervention focus are well connected to schools and early childhood education. Schools should be ‘first to know’ agencies and the experience of Chamberlain and Mackenzie in conducting their National Census of Homeless Secondary School Students has shown that Student Welfare Officers, Deputy Principals and teachers are often well placed to identify kids at risk of homelessness or who are already ‘couch surfing’ in secondary schools. It may be prudent then to capitalise on this resource and offer homelessness awareness training in schools as well as the provision of information about the types of services that are available to support both young people and families at the point at which either high risk of homelessness is identified or homelessness has become a new reality.

**Gender relations and violence (e.g. policing, sentencing and legislation around violence; education programs on gender relations and violence; violence programs for offenders)**

By ensuring that strong public education and awareness programs are in place that underscore the unacceptability of domestic and family violence and highlighting the catastrophic consequence of intimate partner and broader patterns of family violence on immediate victims and family members who experience violence we can hopefully lessen its incidence within the community. Preventing violence from occurring in the first place is obviously the optimum goal.

What may be less easy to determine because of the often hidden nature of domestic and family violence is when an early intervention response is to be delivered. Some of the feedback received from domestic violence practitioners during the course of consultations for this paper argued that *Safe at Home or Staying Home, Leaving Violence* models were
examples of homelessness prevention and should be included in this paper. Others articulated the view that these models not be included because they are not domestic violence prevention models as such and the violence has often been occurring on a medium and long term basis prior to the intervention order being served. It is also true that homelessness for the perpetrator can be an outcome of these approaches.

Again it must be emphasised that models of support and intervention that enable women and children to stay in the family home are not always the safest option as a recent death has illustrated. There are mixed views as to where they fit on the spectrum from prevention through to crisis.

In terms of on-going deterrence and prevention of violence on a broader level there needs to be a strong legislative and criminal justice framework in place.

There needs to be effective penalties and a sufficiently strong criminal justice and legislative framework in place to act as a deterrent for potential perpetrators and to give people experiencing violence the confidence that reporting it will result in improvements to their living situation.

**Family relationships and family breakdown (policy and programs that enhance social/familial support for parents, especially single parents, wider access to familial support programs especially in early childhood)**

In the domestic and family violence example cited above, it is clear that preventing family breakdown is not the desirable or safe option. It is also not the preferred option in situations where young people are at risk of or experiencing violence in the home.

What is also widely recognised is that family breakdown is a common cause of homelessness especially for younger people.

While many services focus on supporting young people to transition to independence, for others the priority is on family mediation and reunification strategies, these are often quintessential to homelessness prevention approaches.

The family mediation and reunification work of services is perhaps not given the prominence it should in the literature and reports about the work undertaken by homelessness services that support families and young people.

Reconnect workers have told Homelessness Australia for example that this work is a function of core business for their services but that they feel that the literature around youth homelessness is biased in favour of supporting young people to live independently of the family unit when in many cases it is better for the young person and family unit or
parent to resolve issues that have led a young person to become homeless or are making this a likely event.

For many specialist homelessness services, supporting families to address issues that may give rise to family breakdown and resultant homelessness is also the primary role. The Therapeutic Youth Intervention model (formerly Ruby’s) that was expanded across metropolitan Adelaide and in the regional city of Mount Gambier using funding provided by the National Partnership Agreement on Homelessness is an example of a service previously funded under the Supported Accommodation Assistance Program that undertakes this work. There are many others across Australia.

Members indicated to us that this work needs to be given greater recognition in dialogue and reports about the work undertaken by youth homelessness practitioners.

**Preventing exits into homelessness from custodial care, corrections, mental health and other statutory settings**

Preventing exits into homelessness for people in statutory care, corrections, hospitals, mental health settings and alcohol and other drug treatment (Ensuring that people are not exited from these settings into boarding houses, homelessness services, tenuous accommodation or rough sleeping)

Recognition that people exiting correctional services, hospitals, juvenile justice, mental health and out of home care are at high risk of becoming homeless is not new and this was documented in a paper on SAAP and returning prisoners in 2004.

In the White Paper, responsibility for preventing exits into homelessness was vested in state/territory governments. This is because state and territory authorities and services collect data on people in correctional services, hospitals, juvenile justice, hospitals, mental health care settings and out of home care.

Providing assistance to people leaving these settings to prevent exits into homelessness is one of the four core outputs in the National Partnership Agreement on Homelessness (NPAH).

“...The parties will deliver the following core outputs ...Assistance for people leaving child protection services, correctional and health facilities, to access and maintain stable, affordable housing...”

As a result of its inclusion in the NPAH as a core output, state and territory Governments included a number of new initiatives and service responses in their homelessness Implementation Plans that aim to prevent exiting people into homelessness from some or all of these settings. Members wanted to stress that preventing exits into homelessness is incredibly difficult.
People exiting these settings are at a significantly increased risk of experiencing homelessness than the general population. The successful implementation of this policy will go a long way towards ensuring that we meet the target of halving homelessness by 2020.

While the White Paper placed preventing exits into homelessness from these settings in the *Turning off the Tap* section which outlined the focus on early intervention and homelessness prevention, some members have expressed the view that preventing exits is very difficult particularly given the strong competition for private rental and lengthy waiting lists for social housing even for people deemed priority access applicants.

**Tenancy support programs (These aim to connect people to moderate or intensive support programs and services to prevent them from being evicted and assist them to sustain their tenancies)**

One of the most successful homelessness prevention models in South Australia and Victoria has been tenancy support schemes which aim to identify people or families at risk of tenancy failure and to connect them to support services such as financial counsellors to address issues that may be placing them at risk of eviction.

One of the most encouraging findings from the data in both South Australia and Victoria has been the demonstration that Indigenous Tenancies at Risk programs have been successful in dramatically reducing evictions from both mainstream public housing and Aboriginal housing.

Supported Tenancy Programs are now being rolled out across all jurisdictions as a component of the National Partnership Agreement on Homelessness.

While the success of these programs is demonstrated by the reduction in tenancy failures amongst participants, Homelessness Australia members have cautioned that they are just one in a suite of homelessness prevention models and approaches and that we would not want to see homelessness prevention reduced to the narrow focus of preventing tenancy failure in public housing and/or private rental.

The small scale Household Organisation and Management of Expenses program (HOME advice) is delivered through a partnership between Centrelink, FaHCSIA and community organisations in eight sites across Australia. A 2007 evaluation of the program found it to be highly effective in assisting families with the management of expenses and to address issues within the family unit or household that may be placing the family at risk of tenancy failure.

It is small in scale, assisting 2232 families in 2009/10 but has been well received by many Homelessness Australia members. It is often cited as one of two flagship early intervention
and homelessness prevention programs auspiced by the Australian Government, along with the Reconnect program which will be discussed later in the paper.
Early intervention in policy and practice

According to the literature, there remains a lack of clarity around what early intervention means even though practitioners undoubtedly engage in early intervention work across a range of services within the homelessness sector and in mainstream agencies that service clients who are homeless every day.

Like prevention, social work literature has also been critical of the limited focus on the importance of early intervention work in social work schools despite is regular application by social workers in practice with clients.

Homelessness Australia found during the course of conducting research for this paper that there has however been much done in terms of research on early intervention in the field of homelessness by academic researchers in Australia.

In terms of homelessness policy, early intervention has been articulated as a core element of responses to homelessness in Australia for many years now. The former Government provided funding for early intervention programs for young people and families and successive evaluations of the Supported Accommodation Assistance Program noted its importance in particular in the work done by services working with families and young people.

Homelessness services have undertaken and continue to employ a range of early intervention strategies in their approaches and service delivery models. Early intervention approaches seek to prevent homelessness or resolve it as rapidly as possible for ‘at risk’ populations.

While much of the reports and policy and program evaluations have focused on this work in the context of families and young people, Homelessness Australia members noted that this is also a core feature of work done across the sector with all client groups.

Given that it is prefaced by the word early, the term implies that early intervention approaches seek to respond to homelessness at the earliest opportunity after it occurs.

Some members suggested however, that some interventions that prevent homelessness from occurring should still be regarded as early intervention because the strategies are adopted and put in place early after risk factors that give rise to homelessness are identified and responded to.

Homelessness Australia certainly believes the White Paper was on the right track when it stated that mainstream agencies needed to play a greater role in intervening and responding to homelessness early in the process.
In our recent White Paper report card we found that Centrelink has demonstrated that it is
doing this and reforms such as the introduction of the homelessness indicator flag, domestic
violence and homelessness awareness training for Customer Service Officers and a greater
focus on accommodation insecurity as a barrier to employment in the Job Capacity
Assessment and Job Seeker Classification Instrument are evidence of this.

There is some evidence that Job Services Australia providers are taking a greater
responsibility for identifying and responding to homelessness early on in the engagement
process with Jobseekers, particularly younger people. This is pleasing and it shows that the
focus in both the Request for Tender for employment services in 2008 and the HOPE project
that Homelessness Australia was funded to undertake with the National Employment
Services Association (NESA) may be having a positive impact.

There is evidence that Employment Consultants are seeking information about where to
refer people who indicate to them that they may be at risk of or experiencing homelessness.
We know that homelessness is a major barrier to employment stability and continued
engagement in education and training and that an effective early intervention strategy is to
support people who are able to remain engaged. Without a safe and secure place to stay
this is very difficult.

Members indicated that either their own services or services they worked collaboratively
with or closely with in their localities engaged in early intervention work to prevent
homelessness from extending beyond a temporary experience for people. Early intervention
has been a key component of efforts to respond to homelessness in Australia for over two
decades now, particularly in the response to family and youth homelessness.

**Australian Government initiatives**

**The Reconnect program**

The forerunner to the Reconnect Program, family and youth mediation and reunification
services commenced as a pilot in 1990 following the release of the Burdekin report *Our
Homeless Children* a year earlier and were rolled out nationally in 1994xxxvii.

At a recent Reconnect forum in Adelaide, providers spoke of the positive elements of the
program which they credit with its demonstrated success, including:

- Flexibility in funding agreements which workers indicated provided them with the ability
to tailor the types of support provided to the needs of particular client groups.
- The holistic, client centred approach that is at the heart of the program.
- The program’s focus on community development.
- Collaboration with other community services in the area is generally very strong.
The Participatory Action Research (PAR) component of the program enables services to go beyond reflective practice and determine what issues could be addressed using PAR as a research method and how these will lead to improved service delivery and client outcomes.

The involvement of people supported by services in the PAR process was highlighted by many as a key strength.

The positive and enabling approach of the program to client goals and outcomes.

The emphasis on keeping young people connected to family and support networks by resolving conflict was identified as a major strength of the program.

The good practice principles are a coherent and useful guide for service delivery.

Where it is a feature, close engagement and embedment in schools as co-operative sites of early intervention in addressing risks for young people.

At the same forum, providers raised a number of concerns about the program including:

- High demand for services and an increased tendency to focus on supporting people in crisis which is not the intent of the Reconnect program.
- Funding is still being allocated as if Reconnect was a pilot program; chiefly evidenced by the fact that the program has only received a twelve month extension in the current funding round making service planning difficult.
- Inadequate or no indexation altogether was placing unrealistic cost pressures on services. Workers expressed the view that in real terms they face funding cuts.
- Difficulties with the recruitment and retention of suitably qualified staff.
- Pay disparities between what Reconnect providers can offer workers in comparison to other sector which are exacerbating the above issue. The lack of indexation means they cannot offer pay increases while Government pay rates increase by 3-3.5% annually.
- A perceived lack of recognition of the family mediation and reunification work done by Reconnect workers which is a major component of the success of the program in resolving homelessness quickly.

In addition, regional, rural and remote based providers informed the forum about:

- The difficulties with finding housing for workers and clients that is of an adequate standard and affordable.
- The impacts of increased mining activity on median weekly rentals which are in many areas now in four figure sums for 3 bedroom houses.
- The associated impact of increased mining activity on demand for community services in towns and regional centres close to mine sites.
- The demand pressures this was creating for services that were now supporting people who would not ordinarily fit in the gambit of the Reconnect target group. Services felt
obligated to support people as there were no alternative community services nearby that could do so.

- The tyranny of distance between population centres in large regional areas that one Reconnect service was contracted to support people in. This is placing worker safety at risk in some cases and contributes to high fuel costs for services.

Finally, while it is a recurrent theme of our policy papers; the inability to access affordable housing that meets the needs of families and young people was raised repeatedly by Reconnect workers as the single, greatest impediment to resolving homelessness quickly.

We need coordinated, systemic reforms to housing supply and taxation and transfer arrangements to ensure that the supply of affordable housing that is safe and secure and meets people’s needs. Without this, homelessness services can only do so much. Without this, the effectiveness of the NAHA in meeting its aspirational objective remains compromised.

**Household Organisation and Management of Expenses program**

The second early intervention program funded by the Australian Government that aims to prevent homelessness by intervening early after risk factors emerge that may lead to family homelessness is the Household Organisation and Management of Expenses (HOME) advice program.

It is a small program delivered in partnership between Centrelink, FaHCSIA and community organisations in eight sites across Australia.

There are five core components that make up the HOME Advice Program model. These are:

- **Early intervention** which involves identifying and reaching families before they become homeless and assisting them to avert homelessness through sustainable changes in their situation and circumstances.

- **Holistic approach to interventions** which is working with all relevant family members including, children, grandparents, aunts, uncles, adult siblings and other extended family and/or household members. Working holistically also involves a dedicated capacity to respond appropriately to Indigenous family homelessness with an early intervention capacity.

- **Strengths based, family centred practice** is focused on working along the full continuum of issues that families may have and for however long such support and assistance is needed.
-Flexible brokerage incorporates the provision of financial assistance to client families where other community and government resources are not available or simply do not exist and when immediate financial assistance will provide a sustainable outcome.

-Creating and maintaining partnerships ensures that the HOME Advice Program does not function in isolation from other services or sectors. The partnership between the community agency providers and Centrelink is the central partnership of the program and is an important component in the success of the HOME Advice Program.

Evaluations of the HOME advice program have found it to be effective in preventing family homelessness and supporting families to address issues that are placing tenancies at risk.

The program’s flexible brokerage has been well received by the homelessness sector.

Homelessness Australia believes that there is a case for funding the expansion of the program given that successive evaluations have demonstrated that it has exceeded expectations and met program objectives xxxviii.

Action research is a component of HOME advice as is the case with Reconnect.

Another element of the program that is in-built is that it is delivered in partnership with community providers and so collaborative practice between Government and non-Government providers occurs simultaneously.

**Early intervention in specialist homelessness services**

Features of early intervention approaches identified by Homelessness Australia include:

**Timeliness**

Early intervention responses are more effective when they are delivered in a timely manner.

As straightforward as this sounds, when demand for service exceeds capacity this can be difficult to achieve. As the name suggests, early intervention responses need to commence or be implemented early after risk factors are identified and/or homelessness occurs.

**Flexibility (client focused)**

A major emphasis of the White Paper was on client centred service delivery. For homelessness services this is core business and has been a component of homelessness service delivery for more than twenty-five years. It is a particularly important component of early intervention work because service responses need to be tailored to addressing factors present in a person’s situation that have given rise to homelessness or are placing a person at imminent risk of becoming homeless. Flexible brokerage is often cited as important by
Homelessness Australia members, particularly when it comes to securing accommodation and referrals to external services that can support people to overcome homelessness quickly.

**Responsiveness**

The homelessness sector has evolved significantly over the past thirty years. In the late 1970s, new homelessness services were developed, principally in the form of refuges for women escaping domestic and family violence and young people. While much of the work these services were doing was supporting people following a crisis, after homelessness had already occurred, they evolved into the Supported Accommodation Assistance Program (SAAP) which received funding on an on-going basis as dedicated program from 1985 onwards. Through successive iterations (SAAP I to IV), the importance of early intervention in the homelessness space came to become a central component of the work homelessness services were doing. The definition of both homelessness and risk of homelessness contained in the preamble of the *Supported Accommodation Assistance Act 1994* xxxix clearly mandated that services were to provide support not only to people who were already homeless but also those defined as at risk of becoming homeless.

Services have been responsive to changing client needs as the program has evolved and in the mid-1990s with the emergence of the forerunner to the Reconnect program, researchers began documenting the importance of early intervention in the prevention and resolution of homelessness, with a particular focus on families and young people.

More recently through the White Paper it was noted that services, including mainstream services need to be responsive to the needs of clients. In terms of early intervention there remains a lack of clarity about what the term ‘responsive’ actually means and when a response should take place if it is to be defined as an ‘early intervention response’. Some researchersxl, have argued that while prevention should always be targeted at external and structural factors that give rise to homelessness, early intervention approaches should be responsive to situational factors and individual needs. Other researchers have emphasised that early intervention by definition would be responsive to homelessness as soon as possible after a person finds themselves without stable housingxli.

Arguably if services are not ‘responsive’ to the needs and aspirations of clients then clients will not come back and/or services will not demonstrate that they are delivering good outcomes for people. In more recent years there has been a policy emphasis on the repeat use of homelessness services by people. Homelessness Australia members have argued that just because a person returns to a homelessness service more than once, does not necessarily mean this is a failure of the service or service system. It may reflect that the person had a positive experience with the service and/or that the service was responsive to
their needs. When arguing that services must be ‘responsive’ to the needs of clients it is important then that overarching policy statements align across the spectrum.

**Attuned to life stage/development issues**

In the literature on early intervention, this has almost exclusively been articulated as a response to youth homelessness but it is reasonable to conclude that it can be applied across the lifespan of a person. In the fields of both psychology and social work, attention is paid to points of change across different life stages. For a young person this may be the transformation from childhood to adolescence to young adulthood. An interesting longitudinal study around ten years ago looked at risk and protective factors for children in the context of young offending and exposure to the juvenile justice system in Queensland. It found that there was a definite correlation between maltreatment, neglect and abuse as children and higher rates of offending and custodial sentences in the juvenile justice system in adolescence. While not directly relevant to homelessness it is widely accepted that people who spend time in institutions and people who become homeless as children and young people are significant more likely to spend time in homelessness services as adults. Exposure to the child protection system and other forms of statutory care increases the likelihood that a person will experience homelessness. While much of the evidence for this has come from the youth space, it is also true that exits into homelessness from adult settings such as prisons and mental health facilities. In our earlier policy paper on preventing exits into homelessness we identified these sites as places where early intervention responses were essential and where exit planning must begin well before discharge. It is in preventing exits into homelessness however that the terms early intervention and prevention can be readily conflated. Some Homelessness Australia members have argued that it is already too late to consider preventing an exit into homelessness from correctional settings as homelessness prevention because entry into such a regimented institutional setting as a prison has already rendered a person homeless.

More recently there has been more activity from advocates and researchers on the need for a greater focus on early intervention for different client groups and different life stages. There is some evidence for example that homelessness amongst older people is increasing as is housing insecurity. McFerrin’s research indicated that there was a need to address life-stage issues for older women through a gendered lens but also through a lens of risk. Issues such as workforce age discrimination, life events such as divorce or the death of a partner or spouse and economic disadvantage and/or the inadequacy of superannuation can combine to result in homelessness. Some of these events will be equally true for older men as well.
To date however there has been little research on preventative and protective factors against homelessness amongst older people (in particular men) or on what early intervention responses might look like for older people.

There are only a very small number of specialist homelessness services for older Australians and this often results in people being placed in generalist services which by necessity, cater for a broad range of age groups from twenty-five and upwards. There are almost no services for older women for whom domestic and family violence is not a factor in their homelessness. What services there are do not generally, as far as we can ascertain, have a mandate for early intervention work with older people.

As housing affordability and insecurity worsens and with data indicating that home ownership may be declining, early intervention will become increasingly important for older Australians. Homelessness Australia is awaiting details of the aged care reform package announced in the May Budget to determine whether or not there have been significant announcements in the area of housing insecurity and homelessness. It is an area that clearly requires more work and a nuanced policy and program response.

In summary life stages and life transitions could be used as a framework for thinking about and implementing early intervention responses for people undergoing transitions that may place them at high risk of becoming homeless or when people have tipped over into homelessness following these transitions. There is a need to more clearly articulate what these might look like in practice. Greater attention or a more nuanced response may be needed for people approaching particular life transitions or following particular life events that are also disadvantaged economically or excluded from social participation or support networks that would ordinarily prevent homelessness from resulting.

**Multi-faceted response**

Much of the literature on early intervention, particularly pertaining to youth homelessness emphasised the need for coordinated multi-faceted responses involving multiple agencies and players to prevent homelessness from becoming a feature of a young person’s life. The importance of schools as sites of early intervention is emphasised in much of the literature. Arguably, this should not be limited to ensuring that key workers in schools are urged to take a greater responsibility for identifying students who are at risk. It would also be prudent to conduct some form of homelessness awareness training in schools. This would benefit both staff and students as young people often don’t recognise their circumstances as being a state of homelessness or may not realise that they are at risk of becoming homeless. Of course this should be approached sensitively as we would not want to see increased attention leading to greater labelling or targeting of so-called ‘at risk’ students.
The need for multi-faceted responses to end homelessness as quickly as possible after it occurs is equally true for other groups. In trying to determine what early intervention responses might look like for women and children escaping violence, there was debate around where staying home, leaving violence, or safe at home models might fit. Some have argued that while they may in the medium term prevent homelessness for women and children resulting from the decision to leave violence, they should not be seen as early intervention OR prevention as the decision to leave often comes after having been subjected to many months or years of on-going abuse and violence.

Others argue that the multi-faceted and integrated response involving domestic violence workers, the justice system, police and social services that is necessary to support women and children to remain in the family home where it is safe to do so, in addition to the fact that women and children are re-housed quickly in the family home, does mean the response has elements of early intervention and that ultimately homelessness is prevented from resulting from violence, even though abuse may have been occurring for some time. Clearly while not being an early intervention response to violence, there is an argument for viewing these models as a means of preventing homelessness from being the end result of the decision to leave a violent partner.

For single men or single women, an early intervention response may be quite different in terms of services that people need to be connected to in order to resolve homelessness quickly but it may still require a multi-faceted and tailored response. For example, if homelessness for a single person was to have resulted from financial crisis caused principally by unemployment or a lack of economic resources and/or social support, an early intervention response would need to connect people to services to assist in building capacity in these areas and boosting a person’s capacity for economic and social participation.

For older people, ensuring that they can be supported to live independently where they want to do so and providing support to combat exclusion and social isolation would be features of an early intervention response.

People who are stably housed interact with a range of services, systems and institutions each day, as do people who are experiencing homelessness. For people with strong familial and social support networks, a failure of broader economic and social systems is less likely to lead to homelessness. For people with limited networks, broader system failure is more likely to lead to homelessness and ending homelessness will probably require a more integrated response and the buy in of a greater number of housing and support services.

Given that the process of becoming homeless is also multi-dimensional and multi-faceted it perhaps stands to reason that approaches to ending homelessness for people should also be multi-faceted. The White Paper emphasises the need for joined up service delivery. This is
arguably a core element of early intervention responses that aim to resolve homelessness as quickly as possible.

**Emphasis on skills and capacities**

Specialist homelessness services and dedicated early intervention programs like Reconnect use strengths-based approaches to support people to harness support networks and strengths already present in their lives to overcome homelessness and regain independent or reunite with family and social networks.

Capacity building is and must be at the core of early intervention responses to homelessness. This means both building people’s personal capacity to overcome homelessness as well as the capacity of systems and services to ensure responses can be put in place that resolve homelessness quickly for people and prevent it from re-occurring.

**Purposeful-outcomes driven**

The new funding environment for homelessness services and social housing is, at a policy level, focused on outcomes. Literature on early intervention also emphasises the need for early intervention approaches to be outcomes driven in order to be successful.

While seemingly obvious the ultimate outcome of any response to homelessness must be to ensure that a person remains in stable accommodation. For some people, in particular young people and children this will not be independent living but will be in the family home, where it is safe and desirable. Research on youth homelessness from Burdekin, to the present day has documented that the process of becoming ‘homeless’ is not necessarily a state of rooflessness but that young people report that their first experience of homelessness occurred when they no longer felt they were a part of the family unit or when the family home no longer felt like a home. This illustrates that a sense of belonging is an important element of a home. Similarly, for people experiencing violence in the home, the element of safety and security that a home should afford is not present and in this situation, the feeling of homelessness will for many people emerge long before they have lost the physical dimensions of a house.

The outcome of early intervention approaches then would not simply be the provision of a physical space, or ‘a roof over one’s head’ but also the provision of a home that affords social amenity for people, feels safe and enables the foundations for participation in communities and social institutions.

**Resourced and resourceful**

Like housing, the question of adequacy of resources arises again and again for us.
For early intervention to successfully resolve homelessness as quickly as possible and prevent its recurrence, people and services need to be adequately resourced to deliver sustainable outcomes.

People experiencing homelessness are generally resourceful. It could be argued that one needs to be in order to be resilient enough to survive the experience. That said, a lack of economic resources and/or a lack of social supports and social capital makes overcoming homelessness more difficult for people than it is for those who fall out of stable housing but can harness the resources of family and friends as well as the service system to resolve it.

In both our policy paper on preventing exits into homelessness and our paper exploring the links between mental illness and homelessness, we emphasised the need for people to be able to access the resources needed to live independently and sustain housing. This is also a necessary component of early intervention approaches in order for them to work.

**Clarity about time frames for change and the process of change for people**

The term *early intervention* implies that responses need to target people at the earliest possible stage after they become homeless. Others have argued that approaches that assist people to address or overcome a number of risk factors that could, if unaddressed, give rise to homelessness.

In order to prevent homelessness from becoming more than a temporary experience for people which exacerbates existing problems and can serve to create new ones with long lasting consequences, early intervention responses need to be delivered as quickly as possible after homelessness occurs or when it is imminent.

That said, it is also true that forcing people to make changes in their lives that they are not yet ready to make may not lead to sustainable change in the medium or long term. This is something well known to people in the alcohol and other drug sector and is an underlying principle underpinning ‘housing first’ responses to homelessness.

While tight time-frames are needed for the resolution of homelessness (without them, the intervention outcome will not come early in the process), we need to be conscious of the process of change for people and what stage of that process they are at.

**Who early intervention approaches target**

Targets specific populations/individuals within those populations:

- Those ‘at risk of homelessness’.
- Those not chronically homeless.
- Young people who have recently left the family home.
• Families where conflict issues have been identified.
• Older people in private rental or precarious housing.

What early intervention approaches aim to do

• assist people to avoid long term/ chronic homelessness
• prevent homelessness at the individual level
• minimise effects of homelessness
• Identify and respond to homelessness at the earliest possible stage
• Focus on the situational level factors for individuals and families
Discussion

When deciding to explore homelessness prevention approaches and what the core elements of these would be and how these differed from early intervention approaches and to define what the core elements of early intervention approaches might be and we had hoped to clearly define them and draw conclusions about what they might look like for different client groups.

Before addressing this we looked at what the literature and research has said about the origins of both prevention and early intervention. We found that both terms seem to have their origins in health, early childhood and criminology.

In the health domain they refer to the prevention of disease and to health promotion and awareness or early intervention to prevent the outbreak of pandemic or more serious health complications resulting from less serious symptoms of adverse health events.

In early childhood, the literature focuses on the life stage as important in determining both protective and risk factors for patterns of behaviour or developmental difficulties which, if not addressed at the earliest opportunity can result in on-going problems or barriers to the realisation of one’s full potential later in life.

In criminology, crime prevention has been a major area of research and early intervention is addressed in terms of the rehabilitation function of juvenile justice and adult correctional services. In addition, criminological theory has linked to some of what the literature in early childhood has found about the development of protective factors or conversely the emergence of risk factors in early life stages and their implications for the criminal justice system and patterns of offending behaviour in adulthood. In this research area, the importance of housing and support networks is emphasised as a crucial protective factor against recidivism and re-offending.

Our research also identified that support for both prevention an early intervention approaches in public policy from both sides of the political spectrum because of the perceived economic and social benefits. This is an important consideration in light of the recent focus in Australian homelessness policy and research on economic cost-benefit analyses particularly the benefits of providing permanent supportive housing to people who have experienced long term homelessness.

Our consultations and research have revealed that the distinction between what constitutes homelessness prevention and what constitutes early intervention in both theory and practice is often not clear.
In the literature, researchers have tended to make a distinction by placing an emphasis on either structural factors or situational and individual factors. This is not only the case in homelessness but also in the three areas outlined above from which researchers have identified as the origins of prevention and early intervention as theoretical concepts that are now applied in both policy and practice. Even in this paper it has not been possible to clearly delineate the terms and there is some cross-over in the above paragraphs.

In attempting to do so, much of the literature we canvassed has suggested that prevention should address structural factors that give rise to homelessness while early intervention should address situational and individual factors and circumstances that when present (usually in combination or as a series of events) can and often do result in homelessness.

This leaves some programs which would appear to be prevention focussed, more closely correlated with early intervention, in particular HOME Advice and Tenancy Support Programs that seek to address circumstances in the lives and household organisation of tenants that are jeopardising tenancies and placing people at risk of homelessness.

We have not been able to access good quality and consistent data showing how early intervention models and programs designed and funded by States and Territories are contributing to turning off the tap. It may be that they are as effective as HOME advice and Reconnect but without the data it is another unknown flowing from the new funding environment in which we find ourselves.

Homelessness Australia does believe that homelessness prevention starts by re-affirming commitments at an economic, political and social level to take action to mitigate or remove structural factors that give rise to homelessness. This means that we need a renewed commitment to addressing poverty, social disadvantage, particularly that which has become entrenched and intergenerational. It means that we need coordinated, planned and systematic changes in a range of policy areas to increase housing supply and remove barriers and disincentives to the supply of more affordable housing in Australia. It means we need greater public awareness of the enormous damage and disruption wrought on people’s lives through experiences of domestic and family violence, homelessness and institutionalisation. It means committing to locational and regional responses to combat entrenched exclusion from the labour market and from social and economic participation.

It means ensuring that all people can access programs and services such as community centres and education, employment and training to overcome exclusion and find pathways out of poverty.

The lack of access to affordable, safe and secure housing that meets the needs of individuals and families has again been identified as a major issue that is both a causal factor in homelessness and a major barrier preventing services from resolving homelessness quickly.
Similarly, the inadequacy of income support emerges as an issue that it would be remiss not to include in this paper. It is closely linked to issue of housing affordability; it is reasonable to conclude that without a liveable income and in a housing rental market characterised by lengthy waiting lists for social housing and strong competition in a private rental market that the housing supply council believes is failing to meet the needs of Australians on low-moderate incomes, people on income support will be at increased risk of becoming homeless.

A major step forward in terms of homelessness prevention then would be to raise the level of income support to ensure people can afford to service the costs of rental housing without going without other ‘basics’ such as groceries, medicine and utilities. While much is made of clients presenting to homelessness services with ‘increasingly complex needs’, Homelessness Australia continues to hear from our members that they are increasingly providing support to people whose needs are not particularly complex and whose homelessness could be readily resolved, if only they could get access to an affordable rental property that meets their needs. The question of the adequacy of income support, especially allowance payments was not adequately addressed in the May budget. It needs to be in future budgets, or a growing number of Australians will find themselves at increased risk of homelessness or worse in a state of homelessness that without sufficient affordable housing will see them locked out of the housing market in a country that perhaps more than anywhere else in the world defines itself by the ability to achieve the so-called Australian dream of home ownership.

Closely linked to the adequacy of income support and the inability to meet the cost of living is spatial disadvantage. This is being addressed to an extent by the current Government through specific placed based measures to overcome labour market exclusion and provide greater assistance to people defined as ‘long-term unemployed’ or in areas of ‘highly concentrated disadvantage.

Homelessness Australia understands that five localities have been chosen and that targeted additional assistance to overcome long-standing barriers to economic and social participation is being offered to people. Much of these placed based initiatives will contribute to reducing the risk of homelessness and homelessness prevention and we are supportive of these. Compulsory income management however remains a vexing issue and its trial in these five localities is worrying and its roll-out without an evidence base to support claims that it achieves particular changes for people is something we vigorously oppose.

Outside of literature and policy documents for families and young people, there is scant research around what early intervention looks like for other client groups. Some members
have argued that there needs to be a greater focus on early intervention responses to risk of homelessness for single adults, in particular older Australians.

The literature argues that for early intervention approaches to be successful, they usually need to involve a number of relevant organisations and a level of coordination. To some extent this mirrors the more recent focus on the need for services to ‘wrap around’ clients. It was difficult to clearly define what the core elements of early intervention are in the course of preparing this paper. Feedback indicated however that this could in fact be a positive as one of the most important elements of early intervention approaches is that they are not rigid but rather, are sufficiently flexible and holistic to enable services to tailor responses to meet the needs of clients with the goal being to either prevent homelessness when it is found to be imminent or to resolve homelessness as soon as possible after it is identified.

Some members argued that indeed the premise of the topic of this paper presented risks for the homelessness sector and a conclusion reached is that we would not want to see funding contracts and service agreements become rigid or constrained by needing to fit within narrow definitional or operational guidelines in order to be considered *early intervention*.

That being said, there does seem to be a need for greater clarity about what constitutes early intervention, particularly in light of the fact that dedicated funding rounds are now offered to services that have an *early intervention* focus. Consideration needs to be given to determining what does or perhaps more importantly *does not* constitute an early intervention response particularly if services are being asked to deliver on this in competitive funding rounds.

We have outlined what we believe are elements of prevention approaches and early intervention approaches and tried to articulate what we see are the differences between them.

These elements are derived from both a review of some of the literature on prevention and early intervention and through information provided by some of our members about the vital work they are doing in this space.

There is evidently some blurring of the boundaries in terms of trying to define these terms and articulate what the elements of both approaches might look like in practice. This paper is an attempt to do this and to sketch out what *prevention* and *early intervention* mean when we use those terms in policy documents and descriptions of service models in the homelessness sector.

Both prevention and early intervention approaches have been embedded in Australia’s response to homelessness for some time now but in the literature and policy documents they are almost exclusively discussed in reference to family and youth homelessness.
Research for this paper has at least allowed us to conclude that the elements of both approaches that are articulated above can be integrated into policy, program and service responses for all groups in Australia facing homelessness.

We need to see more work done to articulate what these would look like in both policy and practice and to highlight examples that illustrate that this work is already being done.

Participatory Action Research appears to be a useful way of enabling workers and services to go beyond merely reflective practice and to think about, document and find ways or addressing and resolving issues of importance in service delivery and meeting the needs of clients. It is built in to the Reconnect and HOME advice programs and is unofficially a component of work done in other homelessness services. It appears to be a useful way of enabling workers and clients to design and implements ways of improving service delivery, building service and system capacity and facilitating community development that ultimately leads to better client outcomes. Consideration should be given to developing PAR and incorporating it into other programs and service models. The caveat being, that workers would need time do it, something Reconnect workers have told Homelessness Australia, is not always available to them.
Recommendations

General

- That the Australian Government work with service providers and peaks to identify concrete examples that illustrate elements of prevention and early intervention approaches.
- That the Australian Government commits to increasing non-pension allowance payments by a minimum of $50 per week to improve the likelihood that the most disadvantaged in our community can seek to meet the costs of rent and utilities.
- That Commonwealth Rent Assistance is increased by at least 30% pending a Productivity Commission review of its efficacy.
- That working to end entrenched intergenerational disadvantage and poverty are national priorities for the Australian Government going forward.
- That flexibility is regarded as a core element of early intervention and prevention programs, and that this is reflected in service agreements which should not impose too many restrictions on services.
- That the prevention focus of the national health reform agenda is aligned with homelessness prevention programs and that housing is recognised as a key positive determinant in good health and well being outcomes.
- That prevention approaches be a core component of the next iteration of the National Partnership Agreement on Homelessness.
- That the sector be engaged to determine elements of early intervention approaches that work best to prevent recurrent or long-term homelessness across different age cohorts.
- That these approaches or elements of early intervention practice are prioritised for inclusion in the next National Partnership Agreement on Homelessness.

Youth

- That funding for the Reconnect Program is doubled to enable in reach into communities in which there are few or no early intervention services for young people at risk of or experiencing homelessness.
- That Reconnect services are funded on an on-going basis with rolling agreements of at least three years duration. The current situation is untenable and it is unacceptable that Reconnect is still treated as if it were a pilot program.
- That schools be regarded as primary sites of homelessness prevention for young people and homelessness awareness, information and referral programs be implemented in secondary schools.
**Single women**

- Single women, in particular, older single women with limited means should be prioritised in the next iteration of the NPAH and given increased access to prevention and early intervention services.
- That more services for single women are funded in future agreements as there is a dearth of accommodation and support options for this emerging group of concern.

**Women escaping domestic and family violence**

- That more funding be directed towards public awareness campaigns that aim to publicise the truths about the unacceptable nature of domestic and family violence and its consequences.
- That the National Plan to Reduce Violence against Women and their Children (a key prevention plan) needs to link directly to the National Partnership Agreement on Homelessness.
- That mainstream services such as women’s health services be funded to engage with domestic and family violence practitioners to increase awareness about how to identify violence and where to refer people for assistance.
- That domestic and family violence prevention and early intervention be a core output of the next National Partnership Agreement on Homelessness.
- That homelessness prevention for victims of domestic and family violence is prioritised in cases where violence is reported and that a holistic justice, housing and policing response is enacted to facilitate this.

**Families**

- That early intervention programs such as HOME Advice and Reconnect which often have family re-unification or the prevention of family breakdown as a core focus are expanded in reach and scope.
- That increasing the number of services for families who have recently become homeless is a priority for consideration in future funding agreements for homelessness services as this proportion of homelessness services is very low and does not reflect the scale of the problem.

**Single men aged 35 and over**

- That single males aged 35 and over are recognised as in need of greater access to homelessness prevention and early intervention services.
- That funding is provided to enable service responses to prevent homelessness for this group when risk factors are identified such as unemployment or financial crisis.
• That this group are able to access services that can help them re-establish housing rapidly if homelessness occurs, before it becomes episodic or chronic.

• Recent research has shown that preventing homelessness and a greater emphasis on early intervention for this group would result in significant cost savings across other areas of the health and social services budget. This underscores the need to prioritise homelessness prevention and addressing risk factors for this group before homelessness becomes a crisis.

Older Australians

• That older Australians are afforded opportunities to enter aged care settings that meet their needs with public subsidies, particularly in cases in which they do not have an asset such as the family home to sell to fund an aged care entry bond.

• That older Australians are recognised as an emerging group to be prioritised in the roll-out of homelessness prevention and early intervention approaches.

• That older Australians at risk of homelessness are a priority group in the aged care reform agenda now and into the future.

Research

• That future funding for homelessness research prioritise projects that examine what early intervention and homelessness prevention approaches would look like for groups that have not previously been seen as priority targets for these approaches.
Conclusion

What conclusions then can we draw from examining early intervention in the field of homelessness? We know that many programs and service responses flagged as early intervention have been shown to be effective at resolving homelessness quickly, reuniting families and preventing homelessness from occurring by addressing risk factors as soon as possible after they are identified.

We have discussed two highly regarded early intervention programs auspiced by the Australian Government (Reconnect and HOME Advice) in the above paragraphs. Successive evaluations have found that these programs have been found to have delivered on their outcomes and/or exceeded expectations. They are well regarded both in the homelessness sector and by Government. The reasons for this were addressed earlier in the paper and do not need repeating here. What we must re-iterate however are the views expressed by the sector to us about the lack of funding security and capacity constraints preventing the expansion of these programs despite an identified need and an evidence base that proves they are effective. While additional funding for early intervention initiatives targeting young people and families and designed and implemented at a state and territory level is welcome, Homelessness Australia is puzzled as to why this funding could not have been allocated to the expansion of Reconnect and HOME Advice which have been proven to be effective and involve close collaboration between community providers and Government and have an in-built evidence gathering component in the form of action research that allow them to document how they are responding to the needs of clients and overcoming identified issues that once resolved lead to improved service delivery.

There is strong support across our membership for an expansion of both HOME advice and Reconnect. The White Paper and the funding that flowed from it did result in an increase in funding for Reconnect but in our view it was insufficient. We remain concerned about the funding situation in which Reconnect providers find themselves. Some have expressed the view that the program continues to be treated as if it is a pilot despite thirteen years of operation, a strong evidence base that proves its efficacy, on-going participatory action research that enables services to closely examine the work they are doing and how well they are responding to need both in terms of community development and service level need and being highly regarded by both Government and the sector. This needs to change and we need to see funding surety provided to Reconnect services.

There is more work to be done in this area. We can certainly conclude that it is more desirable to prevent homelessness from occurring in the first place and to resolve it as quickly as possible before it becomes more than a temporary experience. Both preventing homelessness and intervening early to end it for people as quickly as possible are ultimately
preferable to working to end it once it is a crisis or has moved beyond a temporary or episodic experience, albeit it a frightening and disconcerting one for people.

Early intervention programs have a history of achieving successful outcomes for people. They are well regarded by both the sector and Government. Yet we hear many instances in which people feel they continue to be funded as if early intervention was new or a pilot response as opposed to an approach with nearly two decades of supporting evidence. While Reconnect is a case in point, innovation fund projects, the now defunct JPET and other programs with an early intervention focus have all suffered from funding insecurity and a lack of commitment at a political and funding body level.

This is despite the fact that evidence indicates homelessness prevention and early intervention deliver significant cost savings across other areas of the service delivery system and in the medium and longer term will deliver economic and social benefits that are measurable as well as intangible yet critically important in facilitating change that leads to increased fulfilment in people’s lives and increased social inclusion more broadly for people.

We need to ensure that both homelessness prevention and early intervention as well as flexible funding to enable services to do both remains a core element of our approach to preventing and ending homelessness in Australia. To do this services need surety and funding security and assistance to document the immediate, medium, longer term and flow-on benefits of homelessness prevention and early intervention responses that prevent homelessness from becoming a devastating experience with long lasting detrimental outcomes for health and well-being and the productive capacity of the economy and society.
Appendix: Case studies provided by HA Members

Youth

The idea of youth homelessness as a “career trajectory”, or process, where young people become, remain and exit homelessness is generally accepted. Responses to youth homelessness can then be targeted to specific areas or ranges on this “trajectory” eg. prevention, early intervention, crisis support, transitional support and /or support in making sustainable community connections and gaining self sufficiency. Southern Youth and Family Services (SYFS) targets early intervention, intervening as early in a pathway that may lead to an adverse outcome as possible, activities to various stages of the “homelessness career/pathway”. SYFS targets early intervention to young people and their families “at risk” while the young person is still at home, with the view of keeping them at home where safe and appropriate and preventing them ever becoming homeless. SYFS also intervenes as early as possible after a young person has left home to restore them to their families or, where this is not possible, assist them to transition appropriately to independent living situations and maintain their connection with school and other community supports while achieving some family reconciliation and support. Some young people who have been homeless for longer periods of time may still be trying to maintain their connection to school and community supports, SYFS recognises that these young people also require assistance to transition appropriately to independent living situations and maintain their connection with school and other community supports while achieving some family reconciliation and support. Supporting young people at this “stage” of homelessness can avoid their identification as homeless and the development of further social exclusion and disengagement. Young people who have been homeless for extended periods of time and are disengaged from school, employment and community activities/supports can still be assisted with addressing their individual barriers to participation and to re-engage in education, training, employment and the community and this can be considered as intervening early to prevent the transition into chronic homelessness and disassociation.

Early intervention into youth homelessness in Australia has been largely dominated by the Reconnect Program and focused on school and family based interventions as key sites where young homeless or at risk people can be supported. This Program has been evaluated as highly successful and is an excellent example of early intervention into youth homelessness. SYFS has operated the Resourcing Adolescents and Families Team (RAFT) Reconnect Service since the Program commenced in 1999 and contributed to this Program’s development through operating RAFT under the Prime Ministers Youth Homelessness Pilot Program. SYFS’ approach to early intervention also recognises other sites and foci of early intervention into youth homelessness. SYFS has developed Services that are specifically
targeted to the identification and early intervention for young people at risk of leaving home early, young people at risk of leaving school/education, young people leaving state care, both the Out of Home Care System and Juvenile Justice, young people with emerging or established mental health issues as well as young people who are parents themselves, couples or single, and young pregnant women.

All SYFS early intervention services have a family restoration or reconciliation focus, a focus on maintaining or re-engaging young people in education, training, employment and the community and utilising a range of innovative client services aimed at identifying individual young people at risk of homelessness as early as possible and engaging them in supportive services/interventions tailored to their individual situations and requirements. These include the provision of outreach services, an immediacy of response, flexible operating hours and availability of after-hours contact and working with key “first to know” agencies.

It is very important as there is much confusion, different definitions and understandings and a blurring between what is prevention and early intervention.

Reconnect Early Intervention Model

The Reconnect service model is based on seven Good Practice Principles, namely:

Accessibility – providing quick service responses, in accessible places and in a manner that encourages participation.

Client-driven delivery – flexible services that adapt to the needs of clients and the provision or links with a range of interventions and supports.

Holistic approach – in consideration that clients problems are not isolated from other aspects of their lives.

Working collaboratively - working with other agencies effectively

Culturally and contextually appropriate delivery – being sensitive to cultural and contextual differences in service delivery.

Ongoing review and evaluation – developing the service in line with evidence

Building sustainability – ensuring continuity of support and in a manner that clients and communities sustain their own change.

SYFS Services provide primarily a case management service for young people and/or their families. Each family is regarded as a “case” requiring a specific “package” of tailored intervention, negotiated with the individual/family. This approach is a means to individually address needs and outcomes, ensures personal attention, and facilitates full participation and agreement of all family members. It facilitates working with families by coordinating
interventions where a family can receive a range of services and interventions with different family members receiving different services and/or interventions. For example, parents can attend a parent support program, supplemented by home visits, and modelling of parenting behaviour and coping strategies and the young people could receive personal support, encouragement and advocacy with accessing mental health services, assistance with re-engaging or maintaining school etc. SYFS provides both a case management and coordination role as well as the direct implementation of intervention strategies such as basic counselling, mediation, family and parenting interventions, individual and group work/activities, home visits and practical and emotional support.

SYFS Services has certain distinguishing features based on our experience with providing early intervention services to the target group. A barrier to intervention with the target group is the reluctance of young people/families to be involved, due to negative experiences in the past, stereotypes of intervention, or the perception that intervention indicates pathology or poor parenting skills. SYFS has specific practice features aimed to normalise the process for young people and their families. These include:

- An informal youth and family friendly approach
- Immediacy of response/ reliability of Service. SYFS makes a determined effort to see young people and their families as soon as possible, and within 48 hours following referral.
- Outreach support - taking the service to the client - is an essential component of successful youth early intervention services.
- Flexible access hours. Normal business hours (9:00am–5:00pm) can be one of the barriers encountered in attempting to work with young people and their families.
- Work with and in Schools and other “first to know” agencies in the community.

Policies, practices and strategies that address structural/external factors that are not targeted towards specific individuals or families but are universal.

Policies, practices and strategies that address situational factors affecting young people intervening as early in a pathway that may lead to an adverse outcome as possible. In homelessness this may be a response to a crisis situation in a family that could lead a young person/family to become homeless or may be a response after homelessness has occurred but before a shift to chronic homelessness (homeless identity) has taken place.

- Relationships within families improve
- Young people remain or return home where safe and appropriate
- Young people live away from home with family contact/support
- Young people have safe, secure, affordable accommodation
- Young people have living and social skills
- Young people remain engaged or return to education, training and/or employment
• Young people remain engaged or return to community participation

Some Evaluation Findings of the Reconnect Model

The Reconnect Program provides early intervention into youth homelessness and was itself built on the evaluation findings of the Youth Homelessness Pilot Program (YHPP) Evaluation (*Putting Families in the Picture*:1998). Reconnect services work with young people and their families in flexible and holistic ways. The Reconnect model includes “a focus on responding quickly when a young person is referred; a ‘toolbox’ of approaches that include counselling, mediation, and practical support; and collaboration with other service providers. As well as providing assistance to individual young people and their families, Reconnect services also provide group programs, undertake community development projects and work with other agencies to increase the broader service systems’ capacity to intervene early in youth homelessness.” (*I’m Looking At The Future – Evaluation Report of Reconnect: 2003, p.7*).

Reconnect has been extensively evaluated. The Reconnect Evaluation included information and data from two longitudinal studies that investigated participant outcomes and community capacity building outcomes; program data on young people using services; assessments of the effectiveness of individual Reconnect services; a report on ‘good practice’ emerging from the program; and two case-study reports which examined the way six Reconnect Services worked collaboratively with other service providers. The principal over-all finding of the evaluation was that Reconnect intervention resulted in significant positive outcomes for young people and families. Specifically, Reconnect has been notably successful in:

Improving the stability in young people’s living situations.

Achieving family reconciliation by increasing the capacity of families to manage conflict and to improve communication.

Improving young people’s attitudes and experience of school.

Improving engagement with education and employment.

The Report of the National Youth Commission Inquiry into Youth Homelessness (2008) indicates that “the Reconnect program dominates the area of early intervention for young people and their families” (p. 190) and recommends that it be progressively expanded to optimally three times its present capacity to provide full national coverage.

Women

Working with people in their own homes

- Training/information giving CALD, empowers women- feminist H/R framework
- Recognising DV
- Preventing further victimisation
- Education

Outreach worker responses

“Tertiary prevention” – working women & children who are experiencing violence

Staying Home – Staying Safe

Group Work

Victim Awareness programs

Keep them out of supported accommodation

Prevention of homelessness

Clear Referral pathway

Integrated service delivery

Coordinated service delivery

**PREVENTION**

Sticker campaigns

Respectful relationships

Community Events – info displays

Training Health Worker

Police Cadet Training

Community Development Work

Working Media

Men Sporting groups

Campaigns

Lobbying

DVAG’S
OCA

Community engagements

Strengthening culture

Reframing

**Home Stay Service**

The HomeStay Support Program has been funded for the past two years in Bundaberg, but was originally established in May 2007 in Hervey Bay to service the Fraser Coast Regional Council area.

The needs across the two areas are much the same, however Bundaberg and the Wide Bay Burnett overall, have the additional barriers of limited services and limited emergency relief funds. The program has been well received by the various stakeholders and the expansion in to the Bundaberg area was in recognition of the success of the program on the Fraser Coast and the huge need identified in the Bundaberg region.

The high need for a program like HomeStay was identified with data from Counting the Homeless Queensland (2009) showing that Wide Bay Burnett has a higher proportion of homeless people per 10,000 population than Queensland as a whole.

Bundaberg has a high unemployment and also a high Disability rate amongst the consumers which means the consumers have less money to live on.

The cost of living, rent rises, lack of affordable housing and unemployment are some of the big factors for consumers.

HomeStay differs from Emergency Relief organisations where we work with the client and families in a holistic approach to identify and address presenting barriers. The focus of support is not on providing a temporary solution for the current crisis but skilling the individuals and families to be able to identify barriers and implement preventative strategies in the future.

When a client accesses HomeStay it is normally for rent arrears and maintenance of property they are renting. There can also be other barriers e.g. Mental health, hoarding or squalor, child safety involvement or history, disabilities, post crisis etc.

At early stage of experiencing the crisis, support is provided to identify barriers, explore and implement appropriate strategies.

Providing supports and follow ups to ensure clients have an understanding of essential life skills in order to identify and address possible barriers before reaching crisis stage.

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In regards to the importance of gaining greater clarity to the definitions of early intervention and prevention emphasis must be on “Putting Theory into Practice”.

The main theoretical elements of early intervention and prevention are:

- Coordination of Care to meet client needs
- Awareness of suitable and appropriate referral sources within the local area.
- Holistic Strength Based Approach
- Client Determination
- Addressing Barriers
- Approachable, user friendly service

In order to successfully put this theory into practice, services MUST

- Be flexible
- Encourage client participation to address crisis needs primarily and identify others throughout support.
- Early Referrals are important e.g.; Referring the client who is more than 2 weeks in arrears, as not doing this is setting the client up to fail as it is harder for the client to make up the arrears the higher they get.
- Knowing no one service can address all the needs of the client.
- Follow up is a must and can be just a phone call.
- Ensuring client is valued as an individual, not “feeling like a number”

**Client Outcomes** can only be determined by the client. Clients know themselves. Regardless of the supports received; successful outcomes can only be achieved based on client decisions. A service can assist with identification of barriers and implementation of strategies however most services operate 9:00 a.m. till 5:00 p.m. weekdays and have limitations on daily support time per client and funding.

HomeStay Bundaberg works hard at putting theory into practice, not just addressing the rent arrears or maintenance but exploring the possible reasons they occurred and implementing strategies that can limit the reoccurrence of these issues e.g. Centrepay for rent and other bills, financial counselling referral to address other budgeting issues, chore charts, role modeling skills for their personal development.

It is important for organisations to look at “Gaps” within the community services and explore options to address the unmet need.

The issues identified go across all rural regions and there are many commonalities. Whilst the metropolitan areas (Brisbane) clients have more access to services, there is also a higher demand due to the size of the population they service and higher rents.
Examples of Gaps within Community Services Identified to assist with Early Intervention and Prevention of Homelessness:

1. HomeStay Bundaberg identified a gap within the Bundaberg Services. This was **Hoarding and Squalor**. Services would not support clients in home because of the conditions. These clients became not only at risk of Homelessness but experienced exclusion, mental health and risked loss of family and friends.

HomeStay established an unfunded pilot program which is still running. HomeStay staff work with the client within the home in order to increase the knowledge of housekeeping skills. This has seen clients grow as individuals, feel valued within the community and receive the services that the client needed. This has been about working with the client and supporting the client. This is preventing homelessness.

2. The need for a Family Support Worker to work with the client within their home. This essential support service would provide family support, role modeling, parenting skills all of which impact on the maintenance of the property for which HomeStay are not equipped to address. The family support worker could work collaboratively with HomeStay to address barriers and support families at risk of homelessness.

Currently there is no Family Support Program other than St Vincent De Paul Intensive parenting however they can only be accessed upon referral from Child Safety.

It is important that organisations work together and exhibit professional “Duty of Care” (accountability) through referring clients upon initial presentation of barriers rather than delayed referrals of weeks, as this intensifies barriers.

**Homelessness Outreach Program**

The results from the past six months demonstrates that overall, much of the program’s success has been with local real estate agents which has in turn ensured a more rapid response for housing outcomes for people and prevented them from being ‘stuck’ in emergency accommodation or a crisis situation. Transitional housing is almost impossible to access as a temporary solution to homelessness if a client is allocated (having a support worker lowers their priority) and lack of properties locally through public housing and housing associations. This is particularly pertinent to a growth corridor like Wyndham which sees 60 new babies being born each week and has high incidents of family violence and relationship breakdown which can contribute to homelessness. The flow on effects that homelessness has for children is disengagement from school, emotional and behavioural issues, social exclusion and incidences of Child Protection involvement which can have lasting long term effects for all involved.
For this reason we have found it important to move people quickly through the program to ensure families and children are supported in a timely manner and have found that most people from commencing date of **support in the program are able to secure housing anywhere from as little as 1-3 weeks**. The program works well in educating and informing clients of their tenancy rights, the significance of paying rent on time, responsibility of maintaining the property and encouraging them to engage with our early intervention counselling service at the agency should they encounter any difficulties which may threaten their tenancy. Similarly, we have encouraged real estate agents to contact us if clients fall into arrears so we can intervene in a timely manner and circumvent possible eviction. Since the program’s pilot inception, we have had no issues with clients not paying rent and **approximately 95% of the programs clients continue to be in stable housing**. Where other tenancy issues have arisen, housing workers have been able to provide ongoing support as part of the program’s extended support period. This extended support period and linkages with other specialist support services has prevented people re-entering the homelessness cycle, and has focused on encouraging clients to undertake education and training which will enhance their employment opportunities and address issues such as systemic poverty.

**WHOP PROGRAM OUTCOMES**

Over the past six months the program has exceeded targets successfully **housing 27 clients, (Target 20), and signed a protocol with Yarra Community Housing**. Whilst a majority of the clients that were assisted had identified as Australian (75%), we also saw clients from a range of culturally diverse backgrounds; Serbian, Croatian, Czech, Italian and a significant increase in clients from Lebanon. Part of the program’s response to housing, has been to consider people’s social, cultural and educational needs. Across all groups the importance of remaining in the Wyndham area has been paramount in keeping with their family ties, social networks and children’s schools. In most cases the program was able to secure accommodation for families in an area that they felt most connected to. Families were the easiest cohort to accommodate through Private rental as their Centrelink income usually met their financial capacity to rent. Single adults, youth and the elderly have had limited opportunity in securing private rental properties as their Centrelink income is not enough to sustain the property and often landlords will not consider them as they could be paying anywhere between 60-90% of their Centrelink income on private rental costs. Below is a chart highlighting the various cohorts that the program managed to house over the past six months.

**Home Base Tenancy Support Program**

*HomeBase* support began in September 2010 to family of 3 in private rental accommodation

Mother “T” (28) + 2 daughters aged 3 and 21 months.
“T” separated from her husband early September 2011. They had been married for approximately 4-1/2 years. He was abusive and she requested him to leave. “T” had to then give up her job to care for the children. She and the children stayed in the private rental and as time went on it became difficult for her to pay the rent. At support commencement she had been without any income for approximately 3 weeks and 1 more week after commencement. “T” is from S/East Asia where she married her husband who had lived in Australia for some time. “T” is a permanent resident and has no extended family in Australia. Because of this and a lack of proficiency in speaking English, she has no immediate support network and has felt socially isolated.

Until “T” gained safe, affordable and supported accommodation with a Specialist Homelessness Service (SHS), she lived in fear daily of her ex-partner turning up at her home unannounced which he often did. She also lived with the fear of being evicted when unable to pay the rent. “T” had little left over in her weekly budget for food for her and her daughters and taking care of them and their needs while dealing with her own inner turmoil strained her to her limit. She missed being able to work and was repaying debts incurred by her ex-partner. External contact with other people was limited. The continuing stress manifested in the development of a troubling skin condition and headaches.

Assistance via Centrelink S/W to access Family Tax Benefit payment and Parenting Payment Single—required negotiating with Ex to advise Centrelink that children were living with “T” full time – payments “kicked in” mid-October.

Advocacy with St Vinnies to pay 2 weeks rent arrears. The remaining 2 weeks rent deducted from rental bond (a total of 4 weeks arrears).

Assistance with lodging application with Housing ACT (result = High Needs List in October 2010 with an approximate 2 year wait). After a DV incident with Ex in April 2011, HACT advised that “T” will be considered for Priority List but no timeframe guaranteed.

Advocacy & support via appointments with Housing ACT + support letters.

Weekly home visits and/or telephone contact.

Referrals to food banks, emergency relief outlets (assistance is limited).

Brokerage assistance with costs of car registration, utility, phone bills, and food

Information on available English classes and playgroups.

Assistance in dealings with Real Estate re Eviction Notice and later in settling arrears.
Assistance with accessing the Domestic Violence Crisis Service after incident with Ex and in obtaining subsequent Interim AVO. (“T” fled the private rental and found a room to rent for herself and children at $200 a week in March 2011. This became untenable.)

Assistance with access to Women’s Legal Service and Legal Aid.

Advocacy and persistent contact with First Point (the gateway to Specialist Homelessness Services) to obtain supported accommodation.

April 2011 – family accessed a Specialist Homelessness Service.

Child care arranged for both children 2 days a week on SCCB. Older child also attends preschool. This provided much needed “time out” for “T”.

“T’s” physical health and state of mind very much improved as a result of being “free” of her Ex and having safe and affordable accommodation at the Specialist Homelessness service.

2 year “no contact” AVO granted by Magistrates Court.

Future – “T” has plans to study and obtain work in business management fields. She would like to work now, especially to clear her debts, but is unable to due to the need to care for her children. Child care fees are an obstacle to employment.

**Home Base Support**

Mother “L” (41) + 3 children (17, 14, 8)

The family, including the father, lived in Australia prior to returning to the parents’ home country (children were born in Australia) and lived there for 6-1/2 years. Due to domestic violence the mother and children escaped and fled back to Australia in October 2010. The health (emotional and/or physical) of each was affected by trauma. The two younger children argued continually with each other. Both needed to sleep near to or next to their mother and keep their mother in their sight. The middle child shows symptoms of OCD. The son (oldest child) was angry, physically unwell, and harbouring guilt about fleeing from his father. He attended school but had no friends. “L” was exhausted with significant health problems and was not coping with the demands and needs of her children. Since returning to Australia, they moved house four times. The YWCA Housing Support Unit was supporting the family and in April 2011 asked HomeBase to help the family maintain their accommodation.

The help HomeBase provided –

Payed outstanding utility, phone bills etc.
Movie tickets during school holidays for children.

Applied for Student Transport Program (ie free bus transport to schools).

Advocated St Vinnies to pay 3 weeks rent arrears.

Advocated the property owner to allow family to stay if arrears paid (eviction notice had been issued).

Exploring activity options for children.

Assisting with medical related costs.

Paying for son to be able to swim (rehab) on GPs advice for chronic back pain.

Discussions re psychological help for mother and son particularly.

St Vinnies paid arrears from FaHCSIA’s Vulnerable Families Funding.

Owner conceded to family staying in private rental until affordable alternative obtained.

Required HomeBase’s written assurance that rent would remain up to date.

Utility and phone bills up to date.

New spectacles for “L” and other prescribed medications.

Allergy treatment for son began + continuing a rehabilitation for his back problems.

Free bus transport to schools.

Obtained accommodation in a SHS.

*HomeBase support*

October 2010 to March 2011 family of 6 in private rental accommodation

Mother “A”(35) + 5 children (14, 13,8, 8 & 4)

“A” is a widow. Her husband of five years died 10 months ago after three years of intensive treatment for multiple aggressive cancer tumours, a drawn out and turbulent period for all.

“A”’s husband had been self-employed. After his death the assets of his business were sold with no money left for the family. A’s only source of income was Centrelink payments. “A” is qualified in beauty therapy and physical training. “A” was unable to find beauty therapy work with child-friendly hours and could not do personal training as she lacked the required funds for insurance.

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“A”’s ex-partner (father of 4 children) refused to pay child support. His debt with the Child Support Agency was in excess of $30,000. “A” had and will continue to endure multiple court hearings re the child support debt and the matter of quarantining his passport.

The YWCA Housing Support Unit had been working with the family. At the time of their referral to HomeBase, the family was on the “priority” list for public housing. Being on this list meant the family was likely to be housed in a ‘reasonable’ time frame. On this basis, Homebase was confident it could maintain their accommodation.

Prior to HomeBase support, the children had been unable to engage in activities that they once had. The activities and or associated expenses made this impossible. So the children lost not only their father but often the peer connections they had had as a result of activities they had once participated in.

“A” not only had to cope daily with the likelihood that she and her children would be evicted (she had received an eviction notice due to rent arrears) whilst trying to heal and recover from years of watching her husband die and trying to hold the family together, but had to keep encouraging her children to improvise with what they had. The emotional toll on her was immense as she watched the effect this had on her children.

The help HomeBase provided –

Advocated with the “Y” for St Vinnies to pay rent arrears of $2,980.

Assisted with $350 per month (brokerage) to enable family to pay private rent.

Paid for school excursions for children.

Advocated with ACAT, Energy and Water Tribunal for protection order over electricity.

Referrals to foodbanks and emergency relief providers.

Assisted with removal costs.

Family maintained their private rental while waiting for public housing.

Children were able to participate in school excursions.

Family moved into affordable public housing.

Home Base Private Rental Tenancy Support Service

HomeBase support began in August 2009. Family of 3 in private rental accommodation - has been on public housing list for 1 year.

Single Mother (44) + 2 sons aged 18 and 10.
Background of 10 years of domestic violence and a series of ongoing Family Court matters. Mother has been diagnosed with severe and persistent musculo-skeletal pain and a severe case of fibromyalgia. These deteriorating conditions resulted in her being granted the Disability Support Pension in 2009 due to her inability work. She is resilient, resourceful, and has completed half a law degree which has been deferred. Each family member has symptoms of Post Traumatic Stress Disorder and two have asthma and eczema. 10 yr old son has aspergers syndrome and attends local school. 18 yr old son is a high-achieving student and a student leader at his school.

The help HomeBase has/is providing

Intensive support - weekly home visits for emotional and practical support on a range of issues.

support and advocacy re application for public housing

advocated successfully for weekly domestic assistance.

attending appointments with client eg GP, medical specialists, Family Court - legal support provided by Women’s Legal Service etc - issues ongoing.

facilitated access to Victims Support ACT (ongoing liaison with VS worker re Family Court issues).

facilitated access to Child At Risk Health Unit (CARHU).

facilitated access to Carers ACT that assists young carers with education related expenses.

referrals to food banks, emergency relief outlets (assistance is limited).

brokerage ensures access to GP (2 x per month), and medical specialists.

regular brokerage essential for food and petrol.

brokerage for clothing, car registration, utility and phone bills, school camps/excursions etc.

Weekly or bi-weekly home visits provides opportunity for client to “debrief” at least once a week.

Obtaining well-articulated support letters from medicos for public housing application.

Successful in getting client on Priority List for public housing.

Access to therapy via Victims Support ACT.

Referral to ACT Community Health pediatrician.
Assistance provided with some costs of education by Carers ACT.

Weekly access to food bank products.

Ongoing access to family doctor and medical specialists.

Brokerage ensures that family has sufficient amount of food and petrol – similarly with clothing.

Access to school camps, ongoing usage of utilities and telephone.

Assurance of ongoing personal support throughout Court hearings assists with client’s anxiety levels.

**Reconnect Program**

According to the FaHCSIA website:

The Reconnect program uses community-based early intervention services to assist young people aged 12 to 18 years who are homeless, or at risk of homelessness, and their families. Reconnect assists young people stabilise their living situation and improve their level of engagement with family, work, education, training and their local community.

From 1 July 2009, the Newly Arrived Youth Support Services (NAYSS) were incorporated into Reconnect as Newly Arrived Youth Specialists. As specialist Reconnect providers, these services will continue to support young people aged 12-21 years who have arrived in Australia in the previous five years, focussing on people entering Australia on humanitarian visas and family visas, and who are homeless or at risk of homelessness.

Reconnect breaks the cycle of homelessness by providing counselling, group work, mediation and practical support to the whole family. Reconnect providers also 'buy in' services to target individual needs of clients, such as specialised mental health services.

Reconnect service providers follow the seven good practice principles:

accessibility of services

client driven service delivery

holistic approaches to service delivery

working collaboratively

culturally and contextually appropriate service delivery

ongoing review and evaluation; and
building sustainability.

**Reconnect Operational Guidelines**

The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) has developed Operational Guidelines for Reconnect services.

**Reconnect Operational Guidelines**

**Reconnect Program - Action Research**

Action research is a key component of the Reconnect program. For Reconnect’s early intervention methods to be effective, all services need to respond to their clients’ needs using a reflective and improvement-oriented approach to service delivery.


**Action Research Induction Kit**

**On PAR - Using Participatory Action Research to Improve Early Intervention**
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