Practice Guidelines

Queensland Homelessness Information Platform

Contents

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- Blair Athol Accommodation and Support Program
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- DVConnect
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- Micah Projects Inc.
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- UnitingCare Community
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- Women's House Shelta
- Youth Housing Project Inc.

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About this practice guide

This guide has been developed in accordance with the Queensland Homelessness Information Platform (QHIP) policy and outlines the procedures, obligations and responsibilities of specialist homelessness services and regional domestic and family violence services in relation to the QHIP. It provides practice guidance on screening, initial assessment and referral into specialist homelessness services in Queensland.

It does not replace the need for ongoing training and professional supervision to support good practice.

This guide does not affect the operation of all other departmental policies and guidelines.

Supporting documents include:

- QHIP User Guide – technical information to support QHIP
- QHIP Service Coordination Protocol – describes referral pathways and roles and responsibilities of services.

The Queensland Homelessness Information Platform

- The Queensland Homelessness Information Platform (QHIP) is an information technology system that houses the following tools:
- Common Homelessness Assessment and Referral Tool
- Vacancy Capacity Management System.

Why QHIP is being introduced

QHIP and the practice support material aims to improve capability of services to be responsive to needs of people who require assistance for homelessness in Queensland.

People who are homeless or at risk of homelessness will benefit from QHIP by:

- no longer being sent from one service to another in search of assistance
- not having to retell their story to multiple service providers
- spending less time waiting to receive a service
- those most in need are prioritised to receive a service more quickly
- reduced barriers to access
- receiving a consistent response regardless of where they present for homelessness assistance.

Services will benefit from QHIP by:

- reducing the number of inappropriate referrals received
- common definitions and shared understanding of client needs and risks
- clear, transparent and consistent processes for client prioritisation
- consistent approach to initial assessment across the service system
- secure efficient processes to share client assessment information
- efficient tool to share vacancy information
- clearer guidelines for coordination and collaboration between services and sectors
- improved recording of demand for services and unmet needs.

Government will benefit from QHIP by:

- providing evidence of needs and unmet needs within the service system
- improved evidence to inform homelessness program design and development
- monitoring performance of services
- providing evidence of time services spend responding to client enquiries and undertaking assessment and referral
- improved collaboration to provide outcomes to clients.

Common Homelessness Assessment and Referral Tool

The Common Homelessness Assessment and Referral Tool (CHART) is an online tool for assessing, prioritising and referring people who are homeless, at risk of homelessness or escaping domestic and family violence into specialist homelessness services in Queensland. It features:

- shared client details
- historical record of all assessments and outcomes (dependent on user role)
- common definitions of risk and need
- common assessment tools
- standard assessment including a youth assessment
- specialist domestic and family violence risk assessment
- common prioritisation matrix.

Vacancy Capacity Management System

The Vacancy Capacity Management System (VCMS) is an online tool that holds real time information about vacancies within the specialist homelessness service system in Queensland. VCMS enables services to list or locate a vacancy more quickly. It features:

- service details
- referral information
- vacancy and capacity information.

Using QHIP

QHIP is hosted by the Department of Housing and Public Works who is the data owner and custodian of QHIP. It is used to manage inbound and outbound referrals to specialist homelessness services within Queensland. The following services are required as part of their service agreements to use QHIP:

- specialist homelessness services including homelessness hubs
- regional domestic and family violence Services
- DVConnect 24-hour helpline
- Homeless Hotline.

Shared client records

Enabling contracted service providers to have access to client information prevents the client from having to repeat their story to multiple services in order to receive assistance. Services can tailor support to the client's individual needs and risks, so clients are more likely to feel more confident that their individual needs and risks have been understood and responded to.

Interaction with other client management and data collection systems

QHIP is classified as a protected system, therefore it cannot interact with any other case management or data collection system.

Privacy obligations

The department, as data owner and custodian of QHIP, is committed to complying with the privacy principles under the *Information Privacy Act 2009 (Qld)*.

Contracted service providers are bound to comply with the *Information Privacy Act 2009* in respect to any personal information they collect, access, use or disclose. Further, contracted service providers who have access to QHIP must comply with the QHIP Policy, the QHIP Service Coo-ordination Protocol, these guidelines and any other policy or procedure in relation to QHIP.

Overview of the system

QHIP client records

QHIP enables client records to be created by the service. Each QHIP client record contains client details and client assessment information.

Although there is a range of personal information that can be entered into the client record, it is important for services to understand their obligations relating to collection under Information Privacy Principles 1-3 of the *Information Privacy Act 2009*.

When collecting personal information from a client, the service must only collect personal information that is directly related to the service and necessary to fulfill the service. The personal information collected must also be relevant to the purpose for which it is collected.

The contracted service provider must provide the client with the privacy notice or offer to read the privacy notice to the client before QHIP users can search, view, enter or edit client details in the QHIP system. The process for providing a privacy notice to a client is outlined in the privacy section.

The client detail section can record the following client information:

Mandatory fields	Non-mandatory fields
First name	Preferred name/alias
Last name	Form of ID
Gender	Vehicle details
Date of birth	Address other
Age/DOB	Client contact details
Indigenous Australians	Emergency contact details
Suburb/Postcode	Interpreter details
	Employment and income details
	Country of birth
	Year of arrival in Australia

Non-mandatory fields can be added to and updated at any time throughout the client's involvement with the service.

Remember: Non-mandatory field information should only be collected if it is information that is directly related to the service and necessary to fulfill the service. Services should not collect more information than is necessary.

The **client assessment** can hold the following information:

- presenting issues
- basic client needs
- client risks
- priority rating
- details of accompanying individuals
- alleged perpetrator's details (dfv only)
- service the client was referred to
- outcome of the referral.

Which client information can services view?

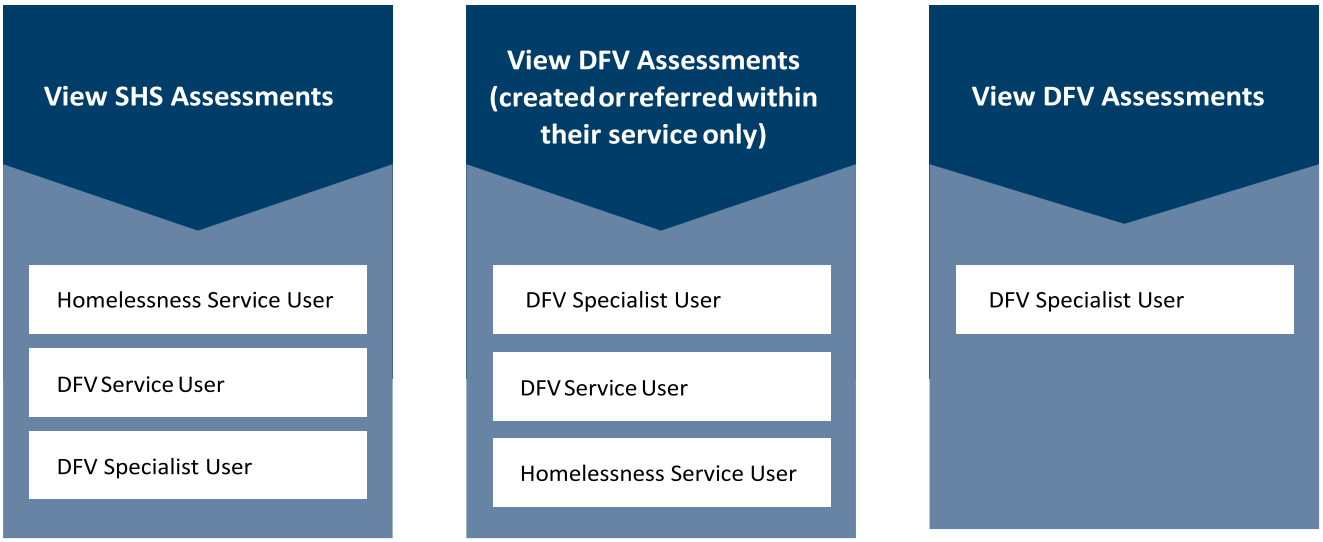
QHIP users can only search, view or edit client details once they have received a signed privacy notice or obtained a verbal acknowledgment of the privacy notice from the client.

QHIP users will only be able to access certain information which depends on the user group the service belongs to and the type of service being delivered to the client.

QHIP has three user groups. Each user group is allocated a permission level which governs access to client assessment records . Each service type is assigned to a user group.

Figure 1: Service types for each user group.

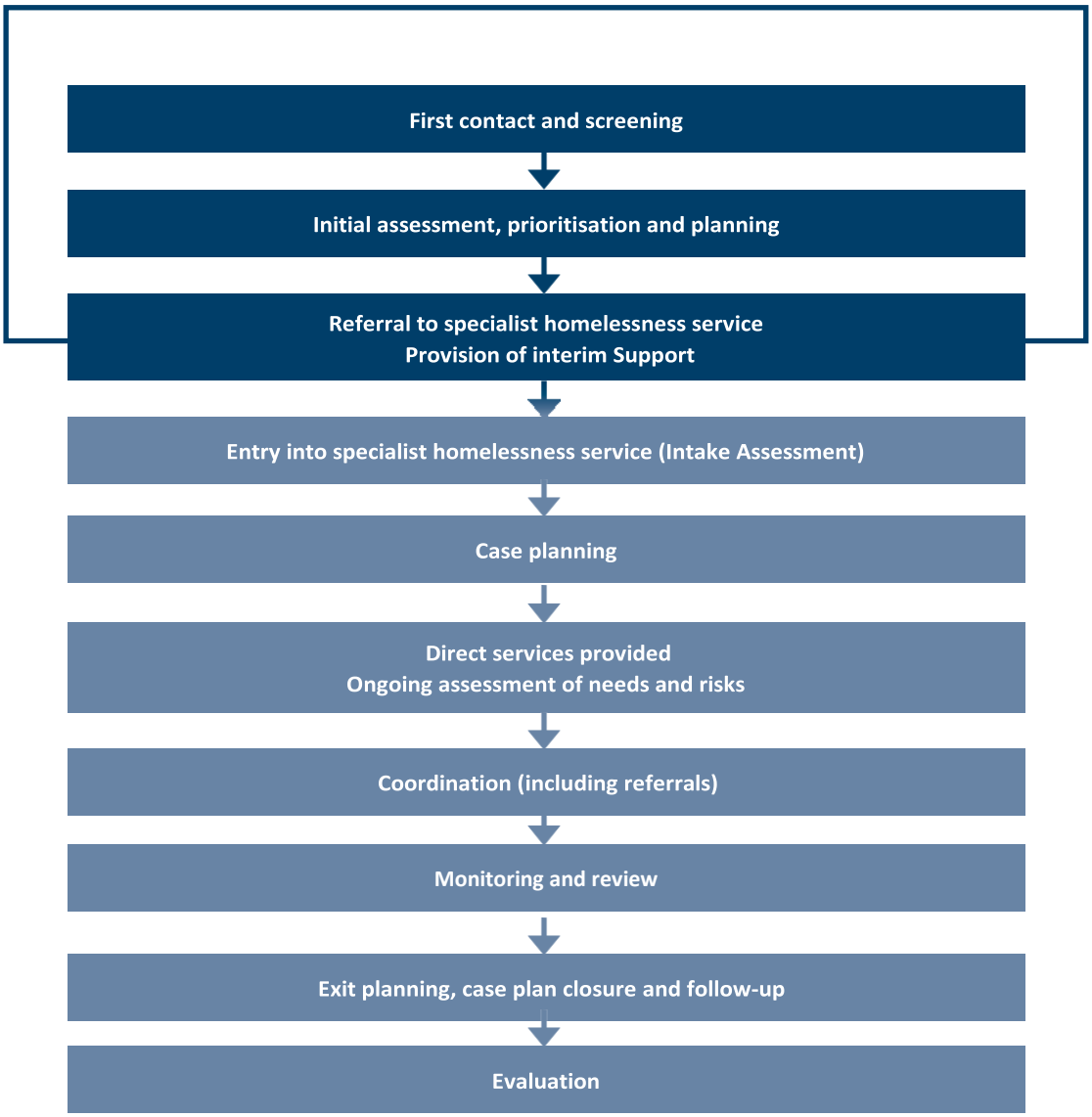
Figure 2: Depicts which client assessment records each user can view and create.



How does QHIP work with case management?

QHIP supports a case management approach. Case management commences at the first contact with a client. Screening, initial assessment, prioritisation and planning to be undertaken by the service where the client first presents and is shared at the point of referral through QHIP.

Figure 3 outlines the case management process.

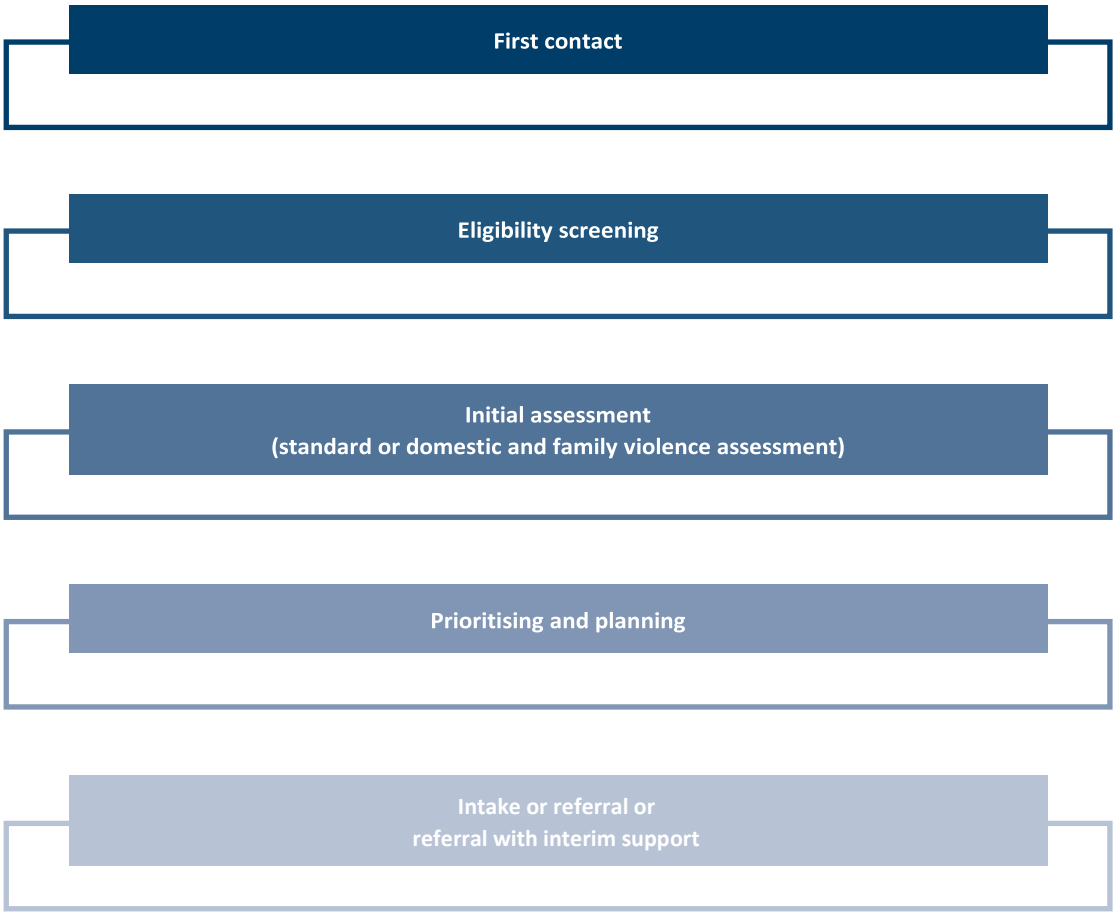


First Contact

QHIP practice steps

The practice steps outlined below are represented in a linear process for the purposes of segmenting the stages of practice. However, it is recognised that the process may be more circular in nature.

Figure 4: QHIP practice steps.



First contact

The initial contact provides an opportunity for the worker to begin to build a rapport with the client. Building a rapport assists to establish engagement with the client. Effective engagement is the cornerstone of providing a quality response to people at risk of homelessness, experiencing homelessness or escaping domestic and family violence. This involves making the client feel welcome, respected and understood. It also provides a foundation for building trust. The client is then more likely to trust the worker and feel comfortable about disclosing their needs, risks and concerns.

The first time a person approaches a service for assistance might occur over the telephone, via email or in person. It is vital that workers who respond at the first point of contact are skilled to provide a high-quality response. Depending on the structure of the organisation, the administration worker may be the first person to respond. In this case, it is essential they also have access to training and professional supervision.

The quality of the response the person receives at the first contact will often determine whether they will continue to seek assistance. If the initial response is positive the person is more likely to remain engaged in help seeking (Black & Gronda, 2011). At the first contact services should ensure:

The service environment:

- is physically safe and secure
- is comfortable, welcoming and inviting
- is inclusive and welcoming to all people within the target group including any accompanying children and young people
- is culturally sensitive and inclusive. Displays posters and information for Aboriginal and Torres Strait Islander clients and clients of culturally and linguistically diverse backgrounds in a range of local community languages
- provides a safe place for the client to store their bags or belongings (where possible)
- provides space to have a conversation in private.

Telephone services:

- minimise the use of answering machines
- roster staff to be available over periods of peak demand
- answer telephone calls as quickly as possible
- ensure the telephone is staffed by skilled workers.

The worker:

- is friendly, welcoming and approachable
- is warm, courteous and respectful towards the client
- actively listens to the client
- uses language appropriate to the client's level of understanding and avoids jargon
- conveys interest, concern and empathy for the client's situation
- is responsive to the client's needs
- recognises the client may be in crisis and that homelessness and trauma may impact on the client's behaviour
- tells the client that they are here to help and responds clearly to client's questions
- is honest about what can be done, what their role might be and follows through on what they say they will do
- recognises the client has strengths and knowledge about what has worked or failed in the past and invites the client to share their knowledge and experiences
- recognises that seeking help is a process and a person may seek information and support on several occasions
- is sensitive to the power imbalance between worker and client
- maintains professional boundaries

Reflections:

- How does your service respond to clients at the first point of contact?
- Do any administration staff interact with people who are homeless or at risk of homelessness? How are training needs of administration staff supported?
- What is your service's response to people who appear to be under the influence of alcohol or drugs at the first contact?
- What is your service's response to people with high support needs?
- How can your service better engage with people who are homeless or at risk of homelessness?

Practice tips for first contact

Introductions	Process
Begin building rapport with the client.	**If in person** Welcome the person and any accompanying children to the service: • greet the person, say "hello" • smile and make eye contact • introduce yourself by name and state your role • ask the person for their name if not offered • use attentive body language. **Telephone** Provide a welcoming response: • answer the phone promptly • use a friendly and warm tone of voice • introduce yourself and your role • check if the client needs you to ring them back.
Check for barriers to communication.	Identify any barriers to communication. Be aware of any cultural barriers that may impact on communication. • Can the person communicate easily? • Are they comfortable speaking to you? • Do they require an interpreter? If so, identify the person's preferred spoken language and arrange for a qualified interpreter to be used. • Is the person is hearing impaired? If so, find a quiet space with minimal background noise to have the conversation. Speak clearly in simple language and repeat and rephrase as necessary. • Ensure telephone staff are trained to take TTY calls. • If the person is deaf, arrange for AUSLAN interpreter to be present. • Offer information in a variety of formats e.g. verbal, written and visual, if possible.

Eligibility Screening

Eligibility screening

Eligibility screening involves deciding whether the person is eligible to receive a service and the type of assistance they will receive. It also determines if further assessment of needs and risks is required.

The Common Homelessness Assessment and Referral Tool (CHART) may be used to record details of time spent screening clients. Any information collected at this stage is used for statistical purposes only. No identifying client information is entered into CHART at this stage.

Mode of presentation

Records how the client presented to the service, was it in person, over the telephone, via a third party by email.

Primary presenting reason

Enables the main reason the client is seeking assistance to be recorded including the date and time the screening took place. What is the client's presenting needs? Determines if the client is currently homeless or at risk of homelessness or escaping domestic and family violence and whether further assessment is required.

Postcode

This field records the geographical area from where the client presents. This field is automatically prompted for presentations that do not require a homelessness respond.

Time spent

Records the amount of time the service has spent supporting the client.

Practice tips for eligibility screening

Purpose	Process
Determine who is seeking assistance – target group	Clarify who is seeking assistance: • what is the composition of the presenting unit? • what are their relationships? • are there any children? If so, how many? What are their ages? Is the person or household: • currently homeless? • at imminent risk of homelessness? • housed but at risk of homelessness? • escaping domestic and family violence?
Check immediate safety needs.	For clients in crisis, particularly women escaping domestic and family violence always check safety first. Ask the client: • Is it safe for you to talk? If the client identifies they are not safe to talk respond to the client's immediate concerns. • Do you have any injuries? • Can I ring the police or an ambulance for you? Discuss a safety plan with the client.
Check QHIP to see if client record exists and determine if they are being supported elsewhere	Ask the client to provide consent to search client records. Once consent has been provided: • enter the client's name into QHIP • if a client record exists, check if client has any pending assessments. if a pending assessment exists you cannot create a new assessment. See the Service Coordination Protocol for instruction on how to proceed.
Identify primary presenting reason	Is the person or household seeking? • refuge from domestic and family violence • immediate temporary supported accommodation • transitional temporary supported accommodation • homelessness support • brokerage • material assistance • homelessness information • domestic and family violence counselling • domestic and family violence information • other e.g. assistance to get to family or friends.

Purpose	Process
Clarify expectations	Check that you clearly understand the reason the person is seeking assistance and the client's expectations. Explain the services you can provide and how you may be able to assist. Do not offer to provide services you cannot provide.
Provide a response	Explain which worker will see them and the expected waiting time to see the worker. Wherever possible: • offer something to eat and drink e.g. tea, coffee, water and snacks • offer use of the bathroom facilities • provide a place to store their belongings if possible • offer toys and activities to any accompanying children • ask if they need to settle children • ask if there is anything else, they need while waiting • observe the person's level of distress and if possible, offer a private place to wait if they are upset.
	If the person is seeking homelessness assistance proceed to the initial assessment.
	If the person is seeking homelessness information or advice only • respond to the person's enquiry and provide accurate information as requested • offer to make a facilitated referral to the required service • as a guide provide the following: – name of service – address of service – telephone numbers – directions on how to get there – services provided – any eligibility requirements – hours of operation.
	Other – not seeking homelessness assistance • offer to provide a facilitated referral to an appropriate service • provide service information and directions as required.

Initial assessment and prioritisation

When does the initial assessment occur?

The initial assessment occurs after the client's details have been collected and the client has been screened for eligibility. The assessment gathers information about the client's needs and risks.

Since needs and risks change constantly and at times quickly, further assessment should be undertaken by the receiving service at intake and in an ongoing way throughout the case management process. QHIP contains two assessment tools:

1. standard assessment which includes a youth component for clients 17 years and under
2. specialist assessment for domestic and family violence.

Purpose of the initial assessment

The initial assessment gathers information about the client's current situation so priorities for immediate action can be negotiated and an appropriate response can be delivered. The information gathered through the initial assessment provides the basis for planning and referral of the client to a specialist homelessness service. The initial assessment may be undertaken over the telephone or in person.

The focus of the initial assessment is to:

- identify and prioritise client needs and risks
- determine the type of assistance that may be of benefit to the client or household
- assist with matching the client to an appropriate service
- provide information to assist with safety planning and harm reduction.

How to undertake the initial assessment

Clients may experience some difficulty telling their story. It often takes time to build trust for a client to feel comfortable sharing personal and sensitive information. The impact of trauma and crisis may result in the client providing a disjointed retelling of events. The worker should assist the client to be as comfortable as possible prior to undertaking an assessment. This may involve providing time to settle or occupy children and offering refreshments. Workers should observe the client's level of comfort and distress throughout the course of the conversation and respond appropriately.

Workers should be familiar with the assessment tool so they can gather information through the process of an informal conversation with the client. The tool may be printed and used by the worker as a prompt to guide the conversation. However, the assessment questions should never be used as a check list or read out to the client to gain a yes or no response. The worker should listen to the client's story and the information that emerges through this discussion as well as the worker's observation of the client's behaviour should later be used to populate the relevant assessment tool.

Depending on the complexity of the client's needs and risks, the level of crisis and the client's prior contact with services, the initial assessment may take between 30 minutes to one hour or longer to complete.

Client prioritisation

The prioritisation matrix provides a fair, objective and consistent method for prioritising clients for services based on identified needs and risks. It enables agencies to target services and support to clients consistent with their service agreement.

Information from the initial assessment is used to complete the prioritisation matrix. QHIP contains two client prioritisation matrices:

1. The standard matrix is built into the standard assessment. This matrix calculates a risk rating of high, medium or low based on the client's current housing circumstances and the risks associated with current housing circumstances and support needs.
2. The domestic and family violence matrix is part of the specialist domestic and family violence assessment. This matrix calculates a standard or high-risk rating based on the information gained through the interview with the client. This includes risk indicators, client's perception of risk and the worker's professional judgment of risk.

Once the prioritisation matrix is completed, the course of action is then negotiated between the worker and client based on the information contained in the initial assessment.

Example:

A service has one vacancy and two clients presenting for assistance. The first person seeking assistance may be of a lower risk rating than the client presenting later. The service can allocate the vacancy to the person who is assessed with the highest need.

Standard Assessment Homelessness

Standard assessment – homelessness

The following information may be captured in the standard homelessness initial assessment. None of these fields are mandatory – collect only as much information necessary to make a referral:

- presenting source – details how the client presented at the service
- target group – details the target group to which a client belongs:
  - adult male
  - adult female
  - family
  - escaping domestic and family violence
  - young male
  - young female
- presenting issues, basic needs – describes the client's most immediate needs.
- shelter – determines the type of accommodation being sought by the client.
- material assistance – does the client require any material assistance such as food, bedding, clothing or bathing facilities?
- finance – includes the client's main source of income and any other income received and whether the client's income is self-managed.
- health – includes physical and mental health issues which may indicate specific support needs may be required.
- substance abuse – records the client's use of alcohol, drugs and other medications which may impact on the client's support needs.
- personal – records whether the client is isolated from support networks including family, friends or the community which may impact on their level of support needs.
- legal – includes a range of legal issues that the client may require support with, or which may impact on accommodation options available to the client.
- needs of accompanying individuals – a free text box to record the needs of any accompanying individuals that may impact on the accommodation options available to the client and support needs.
- details of accompanying individuals – records the names, ages and gender of all individuals accompanying the client, including children.
- pregnant and parenting – records whether the woman is pregnant and if so her expected date of delivery. This field also records if she is a parent and whether the children are accompanying her.
- pets – records whether the client has any accompanying pets and a free text box to add details of pets.
- debts – records details of any debts the client may have.
- assessment summary notes – a free text box to record a summary of the clients presenting needs and any other information.

Standard assessment – explanation of basic client risks

	Risk factor	Explanation of risk
Suicide / self-harm risk	Recent suicide ideation	Suicidal ideation is thinking about engaging in suicidal behaviour, with or without a specific suicide plan. Ranging from fleeting thoughts that life isn't worth living, through to plans for killing oneself, or a complete preoccupation with self-destruction. Suicidal ideation is associated with depression. People who experience persistent, severe suicidal ideation are at increased risk of attempting suicide or self-harm. (Department of Communities, 2011)
	Previous suicide attempts	If a person has attempted suicide it is often considered that this is a warning of additional suicide attempts in the future. Each subsequent attempt may be of greater intensity therefore it is necessary to assist the person as soon as possible. (Department of Communities, 2011)
	Self-harm	Self-harming behaviour is the direct, deliberate act of harming one's body without the conscious intention to die. Common forms of self-harm include: • wrist slashing • biting and scratching at skin • head banging and punching self • burning of skin • hair or eyelash pulling • taking overdoses of drugs or medication • inhalation of a harmful substance. Sometimes people who are trying to harm themselves can accidentally take it too far and this is referred to as accidental suicide. Suicide and self-harm are interconnected issues. (Department of Communities, 2011)
Aggression / violence risk	Disclosed history of violence	A disclosure of previous use of violence should be explored with the client to determine the potential for harm to others. Further exploration could include questions such as: • What situation led to the violence? • What is the client's level of understanding and insight into their behaviour? • Are there any other factors that influenced the client's behavior? e.g. drugs and alcohol • In what context did the client use violence?
	Disclosed history of sexual offences	A previous history of sexual offences should be explored to determine the potential of harm to other clients including children. It may be necessary to seek a more appropriate service.
	Displays anger/ impulsivity/ aggressive actions	Further exploration is required to identify the potential risks the person poses to other clients, staff and property.

	Risk factor	Explanation of risk
Vulnerability risks	Intellectual / cognitive impairment	People with an intellectual or cognitive impairment can be more vulnerable to physical, emotional, sexual and financial abuse, neglect and exploitation than other members of the community. Exploitation happens when someone takes advantage of another person for their own benefit (Department of Communities, 2011).
	Susceptible to abuse from others – financial	Financial abuse happens when one person takes money or other belongings without permission. They may steal money or belongings, or 'borrow' but never return them, or force the other person to pay for things they don't want (Department of Communities, 2011).
	Susceptible to abuse from others – sexual	Sexual abuse happens when one person forces another to engage in sexual activity when they don't want to. If this involves forced sexual intercourse, then it is rape. Other forms of sexual assault include forcing someone to masturbate, remove their clothes or view pornography (Department of Communities,2011).
	Susceptible to abuse from others – physical	Physical abuse happens when one person inflicts pain on someone by hitting them, pulling their hair, pinching or burning them with something hot such as a cigarette (Department of Communities, 2011).
	Self-neglect – poor living skills etc.	Self-neglect may be a life-style choice, or it could be unintentional resulting from not being able to access services or consequence of a mental health issue, or dementia (Department of Communities,2011).
Health risks	Receiving general health treatment	This can indicate the person may have additional support needs. Assisting the person to maintain access to treatment could influence decisions about the location of the service to which the person is being referred.
	Mental health treatment	Depending on the needs of the individual, mental health treatment can include medication, psychosocial support, therapy or community-based support. A person receiving mental health treatment may need access to services, medications and / or carers who support their mental health. A person may have established relationships with individual practitioners or psychologists who may prescribe needed medications and treatments. If a person is subject to an order under the *Mental Health Act 2000,* they may be required to receive treatment from a specific authorised provider. When referring to other services, consideration should be given to the location of the services, so the individual is able to maintain established supports as access to mental health treatment influences a person's recovery.
	Currently using medication	Clients may use medication for a variety of reasons. For example: to manage mental illness or chronic and acute health problems or to assist someone to manage a disability or to recover from addiction.

	Risk factor	Explanation of risk
Risks to children	Children suffering neglect	Neglect occurs when a child's necessities of life are not met and their health and development are affected. Basic needs include: • food • housing • health care • adequate clothing • personal hygiene • hygienic living conditions • timely provision of medical treatment • adequate supervision. • (Department of Communities,2011)
	Children at risk of abuse	Child abuse includes: • physical abuse • sexual abuse • emotional abuse • neglect Child abuse can be a single incident, or can be several different incidents that take place over time. Harm experienced in childhood can have significant and lasting effects for children and young people, and no two children or young people react in the same way. (Department of Communities, 2011)
	Children with child safety	The Department of Communities, Child Safety and Disability Services is currently the lead government agency that provides child protection in Queensland. The department's role is to ensure vulnerable children up to the age of 18 years in Queensland are safe and protected from harm. When a child's parents are unable or unwilling to protect them, intervention from the department or support from other child protection agencies may be needed. Parents whose children have been taken into statutory care may experience a range of emotions including grief, loss and despair. (Department of Communities, 2011)

Youth assessment

The youth assessment is automatically prompted in the standard homelessness assessment when the person seeking assistance, or the head of the family is 17 years of age or younger. This assessment provides additional information about the young person and their support needs.

Additional information required	Explanation
Is the young person in care or under a protection order? Name of child safety worker?	Services are required to refer to 'Supporting Young People under 16 years of age: Guidelines for Good Practice for Specialist Homelessness Services. (Department of Housing and Public Works, 2018) for guidance on working with young people in care or under a protection order.
Currently attending school or training	Research shows young people frequently disengage from education or vocational training once they become homeless. Wherever possible young people should be supported to continue to attend school and training. Consideration should be given to the location of the service a young person is referred to so they may continue to engage in school or training opportunities.
Parental or guardian consent to stay at a youth shelter	Whether or not parental or guardian consent is required for accommodating under 16's is determined by each individual specialist homelessness service. There is no general legal duty to notify parents that a young person is accommodated in a specialist homelessness service (refer to 'Supporting Young People under 16 years of age: Guidelines for Good Practice for Specialist Homelessness Services. (Department of Housing and Public Works, 2018)
Any available support networks	The availability of positive support networks is a protective factor that can assist a young person by providing guidance and support. Wherever possible services should encourage and facilitate support networks.

Practice tips – standard homelessness assessment, prioritisation and planning

Purpose	Process
Begin building rapport to assist the client to feel safe	If the worker conducting the assessment is different from the first contact refer to first contact practice tips. Check the client is comfortable, for example: • ask the client if they would prefer to see a worker of different gender, age or ethnicity • ensure children are occupied with activities • if possible, find a private room to speak to the client • check if the client is at ease with the location or if they would prefer a different location e.g. outside in the garden or in view of the children • explain how you may be able to assist.
Begin conversation to gather information about the client's immediate needs and risks.	Encourage the client to explain their situation and what they need in their own words. • use the assessment tool as a prompt to guide the conversation • use appropriate communication skills: – show empathy for the client's situation – use non-judgmental language – let the client know they are not alone – tell the client that you believe them – respect and actively listen to the client – use open questions – paraphrase and reflect back what the client has told you. Ask the client if they have previously had experience with homelessness services. If so, what did they find helpful or unhelpful from their previous experience. Use this information to guide your response.
Confirm QHIP privacy notice	If a QHIP client record exists, seek permission from the client to access the previous record. If there is no existing client record, or if permission to access the previous record is refused, start a new client record. Provide the client with the QHIP privacy notice and ask the client to acknowledge it.
Explore needs and risks to identify client's current situation and priorities for action.	Through the course of a conversation, explore the client's immediate needs and risks: • is there potential for the client to be harmed by others? • is there potential for the client to self-harm? • is there the potential for the client to harm others? Explain that you are concerned about the client and you want to offer the best response to their needs.

Purpose	Process
Clarify needs and risks to check your understanding of what the client has told you.	Seek further clarification from the client if you are not clear. Do not pressure the client to disclose information. Compare your understanding of what the client has told you with your observations of the client. Collect only information that is necessary and relevant to enable the client to be referred to a specialist homelessness service.
Prioritise client needs and risks to match resources to fit the client's needs and risks	Prioritisation enables the services to better understand the level of urgency so that an appropriate service response can be tailored to the client's needs and risks.
Identify priorities for action to develop an initial plan with the client for support	Before a referral can be made, a plan needs to be developed with the client. The plan will help to provide the best possible response to the client within the available resources. Priorities for action will consider the following: • what is most important for the client? • what must be done first? • what must be done today? • what is the client's safety needs? • does the client need to remain near any services or support people? • does the client require assistance to maintain current housing (where safe or appropriate)? • does the client need accommodation for the night? • are there any other immediate homelessness related needs and risks? This may include: – food, shower/ toiletries, transport and storage – indications of need for specialist support – risks to client's safety or safety of others.

Reflections

- How well do staff at your service engage with people seeking assistance for homelessness?
- How skilled are staff at your service in working with people who disclose a history of violence or sexual offences?
- What is your service response to clients who have left previously on negative terms?
- How does your service manage risk?
- What is your staff training needs in relation to risk management?
- What is your staff training needs in undertaking client assessment?

Specialist Assessment Domestic and Family Violence

Specialist assessment – domestic and family violence

Risk assessment in domestic and family violence should not be viewed as a static one-off event but rather as an on-going process that should be undertaken at every point of contact with the woman. The purpose of the initial assessment is to provide enough information to assist the worker to tailor intervention, safety planning and referral appropriate to the woman's needs.

Separation from an abusive partner is a well-known high-risk factor. Never assume that a woman is safe because she is or has separated from the perpetrator. Overseas research has found the most dangerous time for women is after separation (Campbell, Webster, Koziol-McLain, Block, Campbell, & Curry, 2003).

Domestic and family violence risk assessment tool

The domestic violence risk assessment tool is for use during the initial assessment with women escaping domestic and family violence. It has been designed to gather information that is used to guide intervention and safety planning to facilitate the safe transfer of women and children into a refuge. The initial assessment tool should not be used in isolation – it should also consider the following:

- The woman's own perception of risk

  The woman's own judgment has been shown to be a reliable and accurate indicator of risk and should be considered in any assessment of risk. The woman's intimate knowledge of the perpetrator and past use of violence can provide critical information to inform the assessment. Where the woman is expressing concern about risk and safety this should be taken very seriously. In situations where the woman appears to be minimising or underestimating the risk to her safety further exploration of risks and safety needs to occur.
- Professional judgment of the worker
- Domestic and family violence situations are often complex and at times the information gained through the assessment process can appear out of place. Trained domestic violence workers should utilise their skills, knowledge and experience to determine the significance of any risk factors identified and explore these in detail to assist referral to an appropriate service.

Who should use the domestic and family violence risk assessment tool?

The domestic and family violence risk assessment tool is for use by trained domestic violence workers, including:

- DVConnect
- regional domestic and family violence services
- Specialist homelessness services funded to provide immediate supported accommodation for women and children escaping domestic and family violence (Women's domestic and family violence refuges).

Specialist homelessness services have an important role to play in linking women to specialised domestic and family violence assistance. Women seeking safe refuge accommodation should be offered a facilitated referral to DVConnect on 1800 811 811.

During periods of increased demand, specialist homelessness services may receive referrals for women escaping domestic and family violence from DVConnect. In this situation the specialist homelessness service will be able to view the completed domestic and family violence initial assessment as part of the referral process. Further information is provided in the Service Co-ordination Guidelines.

Undertaking domestic and family violence risk assessment

Prior to undertaking any assessment, it is important the worker assists the woman to feel as comfortable as possible. The worker should establish a rapport with the woman so the initial assessment can be undertaken within the context of engagement. Engagement is important to build trust and safety prior to any discussion of risks.

Domestic and family violence is generally regarded a private matter not usually discussed outside the family. Perpetrators often blame women for their violence leading many women to believe that somehow, they are responsible for the violence and will often try to deal with it themselves or talk to family and friends rather than seek outside support. It may be the first time a woman has told anybody about the abuse. Fear often prevents many women from seeking help, coupled with the desire to protect their partner, their relationship and their children.

Workers will recognise that women may be concerned about what will happen following a disclosure of the abuse. Many women are fearful it could set off a chain of events that she may have little or no control over, such as attracting the attention of the service system, justice response or the child protection system. Some women perceive that once they have disclosed to a service there will be a requirement to end the relationship.

Many women are also concerned about confidentiality and the repercussions if the perpetrator finds out they have disclosed (Mulroney, 2003) that this will cause an escalation in physical violence, serious injury or even death of the woman and her children.

The worker should ensure the woman understands the purpose of the initial assessment and should be encouraged to raise any concerns she has about the process. The domestic violence risk assessment tool is intended to be used as a memory prompt to assist workers to start a conversation with the woman about specific risk factors. The information should be gathered naturally through the course of a conversation. It is the role of the worker to accurately transfer this information into QHIP after the interview.

Groups who are more vulnerable

Some groups of women are more at risk and experience increased barriers to accessing support and assistance further compounding the impact of domestic and family violence:

- Women from Aboriginal and Torres Strait Islander (ATSI) Communities

  Indigenous women experience family violence at significantly higher levels than non-Indigenous women and face additional barriers to seeking help. Many Indigenous women fear retaliation from within the community if they leave or involve services. Access to fewer services and the risk to confidentiality may impact on a woman's willingness to use a service as staff or other clients may belong to the perpetrator's clan or tribe.

  The influence of past experiences of child removal and stolen generations along with the current high rates of Indigenous children in out of home care as well as Aboriginal people in custody leaves many Indigenous women distrusting and suspicious of involving services or the justice system for the risk of having their children taken away or their partners placed in custody (Willis, 2011).

- Women from culturally and linguistically diverse (CALD) Communities

  Women from culturally and linguistically diverse backgrounds are more vulnerable. Many are from new and emerging communities and are refugees or asylum seekers. These women are often socially isolated and have experienced significant trauma. Most experience difficulties accessing services. Many don't know where to go for help or have difficulty navigating the service system. Language barriers, a lack of understanding of their rights and fear of deportation prevents many women from seeking help. Women with indeterminate immigration status are often without income or access to benefits if they leave (Mitchell, 2011).

- Women from rural and remote communities

  Women from rural and remote areas face additional barriers to seeking help. Geographical isolation means many lack access to services and transport. Leaving the relationship often involves leaving a community. Confidentiality is difficult to maintain in small communities preventing many women from speaking out about the abuse and violence. The increased availability of weapons including guns increases the safety risk to women and children (Mitchell, 2011).

- Women with a disability

  Women with disabilities are at increased risk of experiencing domestic and family violence. They often experience isolation and suffer from neglect. The woman may be dependent on the perpetrator for care and this makes accessing services extremely difficult. The perpetrator may remove the woman's access to needed medical treatment, medication or wheelchair or threaten her with institutionalisation if she speaks out about the abuse (Mitchell, 2011).

- Elderly women

  Older women who experience domestic and family violence experience significant barriers to accessing support. Many women lack awareness of services that are available, others fear the consequences of disclosing abuse as this may mean having to leave their home or becoming estranged from family. Older women may be dependent on their partners financially or for care due to a medical condition or disability (Mitchell, 2011).

- Women with mental health issues

  The trauma associated with domestic and family violence can have a significant impact on the mental health of women and children. Women with existing mental health issues experience additional barriers to seeking help. Many fear they won't be believed, or they will lose their children if they disclose the abuse (Mitchell, 2011).

- Lesbian, gay, bisexual, transgender and intersex (LGBTI) people

  The tactics used by abusers in LGBTI relationships are like heterosexual relationships but also include homophobia, biphobia, and transphobia as mechanisms to exert power and control and increase isolation of the victim. It is illegal for services to discriminate against LGBTI people. Domestic and family violence amongst same sex couples is recognised in the *Domestic and Family Violence Protection Act 2012* however, many LGBTI people experience significant barriers to accessing specialist homelessness services (ACON, 2004).

Domestic and family violence assessment

Below is a summary of the information required to be captured in CHART as part of the domestic and family violence initial assessment. Remember – only necessary and relevant information should be collected and entered.

- Presenting source – details how the client presented to the service
- Nature of client's relationship with alleged perpetrator
- Details of alleged perpetrators – records the number of alleged perpetrators details including:
  - name
  - gender
  - vehicle details
  - addresses including home, work, current location and other areas the alleged perpetrator has a connection to that may be unsafe
  - date of last incident
  - information about the abuse and violence free text box
- Details of accompanying individuals – records the number of accompanying individuals and information for each:
  - names
  - gender
  - date of birth and age
  - relationship to client
  - relationship to alleged perpetrator
- Legal information relation to children including:
  - court orders
  - residing with and current location
  - contact arrangements
  - child safety involvement
  - contact arrangement with other partners or children
- Additional relevant information about each child:
  - disability and special needs
  - use of stairs
  - significant medical conditions
  - access to medications
  - address of school/childcare
- Primary client health
  - disability or special needs
  - mental health issues
  - difficulty using stairs
  - access to required medications
  - drug or alcohol related concerns
  - access to drug and alcohol facilities
  - currently engaged with other service provider
  - additional information free text box
- Legal information – records whether the client has a current domestic violence order in place and is named as the aggrieved or respondent on the order. A free text box is provided to record additional information about legal matters.
- Duty of care – refers to action taken by the service to protect the client or accompanying children. This section may be used to record if immediate medical attention is required and any arrangements that have been made. Also records whether notifications have been made to the Police or Child Safety.
- Pets – records whether the client has any accompanying pets. A free text box for details of any animals to be included including breed, size and temperament.

Domestic and family violence assessment risk explanations

Who	High risk or potential high-risk	Explanation
The client	Fears for own safety	The woman's fears for safety are a reliable predictor of future risk and must be taken seriously. Always explore previous levels of violence and any threats that have been made.
	Fears for children's safety	The woman's fear for her children's safety should be taken seriously. Separation is a high-risk factor for children.
	Fears for others	Abusers often threaten to harm other people who may support the woman and carry out these threats if the woman reports the abuse or leaves the relationship.
	Pregnant or recent birth	Domestic and family violence often escalates/ increases during pregnancy and poses significant risks to the health of the mother and baby. Violence during pregnancy is a significant risk factor for future harm to the mother and child.
	Is planning to separate from the alleged perpetrator	Separation is a high-risk indicator for increased violence. Research indicates violence often increases prior to, during and post separation. Safety planning is essential during this period.
The children	Fears post separation abuse related to children contact	The woman's perception of risk to children has often been found to be an accurate predictor of future risk and should be taken seriously. Explore previous levels of violence and details of any threats to children.
	Has children with a disability / special needs	When a woman cares for a child with a disability it may be more difficult for her to leave safely with her children. There is increased risk she will be found as she may need to remain near medical and other support services. She may be more reliant on the abuser to assist with other children and feel leaving is futile. Children with disabilities are also at greater risk of abuse.
The client has experienced	Attempts to kill client or their children	A previous attempt to kill indicates a strong likelihood of future violence and future harm.
	Use of, threats to use weapons	Use of a weapon particularly a gun is strongly associated with murder, murder-suicide, filicide and familicide.
	Physical abuse, assault	Previous physical abuse is a predictor of future abuse.
	Attempted strangulation "choking"	Attempted strangulation indicates extreme violence and is often a precursor to homicide. The woman should be referred for medical treatment as internal injuries can be fatal after the attempted strangulation.
	Intimate partner sexual violence	Includes rape (being forced to perform unwanted sexual acts or to have sex with others). Being pressured to agree to sex. Unwanted touching of sexual or private parts. Causing injury to the woman's sexual organs. Sexual violence is often accompanied by other forms of violence.
	Escalation of physical/ sexual abuse	Violence that is increasing in intensity or frequency is found to be associated with lethality. Any escalation of violence in an indication risk is increasing and should be taken seriously.
	Escalation of obsessive, controlling behaviour	Obsessive and controlling behaviour includes monitoring and tracking the woman's movements, phone calls, email, GPS tracking location and controlling where she goes, who she spends time with.

Who	High risk or potential high-risk	Explanation
The client has experienced	Threats to kill client	Previous threats to kill have been found to be present in homicides. Threats that are specific, detailed and graphic can be a rehearsal of the act. The woman is at increased risk of serious harm or death. Any threat to kill should be taken seriously.
	Threats to kill children	A perpetrator's threats to kill children are often made to terrify the woman to prevent her from taking action or leaving. All threats should be taken seriously.
	Pet abuse/ harm to animals	Perpetrators of domestic and family violence often extend their abuse to harm family pets. This form of abuse causes great distress to women and children and is used as a mechanism to maintain control over the woman often preventing her from leaving the abuse.
	Stalking	Stalking when accompanied by physical abuse is strongly associated with homicide.
	Having movements tracked using technology e.g. smart phone, social media	Social networking, smart phones and GPS tracking apps can be used by a perpetrator to monitor and track a woman's movements without her knowledge.
	Breaches of DVO (reported or unreported)	Breaches of a Domestic Violence Protection Order (DVO) indicate the perpetrator's disrespect for the law and a high probability the perpetrator will continue to breach the conditions of the Domestic Violence Protection Order in the future.
	Threats to take children away	All threats should be taken seriously. Separation is a high-risk time for women and children.
	Verbal abuse	May include yelling, shouting, name-calling and swearing.
	Social abuse	Isolating the woman from others. This may include preventing her from having contact with family and friends, joining community groups or from working.
	Financial abuse	Controlling access to money. Not giving the woman enough money to live on, making her account for money spent. Preventing her from working or taking her money.
	Damage to property and willful damage	Causing damage to the woman's property, her belongings.
	Threats to use systems (e.g. child safety, cross order)	Threatening to use the courts, police, or government departments to cause fear and distress. Examples include threatening to: • take out Domestic Violence Protection Order against the woman • remove custody of children • report the woman to child safety department • have the woman deported.
	Emotional abuse	Involves making the woman feel bad about herself. Involves criticising her personality, her looks, the way she dresses, saying she is a bad parent or threatening to hurt her, her children or her pets, or threatening to damage personal items she values.
	Cultural / spiritual / identity abuse	Includes putting her down, mocking her spiritual beliefs, her cultural background, or preventing her from practicing her religion.

Who	High risk or potential high-risk	Explanation
The alleged perpetrator has	Access to weapons through employment Access to/ possession of weapons	Research on domestic homicide has found a perpetrator with access to a weapon, in particular a gun is much more likely to kill, injure or cause serious harm to a woman than a perpetrator without access to a weapon.
	Behaved violently	Use of physical violence indicates the woman may be at risk of serious injury or death. Further exploration of the violence used is necessary to gain an understanding of the extent of violence and any injuries.
	History of domestic violence towards client or others	Past domestic violence is an indicator that domestic violence is likely to occur in the future.
	History of violent behaviour other than domestic violence	Many perpetrators of domestic violence choose not to use violence or abuse to anyone other than their partners. Perpetrators who are violent towards others may be more likely to show disrespect for the safety of others.
	Previous threats to kill the client/ children	All threats to kill should be taken seriously. Threats to kill that are detailed, specific, graphic and repeated should be treated as rehearsals of the act.
	Previously threatened or attempted to commit suicide	Threats to commit suicide are a known risk factor for murder-suicide.
	Has a history of, or excessively uses alcohol and drugs	Abuse of alcohol and other drugs affects reasoning and impulse control and is often involved in serious violence including homicide.
	Mental health issues (diagnosed)	Poor mental health, particularly depression, is a risk factor associated with homicide and murder-suicide. Further exploration of type of mental illness and whether or the perpetrator is receiving treatment and medication is required.
	Shown signs of depression (including non-medical)	Depression is a risk factor associated with homicide and murder-suicide. Further exploration is required to determine if the perpetrator is receiving treatment or is currently medicated.
	Previously attempted to isolate the client	A woman is more vulnerable when she is isolated from her support system. Isolation caused by loss of contact with family, friends and social networks is associated with increased likelihood of violence.
	Behaved obsessively/ jealously	Obsessive behaviour and jealousy indicate the abuser may have difficulty accepting the separation and is strongly associated with stalking and homicide.
	Displayed contempt for police and or systems of domestic violence support	Contempt for police and other systems may indicate the perpetrator's lack of respect for the law. The perpetrator may not abide by the conditions on a Protection Order and additional safety planning with the woman is indicated.
	Experienced a change in circumstances (job loss, bereavement, other life stressors)	Stress associated with change in circumstances may increase risk to the woman.
	Refused to accept separation	Research shows refusal to accept separation is strongly correlated with murder-suicide and homicide.

Who	High risk or potential high-risk	Explanation
Pets in crisis	The Pets in Crisis Program is a partnership between DVConnect and the RSPCA.	Perpetrators of domestic and family violence may harm or threaten to harm family pets as a mechanism to control their partners and to cause fear. Concern for the safety of family pets often prevents many women from leaving domestic and family violence situations. If through the assessment process the woman identifies family pets are a barrier to her leaving, the regional domestic and family violence service should contact DVConnect to discuss. The services can collect information about pets during the initial assessment and enter it into CHART for review by DVConnect. All referrals to Pets in Crisis are managed by DVConnect. Further information is provided in the Service Co-ordination Protocol.

Practice tips – domestic and family initial assessment, prioritisation and planning

Purpose	Process
Build rapport with the client to begin engagement.	Welcome the client: • introduce yourself by name • explain your role and how you can assist • recognise the woman may be in crisis, feeling anxious, exhausted, in shock and fearful of sharing information • check the woman is comfortable and continue to observe and monitor her level of comfort or distress throughout the assessment and respond accordingly.
Check client safety	• arrange to speak to the woman privately • check the woman is safe before proceeding with the assessment • ask where the perpetrator is • check if it is safe for her to talk • if the client identifies it is unsafe for her to talk do not proceed with the risk assessment process. Determine her immediate needs and respond appropriately • don't assume the woman is in a heterosexual relationship.
Begin risk and needs to identify client's immediate risks and needs	Encourage the woman to explain the situation and what she needs. Be alert for presence of known risk factors: • let the woman know you may need to take some notes to help you recall what she tells you • record the information • a printed copy of the DFV assessment tool may be used as a prompt to guide conversation. Display empathy for the woman's situation: • use non-judgmental language • validate the woman's experience • let her know she is not alone • respect and listen to the woman • do not blame the woman for the violence, place responsibility for the violence with the perpetrator.
Confirm the QHIP privacy notice to ensure the client understands it	If a QHIP client record exists, seek permission from the client to access the previous record and confirm the QHIP privacy notice. If there is no existing client record, or if permission to access the previous record is refused, start a new client record, provide the client with the QHIP privacy notice and ask the client to acknowledge and sign it.
Explore needs and risks to gain an understanding of the client's current situation and identify priorities for action	Check your understanding of the initial needs conversation and seek further clarification if not clear. Do not pressure the woman to disclose information. Compare your understanding of what the client has told you with your observations of the client. Collect only information that is relevant to enable the client to be referred to a homelessness service.

Purpose	Process
Clarify needs and risks to check your understanding	Seek further clarification from the client if you are not clear but do not pressure the client to disclose information. Compare your understanding with what the client has told you and your observation of the client. Check back with the client is there if anything you have missed.
Safety planning to ensure the safe passage of the client to refuge	Safety is always a priority when responding to domestic and family violence. Separation from an abusive partner is a well-known high-risk factor. Safety planning is undertaken following the initial assessment. The safety plan is a plan to get the woman safely to a refuge. It is expected that domestic and family violence workers who undertake the initial assessment are familiar with the process of safety planning and are competently skilled and experienced to do so. The safety plan should be responsive to the information the woman discloses during the initial risk assessment process. At a minimum, the safety plan should include: • arranging safe transportation of the woman and children • giving emergency numbers to contact if needed • discussion about risks of being tracked or monitored with technology – switching off Bluetooth, GPS and location tracking on mobile phones, cameras and computers. • discussion of risks with posting information on social media sites e.g. Facebook, Twitter, checking in. Refrain from posting information on social media sites.
Prioritise client needs and risk to apply a standardised measure of client needs and risks to assist services to match resources to fit the client's needs	The prioritisation matrix is a mandatory process in QHIP that provides a summary of the risk information. The worker is required to assess the client as **high risk or standard risk** across three domains: 1. how the client perceives the risk 2. the risk factors identified in the initial assessment 3. the worker's own judgment of risk.
Identify priorities for action	Before a referral can be made, a plan needs to be developed with the woman. This will enable the best possible response to be provided within the available resources. The worker will identify: • risks to the client's safety • what is most important for the client • what must be done first • what must be done today • the client's safety needs • whether the client needs to be near any services or support people.

Reflections:

- How do you explain to clients how assessment information is used?
- How do you ensure your communication with clients is in a form they can understand?
- What risk management processes does your organisation have in place to ensure the safety of woman being assessed and others involved in the assessment, including workers?
- How do you undertake assessment for women with different levels of need including those identified as having high levels of need?

QHIP can record the following information for statistical purposes:

- time the assessment was completed
- time spent with the client face-to-face
- time spent on documentation
- total time spent.

Referrals

Referrals

Making a referral

All referrals are to be sent first and followed up with a telephone call to the receiving service confirming receipt of the referral and confirmation that the vacancy still exists. The length of time it takes to make an active referral is dependent on the complexity of the client's needs and risk and availability of services at that time.

Referring to own agency (self-referrals)

Completing an assessment in QHIP is optional where the client makes an initial presentation and will be accepted as a client of the receiving agency (self-referral).

An agency may choose to undertake an assessment in QHIP and make a self-referral by selecting their own service from the list of available services under the course of action internal referral tab.

Receiving a referral

Homelessness is not a choice many would make – it often comes at the end of a long history of crisis, trauma and other problems. Specialist homelessness services will recognise that homelessness is frequently accompanied by other issues including mental illness, disability, alcohol and drug dependency, child protection issues and domestic and family violence. People who suffer such experiences may behave in ways that present challenges for specialist homelessness services.

Aggressive behaviour, unusual or odd behaviour, intoxication or the influence of drugs on a person's behavior can cause workers to feel out of their depth in responding to clients with complex needs. Services regularly face the difficult task of balancing the comfort and safety of other clients and staff against the needs of a person seeking assistance. The service response has often involved excluding or banning people with challenging behaviours based on potential risk of:

- the client harming themselves
- the client causing harm to others
- the client's vulnerability to being harmed by others.

All workers should have access to training and regular supervision to enable them to develop skills for identifying and managing risks.

Rejecting a referral

The receiving service maintains the right to decide which referrals are accepted or rejected. However, services must be mindful any decision to prevent entry to a person must be consistent with the Homelessness Program Guidelines and is not discriminatory practice. Services should be aware of their legal obligations under the Queensland and Commonwealth legislation. A referral may only be rejected when one of the conditions below exist:

- the client does not match the target group of the service
- the client's needs and risks are not suitable for the current case client load.

If, after thorough assessment of risks, no realistic options for risk management exist within the available resources, and it is determined the client cannot be accepted without placing the client, other clients or staff at risk.

What if I accept a referral but the client does not show up?

In the first instance, the receiving service should contact the assessing service to advise them the client did not arrive as planned.

The receiving service should request the system administrator complete an Edit Client Assessment Details Form and send to system administrator so the assessment can be updated.

For domestic and family violence clients, if there are concern about the safety of the client a Safety Alert Referral can be made to DVConnect.

Waiting lists

The demand for temporary supported accommodation often outweighs service system capacity. In the past services have individually tried to manage capacity issues by keeping a waiting list and clients have received services on a first come first served basis. It was not uncommon for clients to end up on numerous waiting lists.

Waiting lists are not supported by QHIP. The pending list should not be used as an electronic waiting list. The pending list should only be used to manage clients who are actively being supported or referred. *The Homelessness Program Guidelines, specifications and requirements* state that services are not permitted to keep waiting lists.

Practice tips – referrals

Assessing service		Receiving service
Identify vacancies available	The assessing agency checks the Vacancy Capacity Management System for available vacancies.	Specialist homelessness services promptly and accurately advertise vacancies on the Vacancy Capacity Management System. Any vacancy limiting conditions are explicitly listed. Vacancy limiting conditions include: • issues that change in response to the current case load and other dynamic factors • static information such as physical accessibility, general location of service, accommodation style e.g. communal living, unit accommodation. Eligibility criteria should not exclude any group of people within the target group who would otherwise be eligible to receive a service. All people within the target group should be considered for services including those who may have left the service previously on negative terms. Vacancy limiting conditions should be consistent with the service agreement and reviewed and updated with each vacancy.
Identify a suitable service	The worker reviews available vacancies to identify a service that may be appropriate to the client's needs and risks. The worker provides the client with accurate information about services to assist the client to make an informed decision about whether to accept the vacancy or not. Information provided may include: • intake procedures • general service location • any rules or conditions • cultural considerations (staff belong to other clans/ tribes).	The receiving agency is available to respond to questions from referring agencies about the vacancy.

Assessing service		Receiving service
Identify the severity of any serious risks	The worker meets duty of care obligations and informs the receiving agency of any risk of harm to the client or posed by the client to others. The service will consider the following: • How frequently is the risk likely to occur? Are there any triggers? • What is the likelihood the risk will occur whilst the person is a client at the specialist homelessness service? • What harm or consequence could occur to self or others if the risk did occur? • What is the severity of the risk?	The specialist homelessness service views the client assessment information and explores any concerns or risks with the assessing agency. The initial assessment should not be used to exclude clients from services. It should be used to inform service delivery to deliver a tailored response to the client.
Risk management planning	The assessing agency is available to respond to questions from the receiving agency. Three-way conversations between the client, assessing agency and receiving agency are discouraged.	The receiving service considers possible risk management strategies: • What can the client contribute? – *strategies to manage the risk* • What can the service do? – plans to manage the risk • What can other agencies do? – can other services be involved to manage the risk?
Secure the vacancy	Once the best match is identified, and a risk management plan put in place (if appropriate), the worker secures the vacancy. The assessing service waits for confirmation the referral has been accepted.	The receiving service decides to accept or reject the referral. If the referral is rejected the reason for rejection must be provided. The receiving service updates the client assessment record. Services take care to ensure any decision to reject a referral is consistent with the service agreement.
Arrange to transport the client safely to receiving service	The assessing service plans with the receiving service to transport the client. The assessing service makes an initial safety plan with the woman.	The receiving agency plans to meet or collect the client. The receiving agency updates the VCMS.

Reflections:

- What areas of risk does your service manage?
- What processes does your service have in place to manage risk?
- Is risk assessment a routine process done consistently for all clients?
- In what circumstances does your organisation seek involvement from outside services to support client risks?

Interim response

In some situations, a client's support needs and risks will be identified as high, but it is not possible to complete a referral to a specialist homelessness service. In these situations, it is essential the referring agency maintains contact with the client and provides an interim response. The service where the client presents are responsible for coordinating the interim response. This may involve brokering aspects of the service to other agencies.

Interim support includes any support or assistance that meets the client's needs whilst they are waiting for an active referral to a specialist homelessness service.

An interim response may include but is not limited to:

- safety planning
- short-term placement in emergency accommodation or other temporary shelter including hotel accommodation
- providing regular emotional support over telephone or in person
- providing daily telephone contact
- providing access to meals, food, clothing, personal hygiene etc.
- providing financial assistance or emergency relief
- assisting a client to prepare an application for a domestic violence protection order
- providing domestic and family violence court assistance
- supporting a client to access other services e.g. drug and alcohol rehabilitation, mental health support
- supporting a client to access centre-based support
- supporting a client to seek assistance from a friend or family member
- providing advocacy
- arranging brokerage transfer arrangements
- ongoing risk assessment and monitoring client's situation whilst they are waiting for services
- making a safety alert referral to DVConnect for high risk domestic and family violence client.

Privacy

QHIP and privacy

The department is the data owner and custodian of the information that is collected and stored in QHIP. The department allows contracted service providers to access this information for the purpose of providing a client with relevant services. Contracted service providers are bound under their service agreements to comply with the *Information Privacy Act 2009*. Further, service providers are bound to comply with QHIP Policy, the QHIP Service Coordination Protocol, these Practice Guidelines and any other policy or procedure in relation to QHIP.

What is the QHIP privacy notice?

A privacy notice is a requirement under Information Privacy Principle 2 of *the Information Privacy Act 2009*. The QHIP privacy notice informs clients about the purposes for collecting their personal information and how that information will be used and to whom it will usually be given. The client must acknowledge their understanding of the privacy notice before QHIP users can search, view, enter or edit client details in the QHIP system.

What are the privacy obligations of the service?

Under Information Privacy Principle 2, a contracted service provider must take reasonable steps to make the client generally aware about the purpose of collecting their personal information and this should be done, if practicable, before the personal information is collected, otherwise, as soon as practicable after the personal information is collected.

The privacy notice is being provided to the client by the service in order to collect their personal information to provide the client with support services and/or accommodation. The service must provide the privacy notice to the client or head of the presenting unit. The client's verbal or written acknowledgment that they understand the privacy notice is required prior to entering any client information into QHIP.

All clients experiencing homelessness, or escaping domestic and family violence, experience a degree of risk or harm. Workers will be required to make a professional judgment about the client's safety and risk of harm versus the legal necessity to get the client to acknowledge the privacy notice. In some circumstances it may be necessary to provide an urgent service to a client. Under Information Privacy Principle 2 (5) a service provider does not need to give a privacy notice if collection of personal information is in the context of the delivery of an emergency service. In this situation, the service should confirm the client's acknowledgment of the privacy notice as soon as practicable after the service has been provided e.g. when the client is safe.

Can a client provide verbal acknowledgment that they understand the privacy notice?

Yes, a client can verbally acknowledge that they understand the privacy notice over the telephone. In this situation, the receiving service will confirm the client's acknowledgment of the privacy notice by having the client sign a privacy notice at intake.

What if the client doesn't want their information entered into QHIP?

If after reading the privacy notice, the client decides they do not want their information entered, do not proceed with the QHIP assessment. This should not be a barrier to accessing a service. In this situation, the assessing service should still provide a response to the client however the response given will depend on what the client is willing to agree to.

Can a client use an alias instead of their real name?

In some situations, a client may prefer to use an alias instead of their real name. If this is the case, the services will still need to provide the client with a privacy notice or obtain a verbal acknowledgment from the client. In this instance, the client may use the alias each time they present for assistance, enabling the client's record to be utilised within the system. An alias does not guarantee anonymity. Other information contained in the assessment could be used to identify the client.

Accessing records of a client

Each time a service provider wants to access a client's record they must ask the client for their agreement. If a client does not agree to a service accessing their records this is called withdrawal of agreement by the client.

A client can withdraw their agreement at any time. This can be done verbally or in writing. The worker who is notified can remove agreement from the client record. The record will automatically be archived and will no longer be accessed by services. Should the client present later a new record will need to be created.

Requests for client information from a third party

At times, a third party may request access to a client record, such as a young person's parents, the Police or a government department. All third-party requests for information must be directed to the department.

QHIP client information can only be released in accordance with Information Privacy Principle 11 of the *Information Privacy Act 2009*. For example, personal information can be released to relevant third parties where the department is:

- satisfied on reasonable grounds that the disclosure is necessary to lessen or prevent a serious threat to life, health or welfare of an individual, or to public health, safety or welfare
- satisfied on reasonable grounds that the information is necessary by or for a law enforcement agency for the prevention, detection, investigation, prosecution or punishment of criminal offences or breaches of laws imposing penalties or sanctions
- disclosure is authorised or required under a law.

Can a client access their own record?

Yes. The same as a paper record, a client has the right to access their own assessment records. If a service provider is satisfied the client is who they say they are they can assist the client to view their own record.

Alternatively, clients can access and amend their assessment records by lodging a Right to Information/Information Privacy application to the department. For more information on Right to Information refer to www.hpw.qld.gov.au. Services should assist clients to download an application form from the Right to Information website www.rti.qld.gov.au. Alternatively, the Right to Information Request and application request form may be accessed from the Right to Information link at the bottom of the QHIP home page.

Privacy notice – practice tips – client presents in person

Provide a copy of the QHIP privacy notice to the client and ask them to acknowledge that they have read and understood the privacy notice.

Example:

- Before we begin, I need to provide you with a copy of the privacy notice.
- Offer to read the privacy notice to the client.
- Explain that their personal details including names of any children and details they disclose during the assessment process will be recorded in a client record.
- Explain that this information will be accessible by other specialist homelessness services and domestic violence services for the purpose of providing them with the support services they require.
- Explain to the client they can withdraw agreement at any time.
- Ask the client to acknowledge that they have read and understood the privacy notice by signing the privacy notice.
- Confirm acknowledgment in QHIP that the client has read and understood the privacy notice and upload the signed privacy notice.
- Once the client has acknowledged the privacy notice the assessment can proceed.

Privacy notice – practice tips – client presents by telephone

Assessing service	Receiving service
You will need to provide the client with the privacy notice. Offer to read the privacy notice to the client. Ask the client to provide acknowledgment that they understand the privacy notice. In this instance record verbal acknowledgment of the privacy notice in QHIP. Acknowledgment of the privacy notice will be confirmed by the receiving service on intake.	On intake: • download a privacy notice form from the QHIP resources menu • ask the client to acknowledge the QHIP privacy notice and sign it • scan and upload the form to the client record. The client will remain on the service pending list as 'written confirmation required' until confirmation has occurred.

Reflections:

- How do you ensure clients understand their right to privacy?
- When is an appropriate time to explore privacy with a client?
- In what situations would you choose not to get the client to acknowledge the privacy notice?

Guidelines for recording client information in QHIP

Services should only collect information that is necessary and relevant to enable the client to receive support and be referred to a specialist homelessness service. Services should take care not to collect unnecessary information about a person. Services must take all reasonable steps to ensure all information recorded in QHIP is accurate, complete and up to date.

QHIP records can be viewed by the client, accessed by other authorised contracted service providers and may also be subject to a subpoena to produce documents. The QHIP records are documents of the department and are subject to the *Right to Information Act 2009* and *Information Privacy Act 2009.*

Practice tips – recording information in QHIP

- Be clear – use clear language that will be easily understood by all services. Do not use jargon or acronyms.
- Be accurate – always try to update the client record as soon as possible after you have spoken with the client.
- Record only factual information – when recording clients own words use 'quotation marks' or write: *The client stated that…*
- Be objective – avoid making assumptions about the client *e.g. Tracey is suffering with anxiety.* Instead, document any symptoms observed *e.g. Tracey was observed to be wringing her hands, sweating, and reports loss of appetite.*
- Avoid writing subjective opinions – *e.g. Gary was drunk.* Instead write *Gary was observed to be swaying and he smelled of alcohol.*
- Be non-judgemental – do not use judgmental, derogative or emotive language
- Include only details relevant to the provision of a support or service to which the client has agreed.

What to do if you need to amend a client record

Changes can be made to client details at any time by any QHIP user with client consent. Changes may be only be made to the client assessment by the QHIP user who created the assessment prior to it being sent to a receiving agency. Once the referral has been accepted the assessment is considered complete. It is not possible for the service to edit or change a completed assessment.

However, any errors or omissions in a client assessment record may be corrected by completing an Edit Client Assessment Form which can be downloaded from the QHIP resources menu and sent to the QHIP system administrator HSQHIP@hpw.qld.gov.au.

Definitions

Word	Definition
Access	The right of entry to accommodation.
Active referral	With the client's agreement the assessing service provides the receiving service with initial assessment information about the client, along with the workers professional assessment of the client's needs.
At risk of homelessness	A person is at risk of homelessness if they are at risk of losing their accommodation. A person may be at risk of homelessness if they are experiencing one or more of a range of factors or triggers that can contribute to homelessness: • financial stress (including due to loss of income, low income, gambling, change of family circumstances) • housing affordability stress and housing crises (pending evictions/foreclosures, rental and/or mortgage arrears) • inadequate or inappropriate dwelling conditions, including accommodation, which is unsafe, unsuitable or overcrowded. • previous accommodation ended • relationship/family breakdown • child abuse, neglect or environments where children are at risk • sexual abuse • domestic/family violence • non-family violence • mental health issues and other health problems • problematic alcohol, drug or substance use • employment difficulties and unemployment • problematic gambling • transitions from custodial and care arrangements, including out of home care, independent living arrangements for children aged under 18, health and mental health facilities/programs, juvenile/youth justice and correctional facilities • discrimination including racial discrimination (e.g. aboriginal people in the urban rental market) • disengagement with school or other education and training • involvement in or exposure to criminal activities • antisocial behaviour • lack of family and/or community support. • staying in a boarding house for 12 weeks or more without security of tenure.

Word	Definition
Assessing service	The service that undertakes the QHIP initial assessment.
Brokerage	Cash or funds available for a client to purchase specialist services or to provide for one off needs in alignment with case management goals.
Domestic and family violence	The *Domestic and Family Violence Protection Act (2012)* defines domestic violence as behaviour by a person towards another person with whom the first person is in a relevant relationship that— • is physically or sexually abusive or • is emotionally or psychologically abusive or • is economically abusive or • is threatening or • is coercive or • in any other way controls or dominates the second person and causes the second person to fear for the second person's safety or wellbeing or that of someone else. • Relevant relationships include: • intimate personal relationship (can include a same sex relationship). • family relationship. • informal care relationships.
Eligibility screening	The process of collecting information and deciding whether the person is eligible to receive a service and the type of assistance they may be eligible to receive.
Facilitated referral	The service assists the client to access another service. This may involve making an appointment with the service on the client's behalf or arranging for the other service to contact the client.

Word	Definition
Homelessness	A person is homeless if they are either living in: • non-conventional accommodation or 'sleeping rough', or • short-term or emergency accommodation due to a lack of other options. • non-conventional accommodation (primary homeless) • non-conventional accommodation is defined as: • living on the streets • sleeping in parks • squatting • staying in cars or railway carriages • living in improvised dwellings • living in the long grass. This definition aligns closely with the cultural definition of primary homelessness. Short-term or emergency accommodation (secondary homeless) includes: • refuges • crisis shelters • couch surfing • living temporarily with friends and relatives • insecure accommodation on a short-term basis • emergency accommodation arranged by a specialist homelessness agency (for example, in hotels, motels and so forth). The following short-term accommodation options are not considered to be homeless: • hotels, motels, caravan parks and other temporary accommodation used when a person is on holiday or traveling • custodial and care arrangements, such as prisons and hospitals • temporary accommodation utilised by a person while renovating their usual residence or building a new residence (for example, weekenders, caravans). This definition aligns closely with the cultural definition of secondary homelessness.
Initial assessment	The process of gathering information about a client's needs and risks prior to making a referral into a specialist homelessness service.
Intake	The process of welcoming and orientating the client into the service after the referral has been accepted.
Interim response	Provision of support and assistance to the client whilst waiting for referral into specialist homelessness service.
Receiving service	The service who receives the QHIP referral.

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Notes

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