



PENRITH HOMELESSNESS INTERAGENCY

Service Mapping Research Project



PENRITH
CITY COUNCIL



Statement of Recognition of Penrith City's Aboriginal and Torres Strait Islander Cultural Heritage

Council values the unique status of Aboriginal people as the original owners and custodians of lands and waters, including the land and waters of Penrith City.

Council values the unique status of Torres Strait Islander people as the original owners and custodians of the Torres Strait Islands and surrounding waters.

We work together for a united Australia and City that respects this land of ours, that values the diversity of Aboriginal and Torres Strait Islander cultural heritage and provides justice and equity for all.

Disclaimer

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Table of contents

Statement of Recognition of Penrith City's Aboriginal and Torres Strait Islander Cultural Heritage	p. 2
Acknowledgements	p. 2
Disclaimer	p. 2
Table of graphics	p. 4
Abbreviations used in this report	p. 5
1. Executive summary	p. 7
2. Introduction	p. 10
2.1 About the research project	p. 10
2.2 About the City of Penrith	p. 10
2.3 Definitions and risk factors of homelessness	p. 13
2.3.1 Social and political context of definitions of homelessness	p. 13
2.3.2 Risk factors for homelessness	p. 14
2.4 Policy context	p. 15
2.4.1 Federal context	p. 15
2.4.2 State context	p. 17
2.4.3 Service models for addressing homelessness	p. 22
2.4.4 Local context	p. 23
2.5 Prevalence of homelessness	p. 23
3. Methods	p. 25
3.1 Online service mapping survey	p. 25
3.2 One on one interviews	p. 25
3.3 Report review	p. 26
3.4 Ethics and limitations	p. 26
4. Results	p. 28
4.1 Online service mapping survey	p. 28
4.1.1 Survey results – overview	p. 28
4.1.2 Survey results – breakdown of service types	p. 37
4.1.2.1 Specialist Homelessness Services (SHS)	p. 37
4.1.2.2 Non-SHS services	p. 49
4.1.3 Service mapping directory	p. 67
4.1.4 Service mapping survey summary	p. 77
4.2 One on one interviews analysis	p. 81
5. Recommendations	p. 95
6. References	p. 100
7. Appendices	p. 100
Appendix A: Specialist Homelessness Services Outcomes Matrix	p. 100
Appendix B: Penrith Homelessness Interagency Service Mapping Survey	p. 101
Appendix C: Interview questions	p. 109
Appendix D: Penrith Interagency and Network Convenor List	p. 110
Appendix E: Online service mapping survey – non-SHS target groups	p. 113
Appendix F: Online service mapping survey – non-SHS service age eligibility	p. 115

Table of graphics

List of charts

Chart 1: Service/program funding source(s)	p. 29
Chart 2: Maximum number of people currently receiving support from service/program	p. 29
Chart 3: Number of currently active volunteers per service/program	p. 30
Chart 4: Average length of time a client engages with a service/program	p. 31
Chart 5: DFV groups supported by SHS providers	p. 41
Chart 6: Average length of time a client engages with SHS providers	p. 43
Chart 7: Service/program funding source(s) for non-SHS services	p. 49
Chart 8: Average length of time a client engages with SHS	p. 60

List of maps

Map 1: The City of Penrith	p. 11
Map 2: Suburbs of Penrith LGA	p. 12

List of figures

Figure 1: Specialist Homelessness Service Delivery Framework	p. 18
Figure 2: Penrith's homelessness service system	p. 80

List of tables

Table 1: NSW Government homelessness-related partnerships and programs	p. 20
Table 2: Homelessness estimates for Greater Western Sydney, 2016	p. 24
Table 3: Most common referrals received by services/programs	p. 32
Table 4: Most common referrals sent by services/programs	p. 33
Table 5: Overall referral relationships of services/programs	p. 34
Table 6: Community partnerships of services/programs	p. 36
Table 7: Network or interagency participation of services/programs	p. 36
Table 8: Maximum number of people currently receiving support from SHS providers	p. 37
Table 9: Geographic area the SHS providers covers	p. 38
Table 10: SHS service provision details	p. 39
Table 11: SHS accommodation type and capacity	p. 40
Table 12: SHS priority groups	p. 42
Table 13: SHS service focus or specialisation	p. 42
Table 14: Most common referrals received by SHS providers	p. 44
Table 15: Most common referrals sent by SHS providers	p. 45
Table 16: Overall SHS referral relationships	p. 46
Table 17: SHS community partnerships	p. 47
Table 18: SHS network or interagency participation	p. 48
Table 19: Maximum number of people currently receiving support from non-SHS services	p. 50
Table 20: Geographic area the non-SHS services cover	p. 51
Table 21: Non-SHS service provided	p. 54
Table 22: Most common referrals received by non-SHS services from other services/programs	p. 62
Table 23: Most common referrals sent by non-SHS services to other services/programs	p. 63
Table 24: Overall non-SHS referral relationships	p. 64
Table 25: Non-SHS community partnerships	p. 66
Table 26: Non-SHS network or interagency participation	p. 66

Abbreviations used in this report

ABS	Australian Bureau of Statistics
ACHA	Assistance with Care and Housing for the Aged
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare (Commonwealth Government)
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and Linguistically Diverse
CHP	Council to Homeless Persons
CHSP	Commonwealth Health Support Program
CSHA	Commonwealth State Housing Agreement
DHS	Department of Human Services (Commonwealth Government)
DFV	Domestic and Family Violence
DV	Domestic Violence
DSS	Department of Social Services (Commonwealth Government)
EAPA	Energy Accounts Payment Assistance
FACS	Department of Family and Community Services (NSW Government)
GHSB	Going Home Staying Home (NSW Government reform)
GP	General Practitioners
GWS	Greater Western Sydney
HAP	NSW Homelessness Action Plan 2009 – 2014
HASI	Housing and Accommodation Support Initiative (NSW Government)
IPTAAS	Long Distance Travel Assistance
LGA	Local Government Area
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
MLCF	Mama Lana's Community Foundation
NAHA	National Affordable Housing Agreement
NDIA	National Disability Insurance Agency

NDIS	National Disability Insurance Scheme (Commonwealth/NSW Government)
NFD	Not Further Defined
NGO	Non-Government Organisation
NHHA	National Housing and Homelessness Agreement
NILS	No Interest Loan Scheme
NPAH	National Partnership Agreement on Homelessness
NSW	New South Wales
PCC	Penrith City Council
PHI	Penrith Homelessness Interagency
RHAP	Regional Homelessness Action Plans
SA	Statistical Area
SAAP	Supported Accommodation Assistance Program
SHS	Specialist Homelessness Service
WDO	Work and Development Order
WESTIR Limited	Western Sydney Regional Information and Research Service

1. Executive summary

WESTIR Limited (Western Sydney Regional Information and Research Service) was approached by Penrith City Council (PCC) on behalf of the Penrith Homelessness Interagency (PHI) in September 2017 to undertake a homelessness service mapping research project for the Penrith area. The research project was funded by the St Marys Band Club.

Project aims and background

The aim of this research project was to provide an up to date overview of the local homelessness service system and build its capacity by:

- Identifying which funded and non-funded/voluntary services are currently available to people who are homeless or at risk of homelessness in the Penrith region;
- Understanding the role that mainstream and voluntary services play when working with specialist homelessness services (SHS) in the broader system;
- Enhancing the information and referral pathways available to community workers so they can effectively link people who are homeless or at risk of homelessness with appropriate support;
- Establishing an evidence base for homelessness service advocacy, highlighting service provision gaps, opportunities for service collaborations and partnerships, and where additional resources may be most effective.

This report also outlines the definitions, risk factors and prevalence of homelessness, as well as the federal, state and local policies that shape the response to homelessness or at risk of homelessness in the Penrith region.

Project methods

This research project involved two parts: an online service mapping survey and one on one interviews with workers in the local homelessness service system. The online homelessness service mapping survey was distributed to PCC's Community Development email networks for a period of four weeks (from mid-October to early November 2017). The survey's data was cleaned and analysed using Microsoft Excel.

A total of eleven one on one interviews were undertaken with service providers from a variety of specialties between November 2017 and January/February 2018, including youth and aged homelessness, tenancy and legal support, medical support, community and social housing, domestic violence and mental health. Interviews were audio recorded, transcribed and analysed using NVivo 11 software.

The methodological tools used and draft report produced was reviewed by the project's steering committee to ensure that the final product met the PHI's research objectives.

Project results

Online service mapping survey

A total of 45 unique services/programs participated in the online service mapping survey. 11% (n=5) stated that they were SHS providers and 89% (n=40) stated that they were non-SHS services. The survey showed:

- There are a number of SHS and non-SHS services that make up Penrith's homelessness service system. This includes a small number of generalist and specialist SHS providers servicing the Penrith area, providing short, medium and longer term accommodation.
- There are many non-SHS services that support Penrith's SHS providers, including funded government and non-government organisations and unfunded community groups and foundations. They cover a range of disciplines, with community groups and foundations predominantly specialising in providing emergency relief.
- Penrith's SHS providers and non-SHS services rely on a range of funding sources and a limited volunteer base. They generally have high levels of service capacity and engage clients over a variety of time periods. Most services cover all of Penrith LGA, as well as other neighbouring areas in the Greater Western Sydney region.
- Both SHS providers and non-SHS services in Penrith rely strongly on referrals coming directly from individuals, family and friends and local community networks. They also have strong referral relationships with other SHS providers and non-SHS housing/homelessness services and mental health services, and less robust relationships with aged, CALD, drug and alcohol, disability and rehabilitation, education, child/family/youth and employment services. Non-SHS services report stronger overall relationships with community groups and foundations providing emergency relief, general and community/allied health and policing/justice/legal services than SHS providers.
- Penrith's homelessness service system receives varying levels of business/corporate support and most services participate in local and regional interagencies and networks, mainly focusing on housing/homelessness, general community issues and domestic violence.

For a visual representation of Penrith's homelessness service system, see Figure 2.

One on one interviews

The one on one interviews shed light on the experiences and opinions of service providers in Penrith's broader homelessness service system. Service providers identified a number of reasons why their clients were homeless or at risk of homelessness including domestic and family violence (DFV), family breakdown, rising cost of living, inadequate social security payments, lack of affordable housing options and mental illness. There was a general perception that homelessness in the Penrith area was on the increase.

Service providers discussed the impact of the Going Home Staying Home (GHS) reforms on the SHS system. Interviewees believed some aspects of the reform were necessary, including greater accountability and transparency. Many highlighted the various reform impacts including reduced service collaboration due to competitive tendering processes, loss of smaller and specialist services, increase service demand since implementing the 'No Wrong Door' approach, limitations of centralised client referral and information systems and the need for more medium term accommodation options.

Interviewees also identified a number of service gaps and challenges in Penrith's broader homelessness service system including lack of diverse and affordable housing stock, long wait times for accommodation and wrap around support, insufficient service funding, restrictive client application requirements and timeframes, lack of medium term accommodation and housing options, navigating a broken mental health service system, issues with client data and information sharing, and high staff turnover and burnout.

Service providers believed good communication was essential to being able to address their clients' needs. Most interviewees reported good relationships with services overall, however some worried that differing values and goals and a lack of coordination between funded and non-funded services may hinder the efforts to finding effective and sustainable solutions for clients. Many acknowledged that local/regional interagencies and networks (such as Penrith Homelessness Interagency) and Penrith City Council's support facilitated a more collaborative approach to homelessness service provision.

Finally, interviewees suggested solutions to addressing service system and overall homelessness issues in Penrith. This included implementing early intervention or innovative pilot programs, more diverse and affordable housing stock, tools to enhance communication and collaboration across service disciplines, and the need to foster innovation and entrepreneurship within the service system.

Project recommendations

Based on the findings of this research project, this report makes the following recommendations:

- **Recommendation 1:** That Penrith City Council (PCC) updates and promotes local homelessness information collected from the service mapping survey.
- **Recommendation 2:** That PCC continues facilitating the Penrith Homelessness Interagency (PHI), exploring activities and resources that encourage better coordination, collaboration and communication between a range of stakeholders.
- **Recommendation 3:** That PHI explores ways to increase communications with other relevant local/regional interagencies and networks to facilitate cross-disciplinary information sharing and networking.
- **Recommendation 4:** That PHI builds awareness of and connections with minor referral and partnership pathways identified in this research project.
- **Recommendation 5:** That PHI advocates for more diverse and affordable housing stock in the Penrith area.
- **Recommendation 6:** That PHI advocates for more services/resources for particular groups with complex needs that are regularly overlooked or not easily supported by current homelessness service criteria.
- **Recommendation 7:** That PHI advocates for changes to the mental health service system, which currently can exacerbate homelessness issues.
- **Recommendation 8:** That PHI assists both SHS providers and non-SHS services in increasing business/corporate and volunteer support, where appropriate and required.
- **Recommendation 9:** That PHI explores ways to address staff turnover and burnout issues in Penrith's homelessness service system.
- **Recommendation 10:** That PHI supports innovation and entrepreneurship within Penrith's homelessness service system.

Please see Section 5 of the report for more detail on the recommendations outlined above.

2. Introduction

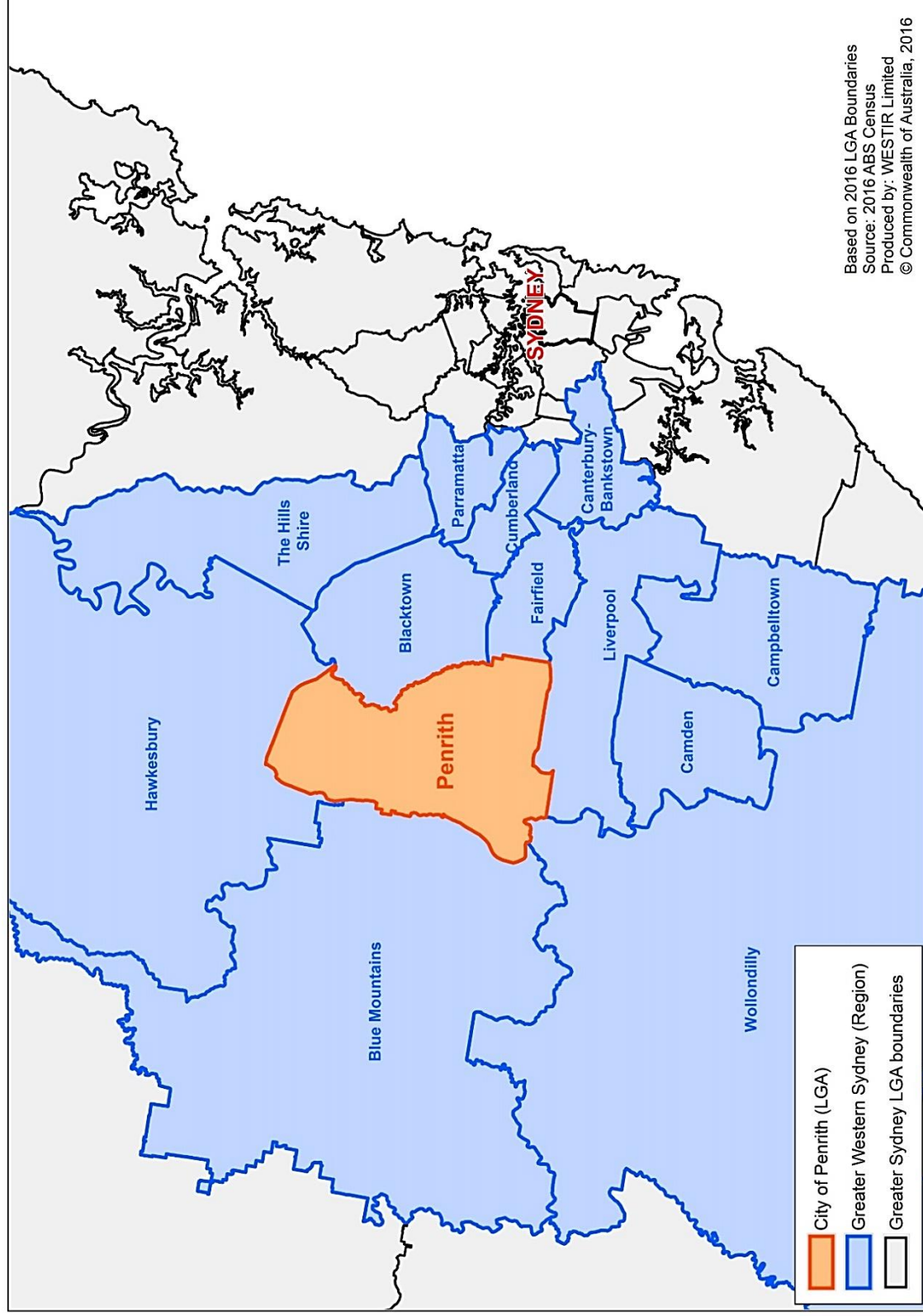
2.1 About the research project

WESTIR Limited (Western Sydney Regional Information and Research Service) was approached by Penrith City Council (PCC) on behalf of the Penrith Homelessness Interagency (PHI) in September 2017 to undertake a homelessness service mapping research project for the Penrith area. The research project was funded by St Marys Band Club through the 2017 Penrith Club Grants program. The aims of the project are found on page 7 and this report presents the findings of this research project.

2.2 About City of Penrith

The City of Penrith is located approximately 50 kilometres west of Sydney Central Business District (NSW). Penrith City sits on the western edge of Cumberland Plain and the Nepean River, in the heart of Greater Western Sydney, with Hawkesbury Local Government Area (LGA) in the north, Blacktown, Fairfield and Parramatta LGAs in the east, Liverpool LGA in the south and Blue Mountains LGA in the west (See Map 1). The 2016 usual resident population for City of Penrith was 196,060 people, with an increasingly diverse socioeconomic and cultural landscape (Australian Bureau of Statistics (ABS) 2017). Penrith is also a regional city for outer Western Sydney, providing a range of business and social services, educational facilities, civic and recreational activities. The suburbs of Penrith LGA can be found in Map 2.

Map 1: The City of Penrith



Map 2: Suburbs of Penrith LGA



Based on 2016 LGA Boundaries
 Source: 2016 ABS Census
 Produced by: WESTIR Limited
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2.3 Definitions and risk factors of homelessness

2.3.1 Social and political context of definitions of homelessness

Definitions of homelessness are context-specific, change over time, and reflect a range of social and political concerns (Amore et al 2011; Chamberlain & Mackenzie 1992; Edgar 2012; Lancione 2016; Stebbing 2017). Legal, state, and statistical definitions of homelessness are informed by social norms, while the lived experience of homelessness may lead some people to 'develop a self-identity as a homeless person' (MacKenzie & Chamberlain 2003, p. iii). Homelessness Australia (2016a; see also ABS, 2011) follows the Australian Bureau of Statistics (ABS) definition of homelessness, stating:

When a person does not have suitable accommodation alternatives, they are considered homeless if their current living arrangement:

- is in a dwelling that is inadequate; or
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to space for social relations.

Homelessness can also be described through reference to three 'types' of homelessness, primary, secondary, and tertiary (Bevitt et al 2015, p. 1):

Primary homelessness includes all people without conventional accommodation (sleeping rough, living in squats, etc.). Secondary homelessness includes people who move frequently from one form of temporary shelter to another, and includes 'couch surfing' and use of emergency accommodation (refuges, shelters, etc.). Tertiary homelessness refers to people staying in boarding houses on a medium- to long-term basis, defined as 13 weeks or longer. They are homeless because their accommodation does not have the characteristics identified in the minimum community standard.

These definitions are broadly similar to those proposed by similar organisations in Europe, North America and New Zealand (Echenberg & Jensen 2012 [2008]; FEANTSA 2005; Greenhalgh et al 2004; New Zealand Parliament 2014). While there are differences in each of these approaches, they are all informed by the Western (and Australian) concept of the house as a home, a physical structure that also provides security, safety, and privacy. In such a context, those without stable homes, and especially rough sleepers, are unable to conform with social norms of dwelling (Bullen 2015; Deslandes & Humphrey 2017).

It is important to interrogate how homelessness is defined, in order to better understand the policy context and how certain interventions impact on individuals (Stebbing 2017). The way that homelessness is approached will affect the types of solutions offered. Bartholomew (1999, p. 11) expresses this as follows:

If the purpose of the initial question was to manage homelessness (e.g. through 'triage' style allocation of emergency housing, with an acknowledgment that such measures are inadequate to end homelessness in the wider sense), then a particular type of answer is required. If the question is being asked in order to seek an overall solution to the problem, a response with a much wider focus is called for. The nature of the response will always reflect the definition, the specific context, and the origin of the question.

Representations and understandings of homelessness in the broader society are also an important element to consider. When homelessness is described as being caused by an individual's circumstances or choices, the public may blame individuals for their homelessness, while policy makers may introduce measures aimed at controlling individual behaviour. In contrast, when homelessness is defined as a structural issue, services may focus on providing a roof over people's head, and include interventions on tenancy rights, housing affordability, and so on while ignoring an individual's need for other support or interventions (Lee et al 1990; Main 1998; Minnery & Greenhalgh 2007; Neale 2007; Teixeira 2017; Zufferey 2014). With this in mind, we now discuss current understandings of risk factors for homelessness.

2.3.2 Risk factors for homelessness

Longitudinal data can greatly assist in understanding the relationships between homelessness and various risk factors, whether they be individual or structural. The 'Journeys Home' research project conducted by the Melbourne Institute of Applied Economic and Social Research tracked people at risk of or experiencing homelessness over a two-and-a-half-year period. The resulting data provides useful insights for those involved in research, policy, and service delivery (Bevitt et al 2015; Johnson et al 2015a, 2015b). This research found the following risk factors associated with homelessness:

- Males were more likely to be homeless than females
- Older respondents were more likely to be homeless than younger respondents
- Aboriginal and Torres Strait Islander (ATSI) people are more likely to be homeless than non-Indigenous people
- Singles are more likely to be homeless than couples
- Respondents without resident children are more likely to be homeless than those who have children living with them (Bevitt et al 2015, p. 2).

Rather than personal histories that include risk factors, the research found that current circumstances that include risk factors had a much higher impact on someone becoming homeless, except in the case of those who had ever been incarcerated:

Respondents that have ever been incarcerated...are particularly prone to homelessness, even when comparing to other similarly vulnerable people...The average prevalence of homelessness is much higher for: those recently experiencing family breakdown; those with current health problems, particularly when considering respondents' self-assessed general health and psychological distress; the jobless and those reliant on Centrelink payments; risky drinkers and those using illicit substances (cannabis or other substances); and those recently incarcerated, with those recently incarcerated particularly prone to primary homelessness. Homelessness and experiences of physical and sexual violence are also closely related. (Bevitt et al 2015, p. 3)

Intergenerational disadvantage nonetheless has a clear impact. Young people who experience homelessness are likely to become homeless again as adults; those who have lived in out of home care are also more likely than those who have not to become homeless; and young people of refugee background have difficulty accessing services (Couch 2011; Flatau et al 2013; Scutella et al 2013). Flatau et al (2013, p. 3) found that 'earlier occurrences of homelessness may be a predictor of subsequent adult homelessness and that the role of individual family risk factors appears critical to the experience of many adult homeless people irrespective of the significant influence of system-level responses and the availability of affordable accommodation'. Scutella et al (2013, p. 102) argue that 'the transition from care is a particularly critical period in the lives of young people and by providing sufficient support and housing assistance the risk of homelessness is likely to be greatly reduced'. Young people of refugee background have specific problems accessing services for homelessness, linked to language and literacy barriers, ongoing effects of traumatic past experiences, lack of knowledge of available services, and lack of culturally-appropriate services (Couch 2011).

Research focusing on people who inject drugs found an increased risk of substance misuse amongst those who were homeless: compared to the people who inject drugs who were stably housed, those who were homeless had younger ages of first injection, lower self-reported mental health, higher rates of schizophrenia and higher contact with the criminal justice system (Whittaker et al 2015). ATSI people experience homelessness in the context of racism and structural inequality: compared to the non-Indigenous population, they are more likely to experience homelessness throughout their lifetimes, with the 2016 Census estimating that ATSI people made up 20% of all persons who were homeless on Census night, despite comprising only 3% of the Australian population (ABS 2018). This high

homelessness rate is influenced by a history, and a present, of forced removals from families and homelands (Heiss 2016), while ongoing racism affects their experience of homelessness, with interactions with police, shops, government agencies, and so on (Browne-Yung et al 2016).

Intimate partner violence and homelessness are also linked, with many women making risk assessments between the options of remaining in a violent relationship, or entering lengthy periods of unstable housing (Meyer 2016). Interviews with women who had left abusive relationships found that their decisions over staying, leaving, or returning to abusive relationships 'were informed by the (perceived) presence or absence of support mechanisms that allow women to separate permanently and transition into safe and sustainable housing solutions without creating a new accumulation of risk factors that cause further trauma to their own and their children's lives' (Meyer 2016, p. 207). At the same time, sole fathers who are caring for children while homeless are a minority group who can often find difficulty accessing services, or find themselves in accommodation that is inadequate or inappropriate for their children's needs (McArthur et al 2006).

This brief discussion of current research indicates that, not only are there both structural and individual risk factors for homelessness, but that homelessness itself may be a risk factor for other risky behaviours such as intravenous drug use. Given the complexity of this issue, attempts to break the cycle of homelessness must focus both on individuals' wellbeing and on strengthening the social support available to them as they move out of homelessness (Johnstone et al 2016).

2.4 Policy context

2.4.1 Federal context

In 2008, the Commonwealth Government released its White Paper on homelessness entitled *The Road Home – a national approach to reducing homelessness*. The White Paper details the Commonwealth Government's vision for halving national homelessness by 2020, including eliminating rough sleeping through supported accommodation. The paper was applauded for a more holistic rhetoric, particularly the acknowledgement of structural (and not just individual) factors that create or exacerbate homelessness (Simon 2009; Homelessness NSW et al 2012).

At the same time, the Commonwealth Government streamlined the major policy instruments by which it funds states and territories for affordable housing and homelessness service provision (Homelessness NSW et al 2012; Northern Territory Government 2017). It included:

- **National Affordable Housing Agreement (NAHA):** The NAHA is a non-lapsing high-level agreement tied to the achievement of housing affordability (and homelessness) outcomes. It replaced all previous housing and homelessness agreements including Commonwealth State Housing Agreement (CSHA) and Supported Accommodation Assistance Program (SAAP). The NAHA incorporated several initiatives including A Place to Call Home, National Rental Affordability Scheme, Housing Affordability Fund and the First Home Owners Account, and National Partnerships for Social Housing, Indigenous Housing and Homelessness. The total value of the agreement is \$1.3 billion per annum, with \$275 million of that allocated for homelessness programs.
- **National Partnership Agreement on Homelessness (NPAH):** The NPAH is a time-limited agreement directed at activities focused on breaking the cycle of homelessness, including prevention/early intervention and homelessness service responses. Under the agreement, the Commonwealth Government provides funding

to state and territory governments to deliver homelessness measures and to monitor progress against a specified set of outputs and outcomes. The first NPAH commenced in 2009/10, with three short-term NPAHs thereafter. The value of these agreements is approximately \$800 million over a five-year period.

This national policy and funding framework has been criticised for failing to address rising homelessness rates. This is due to a number of issues, including an ongoing reduction in real terms in federal funding allocations¹, current housing tax and planning settings, the absence of a comprehensive rights-based homelessness legislation and long term national strategies, lack of transparency and accountability, and weak federal leadership and coordination (Council to Homeless Persons 2017).

In saying that, the Commonwealth Government is introducing a new National Housing and Homelessness Agreement (NHHA) in 2018/19, merging the NAHA and NPAH together. The NHHA will provide \$4.6 billion in Commonwealth funding to the States and Territories over a three year period, including \$375 million for homelessness services which the States will be required to match. Funding for homelessness services will be ongoing and indexed for the first time, with the intention of providing certainty to frontline services. Under this agreement, funding to state and territory governments will also be linked to specified outcomes in priority areas such as targets for social and affordable housing, residential land planning and zoning reforms, inclusionary zoning arrangements, renewal of public housing stock and transfer of public housing to community housing providers, and homelessness services. A Transitional National Partnership on Homelessness has provided support to frontline homelessness services since late 2016 until the new NHHA comes into effect in respective States and Territories (Australian Government Treasury 2017).

The Commonwealth Government's Department of Social Services (DSS) currently addresses homelessness (or at risk of homelessness) (DSS 2017a; DSS 2017b; Homelessness Australia 2016b) through initiatives such as:

- **Housing and Homelessness Grants Program:** the program supports the development of policy advice to inform government responses to meet current and future challenges, including how to improve housing affordability for all Australians.
- **National Rent Affordability Assistance Scheme (NRAS):** The NRAS is a commitment by the Commonwealth and state/territory governments to invest in and increase the supply of new affordable housing and reduce rental costs.
- **Reconnect Program:** The program uses community-based early intervention services to assist young people (12-18 years) who are homeless (or at risk of homelessness) and their families. It aims to stabilise the living situation of young people and improve their level of engagement with family, work, education, training and their local community.
- **Assistance with Care and Housing (ACH) Program:** Assists financially disadvantaged older people who are experiencing homelessness, or have insecure accommodation and are at risk of becoming homeless to obtain appropriate, sustainable and affordable housing and links them to community care services.

¹NPAH funding was not linked to any indexation until 2017/18 and has seen the value of the funding reduce by close to \$10 million in 2015.

- **Other:** A package of initiatives to develop alternative sources of capital for social and affordable housing, including Social Impact Investment and Homes for Homes initiatives was announced at the Treasury's 2017/18 Budget.

Other Commonwealth Government activities aimed at preventing homelessness (or at risk of homelessness) include:

- **Commonwealth Rent Assistance Scheme:** A welfare payment supplement provided by the Department of Human Services (DHS) Centrelink to assist people with rental affordability (DHS 2017).
- **Specialist Homelessness Services (SHS) Collection:** The Australian Institute of Health of Welfare (AIHW) compiles data about the clients and support provided by SHS (formerly called SAAP). SHS collect data on an ongoing basis and are responsible for submitting monthly data to the AIHW. Tools to share information and resources, such as the Australian Homelessness Clearinghouse, have been decommissioned since 2015 (AIHW 2017).

2.4.2 State context

The translation of the 2008/9 Commonwealth direction in homelessness policy and associated strategies was found in the *NSW Homelessness Action Plan 2009 – 2014* (HAP). The HAP reinforced NSW's commitment to NPAH targets and provided direction for new and existing efforts in NSW. It set the direction for state-wide reform of the homelessness service system under three strategic objectives (preventing homelessness, responding effectively to homelessness and breaking the homelessness cycle) and with three homelessness reduction targets (a reduction of 7% of overall homelessness in NSW, a reduction of 25% in rough sleepers in NSW and a 33% reduction of Aboriginal homelessness) (Homelessness NSW *et al* 2012).

The HAP included around 100 local, regional and state-wide projects to assist in achieving the homelessness reduction targets (55 of which were funded through NPAH). Regional homelessness action plans (RHAPs) (including one for Greater Western Sydney) were developed to express the actions required at a more local level to achieve HAP's objectives². The governance structure set up to drive the implementation of HAP included regional homelessness committees, which escalated issues to a state-wide homelessness interagency committee and regional coordination management groups. Both in turn could escalate issues to the joint meeting of chief executives of Justice and Human Services Departments and the NSW Premier's Advisory Council³ (NSW Department of Family and Community Services (FACS) 2012).

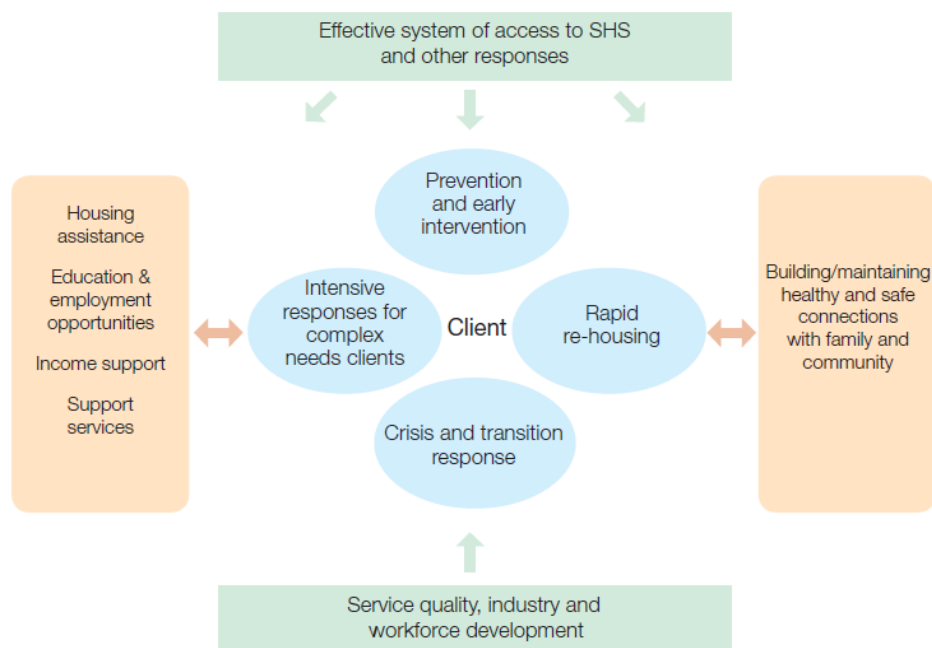
²Other key documents of HAP included the *NPAH NSW Implementation Plan 2009 – 2013* and *Regional Homelessness Action Plan (RHAP) Planning Framework*. A criticism of the RHAPs is that they did not adequately articulate the role and responsibilities of local governments in addressing homelessness (Council of Homeless Persons 2009; DHS & Housing NSW 2010).

³Today, the NSW Premier's Council on Homelessness is a non-statutory advisory body to the NSW Government. Convened by the NSW Premier and Minister for FACS at least once a year, it is a forum of independent experts and key sector peaks that provides the NSW Government with advice on homelessness issues and innovative, evidence-based responses. For more information, go to www.housing.nsw.gov.au

An evaluation by the Australian Housing and Urban Research Institute (AHURI) (2013) found that HAP projects as a whole were effective in sustaining tenancies over the life of projects, with key enablers of success being an increased focus on early intervention and prevention, flexible and client-focused case management and brokerage, service integration and coordination, culturally specific support for Aboriginal clients, and minimising financial and administrative burdens. The most significant challenge faced by projects was locating suitable and timely accommodation for clients.

The Specialist Homelessness Services (SHS) program is the primary NSW Government response to homelessness. In 2012, the NSW Minister for Family and Community Services (FACS) announced the Going Home Staying Home (GHS) reform to restructure the SHS system. The aim of the reform was to streamline access to services, improve planning and resource allocation, develop the homelessness sector and workforce, and find better ways of delivering and evaluating quality contracts. A service delivery framework was developed to guide the GHS reforms (See Figure 1) which places the client at the centre of service delivery and offers four core service responses according to their need: early intervention and prevention, rapid rehousing, crisis and transition responses, and responses for complex needs and specialised target groups (Valentine *et al* 2012; FACS 2014a). These service models, as well as others, will be discussed further in Section 2.3.3.

Figure 1: Specialist Homelessness Service Delivery Framework



(Source: FACS 2014a)

The Framework also requires SHS providers to comply with the following principles and practices (FACS 2014b – See Appendix A for SHS Outcomes Matrix):

- Implement the 'No Wrong Door' approach in which assessment of the client is undertaken at initial contact, where the provider is the first organisation approached by a client who has not undergone a common assessment.
- Accept assessments and referrals from other services, including the state-wide information and referral service called Link2Home and the 24-hour domestic violence line.

- Connect clients to mainstream, social housing and other specialised services where appropriate.
- Implement a new Client Information Management System (CIMS) to report and record client details and provide updates on vacancies for both accommodation and support services.
- Adhere to set quality assurance systems, brokerage funding guidelines and child safety policies.

Under the reform, a total of 159 new service packages were funded across NSW to deliver core responses (including six in the Nepean Blue Mountains District to support 2,300 clients per year). The delivery of the SHS program was initially contracted to non-government organisations (NGOs) by FACS between 2014 and 2017, but in 2015 a funding extension was confirmed until June 2020 due to outcome-based commissioning being gradually introduced (FACS 2016b; Valentine *et al* 2017).

Reviews of the GHSH reform (Valentine *et al* 2012; St Vincent De Paul Society National Council 2016) suggest that while the unmet demand for housing is growing, the number of people supported by the SHS program had increased above the national rate and clients were meeting their case management goals. Negative outcomes of a competitive, market-orientated reform were also explored, including the loss of specialist services, reduced service diversity and reductions in service coordination and collaboration. These issues will be further discussed in the qualitative findings of this research report.

The NSW Government also released the *NSW Homelessness Strategy 2018 – 2023* in the 2018/19 financial year, shortly after this service mapping research project was undertaken. Building on the *NSW Homelessness Action Plan 2009 – 2014*, the GHSH reform and the *Foundations for Change Discussion Paper 2016*, the Strategy sets the direction for a five year period, focusing on the three key areas: prevention and early intervention, better access to support and services, and an integrated, person-centred system. For the first time, the Strategy provides a comprehensive framework of action that enables government agencies, non-government organisations and the community to work together to address homelessness. The document acknowledges that homelessness is driven by a number of structural factors and requires a multidisciplinary, coordinated response from key policy areas such as housing and homelessness, justice, DFV, mental health, disability, education, and children, young people and families. The Strategy will also assist in supporting a number of existing partnerships and programs for specific target groups who are homeless or at risk of homelessness (See Table 1), and other current strategies such as the *NSW Domestic and Family Violence Blueprint for Reform 2016-2021* and *Future Directions for Social Housing in NSW* (FACS 2018).

Table 1: Examples of NSW Government homelessness-related partnerships and programs (as of August 2018)

Initiative	Department(s) responsible	Description
Communities Plus	FACS	A new generation of integrated social, affordable and private housing developments being delivered in partnership with the private, non-government and community housing sectors. The program includes sites in metropolitan Sydney and regional NSW, including Ivanhoe, Telopea, Waterloo, Riverwood, Arncliffe and Redfern. Existing social housing communities in Claymore, Airds, Bradbury, Minto, Rosemeadow, Bonnyrigg, Riverwood North and Glebe are also being reconfigured into modern, mixed ownership communities.
Getting it Together	FACS (Community Services)	An early intervention program to assist vulnerable young people aged between 12 and 25 years of age with alcohol and/or drug problems. The program provides case management and brokerage services for young people to transition to, or resume self-sufficient living, free of dependence on alcohol and/or drugs. This may include housing.
Housing and Accommodation Support Initiative (HASI)	NSW Health and FACS (Housing NSW)	A partnership program with NGOs to provide people with mental health problems with access to stable housing linked to clinical and psychosocial rehabilitation services. HASI provides people with mental health issues with support so they can maintain successful tenancies and participate in their communities. A 2005 evaluation by the UNSW Social Research Policy Centre that 85% of clients successfully maintained their tenancy under HASI.
Housing and Human Services Accord Agreement	FACS (Housing NSW)	A shared policy commitment by NSW Housing and NSW Human Services Agencies to help mutual clients with complex needs to live independently and maintain their tenancies including people with disabilities, people with mental health problems and vulnerable families needing access to secure housing.
Housing and Mental Health Agreement	NSW Health and FACS (Housing NSW)	An agreement that aims to improve housing outcomes and general wellbeing of people with mental health issues who are aged over 16 years and living in social housing, or who are homeless or at risk of homelessness. It provides an overarching framework for planning, coordinating and integrating services across organisations more effectively.
Housing NSW Temporary Accommodation	FACS (Housing NSW)	The Temporary Accommodation program provides short term accommodation in low cost hotels, motels and caravan parks for people who are experiencing a housing crisis.
Integrated Domestic and Family Violence Strategy	FACS (Community Services)	A multi-agency program response to prevent the escalation of domestic and family violence (DFV) among high risk target groups and communities, including children. The program operates in eleven locations across NSW.

Table 1: Examples of NSW Government homelessness-related partnerships and programs (as of August 2018) (continued)

Initiative	Department(s) responsible	Description
Private Rental Brokerage Service and Tenancy Guarantee	FACS (Housing Pathways*)	The Private Rental Brokerage Service helps people who have support arrangements in place, to find and sustain accommodation in the private rental market. People who have a physical or mental illness, drug or alcohol problems, a physical or intellectual disability or other complex needs may be eligible for this service. The Tenancy Guarantee is a surety issued to agents/landlords against damage or arrears to encourage them to grant tenancies to people who might otherwise be denied access to the private rental market.
Rent Start	FACS (Housing Pathways*)	Provides financial assistance for people who have found private rental accommodation but need financial assistance to meet bond payments and, in some cases, advance rent.
Social and Affordable Housing Fund	FACS	An innovative approach to social and affordable housing in NSW. It provides houses to those who need it the most, along with coordinated support tailored to their individual needs so they have the tools to improve their lives.
Start Safely	FACS (Housing NSW)	Time limited financial assistance to assist women and children escaping domestic violence to access appropriate and affordable housing in the private rental market. The project provides financial support until the client's situation is stabilised following leaving violence. The subsidy is linked to an integrated support program, other existing private rent assistance products and domestic violence services.
Staying Home Leaving Violence	FACS (Community Services)	A program that supports women and children to stay safely in their home when ending a violent relationship. Through supporting women who choose to stay in their home the project will assess safety needs, seek to improve social, health, economic and legal outcomes for families and promote accountability for offenders of violence. The program operates in 27 locations across NSW, including Penrith.

***Housing Pathways:** is the way applications for housing assistance are managed in NSW. It is a partnership between the FACS departments, including the Aboriginal Housing Office and the Housing Contact Centre, and 25 participating community housing providers.

(**Sources:** Morris *et al* 2005; DHS & Housing 2010; FACS 2017)

2.4.3 Service models for addressing homelessness

The GSH reform highlighted that the traditional homelessness approach was not working and the homelessness service system had not been effective in reducing homelessness. The traditional system, which focused on a 'housing ready' principles⁴, needed to be questioned and redesigned.

The reformed NSW Government's SHS program acknowledges the need to expand beyond the 'housing ready' approach to include a mix of housing and support responses that are tailored to address specific types of needs and vulnerabilities. The SHS program utilises the following service principles and models in their four core service responses (FACS 2013):

- **Prevention and early intervention:** increases the focus on preventing homelessness by sustaining people in their current accommodation and offering post-crisis support, including those affected by domestic and family violence (DFV) or people leaving correctional or health facilities. The most common examples are tenancy support services and Staying Home Leaving Violence programs.
- **Rapid re-housing:** a model with increased emphasis on identifying people as soon as they become homeless and working quickly to stabilise their housing arrangements. This includes identifying affordable private rental, social housing or other suitable long-term housing, coupled with support to stabilise and sustain the housing arrangement. The rapid re-housing approach is suitable for people who can settle into housing (either alone or with family/friends) with low level support.
- **Crisis and transition response:** the provision of safe and supported short-term and non-permanent accommodation, with the focus of moving the homeless person or family into more sustainable housing with more effective links to support services (such as education, employment and independent living skills). A common example is 24 hour staffed refuges.
- **Intensive responses for complex needs clients:** providing intensive, multidisciplinary support for persons entrenched in homelessness (such as rough sleepers, and people experiencing DFV, mental health issues or drug misuse). This response utilises models such as Housing First⁵ and assertive outreach⁶.

⁴ The 'housing ready' approach is a model focused on the continuum of care, where people move from crisis accommodation into transitional housing and into permanent tenancy. Their movement is determined by whether the individual and/or household's situation is stable enough to support long-term, permanent housing (Council to Homeless Persons 2009).

⁵ The Housing First model (variation models include Common Ground and Street to Home) has been used nationally and internationally to help chronic homelessness into long term sustainable accommodation. It is based on the premise that housing is a human right and the longer a person remains homeless, the more difficult it can be to gain and sustain housing. The model prioritises providing secure housing on an unconditional basis and is based on the idea that a homeless person's first and primary need is to obtain stable housing (and other necessities) before addressing other enduring issues. It does not require the homeless person to address personal problems or graduate service programs before they can access housing, although support services are offered to assist people maintain housing stability and individual wellbeing. This approach also values client choice in housing selection and service participation as this likely to make a client more successful in remaining housed and improving their life (Northern Territory Government 2017).

⁶ Assertive outreach is a street-based model that provides outreach services to individuals in public places (such as train stations, bus stops, streets, alleys, bridges, overpasses and parks). Workers actively approach people who are homeless on the streets and offer supports related to accommodation and services. Street-based outreach enables workers to respond directly and immediately to a persons' needs by bringing services to people rather than waiting for individuals to come to services on their own (Homelessness NSW 2017).

Overall, the SHS program classifies clients into four major groups: young people, single men, single women and families. There are also target groups within these broad client categories including ATSI people; people from culturally and linguistically diverse (CALD) backgrounds; women with or without children escaping DFV; rough sleepers; young people (including those coming out of out of home care or juvenile detention); people coming out of institutional settings; lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) people; survivors of trauma; people with mental health issues; and older people.

Overall, this comprehensive response with a mix of housing and support models aims to stabilise the long-term housing situation of clients before or at the beginning of the homeless experience, particularly those with complex needs. It also aims to improve the overall effectiveness and alignment of the service system so providers can focus on meeting the needs of their clients in a sustainable and cost-effective way.

2.4.4 Local context

2.4.4.1 Penrith City Council responses (2014 – present)

In 2014, Penrith City Council (PCC) resolved to hold a Penrith Homelessness Summit to highlight the challenges and needs of people who are homeless in Penrith City and provide a community forum to develop coordinated and collaborative solutions to these issues. The Penrith Homelessness Summit was held in partnership with Wentworth Community Housing on Thursday 4 September 2014 at Joan Sutherland Performing Arts Centre. Approximately 110 people attended from a range of support services including specialist homelessness services, volunteer groups, affordable housing organisations and representatives from all levels of government.

Summit participants identified and developed solutions to the barriers impacting and contributing to local homelessness. The active feedback throughout the consultation process led to the development of the *Penrith Homelessness Summit Outcomes Report and Action Plan*. One of the actions identified was the creation of the Penrith Homelessness Interagency (PHI) to support, advocate and share information across local service providers. The PHI began in mid-2015 and continues to meet with the support of Council's Community Projects Officer. In 2017, the PHI (with support from PCC) received funding from St Marys Band Club to undertake one of its identified priority projects, that being a service mapping research project. This report is the outcome of this funded project (PCC 2015; PHI 2015).

PCC has also been involved in several local homelessness initiatives including supporting Penrith Homelessness Hubs which operate twice a year, the development of Council's protocol for service delivery to those experiencing homelessness and a Homelessness Service Resource Card (PCC 2017a; PCC 2017b).

2.5 Prevalence of homelessness

The most recent homelessness estimates available are from the 2016 Census of Population and Housing by the Australian Bureau of Statistics (ABS).

At the 2016 Census, there were estimated to be 116,427 people who were classified as being homeless in Australia, an increase from 102,439 people in 2011. This represented an increase of 13.7% since 2011, and a rate per capita increase from 48 persons per 10,000 in 2011 to 50 persons in 2016 (ABS 2018).

In NSW, there were an estimated 36,715 people who were experiencing homelessness on 2016 Census night, up from 28,192 people 2011. The rate of estimated homeless persons in NSW increased by 27% to 50 persons per 10,000 compared to 40 persons per 10,000 in

2011. Rates of homelessness increased significantly for those sleeping rough or living in overcrowded conditions, younger age groups (those under 25 years) and older age groups (those 55 years and over). Other groups such as ATSI, CALD and those with disability were also disproportionately represented in the homeless population (ABS 2018; Homelessness NSW 2018).

In 2016, there were an estimated 890 persons who were homeless in Penrith LGA, representing 6% of the Greater Western Sydney (GWS) homeless population (See Table 2). When looking at more detailed data (not in table), the highest number of homeless people within the LGA were found in St Marys – North St Marys (126 persons), Penrith (suburb) (125 persons), Castlereagh – Cranebrook (112 persons) and Kingswood – Werrington (98 persons).

The number of homeless people in Penrith LGA increased by 283 persons or 46.6% since 2011 figures. As a rate, the number of homeless persons in Penrith LGA increased from 34.0 persons per 100,000 in 2011 to 45.4 persons per 100,000 in 2016. The number of homeless persons in Penrith LGA is not as high compared to other LGAs within Greater Western Sydney, however it did record the third largest homelessness growth rate in the region between 2011 and 2016 (behind Canterbury-Bankstown and Fairfield LGAs).

Local media also regularly report on local homelessness in the Penrith area, with recent coverage focusing on rough sleepers in the Central Business District and how government and non-government services are addressing local homelessness issues (Petrinic 2017; Georgopoulos 2017).

Table 2: Homelessness estimates for Greater Western Sydney, 2016

LGA/ Region*	All homeless persons (no.) (2011)	All homeless persons (no.) (2016)	5 year change (2011-16) (no)	5 year change (2011-16) (%)
Blacktown	1,400	1,534	134	9.6%
Blue Mountains	238	170	-68	-28.6%
Camden	86	96	10	11.6%
Campbelltown	644	928	284	44.1%
Canterbury-Bankstown	1,496	2,582	1,086	72.6%
Cumberland	N/A	3,129	N/A	N/A
Fairfield	1,384	2,226	842	60.8%
Hawkesbury	199	231	32	16.1%
Liverpool	778	1,058	280	36.0%
Parramatta	804	987	183	22.8%
Penrith	607	890	283	46.6%
The Hills Shire	204	251	47	23.0%
Wollondilly	71	65	-6	-8.5%
Greater Western Sydney	8,964	14,147	5,183	57.8%
Greater Sydney	18,201	27,256	9,055	49.8%
New South Wales	27,483	37,692	10,209	37.1%

*Please note: **This table is based on place of enumeration**

- 2011 data is not available for Cumberland LGA due to its amalgamation (and subsequent boundary changes) occurring in 2016.
- 2011 data for Parramatta LGA does not include a small area between The Hills and Hornsby Shires that was acquired by this LGA in 2016.
- 2011 data for Bankstown and Canterbury LGA data was combined to provide an accurate comparison with the amalgamated boundaries remaining unchanged in 2016.
- GWS homelessness estimates were calculated as the sum of all the GWS LGAs listed in the table above. GWS homelessness estimates for 2011 included Auburn and Holroyd LGA data prior to the creation of Cumberland LGA in 2016.
- Greater Sydney homelessness estimates were calculated from all the LGAs in the Greater Sydney region.

(Source: ABS 2018)

3. Methods

This research project involved two parts: an online service mapping survey and one on one interviews with workers in the local homelessness service system.

3.1 Online service mapping survey

A draft homelessness service mapping survey was provided to WESTIR Limited researchers (the researchers) for review by the project's steering committee. The draft survey was a version of an existing survey used by another local interagency. The survey questions were entered into Survey Monkey (Advanced) and reviewed by the researchers, PCC's Community Projects Officer and several service providers from the project's steering committee to ensure that it was user friendly and locally relevant before distribution.

A copy of the online service mapping survey can be found in Appendix B.

The online homelessness service mapping survey was distributed to PCC's Community Development email networks for a period of four weeks (from mid-October to early November 2017). A total of 45 unique services/programs participated in the survey.

The survey data went through a process of data cleaning to ensure the information it provided was accurate. The following method was used to clean the survey data:

- If there were two survey responses with the same service name but a different program listed under the service, they were considered two unique responses.
- If there were multiple responses with the same service and program name, the open-ended responses were merged into one response. If there were any perceived conflicts, the service/program was contacted directly by the researchers to clarify the response. For conflicting answers in multiple option questions, the service/program was also contacted to clarify the most appropriate answer.
- Where appropriate, open-ended responses were categorised to enable the answers to be quantified. Services/programs which could be placed in multiple categories were placed in the one category which best described their major function.
- Responses where most of the survey questions were not filled out were considered invalid and excluded from the final service mapping results.

The survey data was analysed using Microsoft Excel, with summary results and the subsequent visual and tabular mapping presented in Section 4. The draft service mapping results were also reviewed by the project's steering committee to ensure any noticeable gaps or mistakes were rectified.

3.2 One on one interviews

A total of eleven one on one interviews were undertaken with service providers involved in addressing homelessness or at risk of homelessness in the Penrith area. Service providers from a variety of specialties were interviewed by the researchers in November 2017 and January/February 2018, including youth and aged homelessness, tenancy and legal support, medical support, community and social housing, domestic violence and mental health. The aim of the one on one interviews was to get an in-depth insight into how the local homelessness service system operates and the gaps where additional resources may be required.

The one on one interviews were undertaken at each interviewee's workplace, went for 45 minutes – 1 hour apiece and were audio recorded by the researchers with permission from participants.

The questions asked to participants covered a range of issues including definitions and causes of homelessness, service relationships and coordination, referral pathways and systemic gaps and issues. A copy of the interview questions can be found in Appendix C.

The audio-recorded interviews were transcribed by the researchers using Express Scribe Transcription Software Pro. The transcripts were then analysed for key themes and issues using NVivo 11 Software, with interview participants deidentified to protect their identity. The key transcript results were used by WESTIR Limited researchers to inform this report's findings and recommendations.

3.3 Report review

The draft report was peer reviewed by WESTIR Limited researchers and representatives from the project's steering committee (and necessary changes made) to ensure the final report adequately met the PHI's research objectives.

3.4 Ethics and limitations

All data collected for this research project was stored by WESTIR Limited on a secure server while the project was being undertaken. All data remains the intellectual property of PCC and was subsequently returned to them at the completion of the research project.

All research participants (including online survey and one on one interviews) were clearly informed in writing that they could withdraw from the research project at any stage prior to the completion of the final report and individuals were not identified in any reports resulting from the research.

There were a number of limitations to the online service mapping survey, including:

- Answering all the survey questions was not compulsory for respondents, hence certain activities and partnerships may not have been disclosed and captured in the survey.
- Some survey respondents misunderstood questions around their categorisation as a specialist homelessness service (that is, some saw themselves as specialist homelessness services even though they were not officially funded by the NSW Government program as one).
- Survey respondents within large services/organisations commented that they were only able to provide information about the programs they were directly involved in and hence the survey may have missed certain services or programs that serviced Penrith as part of a larger regional program.
- Some survey respondents provided basic and generic answers around their service provision and relationships with stakeholders. More detailed responses to these questions would have allowed the researchers to undertake more comprehensive service mapping.
- The online survey was also promoted as a homelessness service system survey, so services/programs who were not directly funded to provide homelessness services may not have felt the need to fill it out. The survey also attracted more responses from non-government organisations than government agencies, therefore it may not

have captured all the homelessness-related activities of government agencies in the Penrith area.

While the researcher's follow-up communication with individual services/programs and the project's steering committee review process may have clarified answer inconsistencies, there may still have been a level of human error in the answers provided.

One on one interviews with some workers in Penrith's homelessness service system (such as Centrelink or CALD specific housing) was not possible due to staff unavailability or privacy concerns. Future research may try to explore these avenues further for a more comprehensive view of the broader service system and its issues.

4. Results

4.1 Online service mapping survey

This section outlines the results of the project's online service mapping survey. It is divided into the following sections:

- Overview of total survey results
- A breakdown of the results by participating:
 - Specialist Homelessness Services (SHS) and
 - Non-SHS services.

A directory of the survey respondent's service description and contact details is also provided behind the survey results, followed by a detailed summary of what the survey shows about the characteristics of Penrith's homelessness service system, its service gaps and opportunities for action.

Please note that survey answers are based on the respondent's interpretation of their service/program and therefore a variety of detail has been provided in their responses. All care has been taken to ensure that the information provided by service providers is accurate, however a level of human error may still be present in the results below (see Section 3 for more details).

4.1.1 Survey results – overview

The survey was undertaken by **45 unique services/programs**. Of these respondents:

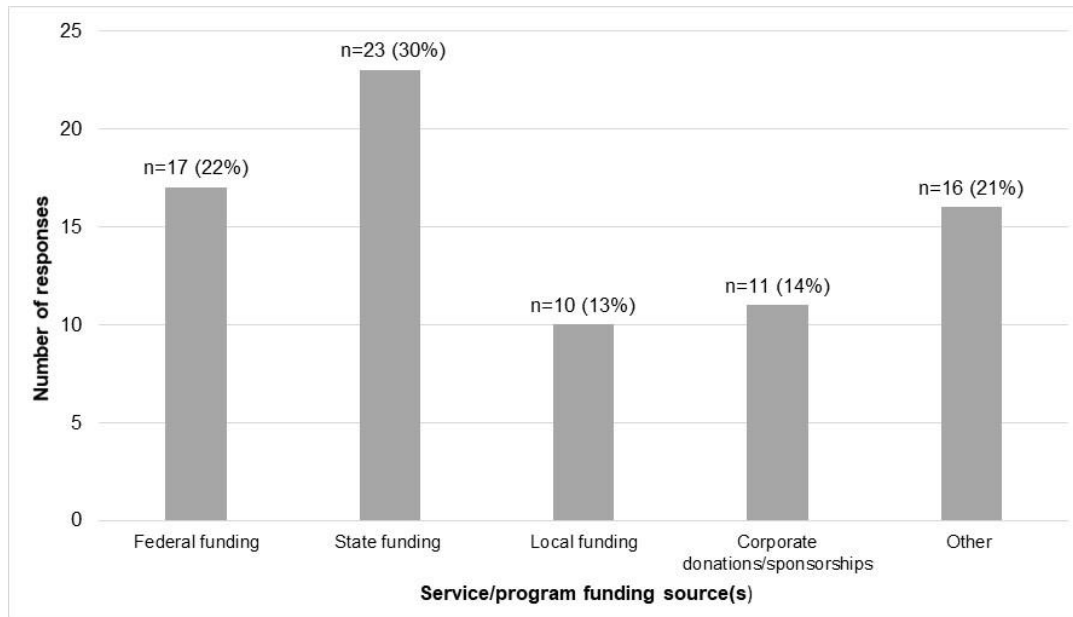
- **11% (n=5)** stated that they were **Specialist Homelessness Services (SHS)**
- **89% (n=40)** stated that they were **non-SHS services**.

Survey questions required either single or multiple responses from respondents, hence percentages for each question are based on the total responses for each question.

Service funding, capacity and provision

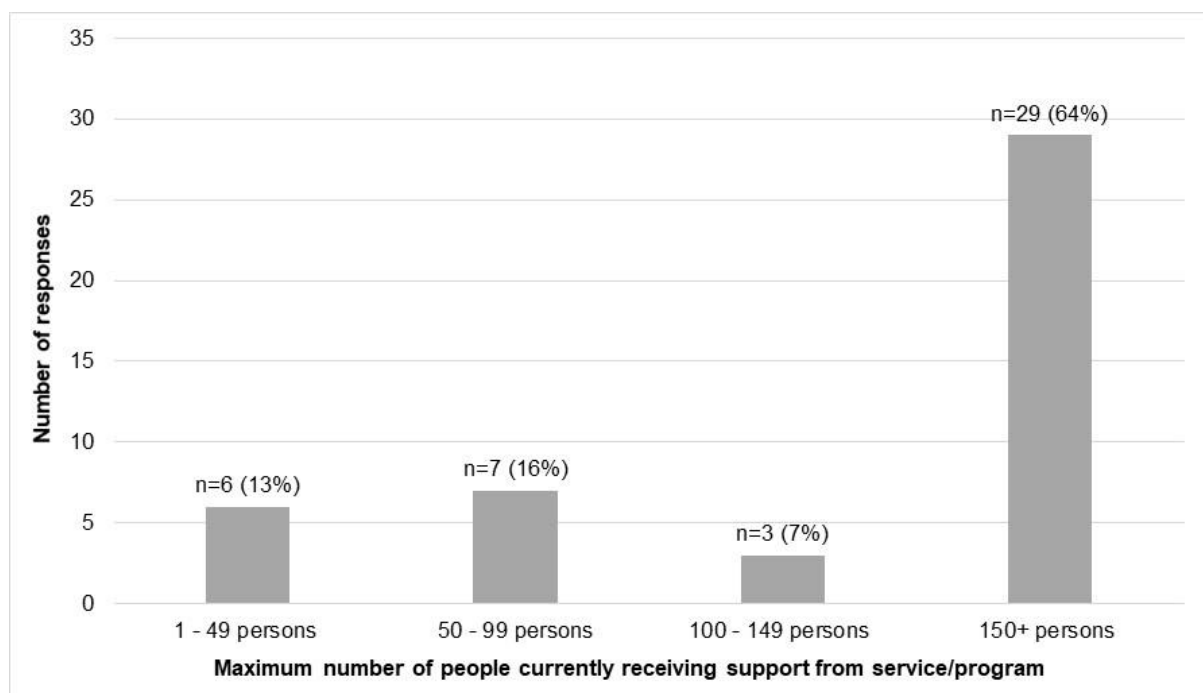
Chart 1 shows the **funding source(s) currently received by the surveyed services/programs**. This question received multiple responses from survey respondents, with a total of 77 responses. Most survey respondents stated that they received state funding (n=23; 30%), followed by federal funding (n=17; 22%), 'other' funding sources (n=16; 21%), corporate donations/sponsorships (n=11; 14%) and local funding (n=10; 13%). The most common 'other' funding sources were non-government organisations, volunteers, private/personal donations, grants programs, internal fundraising and client fees.

Chart 1: Service/program funding source(s)



The surveyed services/programs also provided information on the **maximum number of people currently receiving support from their service/program** (See Chart 2). This question received a single response from survey respondents, with a total of 45 responses. Most survey respondents (n=29; 64%) stated that their service/program currently supported 150 or more persons, while 29% (n=13) stated that their service/program only had the capacity to support under 100 persons. This suggests that a mix of larger and smaller services/programs are currently involved in addressing homelessness/at risk of homelessness in the Penrith region. A detailed look into the types of services provided by respondents can be found in forthcoming sections.

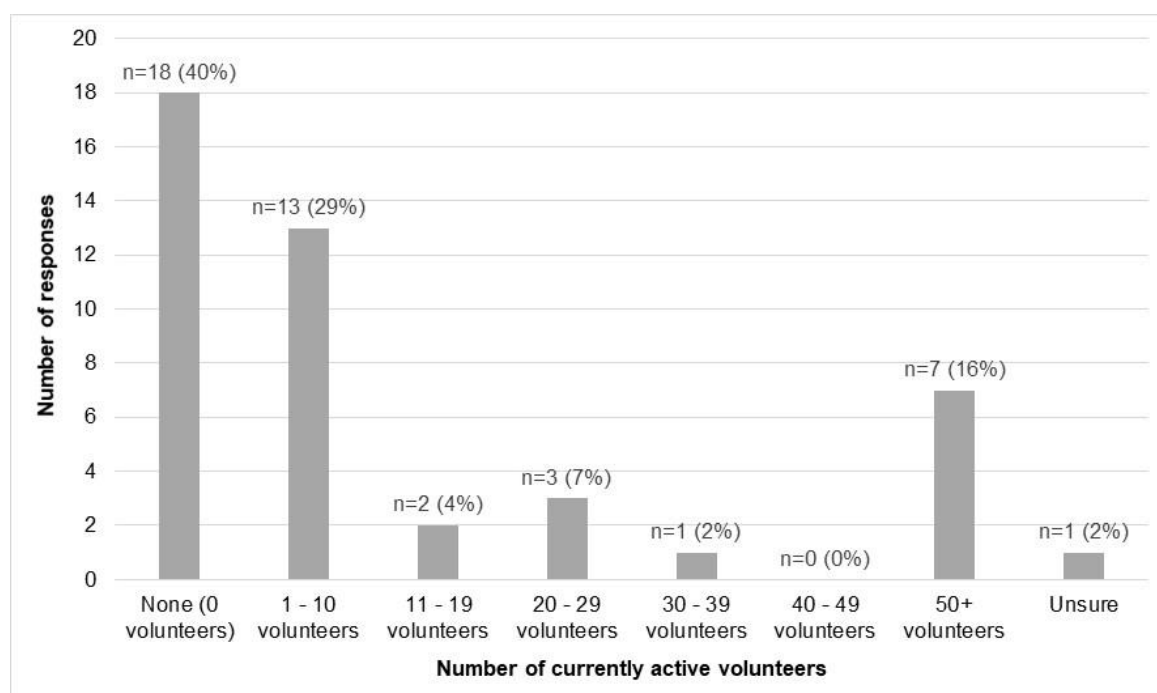
Chart 2: Maximum number of people currently receiving support from service/program



Survey respondents were asked to provide the **geographic area that their service/program covers**. This question received multiple responses from survey respondents, with a total of 79 responses. Most survey respondents stated that they covered all the suburbs of Penrith LGA (n=42; 53%) and other areas outside Penrith LGA (n=34; 43%). Most of the support provided outside Penrith LGA were to neighbouring suburbs or LGAs within Greater Western Sydney. Only 3% (n=3) of survey respondents stated that their service/program only covered selected suburbs within Penrith LGA.

Survey respondents were also asked **whether their service/program uses volunteers and how many they are currently using**. These two questions received a single response from survey respondents, each with a total of 45 responses. Most survey respondents stated that they did use volunteers (n=26; 58%), while 40% (n=18) stated that they didn't and 2% (n=1) were unsure. For those currently using volunteers, most stated that their service/program had 1-10 volunteers (n=13; 29% of total responses) or 50 or more volunteers (n=7; 16%) (See Chart 3).

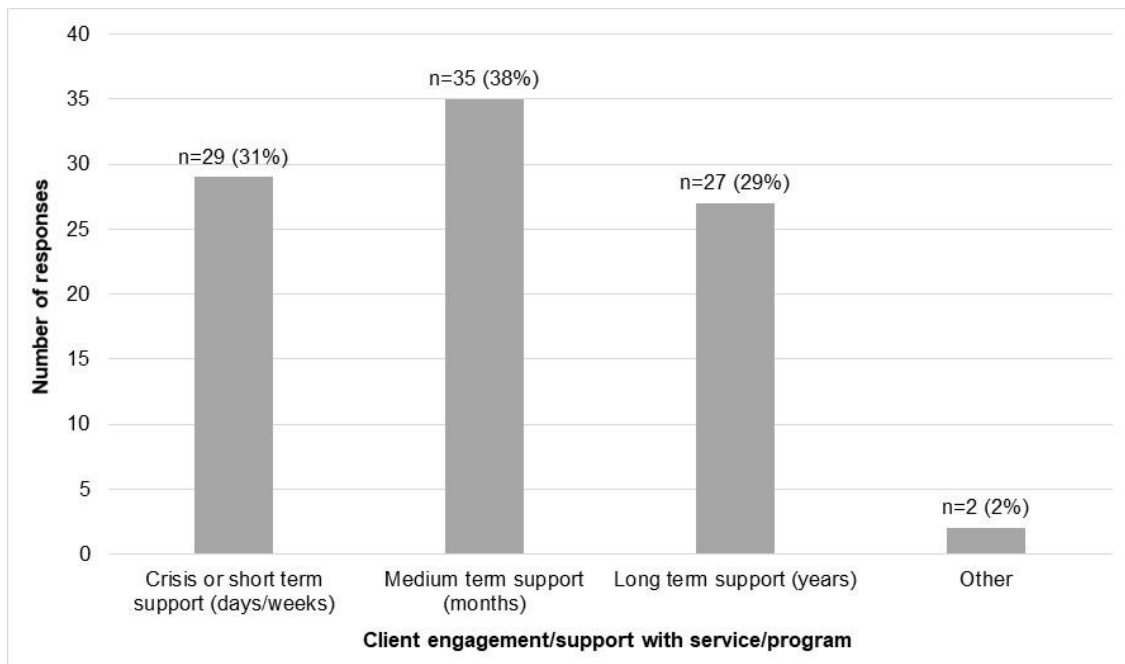
Chart 3: Number of currently active volunteers per service/program



Client engagement and referral pathways

Survey respondents were asked to state the **average length of time a client engages with their service/program**. This question received multiple responses from survey respondents, with a total of 93 responses. Most survey respondents stated that the length of client engagement with their service/program varied from crisis/short term (days/weeks) to medium to long term support (months/years), suggesting that flexibility is required to adequately address each client's unique needs and circumstances (See Chart 4).

Chart 4: Average length of time a client engages with a service/program



Survey respondents were also asked to provide **the most common referrals they receive and where they send most of their referrals to**. These questions received multiple responses from survey respondents, with a total of 210 responses provided for referrals received and 197 responses for referral sent.

Most survey respondents received their referrals through self-referral/word of mouth/family and friends (n=36; 17%), SHS providers and non-SHS housing/homelessness services (n=20; 10%) and non-government community services (not further defined) (n=16; 8%) (See Table 3).

Most survey respondents sent their referrals to SHS providers and other non-SHS housing/homelessness services (n=36; 18%), community groups and foundations providing emergency relief (n=19; 10%) and mental health services (n=19; 10%) (See Table 4).

The **overall referral relationships (in and out)** for survey respondents were calculated by combining the total referrals received and the total referrals sent, equating to a total of 407 responses. Table 5 shows that the survey respondents had the strongest overall referral relationships with SHS providers and other housing/homelessness services (n=56; 14%), mental health services (n=36; 9%) and mental health services (n=31; 8%). Survey respondents had weaker overall referral relationships with services focusing on CALD, domestic and family violence (DFV)/victims support, education and child/family/youth, and employment.

Table 3: Most common referrals received by services/programs

Most referrals <u>received</u> from:	Number of responses	% of total responses
Self referral/word of mouth/family and friends	36	17%
SHS providers and non-SHS housing/homelessness services	20	10%
Non-government community services (nfd)	16	8%
General and community/allied health services	14	7%
Housing NSW	14	7%
Policing, justice and legal services	14	7%
Mental health services	12	6%
Hospitals	10	5%
Other services (nfd)	10	5%
Centrelink and other financial services	8	4%
NSW Department of Family and Community Services (FACS) (nfd)	7	3%
Penrith City Council	7	3%
Community groups and foundations (emergency relief)	6	3%
Disability and rehabilitation services	5	2%
Link2Home hotline	5	2%
Child, family and youth services	4	2%
Domestic violence and victims services	4	2%
Education services	3	1%
General Practitioner (GPs)	3	1%
Local businesses	3	1%
My Aged Care telephone service and aged services	3	1%
Drug and alcohol services	2	1%
Job providers and networks	2	1%
Social media	2	1%
CALD services	0	0%
None	0	0%
Total responses	210	100%

**nfd: not further defined*

Table 4: Most common referrals sent by services/programs

Most referrals <u>sent</u> to:	Number of responses	% of total responses
SHS providers and non-SHS housing/homelessness services	36	18%
Community groups and foundations (emergency relief)	19	10%
Mental health services	19	10%
Centrelink and other financial services	15	8%
Housing NSW	14	7%
General and community/allied health services	13	7%
Non-government community services (nfd)	11	6%
My Aged Care telephone service and aged services	10	5%
Policing, justice and legal services	10	5%
Disability and rehabilitation services	6	3%
Hospitals	6	3%
Child, family and youth services	5	3%
Drug and alcohol services	5	3%
Link2Home hotline	5	3%
Other services (nfd)	5	3%
General Practitioner (GPs)	4	2%
Education services	3	2%
CALD services	2	1%
Domestic violence and victims services	2	1%
Job providers and networks	2	1%
Local businesses	2	1%
Penrith City Council	2	1%
None	1	1%
NSW Department of Family and Community Services (FACS) (nfd)	0	0%
Self referral/word of mouth/family and friends	0	0%
Social media	0	0%
Total responses	197	100%

**nfd: not further defined*

Table 5: Overall referral relationships of services/programs

Referral relationship (in and out)	Number of responses	% of total responses
SHS providers and non-SHS housing/homelessness services	56	14%
Self referral / word of mouth / family and friends	36	9%
Mental health services	31	8%
Housing NSW	28	7%
General and community/allied health services	27	7%
Non-government community services (nfd)	27	7%
Community groups and foundations (emergency relief)	25	6%
Policing, justice and legal services	24	6%
Centrelink and other financial services	23	6%
Hospitals	16	4%
Other services (nfd)	15	4%
My Aged Care telephone service and aged services	13	3%
Disability and rehabilitation services	11	3%
Link2Home hotline	10	2%
Child, family and youth services	9	2%
Penrith City Council	9	2%
Drug and alcohol services	7	2%
General Practitioner (GPs)	7	2%
NSW Department of Family and Community Services (FACS) (nfd)	7	2%
Domestic violence and victims services	6	1%
Education services	6	1%
Local businesses	5	1%
Job providers and networks	4	1%
CALD services	2	0%
Social media	2	0%
None	1	0%
Total responses	407	100%

**nfd: not further defined*

Partnerships

Survey respondents were asked to state whether they **partner or work with other community services/organisations**. This question received a single response from survey respondents, with a total of 45 responses. Most survey respondents (n=41; 91%) stated that their service/program did partner or work with other community services/organisations, while 7% (n=3) did not and 2% (n=1) were unsure.

Survey respondents with community service partnerships/relationships were asked to provide details of who they partnered or worked with. This question received multiple responses from survey respondents, with a total of 187 responses. For those with community service partnerships/relationships, most survey respondents stated that they partnered or worked with SHS providers and other non-SHS housing/homelessness services (n=36; 19%), non-government organisations (not further defined) (n=25; 13%) and community groups and foundations providing emergency relief (n=21; 11%) (See Table 6).

Survey respondents were also asked **whether they work with real estate agents**. This question received a single response from survey respondents, with a total of 45 responses. Most survey respondents (n=37; 82%) stated that they did not work with real estate agents, while 18% (n=8) stated that they did.

Survey respondents were then asked **whether they work with or receive support (in-kind or financial) from the business/corporate sector**. This question received a single response from survey respondents, with a total of 45 responses. Most survey respondents (n=26; 58%) stated that they did not work with or receive support from the business/corporate sector, while 33% (n=15) did and 9% (n=4) were unsure.

Finally, survey respondents were asked **whether they participate in networks or interagencies on a local, state or national level**. This question received a single response from survey respondents, with a total of 45 responses. Most survey respondents (n=39; 87%) stated that they did participate in networks or interagencies, while 7% (n=3) did not and 7% (n=3) were unsure.

Survey respondents who participate in networks or interagencies were asked to provide details of the types they participate in. This question received multiple responses from survey respondents, with a total of 108 responses. For those participating, most survey respondents stated that they participate in local and regional homelessness/housing interagencies and networks (n=23; 21%), general community interagencies and networks (n=22; 20%) and domestic violence networks (n=12; 11%) (See Table 7 - A copy of Penrith's Interagency and Network Convenor List can be found in Appendix D).

Table 6: Community partnerships of services/programs

Community partnerships:	Number of responses	% of total responses
SHS providers and non-SHS housing/homelessness services	36	19%
Non-government community services (nfd)	25	13%
Community groups and foundations (emergency relief)	21	11%
General and community/allied health services	15	8%
Mental health services	12	6%
Housing NSW	10	5%
Policing, justice and legal services	8	4%
Disability and rehabilitation services	7	4%
Penrith City Council	6	3%
Other services (nfd)	6	3%
Child, family and youth services	5	3%
Domestic violence and victims services	5	3%
Centrelink and other financial services	4	2%
Drug and alcohol services	4	2%
Hospitals	4	2%
My Aged Care telephone service and aged services	4	2%
Education services	3	2%
Job providers and networks	3	2%
CALD services	2	1%
Real estate agents	2	1%
General Practitioner (GPs)	1	1%
Link2Home hotline	1	1%
Local businesses	1	1%
NSW Department of Family and Community Services (FACS) (nfd)	1	1%
Unsure	1	1%
Total responses	187	100%

**nfd: not further defined*

Table 7: Network or interagency participation of services/programs

Network or interagency participation:	Number of responses	% of total responses
Homelessness/housing interagencies/networks (local/regional)	23	21%
General community interagencies and networks (local/regional)	22	20%
Domestic violence networks (local/regional)	12	11%
Other (nfd)	11	10%
Health interagencies and networks (local/regional)	8	7%
Youth interagencies and networks (local/regional)	6	6%
CALD/ATSI interagencies and networks (local/regional)	5	5%
Community care forums (regional)	7	6%
Unsure	3	3%
Community safety/legal interagencies and networks (local/regional)	3	3%
No answer	4	4%
Business networks (regional/local)	3	3%
Personal networks	1	1%
Total responses	108	100%

**nfd: not further defined*

4.1.2 Survey results – breakdown of service types

The following section provides an in-depth breakdown of the survey responses for both SHS and non-SHS service categories. Each section looks at the total respondents for that service category, rather than the total respondents for the overall survey. As previously stated, survey questions required either single or multiple responses from respondents, hence percentages for each question are based on the total responses for each question.

4.1.2.1 Specialist Homelessness Services (SHS)

A total of **5 survey respondents** stated that they were **Specialist Homelessness Services**. The contact and service description details for these SHS are outlined in Section 4.1.3.

Part 1: Service funding and capacity

SHS survey respondents were asked to provide the **funding source(s) of their service/program**. This question received multiple responses from SHS survey respondents, with a total of 6 responses. Most SHS survey respondents stated that they currently received state funding (n=5; 83%) followed by 'other' funding sources (n=1; 17%). The most common 'other' funding sources were small donations from local business or community groups.

SHS survey respondents were also asked to provide information on the **maximum number of people currently receiving support from their service/program**. This question received a single response from SHS survey respondents, with a total of 5 responses. Most SHS survey respondents supported 100 – 149 persons (n=2; 40%) or 150 or more persons (n=2; 40%) (See Table 8).

Table 8: Maximum number of people currently receiving support from SHS providers

<u>Service/program</u>	1 - 49 persons	50 - 99 persons	100 - 149 persons	150+ persons
Mission Australia - Nepean Family Homelessness, Housing and Support Service				✓
Platform Youth Services				✓
Wentworth Community Housing - Adult Homelessness and Housing Support			✓	
Wentworth Community Housing - Tenancy Support Service	✓			
West Connect Domestic Violence Services Inc.			✓	
Total responses	1	0	2	2

SHS survey respondents were then asked to provide the **geographic area that their service/ program covers**. This question received multiple responses from SHS survey respondents, with a total of 9 responses. Most SHS survey respondents stated that they covered all suburbs of Penrith LGA (n=5; 56%) and other areas outside Penrith LGA (n=4; 44%) (See Table 9).

Table 9: Geographic area the SHS providers covers

<u>Service/program</u>	All suburbs of Penrith LGA	Some suburbs of Penrith LGA	Other areas outside Penrith LGA	Details of 'other areas outside Penrith LGA' serviced
Mission Australia - Nepean Family Homelessness, Housing and Support Service	✓			
Platform Youth Services	✓		✓	Blue Mountains, Hawkesbury and Lithgow LGAs
Wentworth Community Housing - Adult Homelessness and Housing Support	✓		✓	Blue Mountains and Hawkesbury LGAs
Wentworth Community Housing - Tenancy Support Service	✓		✓	
West Connect Domestic Violence Services Inc.	✓		✓	Blacktown, Blue Mountains, Hawkesbury and The Hills Shire LGAs
Total responses	5	0	4	

SHS survey respondents were finally asked **whether their service/program uses volunteers and how many they are currently using**. These two questions received a single response from SHS survey respondents, each with a total of 5 responses. Most SHS survey respondents stated that they did not use volunteers (n=4; 80%). For the one SHS provider that currently use volunteers, they only had a limited current volunteer base (that is, 1-10 volunteers). There could be a number of reasons for the limited volunteer usage of SHS survey respondents – it may reflect funding body restrictions, the potential risks associated with volunteers working with vulnerable homeless groups or the result of services relying on volunteers due to insecure funding. Overall, this result may highlight the need to assist these services in increasing their capacity to utilise volunteers.

Part 2: Service provision

Table 10 shows the target groups, age eligibility, services provided and service in/eligibility criteria of the SHS survey respondents. The SHS survey respondents covered a range of target groups and service types, with a notable emphasis on younger people and couples without children.

Table 10: SHS service provision details

Service/program		SHS target groups						Other	Service in/eligibility Criteria details
		Young people	Young men	Young women	Single men	Single women	Families		
Mission Australia - Nepean Family Homelessness, Housing and Support Service	SHS target group	✓	✓	✓				✓ Couples without children	The service takes all people that match the service criteria.
	Age eligibility		17-25 years					All ages	
	Service provided		TA, IR					EI, TA, RR, IR, TS	
Platform Youth Services	SHS target group	✓					✓		Referrals for those aged outside 12 - 25 years must have a risk assessment completed; accommodation only offered to people with alcohol/drug issues and mental health issues if the issue is managed; Platform SHS program cannot accommodate young people with an active out of home care plan/order, but the service does have funding under a separate program to work with this
	Age eligibility	12-25 years					All ages		
	Service provided	EI, CA, TA, RR, IR, TS, O					EI, O		
Wentworth Community Housing - Adult Homelessness and Housing Support	SHS target group		✓		✓	✓		✓ Couples without children, adults leaving custody	Must be 18 years old or older.
	Age eligibility				18+			18+	
	Service provided		EI, TA, RR, IR, TS, O					EI, TA, RR, IR	
Wentworth Community Housing - Tenancy Support Service	SHS target group	✓	✓	✓	✓	✓	✓	✓ Couples without children, women escaping DFV	Must be in a tenancy in Nepean Blue Mountains district to be eligible, Eligibility for target groups may vary depending on individual service criteria.
	Age eligibility			18+			All ages	18+	
	Service provided							O = brokerage loans	
West Connect Domestic Violence Services Inc.	SHS target group					✓		✓ Women with dependent children	Must be female, must have managed mental health and drug/alcohol issues, must be escaping and experiencing domestic/family violence.
	Age eligibility				18 years +			Women 18 years + with dependent children	
	Service provided				EI, CA, TA, IR, TS, O			EI, CA, TA, IR, TS, O	
O = Includes brokerage and emergency relief (such as food, clothes, petrol vouchers and transport)									

Services legend: EI: Early Intervention; CA: Crisis Accommodation; TA: Temporary Accommodation; RR: Rapid Re-housing; IR: Intensive Response for Complex Needs; TS: Tenancy Support; O: Other (For service type definitions, see Section 2.1 definitions in Appendix B).

Part 2: Service provision (continued)

SHS survey respondents were asked the **types of accommodation they provide to people who are homeless and the number of places for each accommodation type**. This question received multiple responses from SHS survey respondents, with a total of 9 responses. Table 11 shows that most SHS survey respondents provided transitional accommodation types with varying capacities.

Table 11: SHS accommodation type and capacity

<u>Service/program</u>		Crisis accommodation	Transitional accommodation	Rapid re-housing
Mission Australia - Nepean Family Homelessness, Housing and Support Service	Accommodation type		✓	
	Number of places		25+ places	
Platform Youth Services	Accommodation type	✓	✓	✓
	Number of places	15-19 places	25+ places	1-5 places
Wentworth Community Housing - Adult Homelessness and Housing Support	Accommodation type		✓	✓
	Number of places		6-9 places	10-14 places
Wentworth Community Housing - Tenancy Support Service	Accommodation type			✓
	Number of places			25+ places
West Connect Domestic Violence Services Inc.	Accommodation type	✓	✓	
	Number of places	25+ places	25+ places	
Total responses		2	4	3

(Please see Table 3 for age eligibility)

SHS survey respondents were also asked whether they work with **people experiencing domestic and family violence (DFV)**. This question received a single response from survey respondents, with a total of 5 responses. Most SHS survey respondents (n=3; 60%) stated that they did work with people experiencing DFV. Services openly acknowledged that while they may not be specialist DFV services, they still support DFV victims either directly or indirectly by referring them to other services.

SHS survey respondents were then asked to **identify the target groups they provide DFV support to**. This question received multiple responses from survey respondents, with a total of 9 responses. Chart 5 shows that SHS survey respondents worked with women (with or without accompanying children) (n=5; 55%) more than their male counterparts (with or without children) (n=2; 22%), reflecting both the gendered nature of the issue and the focus of current service models.

Chart 5: DFV groups supported by SHS providers

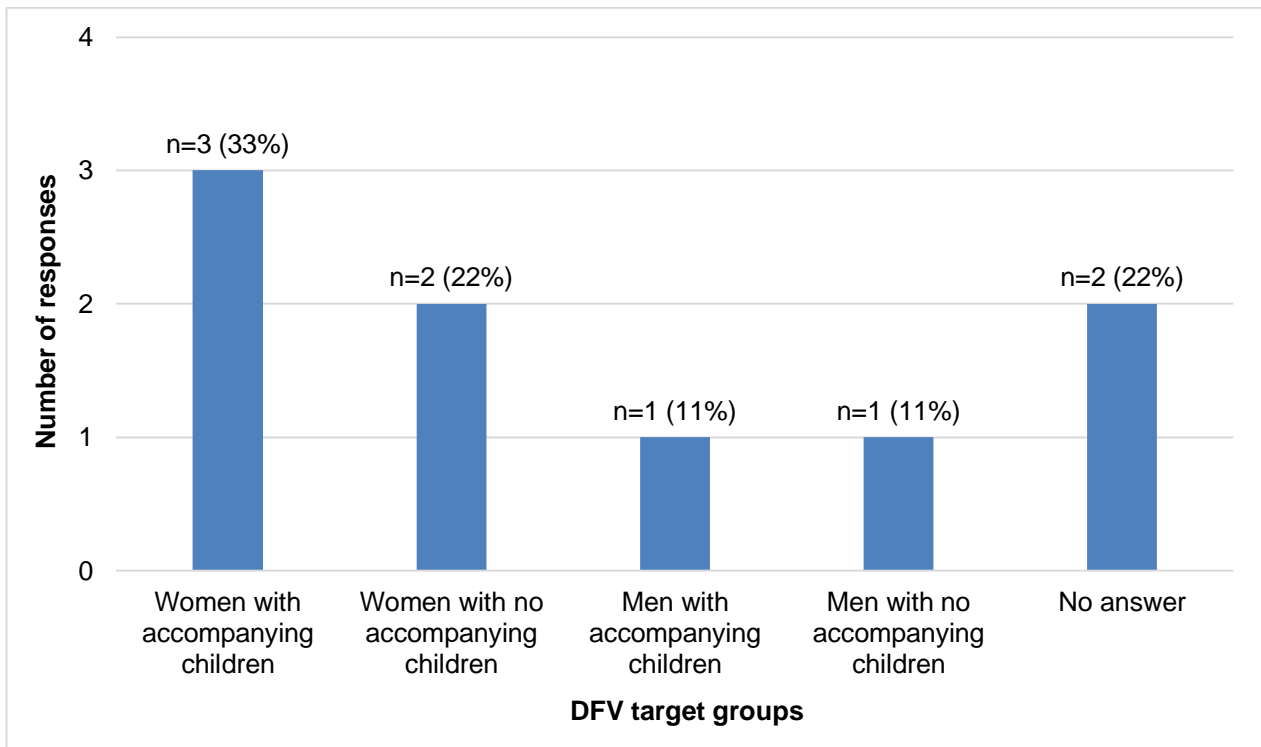


Table 12 shows the **priority groups that are serviced** by the SHS survey respondents. This question received multiple responses from SHS survey respondents, with a total of 26 responses. The table highlights that many of the SHS survey respondents have a strong focus on servicing ATSI and CALD clients and those leaving correctional facilities. Conversely, there are only a few of these services/organisations that prioritise younger and older age groups.

Table 12: SHS priority groups

<u>Service/program</u>	ATSI people	People from CALD backgrounds	People with alcohol and/or other drug misuse issues	People with mental health issues	Case coordination service	DFV specialisation	ATSI specialisation	CALD specialisation	Mental health specialisation	Under 16's specialisation	People leaving custody	Other
Mission Australia - Nepean Family Homelessness, Housing and Support Service	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ Takes all people that meet service criteria
Platform Youth Services												
Wentworth Community Housing - Adult Homelessness and Housing Support	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Wentworth Community Housing - Tenancy Support Service	✓	✓				✓						✓ Transgender people
West Connect Domestic Violence Services Inc.	✓	✓				✓						✓ Domestic violence victims
Total responses	4	4	1	2	1	4	1	2	2	1	0	3

Table 13 shows the **service focus or specialisation** of the SHS survey respondents. This question received multiple responses from SHS survey respondents, with a total of 26 responses. The table shows that SHS survey respondents have a strong focus on brokerage and case coordination.

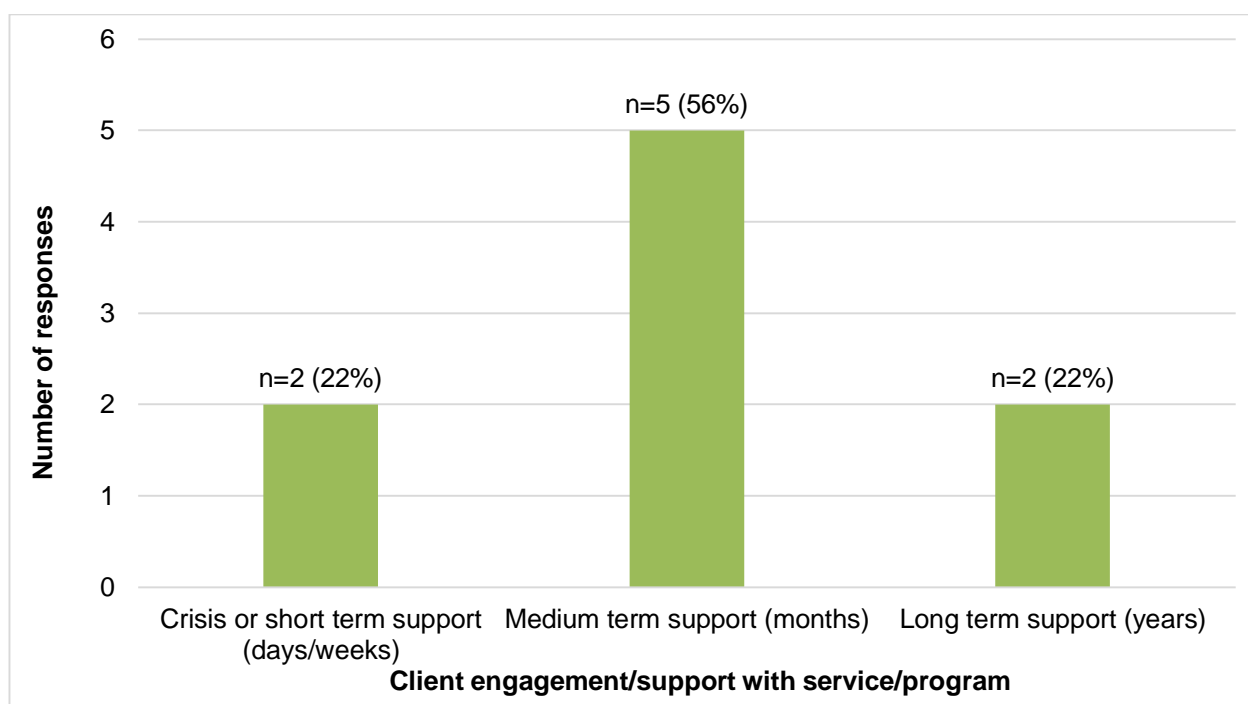
Table 13: SHS service focus or specialisation

<u>Service/program</u>	Service operates a refuge	24/7 staff support	Brokerage available	Case coordination service	DFV specialisation	ATSI specialisation	CALD specialisation	Mental health specialisation	Under 16's specialisation	People leaving custody	LGBTQI specialisation
Mission Australia - Nepean Family Homelessness, Housing and Support Service			✓	✓					✓		
Platform Youth Services	✓	✓	✓	✓		✓			✓		
Wentworth Community Housing - Adult Homelessness and Housing Support			✓	✓		✓				✓	
Wentworth Community Housing - Tenancy Support Service			✓	✓		✓					✓
West Connect Domestic Violence Services Inc.	✓	✓	✓	✓	✓	✓			✓	✓	✓
Total responses	2	2	5	5	1	4	0	0	3	2	2

Part 3: Client engagement and referral pathways

SHS survey respondents were asked to state the **average length of time a client engages with their service/program**. This question received multiple responses from SHS survey respondents, with a total of 9 responses. Most SHS survey respondents engaged with clients over a variety of time periods depending on their unique needs and circumstances. Chart 6 shows that SHS survey respondents provided more medium term support to their clients (n=5; 56%), typically defined by the survey respondents as ranging between three to twelve months.

Chart 6: Average length of time a client engages with SHS providers



SHS survey respondents were also asked to provide the **most common referrals they receive and where they send most of their referrals to**. These questions received multiple responses from SHS survey respondents, with a total of 28 responses for referrals received and 30 responses for referrals sent. The survey showed:

- Most **referrals received by SHS survey respondents** were from self-referral/word of mouth/family and friends (n=6; 21%), Housing NSW (n=5; 18%) and Link2Home hotline (n=4; 14%) (See Table 14).
- Most **referrals sent by SHS survey respondents** went out to other SHS providers and non-SHS housing/homelessness services (n=6; 20%) Centrelink and other financial services (n=4; 13%), mental health services and Housing NSW (n=3; 10% respectively) (See Table 15).

The **overall referral relationships (in and out)** for SHS survey respondents were calculated by combining the total referrals received and the total referrals sent, equating to a total of 58 responses (See Table 16). SHS survey respondents had the strongest overall referral relationships (to and from) with other SHS providers and non-SHS housing/homelessness services (n=9; 16%), Housing NSW (n=8; 14%), Centrelink and other financial services and mental health services (n=5; 9% respectively).

Overall, SHS survey respondents received and sent low to no numbers of referrals to services focusing on general and community/allied health, education and children/youth/family, policing/justice/legal, CALD, drug and alcohol, disability and rehabilitation, aged and employment. More work may be needed to build awareness of and connections with the referral pathways mentioned above so they can be readily accessed by SHS providers and their clients when required.

Table 14: Most common referrals received by SHS providers from other services/programs

Most referrals <u>received</u> from:	Number of responses	% of total responses
Self referral/word of mouth/family and friends	6	21%
Housing NSW	5	18%
Link2Home hotline	4	14%
SHS providers and non-SHS housing/homelessness services	3	11%
Mental health services	2	7%
Domestic violence and victims services	2	7%
NSW Department of Family and Community Services (FACS) (nfd)	1	4%
Non-government community services (nfd)	1	4%
Other services (nfd)	1	4%
Centrelink and other financial services	1	4%
Education services	1	4%
Local businesses	1	4%
Policing, justice and legal services	0	0%
Hospitals	0	0%
My Aged Care telephone service and aged services	0	0%
Penrith City Council	0	0%
General and community/allied health services	0	0%
Community groups and foundations (emergency relief)	0	0%
Disability and rehabilitation services	0	0%
General Practitioner (GPs)	0	0%
Drug and alcohol services	0	0%
Job providers and networks	0	0%
Social media	0	0%
Child, family and youth services	0	0%
CALD services	0	0%
None	0	0%
Total responses	28	100%

**nfd: not further defined*

Table 15: Most common referrals sent by SHS providers to other services/programs

Most referrals <u>sent</u> to:	Number of responses	% of total responses
SHS providers and non-SHS housing/homelessness services	6	20%
Centrelink and other financial services	4	13%
Mental health services	3	10%
Housing NSW	3	10%
Community groups and foundations (emergency relief)	3	10%
General and community/allied health services	2	7%
Policing, justice and legal services	2	7%
Non-government community services (nfd)	2	7%
Domestic violence and victims services	1	3%
Education services	1	3%
Child, family and youth services	1	3%
Drug and alcohol services	1	3%
Local businesses	1	3%
General Practitioner (GPs)	0	0%
My Aged Care telephone service and aged services	0	0%
Hospitals	0	0%
Job providers and networks	0	0%
Link2Home hotline	0	0%
Self referral/word of mouth/family and friends	0	0%
Other services (nfd)	0	0%
NSW Department of Family and Community Services (FACS) (nfd)	0	0%
Penrith City Council	0	0%
Disability and rehabilitation services	0	0%
Social media	0	0%
CALD services	0	0%
None	0	0%
Total responses	30	100%

**nfd: not further defined*

Table 16: Overall SHS referral relationships

Referral relationship (in and out)	Referral in	Referral out	Number of responses	% of total responses
SHS providers and non-SHS housing/homelessness services	3	6	9	16%
Housing NSW	5	3	8	14%
Self referral/word of mouth/family and friends	6	0	6	10%
Centrelink and other financial services	1	4	5	9%
Mental health services	2	3	5	9%
Link2Home hotline	4	0	4	7%
Community groups and foundations (emergency relief)	0	3	3	5%
Domestic violence and victims services	2	1	3	5%
Non-government community services (nfd)	1	2	3	5%
Education services	1	1	2	3%
General and community/allied health services	0	2	2	3%
Local businesses	1	1	2	3%
Policing, justice and legal services	0	2	2	3%
Child, family and youth services	0	1	1	2%
Drug and alcohol services	0	1	1	2%
NSW Department of Family and Community Services (FACS) (nfd)	1	0	1	2%
Other services (nfd)	1	0	1	2%
CALD services	0	0	0	0%
Disability and rehabilitation services	0	0	0	0%
General Practitioner (GPs)	0	0	0	0%
Hospitals	0	0	0	0%
Job providers and networks	0	0	0	0%
My Aged Care telephone service and aged services	0	0	0	0%
None	0	0	0	0%
Penrith City Council	0	0	0	0%
Social media	0	0	0	0%
Total responses	28	30	58	100%

**nfd: not further defined*

Part 4: Partnerships

SHS survey respondents were asked to state whether they **partner or work with other community services/organisations**. This question received a single response from SHS survey respondents, with a total of 5 responses. All SHS survey respondents (n=7; 100%) stated that they did partner or work with other community services/organisations.

SHS survey respondents with community service partnerships/relationships were asked to provide details of who they partnered or worked with. This question received multiple responses from SHS survey respondents, with a total of 26 responses. For those with community service partnerships/relationships, most SHS survey respondents stated that they partnered or worked with other SHS providers and non-SHS housing/homelessness services (n=7; 27%), policing/justice/legal services (n=5; 19%) and non-government community organisations (not further defined) (n=3; 12%). More work may be needed to encourage SHS providers to explore partnerships with health (mental and general), social security/financial, real estate agents and community groups and organisations providing emergency relief (See Table 17).

SHS survey respondents were also asked **whether they work with real estate agents**. This question received a single response from SHS survey respondents, with a total of 5 responses. Three out of the five SHS survey respondents (60%) stated that they did work with real estate agents, while 40% (n=2) did not.

SHS survey respondents were then asked **whether they work with or receive support (in-kind or financial) from the business/corporate sector**. This question received a single response from SHS survey respondents, with a total of 5 responses. Most SHS survey respondents (n=3; 60%) stated that they did not work with or receive support from the business/corporate sector, while 40% (n=2) did. These results suggest that more support may be needed to connect and develop relationships between the business and homelessness service sectors.

Finally, SHS survey respondents were asked **whether they participate in networks or interagencies on a local, state or national level**. This question received a single response from SHS survey respondents, with a total of 5 responses. All SHS survey respondents (n=7; 100%) stated that they did participate in networks and interagencies.

SHS survey respondents who participate in networks or interagencies were asked to provide details of the types they participate in. This question received multiple responses from SHS survey respondents, with a total of 19 responses. For those participating, most SHS survey respondents stated that they participate in local and regional domestic violence networks (n=5; 26%) and interagencies and networks focusing on housing/homelessness, youth and general community issues (n=3; 16% respectively). This suggests that these avenues could be useful for regular information sharing and networking (See Table 18 – A copy of Penrith's Interagency and Network Convenor List can be found in Appendix D).

Table 17: SHS community partnerships

SHS community partnerships:	Number of responses	% of total responses
SHS providers and non-SHS housing/homelessness services	7	27%
Policing, justice and legal services	5	19%
Non-government community services (nfd)	3	12%
Housing NSW	2	8%
General and community/allied health services	2	8%
Child, family and youth services	1	4%
Mental health services	1	4%
Centrelink and other financial services	1	4%
Real estate agents	1	4%
Link2Home hotline	1	4%
Community groups and foundations (emergency relief)	1	4%
No answer	1	4%
Total responses	26	100%

**nfd: not further defined*

Table 18: SHS network or interagency participation

SHS network or interagency participation:	Number of responses	% of total responses
Domestic violence networks (local/regional)	5	26%
Homelessness/housing interagencies/networks (local/regional)	3	16%
Youth interagencies and networks (local/regional)	3	16%
General community interagencies and networks (local/regional)	3	16%
Community care forums (regional)	2	11%
Business networks (local/regional)	1	5%
Other (nfd)	1	5%
No answer	1	5%
Total responses	19	100%

**nfd: not further defined*

4.1.2.2 Non-SHS services

Part 1: Service contact and description details

A total of **40 survey respondents** stated that they were **non-SHS services**. The non-SHS survey respondents have been divided into the following categories:

- **Government agencies (n=9; 23%):** on a federal, state and local level.
- **Non-government organisations (n=20; 50%):** organisations that predominantly receive government funding (federal and/or state) or do not receive government funding but work strongly with government agencies to provide their service/program.
- **Community groups and foundations (n=11; 27%):** entities that operate without government funding. They rely on local funding, volunteers and/or donations.

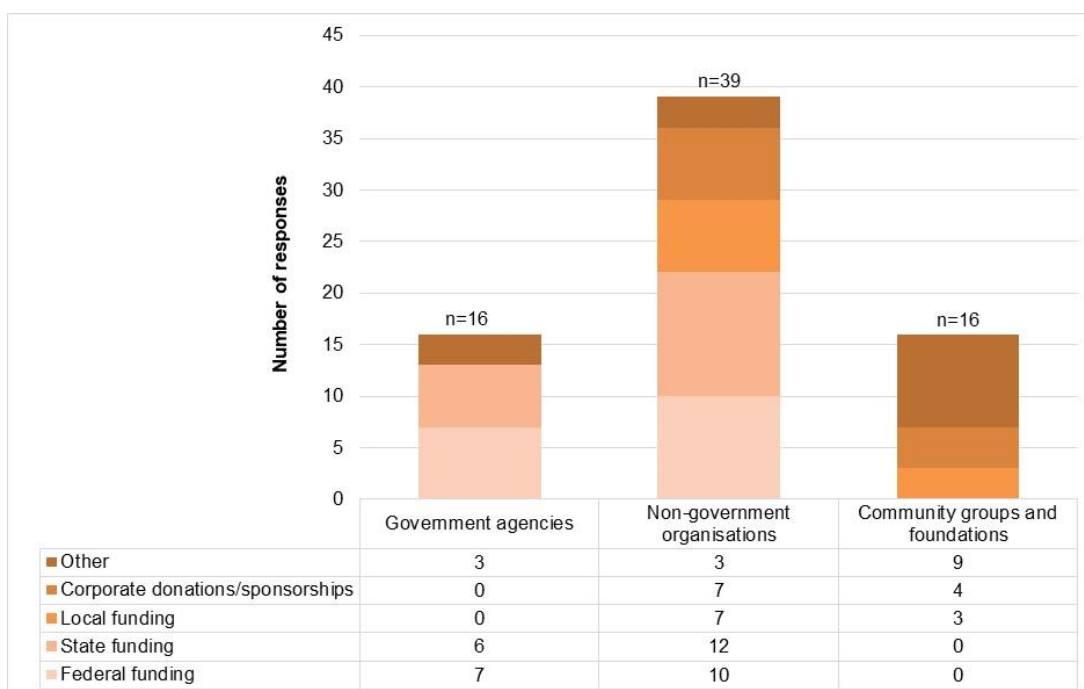
The contact and service description details for these non-SHS services are outlined in Section 4.1.3.

Part 1: Service funding and capacity

Non-SHS survey respondents were asked to provide the **funding source(s) of their service/program**. This question received multiple responses from non-SHS survey respondents, with a total of 71 responses. Most non-SHS survey respondents stated that they currently received state funding (n=18; 25%), followed by federal funding (n=17; 24%) and 'other' funding sources (n=15; 21%) and, local funding (n=11; 15%) and corporate donations/sponsorships (n=10; 14%). The most common 'other' funding sources were private donations, volunteers, local grants, internal fundraising and non-government organisations.

When looking at funding source(s) for each non-SHS category (See Chart 7), government agencies and non-government organisations received most of their funding from the federal or state government. Funding from local, corporate and other sources were mostly received by non-government organisations and community groups and foundations.

Chart 7: Service/program funding source(s) for non-SHS services



Non-SHS survey respondents were also asked to provide information on the **maximum number of people currently receiving support from their service/program**. This question received a single response from non-SHS survey respondents, with a total of 40 responses. Most non-SHS survey respondents (n=27; 68%) currently support 150 or more persons, with a higher proportion of government agencies and non-government organisations able to support a higher number of people than community groups and foundations (See Table 19).

Table 19: Maximum number of people currently receiving support from non-SHS services

<u>Service/program</u>	1 - 49 persons	50 - 99 persons	100 - 149 persons	150+ persons
<u>Government agencies</u>				
Aged Care Assessment Services - My Aged Care				✓
Family and Community Services - Housing NSW				✓
Legal Aid NSW (Penrith office)				✓
Nepean Blue Mountains Local Health District - South Court Primary Care Needle and Syringe Program				✓
Nepean Blue Mountains Local Health District - Integrated care for people with chronic conditions				✓
Nepean Blue Mountains Local Health District - Mental Health Service				✓
Nepean Blue Mountains Local Health District - Social Work Department				✓
Nepean Blue Mountains Primary Health Network - Partners In Recovery				✓
Penrith City Council - Community Development				✓
Total responses (government)	0	0	0	9
<u>Non-government organisations</u>				
Adele House		✓		
Barnardos				✓
Benevolent Society - Outer Sydney and Rural Ageing		✓		
Catholic Healthcare Community Services	✓			
Christ Mission Possible - Food and Housing Solutions				✓
Community Junction Inc.				✓
Fusion Western Sydney				✓
Muru Mittigar Community Finance Hub				✓
Neami National (Nepean office)	✓			
Nepean Community & Neighbourhood Services				✓
Nepean Community College				✓
Nepean Food Services				✓
Nepean Volunteer Services Inc.		✓		
Settlement Services International - SSI Housing				✓
St Marys Area Community Development Project				✓
St Vincent De Paul				✓
SydWest Multicultural Services				✓
Teen Challenge NSW Inc. - ONE80TC		✓		
Uniting Penrith				✓
Western Sydney Community Legal Centre - Aboriginal Legal Access Program	✓			
Total responses (non-government)	3	4	0	13

**Table 19: Maximum number of people currently receiving support from non-SHS services
(continued)**

<u>Service/program</u>	1 - 49 persons	50 - 99 persons	100 - 149 persons	150+ persons
<u>Community groups and foundations</u>				
Blessed Be Bags - To Go Food homelessness program				✓
Mama Lana's Community Foundation		✓		
Onevoice	✓			
Paying It Forward Homeless Services Inc.		✓		
Penrith Church of Christ - Picking up the Pieces				✓
Penrith Community Kitchen Inc.		✓		
Queen of Hearts Community Foundation				✓
Ross Hutchison Foundation			✓	
RSL LifeCare - Home for Heroes	✓			
StreetMed Incorporated				✓
Westcare Community Services				✓
Total responses (groups/foundations)	2	3	1	5
Total responses (overall)	5	7	1	27

Non-SHS survey respondents were then asked to provide the **geographic area that their service/ program covers**. This question received multiple responses from non-SHS survey respondents, with a total of 70 responses. Most non-SHS survey respondents covered all suburbs of Penrith LGA (n=37; 53%) and other areas outside Penrith LGA (n=30; 43%). The areas serviced outside Penrith were mostly in the Greater Western Sydney region, predominantly Blacktown, Blue Mountains, Hawkesbury and Lithgow LGAs (See Table 20).

Table 20: Geographic area the non-SHS services cover

<u>Service/program</u>	All suburbs of Penrith LGA	Some suburbs of Penrith LGA	Other areas outside Penrith LGA
<u>Government agencies</u>			
Aged Care Assessment Services - My Aged Care	✓		✓
Family and Community Services - Housing NSW	✓		✓
Legal Aid NSW (Penrith office)	✓		✓
Nepean Blue Mountains Local Health District - South Court Primary Care Needle and Syringe Program	✓		✓
Nepean Blue Mountains Local Health District - Integrated care for people with chronic conditions	✓		✓
Nepean Blue Mountains Local Health District - Mental Health Service	✓		✓
Nepean Blue Mountains Local Health District - Social Work Department	✓		✓
Nepean Blue Mountains Primary Health Network - Partners In Recovery	✓		✓
Penrith City Council - Community Development	✓		
Total responses (government)	9	0	8

Table 20: Geographic area the non-SHS services cover (continued)

<u>Service/program</u>	All suburbs of Penrith LGA	Some suburbs of Penrith LGA	Other areas outside Penrith LGA
<u>Non-government organisations</u>			
Adele House	✓		✓
Barnardos	✓		✓
Benevolent Society - Outer Sydney and Rural Ageing	✓		✓
Catholic Healthcare Community Services	✓		✓
Christ Mission Possible - Food and Housing Solutions	✓		✓
Community Junction Inc.	✓		✓
Fusion Western Sydney	✓		✓
Muru Mittigar Community Finance Hub		✓	✓
Neami National (Nepean office)	✓		
Nepean Community & Neighbourhood Services	✓		
Nepean Community College	✓		✓
Nepean Food Services	✓		
Nepean Volunteer Services Inc.	✓		✓
Settlement Services International - SSI Housing		✓	✓
St Marys Area Community Development Project	✓		
St Vincent De Paul	✓		✓
SydWest Multicultural Services	✓		✓
Teen Challenge NSW Inc. - ONE80TC	✓		✓
Uniting Penrith	✓		
Western Sydney Community Legal Centre - Aboriginal Legal Access Program	✓		✓
Total responses (non-government)	18	2	15
<u>Community groups and foundations</u>			
Blessed Be Bags - To Go Food homelessness program	✓		✓
Mama Lana's Community Foundation	✓		
Onevoice	✓		✓
Paying It Forward Homeless Services Inc	✓		
Penrith Church of Christ - Picking up the Pieces		✓	✓
Penrith Community Kitchen Inc.	✓		✓
Queen of Hearts Community Foundation	✓		
Ross Hutchison Foundation	✓		
RSL LifeCare - Home for Heroes	✓		✓
StreetMed Incorporated	✓		✓
Westcare Community Services	✓		✓
Total responses (groups/foundations)	10	1	7
Total responses (overall)	37	3	30

Non-SHS survey respondents were finally asked **whether their service/program used volunteers and how many they are currently using**. These two questions received a single response from non-SHS survey respondents, each with a total of 40 responses. Most non-SHS survey respondents stated that they did use volunteers (n=25; 63%), while 35% (n=14) did not and 3% (n=1) were unsure.

When looking at the current volunteer base for each non-SHS category, eight out of the nine (89%) of the surveyed government agencies did not use volunteers at all while fourteen out of twenty (70%) surveyed non-government organisations and all eleven (100%) surveyed

community groups and foundations did use volunteers. For the non-SHS services that did currently use volunteers, most only had a limited current volunteer base (that is, 1-10 volunteers) (n=12 or 30% of total responses). The limited volunteer base of non-SHS survey respondents suggest that these services may rely on volunteers to fill in the gaps where there is insufficient funding is available to employ workers. More assistance may be needed to help these services in increasing their capacity to use volunteers.

Part 2: Service provision

Non-SHS survey respondents were asked to provide **information on their service/program's target groups, age eligibility and services provided**. The target groups and their age eligibilities are outlined in Appendix E and F. The surveyed non-SHS services provided support to a range of target and age groups, including those who are homeless or at risk of homelessness.

Table 21 shows the range of services provided by non-SHS survey respondents (for service type definitions, please see Section 2.2 definitions in Appendix B). Services should be contacted directly to determine whether there are any service eligibility restrictions for certain community groups. Most non-SHS survey respondents provided strong representation and support around advocacy, information and referral services, outreach, emergency relief, case management and early intervention. None of the non-SHS survey respondents surveyed stated that they specifically provided services for men or those with diverse sexualities. This suggests more work may be needed to resource and/or engage with these service types.

Table 21: Non-SHS service provided

Service/program	Accommodation	Advocacy and support	After hours services	Aged services (65+)	Assertive outreach	ATSI specific services	Brokerage
Government agencies							
Aged Care Assessment Services - My Aged Care				✓			
Family and Community Services - Housing NSW	✓	✓	✓			✓	✓
Legal Aid NSW (Penrith office)							
Nepean Blue Mountains Local Health District - South Court Primary Care Needle and Syringe Program		✓				✓	
Nepean Blue Mountains Local Health District - Integrated care for people with chronic conditions		✓		✓	✓	✓	
Nepean Blue Mountains Local Health District - Mental Health Service							
Nepean Blue Mountains Local Health District - Social Work Department		✓					
Nepean Blue Mountains Primary Health Network - Partners In Recovery		✓					
Penrith City Council - Community Development		✓		✓			
Total responses (government)	1	6	1	3	1	3	1
Non-government organisations							
Adele House	✓		✓				
Barnardos	✓						
Benevolent Society - Outer Sydney and Rural Ageing		✓		✓			
Catholic Healthcare Services		✓		✓			
Christ Mission Possible - Food and Housing Solutions	✓	✓	✓		✓		✓
Community Junction Inc.		✓				✓	
Fusion Western Sydney		✓					
Muru Mittigar Community Finance Hub		✓				✓	
Neami National (Nepean office)		✓	✓	✓			
Nepean Community & Neighbourhood Services		✓				✓	
Nepean Community College							
Nepean Food Services							
Nepean Volunteer Services Inc.				✓			
Settlement Services International - SSI Housing	✓						
St Marys Area Community Development Project		✓					
St Vincent De Paul	✓	✓					
SydWest Multicultural Services				✓			
Teen Challenge NSW Inc. - ONE80TC							
Uniting Penrith		✓				✓	
Western Sydney Community Legal Centre - Aboriginal Legal Access Program						✓	
Total responses (non-government)	5	11	3	5	1	5	1
Non-government organisations							
Blessed Be Bags - To Go Food homelessness program		✓	✓				
Mama Lana's Community Foundation		✓	✓		✓		
Onevoice		✓	✓				
Paying It Forward Homeless Services Inc							
Penrith Church of Christ - Picking up the Pieces							
Penrith Community Kitchen Inc.							
Queen of Hearts Community Foundation		✓					
Ross Hutchison Foundation		✓	✓				
RSL LifeCare - Home for Heroes	✓	✓					
StreetMed Incorporated		✓	✓		✓	✓	
Westcare Community Services	✓						
Total responses (groups/foundations)	2	7	5	0	2	1	0
Total responses (overall)	8	24	9	8	4	9	2

Table 21: Non-SHS service provided (continued)

Service/program	CALD specific services (including migrant and refugee services)	Capacity building and sector development	Case management	Children's services (0-12 years)	Counselling (psychological)	Counselling (financial)
Government agencies						
Aged Care Assessment Services - My Aged Care						
Family and Community Services - Housing NSW	✓	✓	✓			
Legal Aid NSW (Penrith office)						
Nepean Blue Mountains Local Health District - South Court Primary Care Needle and Syringe Program						
Nepean Blue Mountains Local Health District - Integrated care for people with chronic conditions		✓	✓			
Nepean Blue Mountains Local Health District - Mental Health Service						
Nepean Blue Mountains Local Health District - Social Work Department			✓		✓	
Nepean Blue Mountains Primary Health Network - Partners In Recovery			✓			
Penrith City Council - Community Development	✓	✓		✓		
Total responses (government)	2	3	4	1	1	0
Non-government organisations						
Adele House			✓		✓	✓
Barnardos			✓	✓		
Benevolent Society - Outer Sydney and Rural Ageing			✓			
Catholic Healthcare Services		✓				
Christ Mission Possible - Food and Housing Solutions	✓		✓			✓
Community Junction Inc.		✓		✓	✓	✓
Fusion Western Sydney						
Muru Mittigar Community Finance Hub	✓					✓
Neami National (Nepean office)		✓				
Nepean Community & Neighbourhood Services		✓	✓	✓		
Nepean Community College						
Nepean Food Services						
Nepean Volunteer Services Inc.						
Settlement Services International - SSI Housing						
St Marys Area Community Development Project		✓			✓	✓
St Vincent De Paul		✓				✓
SydWest Multicultural Services	✓		✓			
Teen Challenge NSW Inc. - ONE80TC						
Uniting Penrith		✓				
Western Sydney Community Legal Centre - Aboriginal Legal Access Program						
Total responses (non-government)	3	7	6	3	3	6
Non-government organisations						
Blessed Be Bags - To Go Food homelessness program			✓			
Mama Lana's Community Foundation						
Onevoice						
Paying It Forward Homeless Services Inc						
Penrith Church of Christ - Picking up the Pieces						
Penrith Community Kitchen Inc.						
Queen of Hearts Community Foundation			✓		✓	
Ross Hutchison Foundation						
RSL LifeCare - Home for Heroes			✓			
StreetMed Incorporated	✓	✓	✓			
Westcare Community Services						
Total responses (groups/foundations)	1	1	4	0	1	0
Total responses (overall)	6	11	14	4	5	6

Table 21: Non-SHS service provided (continued)

Service/program	Court support	Disability services	Diverse sexuality services	Domestic and family violence	Drug and alcohol services	Early intervention
Government agencies						
Aged Care Assessment Services - My Aged Care						
Family and Community Services - Housing NSW		✓		✓		
Legal Aid NSW (Penrith office)	✓					
Nepean Blue Mountains Local Health District - South Court Primary Care Needle and Syringe Program					✓	✓
Nepean Blue Mountains Local Health District - Integrated care for people with chronic conditions						✓
Nepean Blue Mountains Local Health District - Mental Health Service						
Nepean Blue Mountains Local Health District - Social Work Department						
Nepean Blue Mountains Primary Health Network - Partners In Recovery						
Penrith City Council - Community Development		✓				
Total responses (government)	1	2	0	1	1	2
Non-government organisations						
Adele House	✓			✓	✓	
Barnardos		✓		✓		✓
Benevolent Society - Outer Sydney and Rural Ageing						✓
Catholic Healthcare Services						
Christ Mission Possible - Food and Housing Solutions				✓	✓	✓
Community Junction Inc.	✓					✓
Fusion Western Sydney						
Muru Mittigar Community Finance Hub						✓
Neami National (Nepean office)						
Nepean Community & Neighbourhood Services	✓				✓	✓
Nepean Community College						
Nepean Food Services						
Nepean Volunteer Services Inc.						
Settlement Services International - SSI Housing						
St Marys Area Community Development Project				✓		✓
St Vincent De Paul						
SydWest Multicultural Services		✓				
Teen Challenge NSW Inc. - ONE80TC					✓	
Uniting Penrith		✓				
Western Sydney Community Legal Centre - Aboriginal Legal Access Program	✓					
Total responses (non-government)	4	3	0	4	4	7
Non-government organisations						
Blessed Be Bags - To Go Food homelessness program						✓
Mama Lana's Community Foundation						
Onevoice						✓
Paying It Forward Homeless Services Inc						
Penrith Church of Christ - Picking up the Pieces						
Penrith Community Kitchen Inc.						
Queen of Hearts Community Foundation	✓			✓		✓
Ross Hutchison Foundation				✓		
RSL LifeCare - Home for Heroes					✓	
StreetMed Incorporated	✓					✓
Westcare Community Services						
Total responses (groups/foundations)	2	0	0	2	1	4
Total responses (overall)	7	5	0	7	6	13

Table 21: Non-SHS service provided (continued)

Service/program	Emergency relief	Employment support	Financial assistance	Gambling support	General health services	Information and referral services
Government agencies						
Aged Care Assessment Services - My Aged Care						✓
Family and Community Services - Housing NSW						✓
Legal Aid NSW (Penrith office)						
Nepean Blue Mountains Local Health District - South Court Primary Care Needle and Syringe Program					✓	✓
Nepean Blue Mountains Local Health District - Integrated care for people with chronic conditions					✓	✓
Nepean Blue Mountains Local Health District - Mental Health Service						
Nepean Blue Mountains Local Health District - Social Work Department	✓				✓	✓
Nepean Blue Mountains Primary Health Network - Partners In Recovery						
Penrith City Council - Community Development					✓	✓
Total responses (government)	1	0	0	0	4	6
Non-government organisations						
Adele House		✓	✓	✓	✓	✓
Barnardos	✓	✓	✓			✓
Benevolent Society - Outer Sydney and Rural Ageing						
Catholic Healthcare Services						✓
Christ Mission Possible - Food and Housing Solutions	✓	✓	✓	✓		
Community Junction Inc.	✓	✓				✓
Fusion Western Sydney						
Muru Mittigar Community Finance Hub						
Neami National (Nepean office)						✓
Nepean Community & Neighbourhood Services		✓				✓
Nepean Community College						
Nepean Food Services						
Nepean Volunteer Services Inc.						✓
Settlement Services International						
St Marys Area Community Development Project	✓	✓	✓			✓
St Vincent De Paul	✓		✓			✓
SydWest Multicultural Services						
Teen Challenge NSW Inc. - ONE80TC				✓		
Uniting Penrith		✓				✓
Western Sydney Community Legal Centre - Aboriginal Legal Access Program						
Total responses (non-government)	5	7	5	3	1	10
Community groups and foundations						
Blessed Be Bags - To Go Food homelessness program	✓					
Mama Lana's Community Foundation						
Onevoice						✓
Paying It Forward Homeless Services Inc	✓					✓
Penrith Church of Christ - Picking up the Pieces	✓					
Penrith Community Kitchen Inc.						
Queen of Hearts Community Foundation	✓					✓
Ross Hutchison Foundation	✓					
RSL LifeCare - Home for Heroes		✓	✓			✓
StreetMed Incorporated	✓				✓	✓
Westcare Community Services	✓					✓
Total responses (groups/foundations)	7	1	1	0	1	6
Total responses (overall)	13	8	6	3	6	22

Table 21: Non-SHS service provided (continued)

Service/program	Laundry services	Legal services	Meals	Men's services	Mental health services	Outreach	Recreational or social programs
Government agencies							
Aged Care Assessment Services - My Aged Care							
Family and Community Services - Housing NSW							
Legal Aid NSW (Penrith office)		✓				✓	
Nepean Blue Mountains Local Health District - South Court Primary Care Needle and Syringe Program			✓			✓	
Nepean Blue Mountains Local Health District - Integrated care for people with chronic conditions						✓	
Nepean Blue Mountains Local Health District - Mental Health Service					✓		
Nepean Blue Mountains Local Health District - Social Work Department							
Nepean Blue Mountains Primary Health Network - Partners In Recovery					✓		
Penrith City Council - Community Development							✓
Total responses (government)	0	1	1	0	2	3	1
Non-government organisations							
Adele House	✓	✓	✓	✓	✓	✓	✓
Barnardos						✓	
Benevolent Society - Outer Sydney and Rural Ageing							
Catholic Healthcare Services							
Christ Mission Possible - Food and Housing Solutions			✓			✓	✓
Community Junction Inc.		✓		✓		✓	✓
Fusion Western Sydney							
Muru Mittigar Community Finance Hub						✓	
Neami National (Nepean office)					✓	✓	✓
Nepean Community & Neighbourhood Services	✓				✓	✓	✓
Nepean Community College							
Nepean Food Services			✓				✓
Nepean Volunteer Services Inc.							
Settlement Services International							
St Marys Area Community Development Project						✓	✓
St Vincent De Paul	✓		✓			✓	
SydWest Multicultural Services							
Teen Challenge NSW Inc. - ONE80TC							
Uniting Penrith						✓	✓
Western Sydney Community Legal Centre - Aboriginal Legal Access Program						✓	
Total responses (non-government)	3	2	4	2	3	11	8
Community groups and foundations							
Blessed Be Bags - To Go Food homelessness program			✓			✓	
Mama Lana's Community Foundation			✓				
Onevoice							
Paying It Forward Homeless Services Inc			✓				
Penrith Church of Christ - Picking up the Pieces			✓			✓	✓
Penrith Community Kitchen Inc.			✓				
Queen of Hearts Community Foundation		✓					
Ross Hutchison Foundation							
RSL LifeCare - Home for Heroes					✓	✓	✓
StreetMed Incorporated					✓	✓	
Westcare Community Services							
Total responses (groups/foundations)	0	1	5	0	2	4	2
Total responses (overall)	3	4	10	2	7	18	11

Table 21: Non-SHS service provided (continued)

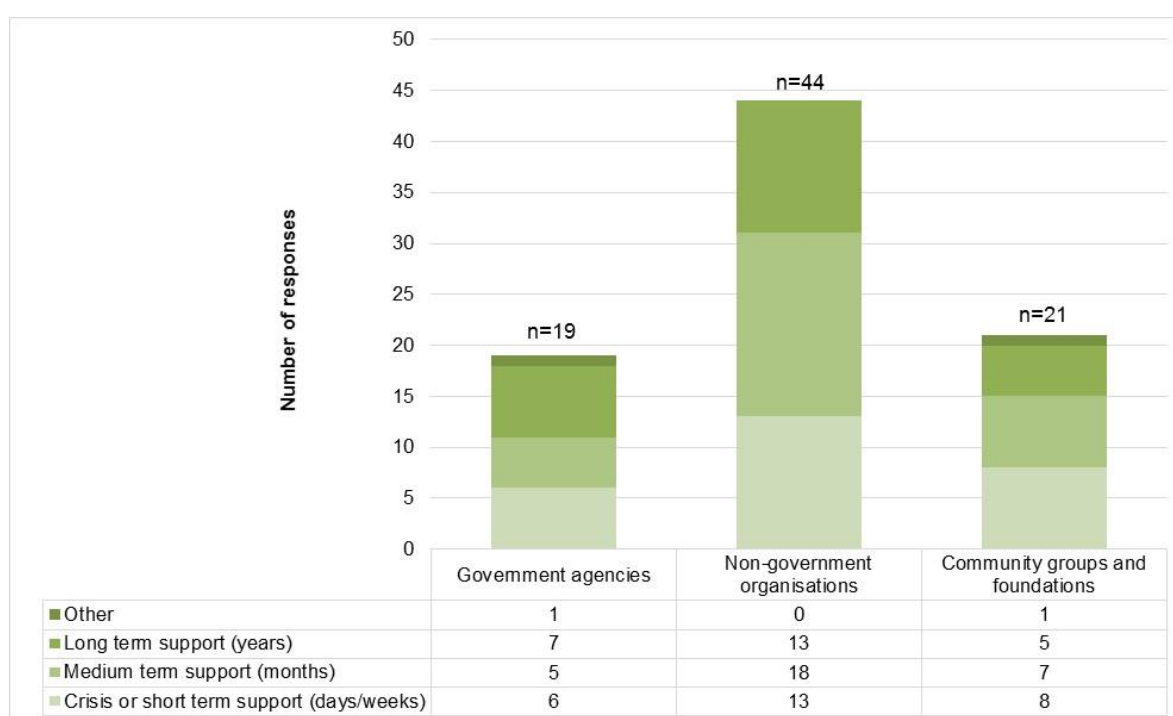
Service/program	Shower and/or bathroom facilities	Youth services (12 - 25 years)	Women's services	Workshop programs	Other
Government agencies					
Aged Care Assessment Services - My Aged Care					
Family and Community Services - Housing NSW					
Legal Aid NSW (Penrith office)					
Nepean Blue Mountains Local Health District - South Court Primary Care Needle and Syringe Program					✓ Needle Syringe Program
Nepean Blue Mountains Local Health District - Integrated care for people with chronic conditions					✓ Chronic disease management and case management
Nepean Blue Mountains Local Health District - Mental Health Service					
Nepean Blue Mountains Local Health District - Social Work Department					
Nepean Blue Mountains Primary Health Network - Partners In Recovery					
Penrith City Council - Community Development				✓	✓ Service planning and facility provision
Total responses (government)	0	0	0	1	3
Non-government organisations					
Adele House	✓				
Barnardos		✓			✓ Family support
Benevolent Society - Outer Sydney and Rural Ageing					
Catholic Healthcare Services					✓ Hoarding and squalor support
Christ Mission Possible - Food and Housing Solutions	✓				
Community Junction Inc.		✓	✓	✓	
Fusion Western Sydney		✓			✓ Homelessness events
Muru Mittigar Community Finance Hub				✓	
Neami National (Nepean office)					
Nepean Community & Neighbourhood Services		✓	✓	✓	
Nepean Community College					✓ Education and training
Nepean Food Services					
Nepean Volunteer Services Inc.					
Settlement Services International					
St Marys Area Community Development Project				✓	
St Vincent De Paul	✓			✓	
SydWest Multicultural Services		✓			✓ Family services
Teen Challenge NSW Inc. - ONE80TC					
Uniting Penrith					
Western Sydney Community Legal Centre - Aboriginal Legal Access Program					✓ Legal advice
Total responses (non-government)	3	5	2	5	6
Community groups and foundations					
Blessed Be Bags - To Go Food homelessness program					✓ Home hampers
Mama Lana's Community Foundation					
Onevoice	✓				
Paying It Forward Homeless Services Inc					
Penrith Church of Christ - Picking up the Pieces			✓		
Penrith Community Kitchen Inc.					
Queen of Hearts Community Foundation					✓ Child sexual abuse services
Ross Hutchison Foundation					
RSL LifeCare - Home for Heroes				✓	
StreetMed Incorporated					✓ Veteran services, homelessness events
Westcare Community Services					
Total responses (groups/foundations)	1	0	1	1	3
Total responses (overall)	4	5	3	7	12

Part 3: Client engagement and referral pathways

Non-SHS survey respondents were asked to state the **average length of time a client engages with their service/program**. This question received multiple responses from non-SHS survey respondents, with a total of 84 responses. Most non-SHS survey respondents engaged with clients over a variety of time periods, providing more medium term support for their unique needs and circumstances (crisis or short-term support (days/weeks): 32% (n=27); medium term support (months): 36% (n=30); long term support (years): 30% (n=25) and other: 2% (n=2)). Survey respondents typically defined medium term support as ranging between two and twelve months.

When looking at type of client engagement/support for each non-SHS category (See Chart 8), community groups and foundations were more likely to provide crisis or short term support, non-government organisations were more likely to provide medium term support and government agencies were more likely to provide long term support.

Chart 8: Average length of time a client engages with Non-SHS



Non-SHS survey respondents were also asked to provide the **most common referrals they receive and where they send most of their referrals to**. These questions received multiple responses from non-SHS survey respondents, with a total of 182 responses for referrals received and 167 responses for referrals sent. The survey showed:

- Most **referrals received by non-SHS survey respondents** were through self-referral/word of mouth/family and friends (n=30; 16%), SHS providers and non-SHS housing/homelessness services (n=17; 10%), non-government organisations (not further defined) (n=15; 8%) and general and community/allied health services (n=14; 8%) (See Table 22).
- Most **referrals sent by non-SHS survey respondents** were to SHS providers and non-SHS housing/homelessness services (n=30; 18%), community groups and foundations providing emergency relief (n=16; 10%) and mental health services (n=16; 10%) (See Table 23).

The **overall referral relationships (in and out)** for non-SHS survey respondents were calculated by combining the total referrals received and the total referrals sent, equating to a total of 349 responses. Non-SHS survey respondents had the strongest overall referral relationships (to and from) with SHS providers and non-SHS housing/homelessness services (n=47; 13%), self-referral/word of mouth/family and friends (n=30; 9%) and general and mental health services (7% respectively). To a lesser extent, they also had notable relationships with community groups and foundations providing emergency relief (n=22; 6%), policing/justice/legal (n=22; 6%) and social security/financial (n=18; 5%) (See Table 24).

When looking at the non-SHS categories, all had strong relationships with self-referral and housing/homelessness services. When compared to their non-government counterparts, government agencies had strong overall referral relationships with general and community/allied health services and weaker relationships with social security/financial services and community groups and foundations providing emergency relief. Conversely, non-government organisations and community groups and foundations had stronger overall referral relationships with policing/justice/legal services, social security/financial services, mental health services, local government and other like-minded non-government organisations and community groups providing emergency relief.

Non-SHS survey respondents had less robust overall referral relationships (to and from) with services focusing on aged, CALD, disability and rehabilitation, drug and alcohol, DFV/victims support, education and child/family/youth and employment, suggesting that more awareness of and connections with these referral pathways may need to be built so they are readily accessible when required.

Table 22: Most common referrals received by non-SHS services from other services/programs

Most referrals <u>received</u> from:	Government agencies	Non-government organisations	Community groups and foundations	Total	% of total responses
Self referral/word of mouth/family and friends	6	14	10	30	16%
SHS providers and non-SHS housing/homelessness services	1	9	7	17	9%
Non-government community services (nfd)	3	8	4	15	8%
General and community/allied health services	6	6	2	14	8%
Policing, justice and legal services	4	9	1	14	8%
Mental health services	2	4	4	10	5%
Hospitals	6	4	0	10	5%
Other services (nfd)	4	3	2	9	5%
Housing NSW	1	4	4	9	5%
Centrelink and other financial services	0	4	3	7	4%
Penrith City Council	0	3	4	7	4%
NSW Department of Family and Community Services (FACS) (nfd)	2	4	0	6	3%
Community groups and foundations (emergency relief)	0	3	3	6	3%
Disability and rehabilitation services	0	4	1	5	3%
Child, family and youth services	0	4	0	4	2%
General Practitioner (GPs)	2	1	0	3	2%
My Aged Care telephone service and aged services	0	3	0	3	2%
Domestic violence and victims services	1	0	1	2	1%
Drug and alcohol services	1	1	0	2	1%
Local businesses	1	0	1	2	1%
Education services	0	2	0	2	1%
Job providers and networks	0	2	0	2	1%
Social media	0	0	2	2	1%
Link2Home hotline	0	0	1	1	1%
CALD services	0	0	0	0	0%
None	0	0	0	0	0%
Total responses	40	92	50	182	100%

**nfd: not further defined*

Table 23: Most common referrals sent by non-SHS services to other services/programs

Most referrals <u>sent</u> to:	Government agencies	Non-government organisations	Community groups and foundations	Total	% of total responses
SHS providers and non-SHS housing/homelessness services	6	10	14	30	18%
Community groups and foundations (emergency relief)	2	5	9	16	10%
Mental health services	4	6	6	16	10%
General and community/allied health services	6	4	1	11	7%
Centrelink and other financial services	2	8	1	11	7%
Non-government community services (nfd)	1	5	3	9	5%
Housing NSW	2	5	4	11	7%
Policing, justice and legal services	0	8	0	8	5%
Disability and rehabilitation services	1	3	2	6	4%
My Aged Care telephone service and aged services	4	6	0	10	6%
Other services (nfd)	2	3	0	5	3%
Hospitals	4	2	0	6	4%
Link2Home hotline	2	0	3	5	3%
Child, family and youth services	0	4	0	4	2%
Drug and alcohol services	1	2	1	4	2%
Penrith City Council	0	1	1	2	1%
General Practitioner (GPs)	1	3	0	4	2%
Education services	0	2	0	2	1%
CALD services	0	2	0	2	1%
Domestic violence and victims services	1	0	0	1	1%
Local businesses	0	1	0	1	1%
Job providers and networks	0	2	0	2	1%
None	0	0	1	1	1%
Self referral / word of mouth / family and friends	0	0	0	0	0%
NSW Department of Family and Community Services (FACS) (nfd)	0	0	0	0	0%
Social media	0	0	0	0	0%
Total responses	39	82	46	167	100%

*nfd: not further defined

Table 24: Overall non-SHS referral relationships

Referral relationship (in and out)	Referral in	Referral out	Number of responses	% of total responses
SHS providers and non-SHS housing/homelessness services	17	30	47	13%
Self referral/word of mouth/family and friends	30	0	30	9%
Mental health services	10	16	26	7%
General and community/allied health services	14	11	25	7%
Non-government community services (nfd)	15	9	24	7%
Community groups and foundations (emergency relief)	6	16	22	6%
Policing, justice and legal services	14	8	22	6%
Housing NSW	9	11	20	6%
Centrelink and other financial services	7	11	18	5%
Hospitals	10	6	16	5%
Other services (nfd)	9	5	14	4%
My Aged Care telephone service and aged services	3	10	13	4%
Disability and rehabilitation services	5	6	11	3%
Penrith City Council	7	2	9	3%
Child, family and youth services	4	4	8	2%
General Practitioner (GPs)	3	4	7	2%
Drug and alcohol services	2	4	6	2%
Link2Home hotline	1	5	6	2%
NSW Department of Family and Community Services (FACS) (nfd)	6	0	6	2%
Education services	2	2	4	1%
Job providers and networks	2	2	4	1%
Domestic violence and victims services	2	1	3	1%
Local businesses	2	1	3	1%
CALD services	0	2	2	1%
Social media	2	0	2	1%
None	0	1	1	0%
Total responses	182	167	349	100%

**nfd: not further defined*

Part 4: Partnerships

Non-SHS survey respondents were asked to state whether they **partner or work with other community services/organisations**. This question received a single response from non-SHS survey respondents, with a total of 40 responses. Most non-SHS survey respondents (n=36; 90%) stated that they did partner or work with other community services/organisations, while 8% (n=3) did not and 3% (n=1) were unsure.

Non-SHS survey respondents with community service partnerships/relationships were asked to provide details of who they partnered or worked with. This question received multiple responses from non-SHS survey respondents, with a total of 161 responses. For those with community service partnerships/relationships, most non-SHS survey respondents stated that they partnered or worked with SHS providers and non-SHS housing/homelessness services (n=27; 19%), non-specific non-government organisations (n=20; 14%) and community groups and foundations providing emergency relief (n=19; 14%). More work may need to be done to encourage partnerships with CALD, social security/financial, policing/justice/legal and education and employment services (See Table 25).

When looking at the non-SHS categories, all had strong partnerships with housing/homelessness services. Government agencies also had strong partnerships with general and mental health services, while non-government organisations and community groups and foundations had strong partnerships with like-minded entities. More work may need to be done in encouraging partnerships across government, non-government and voluntary sectors.

Non-SHS survey respondents were also asked **whether they work with real estate agents**. This question received a single response from non-SHS survey respondents, with a total of 40 responses. Most non-SHS survey respondents (n=35; 88%) stated that they did not work with real estate agents, while 12% (n=5) did. Those who did work with real estate agents were from government agencies and non-government organisations.

Non-SHS survey respondents were then asked **whether they work with or receive support (in-kind or financial) from the business/corporate sector**. This question received a single response from non-SHS survey respondents, with a total of 40 responses. More than half (n=23; 58%) of the non-SHS survey respondents did not work with or receive support from the business/corporate sector, while 33% (n=13) did and 10% (n=4) were unsure. All who received corporate/business support were from non-government organisations and community groups and foundations. These results suggest that more support may be needed to connect and develop relationships between the business and community service sectors.

Finally, non-SHS survey respondents were asked **whether they participate in networks or interagencies on a local, state or national level**. This question received a single response from non-SHS survey respondents, with a total of 40 responses. Most non-SHS survey respondents (n=34; 85%) stated that they did participate networks or interagencies, while 8% (n=3) did not and 8% (n=3) were unsure. Those who did not participate in networks or interagencies were from the community groups and foundations category.

Non-SHS survey respondents who participate in networks or interagencies were asked to provide details of the types they participate in. This question received multiple responses from non-SHS survey respondents, with a total of 89 responses. For those participating, most non-SHS survey respondents stated that they participate in local and regional interagencies and networks addressing homelessness/housing (n=20; 22%) and general community issues (n=19; 21%). This suggests that these avenues could be useful for regular information and networking (See Table 26 – A copy of Penrith's Interagency and Network Convenor List can be found in Appendix D).

Table 25: Non-SHS community partnerships

Non-SHS community partnerships:	Number of responses	% of total responses
SHS providers and non-SHS housing/homelessness services	29	18%
Non-government community services (nfd)	22	14%
Community groups and foundations (emergency relief)	20	12%
General and community/allied health services	13	8%
Mental health services	11	7%
Housing NSW	8	5%
Disability and rehabilitation services	7	4%
Other services (nfd)	6	4%
Penrith City Council	6	4%
Domestic violence and victims services	5	3%
Child, family and youth services	4	2%
Drug and alcohol services	4	2%
Hospitals	4	2%
My Aged Care telephone service and aged services	4	2%
Education services	3	2%
Policing, justice and legal services	3	2%
Job providers and networks	3	2%
Centrelink and other financial services	3	2%
CALD services	2	1%
NSW Department of Family and Community Services (FACS) (nfd)	1	1%
Local businesses	1	1%
Real estate agents	1	1%
General Practitioners (GPs)	1	1%
Unsure	1	1%
Total responses	161	100%

**nfd: not further defined*

Table 26: Non-SHS network or interagency participation

Non-SHS network or interagency participation:	Number of responses	% of total responses
Homelessness/housing interagencies/networks (local/regional)	20	22%
General community interagencies and networks (local/regional)	19	21%
Other (nfd)	10	11%
Health interagencies and networks (local/regional)	8	9%
Domestic violence networks (local/regional)	7	8%
CALD/ATSI interagencies and networks (local/regional)	5	6%
Community care forums (regional)	5	6%
Youth interagencies and networks (local/regional)	3	3%
Unsure	3	3%
Community safety/legal interagencies and networks (local/regional)	3	3%
No answer	3	3%
Business networks (local/regional)	2	2%
Personal networks	1	1%
Total responses	89	100%

**nfd: not further defined*

Section 4.1.3 – Service mapping directory

Specialist Homelessness Services				
Service/program name	Description of programs/projects under the service	Office address	Office contact number	Website or page
Mission Australia - Nepean Family Homelessness, Housing and Support Service	<p>Family Homelessness and Housing Support Accommodation and service options for families/carers with dependent children under 16, including the Nepean Family Service and The Grove Youth Service:</p> <ul style="list-style-type: none"> • Supported accommodation • Case management • Transitional accommodation (up to 3 months) • Tenancy support • Advocacy, information and advice • Access to brokerage 	46 Bringelly Road, Kingswood NSW 2747	(02) 4724 3000	www.missionaustralia.com.au
Platform Youth Services	<p>Young people's Homelessness and Housing Support Accommodation and support options for young people (16-25 years old), including:</p> <ul style="list-style-type: none"> • Homeless Youth Assistance Program – under 16's accommodation and early intervention case management. • Brighter Futures • Assertive Outreach and Case Management (Penrith, Katoomba/Springwood, Hawkesbury Glue Factories) • Crisis accommodation 16-18 years (Katoomba House, Richmond House) • Juvenile Justice Bail Assistance Line • Tenancy Support Project • Premier's Youth Initiative 	24 Lemongrove Road, Penrith NSW 2751	(02) 4760 0800	www.platformmys.org.au
Wentworth Community Housing – Adult Homelessness and Housing Support	<p>Adult Homelessness and Housing Support A range of support services and accommodation options for adults, including single adults, couples without accompanying children, rough sleepers and adults leaving custody.</p>	Borec House, Level 1, 29-57 Station Street, Penrith NSW 2750	(02) 4777 8000 1800 760 071 (option 5)	www.wentworth.org.au
Wentworth Community Housing – Tenancy Support Service	<p>Tenancy Support Service A range of tenancy support services to help clients where possible to maintain their current home, including financial counselling, brokerage and rapid rehousing where required.</p>	Borec House, Level 1, 29-57 Station Street, Penrith NSW 2750	(02) 4777 8000 1800 760 071 (option 6)	www.wentworth.org.au

Section 4.1.3 – Service mapping directory (continued)

Specialist Homelessness Services (continued)				
Service/program name	Description of programs/projects under the service	Office address	Office contact number	Website or page
West Connect Domestic Violence Services Inc.	Domestic and Family Violence Accommodation and Support Service A range of domestic and family violence services including: <ul style="list-style-type: none"> • Domestic Violence Response Enhancement program • Crisis Domestic Violence Refuges (24 hour) • Transitional housing • Case work and management • Aboriginal specialist support • Children's programs • Outreach support and living skills programs 	Unit 5, Dalma House, 308 High Street, Penrith NSW 2750	(02) 4732 2318	www.wcdvs.org.au
Non-SHS services				
Government agencies				
Aged Care Assessment Services - My Aged Care	Home Support Assessments for older Australians through the Commonwealth Home Support Program (CHSP) or non-funded services.	National hotline and website that provides information about aged care services accessible to older Australians aged 65 years or over.	1300 277 377	www.myagedcare.gov.au
Family and Community Services - Housing NSW	<ul style="list-style-type: none"> • Temporary accommodation for homeless • Start Safely Subsidy for domestic and family violence (DFV) escapees • Youth Private Rental Subsidy for homeless youth aged 16-25 years • Casework referrals for other agencies • Veterans Subsidy for defence force members and their families • Women Leaving Custody Project for women exiting prison into homelessness 	Level 3, 2-6 Station Street, Penrith NSW 2750	(02) 4721 6466 (office) 1800 422 322 (general intake)	www.housing.nsw.gov.au

Section 4.1.3 – Service mapping directory (continued)

Non-SHS services (continued)					
Government agencies (continued)					
Service/program name	Description of programs/projects under the service	Office address	Office contact number	Website or page	
Legal Aid NSW (Penrith office)	<p>Provides legal services to disadvantaged clients in most areas of criminal, family and civil law. Also assists people experiencing DFV. Services include:</p> <ul style="list-style-type: none"> • Free confidential face to face legal advice on most legal issues • Legal representation for eligible clients • Family dispute resolution services to parties in a family law dispute • Free workshops and webinars for the public and community organisations • Free legal information written in plain English to help people resolve their legal problems 	Level 4, 2-6 Station Street, Penrith NSW 2750	(02) 4732 3077	www.legalaid.nsw.gov.au	
Nepean Blue Mountains Local Health District - South Court Primary Care Needle and Syringe Program	<ul style="list-style-type: none"> • Needle and Syringe Program • Health Promotion (Pos Hep, Deadly Liver Mob) • Smoking Cessation 	Corner Parker and Derby Streets, Kingswood NSW 2747	(02) 4734 3996	www.nbmlhd.health.nsw.gov.au	
Nepean Blue Mountains Local Health District - Integrated care for people with chronic conditions	Integration services for people with chronic conditions (48 hour follow up for ATSI people). Includes Aboriginal health services.	Corner Parker and Derby Streets, Kingswood NSW 2747	1800 339 144	www.nbmlhd.health.nsw.gov.au	
Nepean Blue Mountains Local Health District - Mental Health Service	<ul style="list-style-type: none"> • Community Mental Health Services • Inpatient Mental Health Services (Acute Nepean and Blue Mountains, older persons and high dependency) • Anxiety disorders clinic • Child and youth mental health services • Older persons community mental health services • Clinics for clozapine and obsessive compulsive disorders. • Triage and assessment centre • Psychiatric emergency care centre • Consultation liaison service 	Many locations across Nepean Blue Mountains Local Health District. Contact service for more details.	(02) 4734 4884	www.nbmlhd.health.nsw.gov.au	

Section 4.1.3 – Service mapping directory (continued)

Non-SHS services (continued)				
Government agencies (continued)				
Service/program name	Description of programs/projects under the service	Office address	Office contact number	Website or page
Nepean Blue Mountains Local Health District - Social Work Department	<ul style="list-style-type: none"> • Adjustment to illness • Counselling and stress management, • Child protection and DFV issues • Dealing with grief and loss • Funeral concerns • Hospital discharge planning • Residential care • Guardianship and legal concerns • Financial matters (including Centrelink issues) • Housing applications or issues • Long Distance Travel Assistance (IPTAAS) • Third party concerns • Pet support 	Comer Parker and Derby Streets, Kingswood NSW 2747	(02) 4734 2000	www.nbmlhd.health.nsw.gov.au
Nepean Blue Mountains Primary Health Network - Partners In Recovery	<ul style="list-style-type: none"> • Aboriginal health • After hours services • Aged care • Antenatal shared care • Lifestyle disease support and education • End of life care • Health support for general practitioners (GPs) • Immunisation • Mental health 	Level 1, Suite 1, Werrington Corporate Park, 14 Great Western Highway, Werrington NSW 2747	(02) 4708 8100	www.nbmphn.com.au
Penrith City Council - Community Development	<ul style="list-style-type: none"> • Convening Penrith Homelessness Interagency • Information and referral • Development of homelessness services resource card • Working with Wentworth Community Housing and others to end homelessness in the Penrith region. • Affordable housing initiatives • Small grants programs 	601 High Street, Penrith NSW 2750	(02) 4732 7839	www.penrithcity.nsw.gov.au

Section 4.1.3 – Service mapping directory (continued)

Non-SHS services (continued)				
Non-government organisations				
Service/program name	Description of programs/projects under the service	Office address	Office contact number	Website or page
Adele House	<ul style="list-style-type: none"> • Drug and alcohol rehabilitation • Life skills program • Back to work program. 	37 Albert Street, Werrington NSW 2747	1300 286 693	www.adelehouse.org
Barnardos	<ul style="list-style-type: none"> • Youth and family support • DFV support • Temporary foster care and kinship care • Intensive family preservation • Disability support • Crisis accommodation 	3-5 Hosking Street, Cranebrook NSW 2749	(02) 4729 1211	www.barnardos.org.au
Benevolent Society – Outer Sydney and Rural Ageing	<ul style="list-style-type: none"> • ACH programme (Assistance with Care and Housing for the Aged) • Commonwealth Home Support Programme (CHSP) • Respite 	14 Great Western Highway, Werrington NSW 2747	1800 917 139	www.benevolent.org.au
Catholic Healthcare Community Services	<ul style="list-style-type: none"> • Hoarding and squalor program • CHSP packages 	Suite 1, Level 5, 15 Talavera Road, Macquarie Park NSW 2113	1300 319 011	www.catholichealthcare.com.au
Christ Mission Possible - Food and Housing Solutions	<ul style="list-style-type: none"> • Street meals outreach • Free food shops • Over 55's morning tea • Brown paper bag school lunch programs • Crisis accommodation and rapid rehousing program • Christians Against Poverty debt relief • Pastoral care and counselling service • Work and Development Orders (WDO) • Training Centres – Rock Café and Second Chance Upholstery • Work for the Dole programs 	Unit 3, 30 Copeland Street, Kingswood NSW 2747	(02) 4704 8809	www.cmp.org.au

Section 4.1.3 – Service mapping directory (continued)

Non-SHS services (continued)				
Non-government organisations (continued)				
Service/program name	Description of programs/projects under the service	Office address	Office contact number	Website or page
Community Junction Inc.	<ul style="list-style-type: none"> Community development Youth development Children and family services Indigenous services Information and referral Neighbourhood facilities and venue hire Links to learning 	Main office: North St Marys Neighbourhood Centre, Corner Debrincat Avenue and Oleander Road, North St Marys NSW 2760. Contact main office for other service locations.	(02) 9673 3908	www.communityjunction.org.au
Fusion Western Sydney	Provides early intervention and prevention programs with young people. Also leads an annual event called 'Sleep In Your Car' which aims to raise awareness about homelessness.	113B Station Street, St Marys NSW 2760	(02) 8805 5971	www.westernsydney.fusion.org.au
Muru Mittigar Community Finance Hub	<ul style="list-style-type: none"> Financial counselling No Interest Loan Scheme (NILS) Energy Accounts Payment Assistance (EAPA) WDO 	111 Henry Street, Penrith NSW 2750	(02) 4730 0400	www.murumittigar.com.au
Neami National (Nepean office)	Housing and Accommodation Support Initiative (HASI)	1/80 Henry Street, Penrith NSW 2750	(02) 8416 1190	www.neaminational.org.au
Nepean Community & Neighbourhood Services	<ul style="list-style-type: none"> Family functional therapy Child welfare and early childhood programs Aboriginal programs (e.g. dual diagnosis, outreach) Closing The Gap Brighter Futures Youth Hope Young people and parenting programs (e.g. Nepean Young Pregnancy Support Group) Community development programs (e.g. Cranebrook community outreach) The Staples Bag 	South Penrith Neighbourhood Centre , 3 Trent Street, South Penrith NSW 2750 Floribunda Community Centre , 1 Floribunda Avenue, Glenmore Park NSW 2745 Koolyangarra Aboriginal Family Centre , 1 Kington Place, Cranebrook NSW 2749 Cranebrook Neighbourhood Centre , Hosking Street, Cranebrook NSW 2749 Impingar Centre , 71 Henry Lawson Avenue, Werrington County NSW 2747	(02) 4721 8520	www.nepeancommunity.org.au

Section 4.1.3 – Service mapping directory (continued)

Non-SHS services (continued)				
Non-government organisations (continued)				
Service/program name	Description of programs/projects under the service	Office address	Office contact number	Website or page
Nepean Community College	Accredited and non-accredited training and education. Fully funded short courses that can contribute to further education or employment.	Shop 115B Westfield Penrith, Penrith NSW 2750	(02) 4724 9000	www.ncc.nsw.edu.au
Nepean Food Services	Provides CHSP services such as Meals on Wheels and Social Support, NDIS meal support services and community participation.	16 Jeanette Street, Regentville NSW 2745	(02) 4733 7200	www.nepeanfoodservices.org.au
Nepean Volunteer Services Inc.	<ul style="list-style-type: none"> • Volunteer Referral Service • Nepean Neighbour Aid • Community Visitors Scheme • Volunteer Support Program 	Suite 106, 1st Floor, 114 - 116 Henry St, Penrith NSW 2750	(02) 4731 6523	www.nepeanvolunteerservices.com.au
Settlement Services International - SSI Housing	<ul style="list-style-type: none"> • Emergency housing assistance • Supported temporary accommodation • Status resolution support services • Long term housing assistance programs 	Level 2, 462 Chapel Road, Bankstown NSW 2200	(02) 8713 9200	www.housing.ssi.org.au
St Marys Area Community Development Project	<ul style="list-style-type: none"> • Community development and events • Social inclusion activities • Arts and crafts • TAFE outreach • Parenting programs • Financial counselling and tax help • Personal counselling 	29 Swanston Street, St Marys NSW 2760	(02) 9673 2169	www.smacd.org.au
St Vincent De Paul	<p>In Penrith LGA: home visitation, conference work, social justice & advocacy.</p> <p>Greater Western Sydney: various including Caroline Chisholm Centre for Social Justice, Blacktown Community Hub and Vinnies Van.</p>	Level 4, 73-75 Dunmore Street, Wentworthville NSW 2145	1800 606 724 (Family assistance number) 0484 100 208	www.vinnies.org.au

Section 4.1.3 – Service mapping directory (continued)

Non-SHS services (continued)				
Non-government organisations (continued)				
Service/program name	Description of programs/projects under the service	Office address	Office contact number	Website or page
SydWest Multicultural Services	Provides CALD specific services for settlement, youth, family, and aged and disability. Homelessness program only covers Blacktown/Mount Druitt area.	Penrith office: Suite 113, 114-116 Henry Street, Penrith NSW 2750 Blacktown office: Level 2, 125 Main Street, Blacktown NSW 2148 Mount Druitt office: Shop 3, 6-10 Mount Street, Mount Druitt NSW 2770	(02) 9621 6633	www.sydwestms.org.au www.facebook.com/sydwestmulticulturalservices
Teen Challenge NSW Inc. - ONE80TC	<ul style="list-style-type: none"> • Rehabilitation • Aftercare • Day program • Schools prevention 	30 Copeland Street, Kingswood NSW 2747	1800 679 657	www.one80tc.org
Uniting Penrith	<ul style="list-style-type: none"> • 120 Countdown Learner Driver Program • Ability Links - connecting people in the local community 	83 Henry Street, Penrith NSW 2750	0475 807 998	www.uniting.org
Western Sydney Community Legal Centre - Aboriginal Legal Access Program	Program which aims to increase access to legal services for the Aboriginal communities and increase their awareness of their legal rights and services available to them.	Windsor office: 2/299 George Street, Windsor NSW 2756	(02) 4587 8877	www.wsclc.org.au
Community groups and foundations				
Blessed Be Bags - To Go Food homelessness program	Provides assistance to those experiencing financial hardship, predominantly through emergency relief hampers.	45 Callala Avenue, Penrith NSW 2750	0432 746 256	www.facebook.com/Blessedbebags/
Mama Lana's Community Foundation (MLCF)	Provides free meal service (Monday to Saturday), free footpath library, clothing stalls and food hampers. Please see addendum on page 76 for further information.	56 Woodriff Street, Penrith NSW 2750	0407 909 447	www.mamalanas.org.au
Onevoice	Mobile shower service.	79 Sunshine Road, West Footscray VIC 3012	1300 426 386	www.onevoice.org.au
Paying It Forward Homeless Services Inc.	Provides meal services, mobile unit, emergency relief supplies and referral to other services.	8 Narooma Drive, South Penrith NSW 2750	0477 008 793	www.payingitforward.org.au www.facebook.com/payingitforwardNSW

Section 4.1.3 – Service mapping directory (continued)

Non-SHS services (continued)				
Community groups and foundations (continued)				
Service/program name	Description of programs/projects under the service	Office address	Office contact number	Website or page
Penrith Church of Christ - Picking up the Pieces	Program that provides outreach to women sex workers, a mobile hospitality trailer, community festivals, Christmas Day lunch and emergency food hampers.	158-160 Stafford Street, Penrith NSW 2750	(02) 4721 3640	www.cofcpenrith.org
Penrith Community Kitchen Inc.	Feeds the homeless Monday to Friday lunch (11:30am to 1:30pm). Closed public holidays.	PCYC Building, 100 Station Street, Penrith NSW 2750	(02) 4721 1444	www.facebook.com/penrithcommunitykitchen
Queen of Hearts Community Foundation	Provides trauma counselling, case management, DFV services and childhood sexual abuse services.	Suite 4, 129-133 Henry Street, Penrith NSW 2750	1300 856 737	www.queenofhearts.org.au
Ross Hutchison Foundation	Provides direct support to those experiencing hardship, including food/groceries, transport, clothing, furniture, funds and advocacy.	Allen Arcade, 140 Henry Street, Penrith NSW 2750	(02) 4721 2620	www.rosshutchison.net
RSL LifeCare - Home for Heroes	Support and accommodation for veterans experiencing homelessness.	64 Glebe Place, Penrith NSW 2750	(02) 4724 9312	www.rslifecare.org.au
StreetMed Incorporated	Street level mental health support outreach and first aid for the homeless and at risk of homelessness in Western Sydney. Includes case management and advocacy.	Assertive outreach (no office address)	0417 269 475	www.streetmed.org.au
Westcare Community Services	Services include emergency relief service, Penrith City Care Kits Programme, crisis accommodation, Nepean HomeStart Programme (DV specific), Christmas Appeal, Correctional Care Programme and Cobham Juvenile Justice Centre.	114-116 Henry Street, Penrith NSW 2750	(02) 4731 3455	www.westcare.org.au

Service mapping addendum (as of August 2018)

Please note the following additions and changes to the local Penrith homelessness service system after the completion of the service mapping exercise:

- **Mama Lana's Community Foundation (MLCF)** is a community based, not-for-profit organisation that provides assistance to homeless and/or disadvantaged people to increase their well-being and access to accommodation and other support services. For five years, the MLCF Team (comprised of trained volunteers) provided free evening meals, information and referral and a range of support to the community for six evenings per week. This service operated from several public space locations and facilities with support from Penrith City Council. MLCF has recently secured funding through the AMP Foundation to allow them to relocate to a private rental property at 56 Woodriff Street, Penrith. In addition to the existing meal service, MLCF now also provides space for people to drop in and for other services to provide outreach at the new premises.
- **Lantrak Resource Management** is a large company that specialises in resource management and is committed to supporting people within the community that are experiencing disadvantage and social isolation. Lantrak provides a free evening meal for the community every Friday evening in Coachmans Park, St Marys. This service is delivered by Lantrak employees on a voluntary basis.
- **Orange Sky Laundry and Shower Bus** is a free mobile laundry service with a built-in shower facility that people who are homeless can access in an outreach location. This service is now operating in the Penrith City Centre on Wednesday mornings from 7.30am -9.00am alongside Christ Mission Possible's community breakfast service at Judges Place Carpark.
- **The Haven Nepean Women's Shelter** is a new crisis accommodation service based in Penrith Local Government Area. This service provides supported accommodation for up to 6 women with or without dependent children, who are experiencing homelessness due to domestic violence, or other issues. The Haven provides case management and transitional support which includes counselling, access to health care and legal assistance in addition to increased pathways to further education and employment opportunities.

4.1.4 Service mapping survey summary

This section summarises the findings of the online service mapping, with a detailed summary of Penrith's homelessness service system, its service gaps and opportunities for action.

Characteristics of Penrith's homelessness service system

The service mapping survey shows that there are a number of SHS and non-SHS services that make up Penrith's homelessness service system.

There are a small number of SHS providers servicing the Penrith area, providing short, medium and longer term accommodation. These services/programs also provide a combination of generalist and specialist support to the community's diverse range of groups who are homeless or at risk of experiencing homelessness.

There are also many non-SHS services that support Penrith's specialist homelessness services, including funded government and non-government organisations and unfunded community groups and foundations. The funded government and non-government organisations cover a range of disciplines, including housing/homelessness, general and mental health, policing/justice/legal services, social security/financial, general community development, children/family/youth, aged, disability, education, employment and DFV/victims support. The community groups and foundations also perform a variety of functions, but predominantly specialise in providing emergency relief.

Collectively, Penrith's SHS providers and non-SHS services rely on a range of funding sources. The service mapping survey shows that SHS providers and funded non-SHS government and non-government services strongly rely on government funding to operate while unfunded community groups and foundations rely on local sources and corporate and community donations. The various SHS and non-SHS services report a high level of service capacity (that is, servicing over 150 persons per service/program), with government funded services having a higher capacity than unfunded community groups and organisations. Most services cover all of Penrith LGA, as well as other neighbouring areas in the Greater Western Sydney region.

Services within Penrith's homelessness service system utilise volunteers in various capacities: most SHS providers do not use volunteers while most non-SHS services do. In saying that, there are variations of volunteer use among non-SHS services: funded government agencies hardly use volunteers while most funded non-government organisations and all unfunded community groups and foundations do. For those using volunteers, they often utilise a limited volunteer base (that is, under 50 volunteers).

Penrith's SHS and non-SHS services engage clients over a variety of time periods, with unfunded community groups and foundations more likely to provide crisis/short term support (days/weeks), SHS providers and funded non-government organisations more likely to provide medium term support (months), and funded government agencies more likely to provide long term support.

The service mapping survey shows that Penrith's SHS providers and non-SHS services rely strongly on referrals coming directly from individuals, family and friends and local community networks.

Penrith's SHS providers have strong referral and partnership relationships with each other. They also have strong relationships with other non-SHS housing/homelessness services (including Housing NSW), social security/financial services and mental health services.

Penrith's non-SHS services also report having strong referral and partnership relationships with SHS providers and non-SHS housing/homelessness services, general and mental health

services. To a lesser extent, they also had notable relationships with community groups and foundations providing emergency relief, policing/justice/legal and social security/financial services. While the strength of relationships between the various non-SHS services is beyond the scope of this research project, the service mapping survey does highlight that government, non-government and voluntary groups do interact with one another but tend to refer strongly to each other or to similarly structured entities.

Both SHS providers and non-SHS services report less robust referral and partnership relationships with aged, CALD, drug and alcohol, disability and rehabilitation, education, child/family/youth and employment services.

The service mapping survey also shows that SHS providers report stronger relationships with DFV/victims support services than non-SHS services, but this may be due to the structure of current service models and the robust association between homelessness, trauma and DFV. Conversely, SHS providers report less robust relationships with community groups and foundations providing emergency relief, general and community/allied health and policing/justice/legal services than non-SHS services. Interestingly, community groups and foundations providing emergency relief report strong referral relationships with SHS providers, but SHS providers do not report strong reciprocating relationships back to them. The full reason for this result is unknown, but it may indicate that SHS providers either directly provide these service types or are relying on their non-SHS connections who report stronger overall relationships with these unfunded groups to play an intermediary role.

Penrith's homelessness service system receives varying levels of business support. Most SHS providers work with real estate agents, while most non-SHS services do not. Most SHS and non-SHS services do not work with or receive support from business/corporate sector, but those who do were usually from funded non-government organisations and unfunded community groups and foundations.

Most SHS providers and non-SHS services participate in local and regional interagencies and networks, mainly focusing on housing/homelessness, general community issues and domestic violence. Those who do not participate in these interagencies and networks are mainly from unfunded community groups and foundations. This low interagency/network participation may be due to many of these groups and foundations not having the capacity to take on further commitments beyond their current employment and voluntary roles.

For a visual representation of Penrith's homelessness service system, see Figure 2.

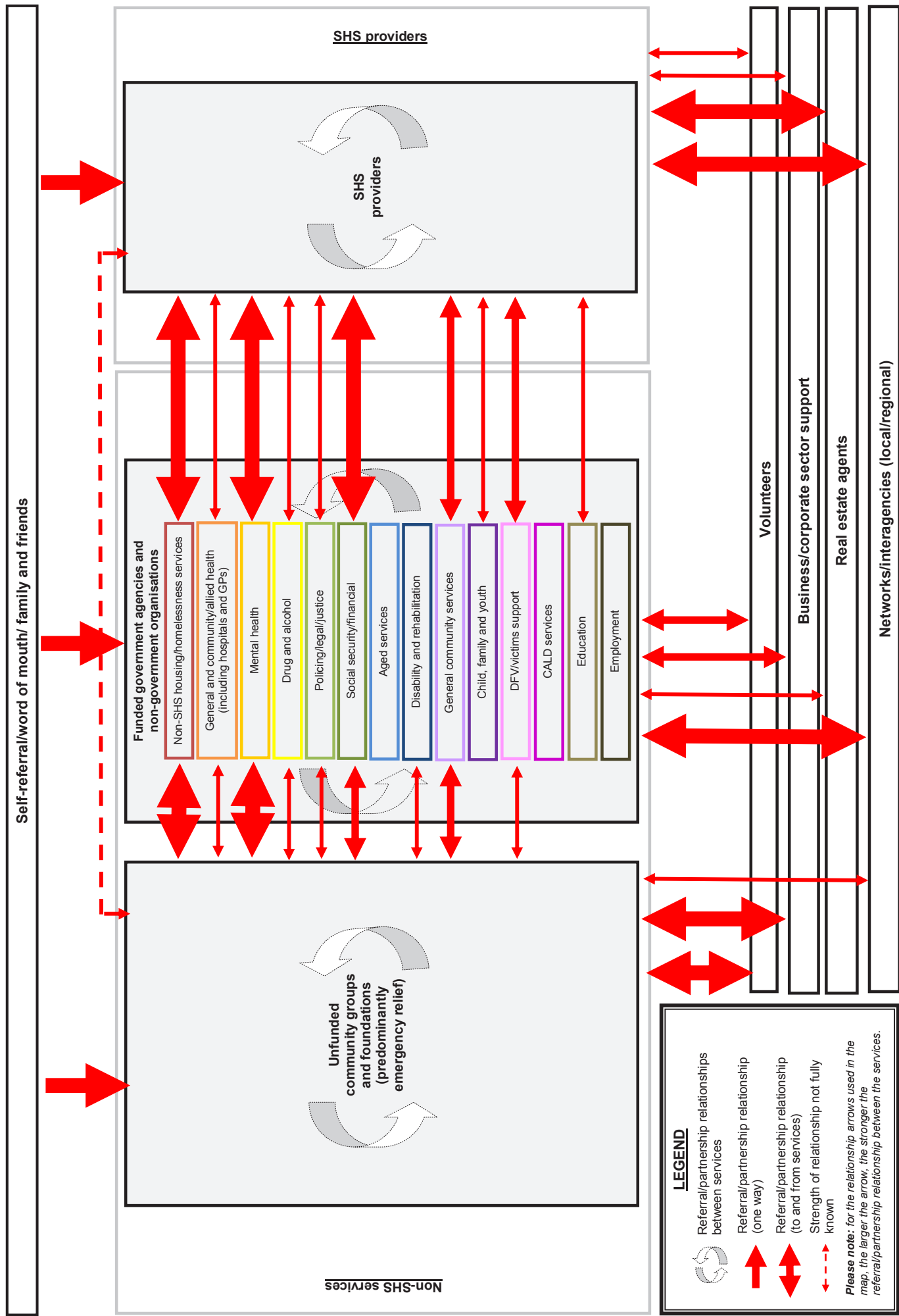
Opportunities for action

The online service mapping survey highlighted the following opportunities for action (see recommendations section for more detail):

- That PCC updates and promotes local homelessness information collected from the service mapping survey.
- That PCC continues facilitating the PHI, exploring activities and resources that encourage better coordination, collaboration and communication between a range of stakeholders.
- That PHI explores ways to increase communications with other relevant local/regional interagencies and networks to facilitate cross-disciplinary information sharing and networking.
- That PHI builds awareness of and connections with minor referral and partnership pathways identified in this research project.

- That PHI advocates for more services/resources for particular groups with complex needs that are regularly overlooked or not easily supported by current homelessness service criteria.
- That PHI assists both SHS providers and non-SHS services in increasing business/corporate and volunteer support, where appropriate and required.

Figure 2: Penrith's homelessness service system



4.2 One on one interviews analysis

In addition to the survey that was undertaken as part of this service mapping project, a number of interviews were conducted with service providers in the Penrith area. These one on one, anonymous interviews were intended to shed light on the experiences and opinions of service providers in the broader homelessness service system on the causes and incidence of local homelessness in the Penrith region, the impact of the Going Home Staying Home (GHS) reforms, service system gaps and challenges, communication between services, and innovative approaches to addressing service system issues and overall homelessness in Penrith.

4.2.1 Causes and incidence of homelessness in Penrith: perspectives from service providers

The service providers interviewed identified a number of reasons why their clients are homeless or at risk of homelessness. It is important to note that service providers recognised the complexity of the issue of homelessness, and that their descriptions of the causes of homelessness were based on their own observations and professional experience. For example, service workers from organisations that focused on tenancy issues tended to emphasise cost of housing as a cause of homelessness, while those from organisations that engaged in outreach with rough sleepers discussed approaches to addressing their clients' needs for drug and alcohol counselling, mental health issues, and so on.

Domestic and family violence (DFV) was often mentioned as putting people at risk of homelessness. Family breakdown, whether due to domestic violence or other causes, also had an effect, particularly young people who often faced intergenerational risks of homelessness:

Where I think it always starts in what we see is family breakdown, but what that looks like for every young person is so different. It can all begin in the family home and whatever that family looks like can be so different as well. [Other risk factors include] drug and alcohol, mental health, complex trauma, a history of homelessness, constantly moving around. It's just so complex (Interview 2)

In contrast, older people were at risk of homelessness due to rising rents and inadequate aged pension payments, lack of age-friendly housing, isolation from family and friends, and inappropriate levels of care:

A lot of what I'm picking up from people who are in unsustainable housing, I'm finding people whose partner has gone into a nursing home or died, they can't afford the rent because half of their income's gone. I'm finding people who are living on the second floor in a wheely walker and can't get down the stairs. It's not sustainable (Interview 3)

Other groups at risk included those whose mental illness made private rentals difficult to obtain and to maintain:

Once their functional deficits are in place [as a result of mental illness] they are really placed to lose their tenancy because they struggle to meet tenancy requirements. We have also had circumstances where things such as maintaining a sufficient level of self-care can even affect a person's ability to keep their tenancy going. It's actually written in leases so it can be really hard. I guess there are systemic issues in terms of what should or shouldn't be in a lease for starters which probably does unfairly target those that might be mentally unwell. So I guess there are the two sides, homelessness exacerbating mental illness certainly is a big issue and on the other hand, mental illness impacting on a person's tenancy is a big issue (Interview 4)

Gentrification was also an issue in the Penrith region, with some accommodation options including boarding houses, hotels/pubs, and caravan parks becoming unaffordable at the same time that private rents increase beyond the reach of many single people:

Now definitely affordability for private rental is a big issue. If we have a single person, no matter men or women, youth or older these days, it is very difficult for them to find a private rental they can afford. I mean we've heard of hotels that traditionally provided that type of accommodation, they had their meals that they could get at the pub for instance, and then we've heard, okay it's changed hands, now they want to restore it and make it beautiful but the accommodation will not be affordable for the single clients who've lived in there

for many years. So then what are their options then? Because we're not replacing it with things that are affordable for them (Interview 5)

From these interviews, we can see that explanations of the causes of homelessness are intertwined with definitions of homelessness (rough sleeping/couch surfing), which may in turn be at odds with the self-perception of clients:

I think it is that broader definition, it's not just sleeping rough. If you're couch surfing, a lot of people wouldn't identify as homeless on one of our forms. We say to them 'are you homeless?' and they say 'no' but you talk to them and they're like 'oh, but I was staying with my cousin last week but I can't stay there any more so I've got to find a place to stay' and so we would classify that as homelessness (Interview 8)

Service workers perceived homelessness in the Penrith area to be on the increase. The most-cited causes for the observed increase were the lack of affordable housing, the lack of public housing options, the reduction in the number of refuges and crisis centres (especially those aimed at DFV victims), and the lack of adequately supported accommodation for people living with mental illness, physical illness or disability. While service workers are doing their best to address the needs of clients and plug the service gaps, long-term solutions will need to address not only the individual factors of homelessness/risk of homelessness, but also the structural issues of rising housing costs and inappropriate housing options.

4.2.2 Penrith's homelessness service system: reforms, gaps and challenges

As discussed in the service mapping survey section, the homelessness service system covering the Penrith region is made up of a mix of specialist, mainstream and voluntary services. The Specialist Homelessness Services (SHS) of Penrith provide a range of generalist homelessness services, as well as a range of specialist services that focus on the factors that contribute to homelessness (such as DFV, youth and ageing). These SHS providers interact with each other and a number of other service systems, including but not limited to, non-SHS housing/homelessness services, general and mental health, community development and legal support.

In 2014, the SHS service system began the Going Home Staying Home (GHS) reform and many of their supporting systems have or continue to experience their own reform experiences (for example, aged and disability reforms). This section discusses the impact of the GHS reforms on the SHS system. It also looks at the service gaps, challenges and communications across the broader homelessness service system.

Impact of Going Home Staying Home (GHS) reforms

Many service providers interviewed spoke about the impacts of the Going Home Staying Home (GHS) reforms on Penrith's SHS system. Some interviewees believed some aspects of the reform were necessary, including streamlining SHS providers, eliminating poor performing services and introducing greater accountability and transparency:

[The Going Home Staying Home reform] was necessary because there were 350 - 360 services in New South Wales servicing homelessness, these are funded services, not including people like ourselves - it was way over the top. And I think it [the reform] brought it down to about 180, so they halved it. This means we've got less services out there which means our clients are not as confused and they don't have five services working with them, they've got one or maybe two (Interview 6)

Many service providers reflected on how the competitive tendering process of GHS reforms. Some spoke about how the reforms had caused the SHS service system to lose smaller services that may not have had resources to compete with larger organisations in the tendering process. Others also highlighted that the tendering process had created competition between services, discouraging collaboration, communication and resource sharing within the system:

A lot of government funded organisations aren't particularly forthcoming in wanting to work together because they all want to protect their funding. And I totally get that because the funding model sets us up to be on guard, like no one will tell you too much and you don't want to give them too much, because next time the

funding comes around, they will be going for the same funding. It's really brought an ugly side out and especially when Going Home Staying Home happened three years ago, I thought it was actually going to be quite good, but it really made people more insular, really closed and very protective (Interview 6)

What the reforms did is it created quite a lot of competition because everybody was going for the same money. So instead of working together and sharing resources, you actually cut people off because you were competing against them and if you gave them too much of what you had, they might win over you. It was a horrible time. And now services look quite a bit different but we are slowly trying to work together as much as possible because with the money that most services lost, we can't do it on our own anymore, we all have to work together. When the tenders come around again, that will change it all over again (Interview 1)

Interviewees also spoke about issues with the new SHS service system. Many organisations mentioned how the 'No Wrong Door' approach had increased demand for their services that they could not always cope with:

So when all the tender stuff happened, which is going on nearly three or four years ago now, we committed to the No Wrong Door approach. We're only funded for about 700 young people and the No Wrong Door nearly doubled our numbers. Because we opened our doors and said we will support any young person at risk. So we had something like 1300 young people for the first year, and our staff were significantly overstretched. So the year after that, we went okay, we've got to rethink this because we're not seeing some outcomes for our clients. So it wasn't that we necessarily closed the doors or said no we can't, we just kind of tried to filter it out to other services a bit better (Interview 2)

Because we have a No Wrong Door, we have to do the assessment and then we have to refer them on. So that has been an increase and I think the expectation from housing about what we can do for clients, whether it's right or wrong, and the reality of what we can do, I mean we have nice little banter backwards and forwards about what is practical (Interview 9)

Service providers also spoke about the shift to providing more generalised homelessness services, causing a loss of specialist services and staff, particularly around domestic and family violence (DFV). The loss of these specialist services and the increased awareness of DFV support also saw remaining DFV specific services struggle to meet service demand:

The Going Home Staying Home reforms, where the DV specialist refuges used to have 56 in the state have come right down and I think we have something like maybe 8 in the state. They took the specialist domestic violence services away and now made them generic. And with the reforms, services have got a lot of money skimmed off them, we lost \$1 million over our 4 services which restricted us quite a lot on staff and having the resources to assist women. So it was a big loss and a lot of refuges lost their funding because they weren't DV specific anymore. They were subsequently taken over by other organisations and many lost their jobs. If ever they decide to rebuild the specialist domestic violence services, they are going to have to source specialist workers and do a lot of retraining. You know some women were in the sector for thirty years. They knew domestic violence inside and out and they have lost those workers. But also DV was advertised so much and people went 'oh well good you know all this money is going into DV and I'll get the help that I need' but then there were no houses for them or no places for them (Interview 1)

Interviewees had mixed feelings about the centralised Link2Home hotline. Some saw it as a good starting point for community workers who did not have personal connections with SHS workers while others felt it did not provide enough information to adequately assess the client's situation:

Our youth workers will tend to ring Platform Youth Services straight away, they have a really strong relationship, so they would connect with them straight away where I find more our community workers would probably ring Link2Home first. [The Link2Home number] can be useful but it's not useful when there are no vacancies anywhere (Interview 10)

Link2Home, their referrals are just so basic, the whole idea of this was so a client doesn't need to tell their story numerous times. It's not realistic because when that referral comes through from Link2Home, the client has just spent forty minutes on the phone with them and we get one A4 page landscape that's just got a few personal details, not much more. Hardly detailed (Interview 1)

Service providers also highlighted the limitations of the new Client Information Management System (CIMS), particularly around client consent and the lack of communication with other relevant government databases:

Every SHS service must use a program called CIMS. So I can go in there, put all this information in and if the client agrees, I could tick a box and send it to someone in another SHS. It has potential to work, but the issue being is that whilst young people are quite happy to share everything on social media, when it comes to this type of information, and not wanting to share their story 50 times, when I say can I do this through this system, they say no (Interview 2)

All these services use different databases, so you know we use something that's called CIMS but DV line don't use that. Link2Home use something different, Housing NSW use something different and Court Advocacy use something different. It's all different, so instead of us being able to log onto that and have all the information in front of us, we don't get it, we just get this PDF sent to us, which doesn't hold all the information. So that's one thing that's not working with everybody having different databases and giving a different amount of information (Interview 1)

Finally, service providers discussed the focus on short term and long term accommodation options in the new SHS service system, creating a gap for those requiring medium term accommodation options:

One of the things our service is doing, and it is a gap to us, is what we call medium term accommodation. So back in the day, when I first started, the service sector had crisis accommodation, medium term, and long term. When they changed it all, there is no such thing as medium term any more. It just became sort of crisis and transitional. And that medium and long term kind of became the one thing (Interview 2)

Service gaps and challenges

All the service workers interviewed identified a number of service challenges and gaps in the broader homelessness system of the Penrith region. The gap most often discussed was the lack of diverse, affordable housing stock. Whether government-managed, not-for-profit managed, or privately rented, there were very few options available to single clients. This lack of housing stock was seen to be getting worse, as more people were locked out of private rental due to the combination of increasing rents and cost of living, and flatlining Centrelink payments:

So that's the biggest challenge we have, we have a huge area of young people that are in that age group that could, because of their age group get into private rental, but because of their income, the housing market just doesn't exist for them. So that's probably one of our biggest gaps. We just don't have anywhere to move them on to (Interview 2)

Another service challenge identified was the long wait times between when someone might be placed on a list for assistance (for housing or other services) and when that assistance is made available. Some services also struggled to meet the expectations of clients who believed they could provide them stable accommodation straight away:

I'm finding that everyone in aged care packages is having the same frustration. People are getting a letter saying yes you've been approved for a home care package. So they ring up and they're terribly excited, and then I say, yes you've been approved but you're on a wait list now and the wait list is over a year long. And the state of housing, I mean there's nothing we can do about that but I think there's 66,000 waiting for a home. Ten year waits (Interview 3)

So we've got people here in our wards who are actually eligible for wrap around support as soon as they are discharged but they can't be discharged until they've got accommodation. So we got this chicken and egg situation where we have to get the accommodation to discharge them to then start that referral process but often we're absolutely brick walled by not having enough stock (Interview 4)

I mean expectations sometimes are a little high. We get people that come to us that are advocating for someone that is homeless and they can't understand that they have to wait like everybody else for a property. They can't understand why as a homelessness service we don't have a shedload of empty houses just waiting for homeless people. We just don't so sometimes it's about educating the expectations (Interview 2)

In addition to the lack of housing, some service workers saw that the requirements being placed on people who were experiencing homelessness are too rigid and bureaucratic, for example expecting improvements in a short time frame without providing the necessary wrap-around support:

I think what's not working well is the lack of federal housing, the lack of emergency accommodation, and the whole three strikes and you're out kind of thing. If you've got a rough sleeper, and you get them temporary accommodation for two nights, then the next day they've got to go to housing and they've got to jump through all these hoops and case plans. If they've got mental health issues, they're not going to do that. So if they don't turn up at housing the next day, they don't get temporary accommodation again. That's broken (Interview 11)

The downside is there is a process that they have to go through and sometimes it's a process taking too long. So for example time limitation at the tribunal is very important for us, and when we need to get the money plan, there is a process. We need to wait sometimes three to four weeks. That's where the downside is because they have a capacity and it's unclear, it's huge and it's time consuming (Interview 7)

The issue of the 28 days thing for temporary accommodation is very much a big elephant in the room, so we are involved in a lot of ongoing contacts with social housing but it's one of those awkward situation where nobody actually seems to want to talk about it, like you confront the issue 'what happens on day 29?', 'what happens when they no longer have a charger to plug their phone into?' and we can't call them, they no longer have mental health supports and we can't find them. It's this terrible elephant in the room about that 28 days cut off and it poses huge issues (Interview 4)

Service workers also outlined that homeless clients often faced barriers to service access through lack of contact details, inability to complete forms manually or online and having no fixed address. Many interviewees highlighted the irony of requiring people who are homeless to provide an address in order to access services, while others explained the many creative ways they found to keep in touch with clients:

I guess one of the problems from an inpatient perspective we come across is we can get the services on board but we don't have the accommodation. And so all the people say 'yeah that's great we can do that, that's exactly the type of client we can work with, what's their address?' And we go, they're homeless. And they go 'oh well we can't do anything till you get an address' and it's like we know that but then when you go to housing, then they say 'we can't give you an address until you tell us you have services on board' (Interview 4)

I often get people's phone number, but I just had one client who's currently homeless, he's got drug and alcohol issues, he's got mental health issues, he can't read and write so some of the help that I gave him was just filling out forms. He didn't have an opal card, he needed to travel and he didn't want to get more fines because he didn't have the right card. And so I've just tried to ring him but his number is disconnected. Thankfully I had a second number which his mother gave me but even just staying in contact with clients who are homeless is not easy (Interview 8)

But for clients who don't have access to computers or anything like that, we try and provide that so they can contact that real estate agent. They have access to our phones for anyone they need to ring so it is increasingly difficult (Interview 10)

Many organisations saw that funding was too restricted, both in the sense that there was not enough funding of essential services, and that the requirements on funding were too inflexible to suit the crisis work that many organisations undertook:

I think the biggest thing that we come across is the restrictions in funding. So that's for mental health and drug and alcohol services, and that includes the long wait list they've got there and their restrictions in providing outreach services. Ideally I would love to get services to come out on the street with us and have a crisis response team right there and then that can go around together or separately (Interview 2)

We're having to be more and more targeted in terms of who we give general advice to and we're trying to have more of a screening process so that those people don't waste their time waiting. I'm concerned that people who are really vulnerable and who do need our service are not accessing our office (Interview 8)

And the staff is saying to me 'we are almost at breaking point', and I am saying 'let's assess it and try and manage as best as we can'. Because we talk about all the referrals that have come from victims at serious risk of harm and my concern is that they are going to get lost, you know no service has picked them up because they are all at capacity. So if we close our books, what happens? They could be killed (Interview 1)

Service workers also spoke about how the gaps in the mental health service system made it harder for them to effectively address their client's complex issues. This included teething problems with the NDIS not adequately addressing psychosocial problems, criteria that discourages preventative mental health care, the lack of collaboration between mental health and

drug and alcohol services, and the overall lack of mental health facilities and Housing and Support Initiative (HASI) packages in the Penrith region:

Trying to get mental health on board, to get them to see someone that we see regularly who we know is very unwell but they don't fit the criteria. So we were only talking about someone this morning, saying how are we going to move this case forward when this person's becoming more and more unwell but they're not hurting anybody and they're not hurting themselves? So mental health is a bit of a barrier, I mean we could spend quazillions on mental health (Interview 9)

There is an issue with funding for one diagnosis and not for another. Like we have trouble getting them into drug and alcohol because there is only a few that will take drug and alcohol and mental health. Well that doesn't work because a whole lot of people with mental health issues have drug problems and we have more people than they've got vacancies (Interview 4)

We don't have a mental health rehabilitation facility in this district so we have to send people to other areas. So no rehab, no HASI plus in the area, not enough HASI packages, we have no support. But hopefully in the future there will be an argument that we would have sufficient numbers to create a whole new facility (Interview 4)

Many interviewees also spoke about the challenges around service provision and gaps to groups that do not neatly fall into predefined homelessness service criteria. This included families with teenage children, single pregnant teenagers, those with squalor and hoarding issues, those who become homeless and are above the qualifying income threshold, those without residency status, and those requiring after hours support:

Once a child gets to the age of 16 there is the question about whether or not, for the purpose of the SHS funding, they still constitute a family or whether they might constitute a parent with a youth. Because at 16 they can become eligible for benefits and so there's a question around that. From our perspective, they are still very much a family and we would not do anything to break up a family but from others' perspective, it doesn't necessarily constitute a family. And families with single pregnant girls, where they become a family and where they become either a single adult or a youth. How far pregnant do you have to be to become a family? (Interview 2)

There is a gap in addressing hoarding and squalor. There is one service that exists but it's quite a narrow set of criteria (Interview 4)

Families coming in that actually earn too much money and can't go on the housing list because they are just over that threshold and then they are not eligible for anywhere else because they don't fit in that box. So it's about where are the services that fit outside the box (Interview 10)

One of the major gaps I think is women who don't have residency status. They have just been completely forgotten. If a woman comes in with children and the children haven't been born here, then there is no Medicare, there's nothing. If that child needs a tooth pulled, you pay for it. It's not just about the food and clothing, it's all those extra things and it's one of the biggest gaps I think that has been missed (Interview 1)

The outreach stuff, it's not 9 to 5. We work up until 9 o'clock at night and once 5 o'clock rolls over, my case workers have a lot of trouble accessing the support and assistance for those that need it after 5 o'clock (Interview 2)

Many interviewees specifically discussed the need for more recognition and services for male-specific DV issues in the Penrith area, although distinguishing between genuine victim and perpetrator was not always easy:

I think there needs to be more of a recognition against male DV. There's a big gap (Interview 11)

There is a question around service provision for men, male victims of domestic violence. I know they're now eligible for Start Safely and all of those sorts of housing products. We hear a lot of rhetoric about women and women and children escaping domestic violence and I don't take away from that at all, but I think over the years that I've been working, I think there needs to be some sort of male-specific support that they can go to, especially in relation to domestic violence (Interview 2)

I think genuinely there are more men coming forward. I also know because I'm part of what's called the Safety Action Meetings that there's a lot of males that are presenting as victims but when the police investigate, they've actually been the perpetrators and they get in first as a victim. Which is such a shame because then it

ruins it for the genuine victims because everyone will be looked at, well are you a victim or are you really the perpetrator? (Interview 1)

Finally, interviewees spoke of constantly rebuilding relationships with other services due to high staff turnover and the physical and emotional stress that comes with the work:

It changes constantly because it depends on the staff for instance, you've developed a relationship with a particular person who works in the service and then that person leaves. So you know, sometimes that relationship can drop off until we can re-establish and get a new contact (Interview 10)

I just think most services are in the same sort of crisis, it's just broken and it's not just us, it's just everybody seems to be stressed and people are jumping ship from lots of different services because they can't do it. It's physically and emotionally a difficult job and it's going to take its impact on the people (Interview 1)

Communication between services

Service workers identified that, given the complexity of homelessness, good communication between services is essential to being able to address clients' needs. One service may be able to assist someone with crisis accommodation, while another provides food, counselling, or other wrap-around support. Service workers reported good relationships between services overall, however some worried that differing values and goals and a lack of coordination between funded and non-funded services may hinder the efforts to finding effective and sustainable solutions for clients:

I think one of the difficulties in this area has been that people don't want to play together. I think it's great that they do come and that there are good people out there doing things because government funding can't do it all. But I do think that part of it is that they see themselves as separate. And there's not a coordinated approach. I say that from a service perspective, as a volunteer group you've got to understand each other and acknowledge each other's differences, otherwise you're never going to solve the issue of homelessness if we don't all work together (Interview 9)

There are lots of different charities and other services in Penrith working together so I think a more centralised approach is needed. There are so many services but are they working together? Because if we all work together we could probably reach better outcomes. I'm not saying that they are not, but I think that some people are seeing them as their clients but they are all our clients (Interview 10)

Many interviewees acknowledged the work of Penrith City Council in encouraging a more collaborative approach to homelessness service provision. The Homelessness Service Resource Card provided by Council was seen as a useful source of information, increasing staff awareness of the services in the area:

We have a green card which has got lists of names and numbers from Penrith Council. The card is wonderful (Interview 3)

Council is number one and really doing a great job. Their directory they have available on the website is an excellent one. Community Connection's building here in Penrith is excellent as well, they have their own services there that we can communicate and make the referrals between each other (Interview 7)

The use of resources from Council was combined with staff being proactive and seeking out relevant contacts:

Council's Community Projects Officer is very supportive of services and we've also got the resource card which is just great. But we also meet the service directly to find out who runs that service. I will stop at nothing to get our clients what they need which then can involve me making 15 phone calls and I go 'oh I didn't know you existed, let's get together and have a coffee'. So that's how we build our partnerships and our relationships. And we have really good partnerships and relationships with people (Interview 11)

Likewise, the Penrith Homelessness Interagency and other network meetings were seen as good opportunities for staff members from different organisations to learn about the work being done by other services in the area to address homelessness. Indeed, some organisations used the interagency meetings as opportunities to educate others in the field about the services that they offer:

I think Council is great. The Interagencies have been good, our team go to the meetings, so if it is domestic violence, one of the girls will go to the domestic violence forums, whether it is around things around the homeless hub, all of our team will get involved in that and attend so that we connect with other services (Interview 6)

I've only just come onto the steering committee of the Homelessness Interagency, which has been a really good eye-opener for me to learn what else is out there. And for them to know what service we can and can't assist with. But definitely I have met a whole lot of new people who I've got an added respect for what they do. I think it just builds your knowledge to be able to assist people (Interview 1)

When I've been at the interagency, it's really helpful for me to skill up other workers and to get better referrals through the interagency. And one of the things we have done is training with the workers. The training tool is called the Law Check-up and it equips workers to make accurate referrals for legal help. We've used this resource to include financial hardship, consumer contract issues, Centrelink and housing. We also give advice about victim's compensation, family relationship breakdown, discrimination, harassment and employment (Interview 8)

Being able to meet other workers increased service workers' confidence in referring clients on to other services as they were able to build up relationships over time. Another advantage of developing strong working relationships between service workers was that they were able to call each other directly to discuss a client's needs, which was seen as a more immediate response than might be possible if going through an official referral pathway:

What will happen is somebody will find something and they go 'oh other people should know about this' and it's just email sent around and it's word of mouth that you may be missed if someone didn't send it to you. I regularly get a FYI and just emails flicked through by different services (Interview 4)

You'll find that the interagencies and networks are great for putting a face to the name. And it's having that trust and knowing that this person is going to be probably the only person that you need to talk to. So you actually learn about what their capabilities are as in service delivery. You've got the correct referral pathway because otherwise you could just ring every number in the directory and be shut down every time. And you also have that relationship to touch base to see how your client is going (Interview 10)

Referrals between services were common. Some organisations have developed strong partnerships, co-locating or sharing funding for a specific project in order to provide a more comprehensive service. Partnerships have also been developed in response to an observed need, such as an identified group requiring specific support:

I would say predominantly our referrals come from other service providers. I think what works well is those services that we work with, they know our criteria so they're referring to the right programs (Interview 2)

We've got some mixed cohorts in our adult program where we have partnerships, specifically single women escaping domestic violence, people who are leaving prison because that's one of the target groups that we had to work with so we've partnered with the community restorative centre. We also have transgender clients, so we've partnered with the Gender Centre, to provide the specialist support services (Interview 9)

In some cases, the communication between clients and a particular service had failed, leaving other services to try to address this failure:

I used to do an outreach at the methadone clinic and some of the people I saw there they'd been on the housing priority list for years. They didn't have a phone, they didn't have a way for housing or for community housing providers to contact them. There were offers made in terms of housing but they hadn't received them. So I remember one client he'd been on the housing list for about 9 years. They'd made an offer about 2 years ago. They sent a text and they sent a letter, several times they tried to contact him. He didn't receive any of those so they suspended his status on the register. So he has to now reapply and that was something where I had to give him advice about, no we're not going to start afresh, we're going to reinstate you on the basis that you never got that communication (Interview 8)

It is the one stop thing of My Aged Care. I can't even get people to be registered on there because they don't even register my clients, they just give them my phone number and say ring her, she'll sort you out. Well, they're meant to be in the system so then I can get them other things like shopping. And it's not working at all. Sometimes other service providers also don't come across with the goods and I find that to be very frustrating. Maybe it's just the way they work (Interview 3)

As previously discussed, service workers also identified the lack of access to any kind of centralised information sharing, with some services understandably reluctant to share client information with others and recognising the stress induced when clients have to repeat their story multiple times to access different services:

I find the DV area is quite protective, no one wants to talk, so you ring up and say can you advocate for this client and they say we are either too full or we will take them but we don't want to meet with you. Maybe there is an opportunity to share that database, especially around specialised services like that. If you are DV, you sign on to a particular database and you have access to it, it's part of the client not having to tell their story three or four hundred times as well. And I think it is a good thing, I hate getting people to rehearse their stories because the more they rehearse them, the more I believe they relive them and it becomes their reality. So for me it is getting people past the stage of having to retell their story so they can actually be free and to begin a new identity outside of that crisis (Interview 6)

Interviewees saw a possible solution to this problem in the creation of some sort of centralised database, although they were also aware of the potential privacy issues and the need to ensure client consent. Other methods to address these communication gaps were being enacted already, through approaches discussed above, like developing close working relationships between services that were likely to see the same clients, engaging in staff development and advocacy, and being involved in interagency meetings and other networking opportunities. Service workers in Penrith saw the area as one in which services had good working relationships, compared to other regions where interviewees had worked.

Innovative solutions to address service and overall homelessness issues in Penrith

The interviews showed that Penrith's homelessness service sector is involved in finding many innovative solutions to the service gaps discussed above. Some organisations had begun their work because of an identified service gap, for example a lack of targeted support for DFV victims or various outreach programs for rough sleepers:

We have a subsidy for women, with or without children, who are escaping domestic violence. If they have the capacity to be able to live independently then our program here is a subsidised rent. So they find the private rental property within their affordability and then we subsidise for up to three years. This allows them to get back on their feet. We have a lot of success in being able to help those clients (Interview 5)

Our program's the assertive outreach team and we're a pilot program. We've been running since early July. So basically our role is to go out into the community and try and assist upon a crisis basis, so we'll take them to Housing NSW, try to secure temporary accommodation for them or some other alternative accommodation, somewhere where they're safe (Interview 2)

Other organisations implemented early intervention activities and models so that risk of homelessness is minimised:

Our model at the tribunal when we're doing tenancy advocacy is to prevent the homelessness and save the tenancy (Interview 7)

Our housing and mental health meeting has actually gone a long way. Before the meetings, it was much worse. We are trying to stop the cycle of a person being evicted due to their mental illness actually causing the tenancy issues. The meetings work in reverse because it means when they've got people who are starting to have tenancy issues, they have a forum to come back and say look we're concerned about this person and we want to do what we can to prevent them being evicted. We've made great gains over the years in preventing evictions that otherwise would have been put through had we not been able to step in and had those relationships (Interview 4)

The main aim of the Law Check-Up tool we've developed is for community workers to provide a timely response and catch issues as early as possible to prevent them snowballing. So an early intervention focus in terms of identifying problems where people can get assistance (Interview 8)

Interviewees identified a number of solutions to address service system issues and overall homelessness in Penrith. Some organisations suggested that more diverse and affordable housing stock was required to meet their client's needs, ranging from mixed tenure options to supported living arrangements for those who cannot live independently:

Public housing tenants need to be spread around between the private tenancy. The streets can't be all social housing. They have to be mixed so their children have the opportunity to learn (Interview 7)

The demographics show that we are increasingly becoming aged and lone households so it makes sense that we have to address that issue. More and more of our developments are geared towards one and two bedroom accommodation rather than the larger four bedrooms. We still need those larger houses but our greatest demand is for one and two bedroom accommodation (Interview 5)

I want housing stock but I also need something for those that can't live on their own. So boarding house, homeless shelter, hostel, something where there is staff on hand to help them for those that can't manage on their own (Interview 4)

Many organisations also spoke about the continual need to connect and coordinate service providers across the service systems. Interviewees suggested a range of ideas to enhance service communication and collaboration across disciplines, including navigation tools, homelessness events and ongoing education around the rights of vulnerable groups:

The Mental Health Navigation Tool is an online tool where they have put in every service that they can find, how you access it and who it's available to. Something like that for squalor and hoarding is really needed but people just don't know what actually exists out there to put on this tool if it were to exist (Interview 4)

If there could be some kind of one door possibility for clients that are either homeless or at risk of homelessness so that they can at least from a community legal perspective have access to know what their rights are in relation to housing issues (Interview 8)

I know with specialist services in general, it's very hard for them to get out and about to connect with other services. I think it would be good to have opportunities for education and awareness of what these services do provide and more opportunities to connect with each other. More education and awareness on how to make connections with them, their specific criteria and what to do if our clients don't fit in that box (Interview 10)

My specialist officer will go to the homeless hub, meet other providers and add the new information to our list (Interview 5)

There needs to be a systemic approach to education around mental health and the stigma. I think that's the other elephant in the room because nobody wants to deal with our people because they are really tricky (Interview 4)

Finally, interviewees expressed the need for government, business and community sectors to work together more closely to end local homelessness, including the need to foster innovation and entrepreneurship within the service system:

I'd like to see some extra thinking around the innovative ways that we're going to provide housing. Public or social housing cannot solve the need that's out there. The demand is just so much greater than what we have to supply. We're a government department therefore we can provide public housing. But there are so many other things that could be looked at and it needs the NGOs or a mixture of Council and private developers for instance to look at some of those innovative ways that we can look at these lower income clients. We need to look at those other ways like a couple of years ago when they looked at tiny homes. We need to think outside the square about how we can address this and not discount anything (Interview 5)

We need an entrepreneurial spirit in this service sector. It needs to have people who are thinking, who are dreaming, who have plans that aren't limited by funding. Governments need to allocate the funds, have an independent body that overlooks that and says 'look that one is not really functioning well, after six years let's shift the funding after consultation to what is working. You know, let's shift those funds over and let's retrain the people to come over and do this job'. I mean I don't want the same problems in Penrith twenty years from now, I would like to think that homelessness is pretty much unheard of in Penrith (Interview 6)

4.2.3 Opportunities for action

The one on one interviews highlighted the following opportunities for action (see recommendations section for more detail):

- That PCC continues facilitating the PHI, exploring activities and resources that encourage better coordination, collaboration and communication between a range of stakeholders.
- That PHI explores ways to increase communications with other relevant local/regional interagencies and networks to facilitate cross-disciplinary information sharing and networking.
- That PHI advocates for more diverse and affordable housing stock in the Penrith area.
- That PHI advocates for more services/resources for particular groups with complex needs that are regularly overlooked or not easily supported by current homelessness service criteria.
- That PHI advocates for changes to the mental health service system, which currently can exacerbate homelessness issues.
- That PHI explores ways to address staff turnover and burnout issues in Penrith's homelessness service system.
- That PHI supports innovation and entrepreneurship within Penrith's homelessness service system.

5. Recommendations

Based on the findings of this research project, this report makes the following recommendations:

Service coordination, collaboration and communication

Recommendation 1: That Penrith City Council (PCC) updates and promotes local homelessness information collected from the service mapping survey.

Many project participants identified PCC's Homelessness Service Resource Card as a useful resource to increasing their awareness of homelessness-related services in the Penrith area. It is therefore recommended that PCC use the relevant information collected from this service mapping project to update this resource.

This project's service mapping showed that many services attract clients through self-referral, word of mouth and personal networks. It may be useful for PCC to consider a promotional campaign (with its Communications Department) to make the local community aware of the updated Homelessness Service Resource Card. Care should be taken however to balance any promotional efforts with service's limited capacity to take on extra demand. Overall, the updated Homelessness Service Resource Card should be promoted and distributed to a range of local services and other relevant local/regional interagencies and networks.

Recommendation 2: That PCC continues facilitating the Penrith Homelessness Interagency (PHI), exploring activities and resources that encourage better coordination, collaboration and communication between a range of stakeholders.

Many project participants acknowledged the PHI as an effective space for stakeholders from a range of sectors and disciplines to come together and address local homelessness in a more collaborative and coordinated manner. It is therefore recommended that PCC continue facilitating this initiative for the long term.

Research participants suggested some project ideas that the PHI may consider pursuing, including a comprehensive navigation tool for community sector workers (particularly those from non-SHS services) on how to navigate the local homelessness system, especially when they have run out of options. Other initiatives such as regular events and interagency round table discussions also have the potential to encourage stakeholders to work together despite differences in ethos and approach.

Recommendation 3: That PHI explores ways to increase communications with other relevant local/regional interagencies and networks to facilitate cross-disciplinary information sharing and networking.

Many project participants identified several local and regional interagencies and networks that they are regularly involved in. The most common interagencies/networks identified include Penrith and St Mary Interagencies, Penrith Multicultural Interagency, Penrith Youth Interagency, Penrith/Blue Mountains/Hawkesbury Community Care Forum, Penrith Community Safety Action meetings, Nepean Domestic Violence Network, and Hawkesbury and Parramatta Homelessness Interagencies. PHI may want to consider making connections with these interagency convenors and regularly sending them PHI correspondence so they can share this information with their participants.

Recommendation 4: That PHI builds awareness of and connections with minor referral and partnership pathways identified in this research project.

This research project highlighted the important role that funded and unfunded non-SHS services play in Penrith's broader homelessness service system. The service mapping survey showed that project participants reported less robust overall relationships with service types such as aged, CALD, drug and alcohol, disability and rehabilitation, education, child/family/youth and employment services. SHS providers also reported little direct connection with community groups and foundations providing emergency relief, general and community/allied health, and policing/justice/legal services and non-SHS services had minimal connection with DFV/victims support. Non-SHS services also reported that there were very few specific services for men and those with diverse sexualities.

It is recommended that PHI make greater connections with the service types mentioned above and may consider using interagency meetings to raise awareness and educate participants on various topics. Some topic examples include education/training on DFV best practice or the legal rights and responsibilities of those who are homeless or at risk of homelessness.

Advocacy

Recommendation 5: That PHI advocates for more diverse and affordable housing stock in the Penrith area.

Many project participants identified a lack of diverse and affordable housing options as a contributing factor to homelessness or risk of homelessness in the Penrith region. PHI should consider ways they can use their collective skills and resources to influence the local planning system. Examples may include being involved in community consultation processes when local planning instruments are reviewed or when affordable housing targets are implemented by regional planning bodies (such as the Greater Sydney Commission).

Research participants also highlighted insufficient medium and long term accommodation options within Penrith's homelessness service system. This was compounded by factors such as long wait times for accommodation and wrap around support, insufficient service funding, restrictive client application requirements and timeframes, and issues with client data and information sharing. PHI should consider effective ways of lobbying relevant planning powers in the NSW Department of Family and Community Services (FACS) to adequately resolve these systemic issues.

Recommendation 6: That PHI advocates for more services/resources for particular groups with complex needs that are regularly overlooked or not easily supported by current homelessness service criteria.

This research project highlighted that there are a number of groups with complex needs that are overlooked or not easily supported by current homelessness service criteria. This includes younger people leaving institutions, families with teenage children, single pregnant teenagers, those with squalor and hoarding issues, those who become homeless and are above the qualifying income threshold, those without residency status, and those requiring after hours support.

Many project participants also highlighted the need for more specialised DFV support, as service demand appears to be higher than the total number of specialist DFV services in the Penrith area. There were suggestions that advocacy for male-specific DFV support options was also needed to meet this emerging need.

Overall, PHI should also consider lobbying FACS for changes to service criteria and extra resources/services to adequately address the needs of these groups in the Penrith region.

Recommendation 7: That PHI advocates for changes to the mental health service system, which currently can exacerbate homelessness issues.

Many project participants strongly spoke about how gaps in the mental health system made it harder for them to effectively address their client's complex issues. This included teething problems with the NDIS not adequately addressing psychosocial problems, criteria that discourages preventative mental health care, the lack of collaboration between mental health and drug and alcohol services, and the overall lack of mental health facilities and Housing and Support Initiative (HASI) packages in the Penrith region. PHI should consider supporting their mental health colleagues in advocating to relevant government bodies (NSW Health, NDIA or other) for systemic change, where opportunities arise.

Service and workforce development

Recommendation 8: That PHI assists both SHS providers and non-SHS services in increasing business/corporate and volunteer support, where appropriate and required.

Project participants reported that their services/programs receive varying levels of business/corporate support (including links with real estate agents) and often utilise limited volunteer bases. PHI could explore ways to distribute information about this support, including promoting community grant initiatives, developing and maintaining lists of local real estate agents, and facilitating links to local volunteer support services.

Recommendation 9: That PHI explores ways to address staff turnover and burnout issues in the Penrith's homelessness service system.

Several project participants highlighted the stressful demands and subsequent high staff turnover experienced by the local homelessness service system. While PHI may have very little power in influencing this issue on a systemic level (apart from advocacy activities), the Interagency may consider undertaking activities to recognise the demanding work undertaken by the volunteers and individuals working with Penrith's homeless (for example, an annual appreciation morning tea or brunch).

Recommendation 10: That PHI supports innovation and entrepreneurship within Penrith's homelessness service system.

This research project showed that there are several innovative programs and campaigns currently addressing homelessness and risk of homelessness in the Penrith region. This includes assertive outreach, street level first aid and Tiny Home initiatives. Project participants strongly believed that government, business and community sectors needed to work together to achieve innovative solutions and practices that address homelessness in the long term. It is recommended that PHI explore ways to support these initiatives, whether it be through promotion, advice or resources. Activities such as engaging students or researchers at local tertiary institutions to further investigate innovative and entrepreneurial homelessness solutions for Penrith may also be valuable.

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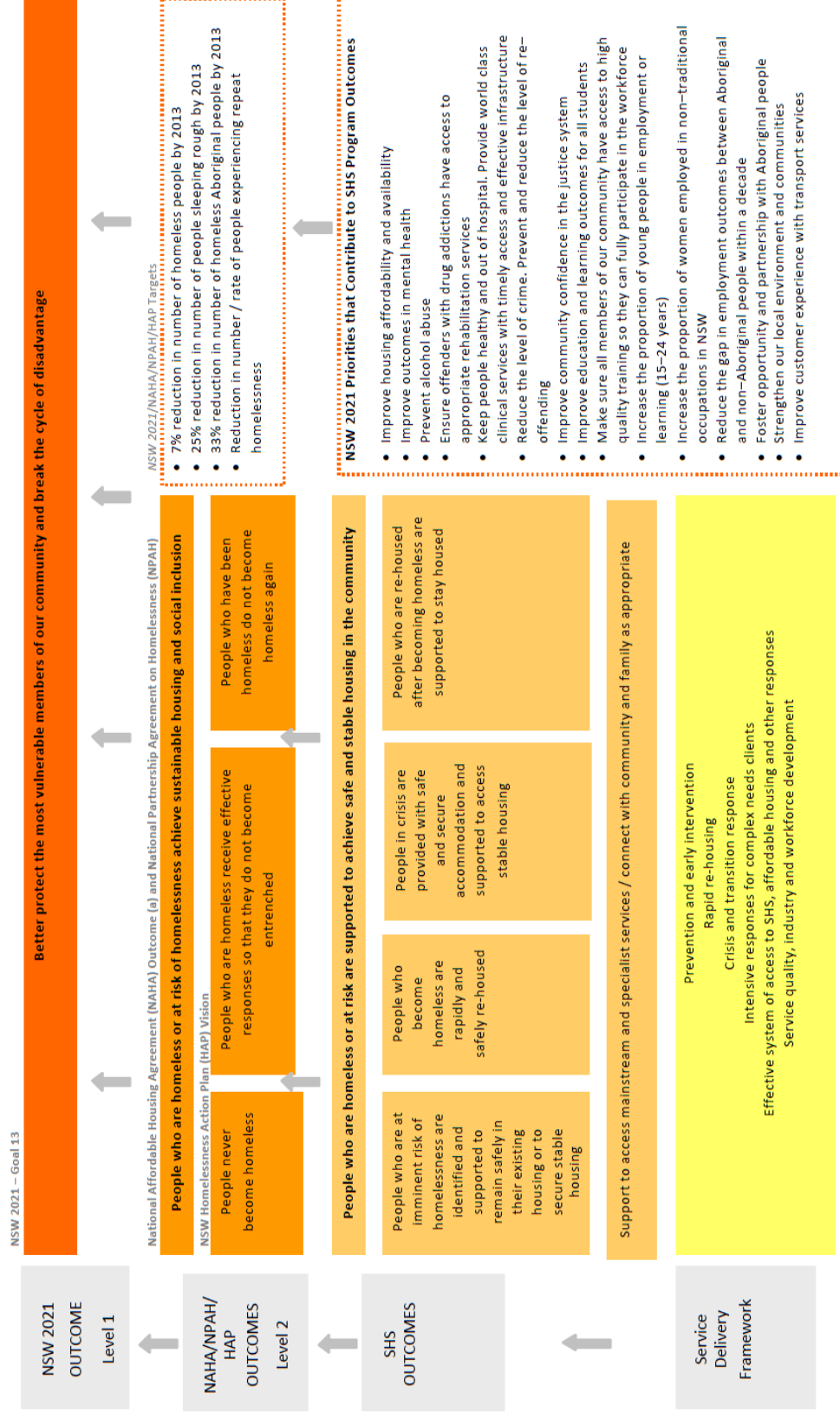
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7. Appendices

Appendix A: Specialist Homelessness Services Outcomes Matrix



(Source: FACS 2013)

Appendix B: Penrith Homelessness Interagency Service Mapping Survey

Introduction

The Penrith Homelessness Interagency (PHI) is a community forum committed to addressing homelessness issues. The PHI strengthens the local homelessness service system through advocacy, networking, partnership development, service delivery coordination and other capacity building activities. The PHI, in conjunction with Penrith City Council, has initiated this service mapping project to understand which funded and voluntary services are currently available to people who are homelessness or at risk of homelessness in the Penrith area. This information will also assist in identifying current gaps in the broader homelessness service system and highlight where opportunities exist for collaborative service delivery and new partnerships. As a service provider for the Penrith area, we kindly ask that you complete the following survey to ensure thorough service mapping is completed. The survey will take you approximately 10 - 15 minutes and needs to be completed by Friday 10 November 2017.

Section 1: About your organisation

1. **Organisation name:** (open ended response)
2. **Service name (*if same as above, write 'as above'*):** (open ended response)
3. **Please list any program(s) or project(s) that fall under your organisation/service:** (open ended response)
4. **Office address in Penrith LGA (*please list more than one if applicable*):** (open ended response)
5. **Office contact number:** (open ended response)
6. **Website or page:** (open ended response)
7. **Service funding source(s) (*please select all that apply*):**
 - a. Federal funding
 - b. State funding
 - c. Local funding
 - d. Corporate donations/sponsorships
 - e. Not sure
 - f. Other (please specify)
8. **Maximum number of people currently receiving support from your service (*please select one option*):**
 - a. 1 – 49 persons
 - b. 50 – 99 persons
 - c. 100 – 149 persons
 - d. 150+ persons
9. **Geographical area your service covers (*please select the options that best describe your service coverage*):**
 - a. All suburbs of Penrith Local Government Area (LGA)
 - b. Some suburbs of Penrith LGA
 - c. Other areas outside Penrith LGA (please list)
10. **If you answered 'some suburbs of Penrith LGA' in Question 9, please identify which suburb(s) your service covers:** (open ended response)

11. Does your service use volunteers? (please select one option)

- a. Yes
- b. No
- c. Unsure

12. If you answered 'yes' in Question 11, how many volunteers are currently active in your service? (please select one option)

- a. None (0 volunteers)
- b. 1 – 10 volunteers
- c. 11 – 19 volunteers
- d. 20 – 29 volunteers
- e. 30 – 39 volunteers
- f. 40 – 49 volunteers
- g. 50+ volunteers

Section 2: Information about the services that you provide

13. Is your service a Specialist Homelessness Service (SHS)?

- a. Yes
- b. No

Survey respondents who select Yes are directed to fill out Section 2.1 only and those who select No are directed to fill out Section 2.2 only, before moving on to Section 3.

Section 2.1 – Information about Specialist Homelessness Services – Definitions

As you complete Section 2.1, please consider the following definitions:

Homelessness: The definition by Chamberlain & Mackenzie (2001) defines homelessness as not having access to the minimum accommodation that people have the right to expect in order to live according to the conventions of contemporary life. The accepted minimum Australian community standard as “a small rented flat”, with the minimum required amenities, such as a bedroom, living room, bathroom and kitchen. This definition has led to three categories of homelessness: primary (living on the streets), secondary (temporary shelters) and tertiary (private boarding houses without bathroom or kitchen or secure of tenure).

Crisis accommodation: Short-term living arrangement with service support for individuals in a crisis or emergency.

Early intervention: Early intervention involves identifying people that may be at risk of experiencing difficulties and providing programs and services that provide timely and effective support that lead to long term positive outcomes.

Rapid re-housing: A service model that focuses on moving people who are homeless or at risk of homelessness into housing before any programs are delivered. This approach also provides timely and appropriate interventions to ensure tenancies are sustained once the person is housed.

Tenancy support: Providing a range of services to individuals and families to assist them to sustain their tenancy.

Transitional accommodation: Medium-term housing option with service support which gives individuals an opportunity to stabilise their circumstances before moving onto longer term housing.

Section 2.1 – Information about Specialist Homelessness Services – Questions

14. As a Specialist Homelessness Service, which target group(s) do you provide services to? (*please select all that apply*)

- a. Young people
- b. Young men
- c. Young women
- d. Single men
- e. Single women
- f. Families
- g. Other (please specify)

15. For the target group(s) you service, please state the age ranges that are eligible for your support? (*for example, 12 – 25 years old, 18+ etc*)

- a. Young people (open ended response)
- b. Young men (open ended response)
- c. Young women (open ended response)
- d. Single men (open ended response)
- e. Single women (open ended response)
- f. Families (open ended response)
- g. Other (open ended response)

16. For the target group(s) you service, please select the support you can directly provide them (*please select yes/no/not sure for each option*):

	Early Intervention	Crisis Accommodation	Transitional Accommodation	Rapid re-housing	Intensive response for complex needs	Tenancy support
Young people						
Young men						
Young women						
Single men						
Single women						
Families						
Other						

If there is any other support you directly provide, please state below (with target group if appropriate) (for example, financial and employment support, emergency relief etc):
(open ended response)

17. Please state the total number of places you have for each accommodation type (*please select one option per category*):

- a. Crisis accommodation
 - i. None – we do not provide this accommodation type
 - ii. 1 – 5 places
 - iii. 6 – 9 places
 - iv. 10 – 14 places
 - v. 15 – 19 places
 - vi. 20 – 24 places
 - vii. 25+ places
- b. Transitional accommodation
 - i. None – we do not provide this accommodation type
 - ii. 1 – 5 places
 - iii. 6 – 9 places
 - iv. 10 – 14 places
 - v. 15 – 19 places

- vi. 20 – 24 places
- vii. 25+ places
- c. Rapid re-housing
 - i. None – we do not provide this accommodation type
 - ii. 1 – 5 places
 - iii. 6 – 9 places
 - iv. 10 – 14 places
 - v. 15 – 19 places
 - vi. 20 – 24 places
 - vii. 25+ places

18. Are there any circumstances that make individuals ineligible for your service? (for example, age, gender, alcohol/drug or gambling addictions) (open ended response)

19. Are any of the following groups a priority for your service? (please select all that apply)

- a. Aboriginal and/or Torres Strait Islander people
- b. People from culturally and/or linguistically diverse backgrounds
- c. People with alcohol and/or other drug misuse issues
- d. People with mental health issues
- e. Young people leaving care or other institutions
- f. People exiting correctional facilities
- g. People leaving health institutions
- h. People with complex needs
- i. People who are chronically homeless (that is, rough sleepers)
- j. Young parents
- k. Older people
- l. Under 16 years old
- m. Other (please specify)

20. Does your service work with people experiencing domestic and family violence?

- a. Yes
- b. No
- c. Unsure

21. If you answered 'yes' to Question 20, which groups do you provide domestic/family violence support to? (please select all that apply)

- a. Women with accompanying children
- b. Women with no accompanying children
- c. Men with accompanying children
- d. Men with no accompanying children
- e. Other (please specify)

22. Does your service have any specific focus or specialisation? (please select all that apply)

- a. Service operates a refuge
- b. 24/7 staff support
- c. Brokerage available
- d. Case coordination service
- e. Domestic/family violence specialisation
- f. ATSI specialisation
- g. CALD specialisation
- h. Mental health specialisation

- i. Under 16's specialisation
- j. People leaving custody
- k. LGBTQI specialisation
- l. Other (please specify)

Section 2.2 – Information about non-SHS services – Definitions

As you complete Section 2.2, please consider the following definitions:

Homelessness: The definition by Chamberlain & Mackenzie (2001) defines homelessness as not having access to the minimum accommodation that people have the right to except in order to live according to the conventions of contemporary life. The accepted minimum Australian community standard as “a small rented flat”, with the minimum required amenities, such as a bedroom, living room, bathroom and kitchen. This definition has led to three categories of homelessness: primary (living on the streets), secondary (temporary shelters) and tertiary (private boarding houses without bathroom or kitchen or secure of tenure).

Accommodation: Any service that provides a temporary stay or living arrangement. Crisis and transitional responses provide short or medium-term accommodation with service support until suitable long-term housing is found.

Assertive outreach: A street-based model that provides outreach services to individuals in public places. Workers actively approach people who are homeless on the streets and offer supports related to accommodation and services.

Brokerage: The flexible use of designated funds to purchase items and services to enable eligible clients to achieve positive housing, social and health outcomes.

Case management: Identification and coordination of support services that a person who is homeless/at risk of homelessness may need.

Counselling (psychological): Provision of professional assistance and guidance in resolving personal, psychological and health concerns.

Counselling (financial): Provision of professional assistance and guidance in resolving financial concerns.

Early intervention: Provision of programs and services that intervene early to prevent problems before they occur (for example, homelessness).

Emergency relief: Provision of immediate financial or material support to people in crisis. The assistance may include food vouchers, food or clothing parcels and help with utility payments and budgeting.

Employment support: Provision of programs and services to assist people in finding or developing skills for employment.

Financial assistance: Provision of money to individuals to assist with a variety of living expenses.

Outreach: Contact with any individual who would otherwise be ignored or unserved in non-traditional settings for the purposes of improving health, social functioning or service utilisation. Outreach can include meeting a person at a service or visiting their home.

Meals: Provision of food services including meal vouchers or low cost/free meals.

Recreational or social programs: Provision of programs that promote social inclusion and connection with others.

Workshop programs: A wide range of educational programs based on identified community needs that are administered by services. The workshop programs may aim to improve people's life skills, independence and overall development.

Section 2.2 – Information about non-SHS services – Questions

23. As a non-SHS service, which target group(s) do you provide service to? (please select all that apply)

- a. General community
- b. People who are homeless/at risk of homelessness
- c. Women
- d. Men
- e. Families
- f. Children (0 - 12 years)
- g. Youth (12 - 25 years)
- h. Aboriginal and Torres Strait Islander (ATSI) people
- i. Culturally and Linguistically Diverse (CALD) communities
- j. People with disability
- k. Older people (65+ years)
- l. Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) people
- m. Other (please specify)

24. For the target group(s) you service, please state the age ranges that are eligible for your support? (for example, 12 – 25 years, 18+ etc)

- a. General community (open ended response)
- b. People who are homeless/at risk of homelessness (open ended response)
- c. Women (open ended response)
- d. Men (open ended response)
- e. Families (open ended response)
- f. Children (0 - 12 years) (open ended response)
- g. Youth (12 - 25 years) (open ended response)
- h. Aboriginal and Torres Strait Islander (ATSI) people (open ended response)
- i. Culturally and Linguistically Diverse (CALD) communities (open ended response)
- j. People with disability (open ended response)
- k. Older people (65+ years) (open ended response)
- l. Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) people (open ended response)
- m. Other (please specify) (open ended response)

25. What type of services do you provide? (please select all that apply)

- | | |
|---|--|
| a. Accommodation | j. Children's services (0 - 12 years) |
| b. Advocacy and support | k. Counselling (psychological) |
| c. After hours services | l. Counselling (financial) |
| d. Aged services (65+ years) | m. Court support |
| e. Assertive outreach | n. CALD specific services (including refugee and migrant services) |
| f. ATSI specific services | o. Disability services |
| g. Brokerage | p. Diverse sexuality services |
| h. Capacity building and sector development | |
| i. Case management | |

- | | |
|---------------------------------------|---------------------------------------|
| q. Domestic and family violence | bb. Laundry services |
| r. Drug and alcohol services | cc. Legal services |
| s. Early intervention | dd. Meals |
| t. Emergency relief | ee. Outreach |
| u. Employment support | ff. Recreational or social programs |
| v. Financial assistance | gg. Shower and/or bathroom facilities |
| w. Gambling support | hh. Youth services (12 - 25 years) |
| x. General health services | ii. Women's services |
| y. Men's services | jj. Workshop programs |
| z. Mental health services | kk. Other (please specify) |
| aa. Information and referral services | |

Section 3 – Referral pathways

26. Please state the average length of time that your clients typically engage with your service:

- Crisis or short-term support (*number of days/weeks*): (open ended response)
- Medium term support (*number of months*): (open ended response)
- Long term support (*number of years*): (open ended response)

27. Where does your service receive referrals from? (*name the five (5) most frequent referrals*) (open ended response)

28. Where does your service send referrals to? (*name the five (5) most common referrals*) (open ended response)

Section 4 – Partnerships

A **partnership** is an informal or formal relationship between two or more organisations to work collaboratively and/or share resources for a common goal.

29. Does your organisation/service currently partner or work with other community organisations/services? (*please select one answer*)

- Yes
- No
- Unsure

If yes, please state the name(s) of the community service(s) and briefly describe the partnership(s): (open ended response)

30. Does your organisation/service currently partner or work with real estate agents? *(please select one answer)*

- a. Yes
- b. No
- c. Unsure

31. Does your organisation/service currently work with or receive support (in-kind or financial) from business/corporate sector? *(please select one answer)*

- a. Yes
- b. No
- c. Unsure

32. Does your organisation/service participate in any networks or interagencies (local, state, federal)? *(please select one answer)*

- a. Yes
- b. No
- c. Unsure

If 'yes', please list them: (open ended response)

33. Any further comments: (open ended response)

End of survey

Thank you for completing the survey.

Your survey answers will be used to develop a service mapping report for Penrith City Council/ Penrith Homelessness Interagency to distribute to the community. This survey has not asked you to provide personal details, therefore only organisations/services (rather than individuals) will be identified in any research findings.

WESTIR Limited (Western Sydney Information and Research Service Limited) is undertaking this project on behalf of Penrith City Council/Penrith Homelessness Interagency. You may withdraw your contribution to this research at any time prior to the completion of the final report. For more information, please contact Ms Amy Lawton, Social Research and Information Officer, WESTIR Limited on (02) 9635 7764 or amy@westir.org.au.

Appendix C: Interview questions

Introduction (3 minutes)

- Introduce yourself and WESTIR Limited.
- Outline the aim of the session and the intended outcomes (e.g. how the data will be used).
- Get participant to fill out the consent forms and reiterate that they can withdraw from the research at any stage prior to the completion of the final report.
- Encourage them to fill out the online survey that is complementing this session so we can collect extra information about their service's activities in this sphere.
- Please put your phones on silent and if you need to take a call, please step outside.

Questions (55 minutes)

- 1. To start off with, could you briefly share the name of your organisation and the activities it undertakes to address homelessness/risk of homelessness in the Penrith region? (10 minutes)**
- 2. What do you think are the main causes of local homelessness or risk of homelessness? (10 minutes)**
 - a. How and why do you think the causes of local homelessness/risk of homelessness are changing over time?
- 3. As a service provider addressing homelessness/risk of homelessness in the Penrith region, you need to connect with other service providers (whether they be specialist, mainstream or voluntary) to address your clients' issues (15 minutes)**
 - a. How do you/did you find out about and connect with other service providers that address local homelessness/risk of homelessness?
 - b. What are the main benefits and challenges of connecting with other service providers that address local homelessness/risk of homelessness? How do you think the challenges could be improved or fixed?
- 4. Thinking about where your referrals for homelessness/risk of homelessness come from and where your referrals go to (10 minutes)**
 - a. What aspects of the current referral pathways is working?
 - b. What aspects of the current referral pathways are not working? How do you think it could be improved or fixed?
- 5. Finally, thinking about Penrith's current homelessness service system as a whole (10 minutes)**
 - a. What is working well?
 - b. What is not working well? (i.e. what are the gaps in service provision?)
 - c. How do you think it could be improved or fixed? (i.e. what additional resources are required to solve these issues? Who should provide them?)

Conclusion (2 minutes)

- Thank participant for their participation and indicate when the final product will be available for the sector. Remind them to fill out the online survey that is complementing this session so we can collect extra information about their service's activities in this sphere.

Appendix D: Penrith Interagency and Network Convenor List (January 2018)

PENRITH INTERAGENCY & NETWORK CONVENERS
JANUARY 2018

Interagency/Network	Contact	Position	Organisation	Phone	Email
Penrith Youth Interagency	Katerina Tahija	Youth Development Officer	Penrith City Council	4732 7832	katerina.tahija@penrith.city
Penrith Multicultural Interagency	Laura Sardo	Manager	Nepean Multicultural Access Inc.	9833 2416	laura@nma.org.au
Penrith Community Care Forum	Claire Galvin	Disability Inclusion Officer	Penrith City Council	4732 8081	claire.galvin@penrith.city
Penrith Interagency	Vesna Kapetanovic	Community Projects Officer	Penrith City Council	4732 7771	vesna.kapetanovic@penrith.city
Penrith Homelessness Interagency	Vesna Kapetanovic	Community Projects Officer	Penrith City Council	4732 7771	vesna.kapetanovic@penrith.city
St Marys Interagency	Lisa Kolosovs	Manager	St Marys Area Community Development Project	9673 2169	manager@smacd.org.au
Nepean Community Builders Network (NCBN)	Frances Zammitt	Community Engagement Officer	Community Junction	9834 2708	frances@communityjunction.org.au

Appendix D: Penrith Interagency and Network Convenor List (January 2018) (continued)

Interagency/Network	Contact	Position	Organisation	Phone	Email
Nepean Domestic Violence Network	Erin Davidson	Community Safety Support & Administration Officer	Penrith City Council	4732 8028	erin.davidson@penrith.city
Nepean Child & Family Network	Lucia Vitali	Manager, Penrith	UnitingCare Unifam Counselling and Mediation	4732 3836	lvitali@unifamcounselling.org
Western Sydney Men and Relationship Services Network (WSMARS)	Rae Brown	Community Hub Team Leader	Riverstone Neighbourhood Centre	9627 3622	rbrown@riverstone.org.au
Kingswood Park Action Network (KPAN)	Justine	Convenor	Nepean Community & Neighbourhood Service	4721 0507 4729 0442	justine@nepeancommunity.org.au
Cranebrook Neighbourhood Advisory Board	Lisa Eggers	Convenor	Nepean Community & Neighbourhood Service	4729 0442	lisa@nepeancommunity.org.au
St Marys Corner Reference Group	Adnan Begic	Cultural Project Officer - St Marys Corner	Penrith City Council	4732 7879	adnan.begic@penrith.city

Appendix D: Penrith Interagency and Network Convenor List (January 2018) (continued)

Interagency/Network	Contact	Position	Organisation	Phone	Email
Western Sydney Vocational Support Network	Caroline Krix	National Disability Coordination Officer (NDCO) Western Sydney Region	Equity and Diversity Unit Western Sydney University	9678 7376	c.krix@westernsydney.edu.au
Cranebrook Opportunities Working Group	Monica Barac	Convenor	Nepean Community & Neighbourhood Service	4729 3907	monica@nepeancommunity.org.au
Nepean Blue Mountains Multicultural Advisory Committee	Ozen Cemali	Convenor	Department of Family and Community Services	9407 1735	ozen.cemali@facs.nsw.gov.au
Local Government Multicultural Network	Turkan Aksoy	Convenor	Canterbury Bankstown Local Council	9707 9863	turkan.aksoy@cbc.city.nsw.gov.au
Nepean Blue Mountains Aboriginal Workers Network	Trudy Grant	Convenor	Nepean Community & Neighbourhood Services	4706 0280	trudy@nepeancommunity.org.au

Appendix E: Online service mapping survey – non-SHS target groups

Service/program	General community	People who are homeless/at risk of homelessness	Women	Men	Families	Children (0-12 years)	Youth (12 - 25 years)
Government agencies							
Aged Care Assessment Services - My Aged Care							
Family and Community Services - Housing NSW	✓	✓	✓	✓	✓		✓
Legal Aid NSW (Penrith office)	✓	✓	✓	✓	✓	✓	✓
Nepean Blue Mountains Local Health District - South Court Primary Care Needle and Syringe Program							
Nepean Blue Mountains Local Health District - Integrated care for people with chronic conditions	✓	✓	✓	✓			
Nepean Blue Mountains Local Health District - Mental Health Service							
Nepean Blue Mountains Local Health District - Social Work Department	✓						
Nepean Blue Mountains Primary Health Network - Partners In Recovery		✓					
Penrith City Council - Community Development	✓	✓	✓	✓	✓	✓	✓
Total responses (government)	5	5	4	4	3	2	3
Non-government organisations							
Adele House	✓	✓	✓	✓	✓		
Barnardos	✓	✓	✓	✓	✓	✓	✓
Benevolent Society - Outer Sydney and Rural Ageing		✓	✓	✓			
Catholic Healthcare Services							
Christ Mission Possible - Food and Housing Solutions	✓	✓	✓	✓	✓	✓	✓
Community Junction Inc.	✓					✓	✓
Fusion Western Sydney	✓				✓		✓
Muru Mittigar Community Finance Hub	✓		✓	✓	✓		
Neami National (Nepean office)		✓	✓	✓			✓
Nepean Community & Neighbourhood Services	✓	✓	✓	✓	✓	✓	✓
Nepean Community College	✓	✓	✓	✓	✓		✓
Nepean Food Services		✓	✓	✓			
Nepean Volunteer Services Inc.	✓						
Settlement Services International - SSI Housing	✓	✓	✓	✓	✓	✓	✓
St Marys Area Community Development Project	✓						
St Vincent De Paul	✓	✓	✓	✓	✓	✓	✓
SydWest Multicultural Services							
Teen Challenge NSW Inc. - ONE80TC	✓		✓	✓			✓
Uniting Penrith	✓	✓	✓	✓	✓	✓	✓
Western Sydney Community Legal Centre - Aboriginal Legal Access Program	✓	✓	✓	✓	✓		
Total responses (non-government)	15	12	14	14	11	7	11
Community groups and foundations							
Blessed Be Bags - To Go Food homelessness program	✓	✓	✓	✓	✓	✓	✓
Mama Lana's Community Foundation		✓	✓	✓	✓	✓	✓
Onevoice		✓	✓	✓	✓		✓
Paying It Forward Homeless Services Inc		✓	✓	✓	✓		✓
Penrith Church of Christ - Picking up the Pieces	✓	✓	✓	✓	✓	✓	✓
Penrith Community Kitchen Inc.	✓	✓	✓	✓	✓	✓	✓
Queen of Hearts Community Foundation	✓	✓	✓	✓		✓	✓
Ross Hutchison Foundation	✓						
RSL LifeCare - Home for Heroes		✓	✓	✓	✓		
StreetMed Incorporated		✓					
Westcare Community Services	✓						
Total responses (groups/foundations)	6	9	8	8	7	5	7
Total responses (overall)	26	26	26	26	21	14	21

Appendix E: Online service mapping survey – non-SHS target groups (continued)

Service/program	ATSI people	CALD communities	People with disability	Older people (65+ years)	LGBTQI people	Other
Government agencies						
Aged Care Assessment Services - My Aged Care				✓		
Family and Community Services - Housing NSW	✓	✓	✓	✓	✓	
Legal Aid NSW (Penrith office)	✓	✓	✓	✓	✓	
Nepean Blue Mountains Local Health District - South Court Primary Care Needle and Syringe Program	✓					✓ People who inject drugs
Nepean Blue Mountains Local Health District - Integrated care for people with chronic conditions	✓	✓	✓	✓	✓	
Nepean Blue Mountains Local Health District - Mental Health Service						✓ People with mental illness
Nepean Blue Mountains Local Health District - Social Work Department						
Nepean Blue Mountains Primary Health Network - Partners In Recovery						✓ People with mental illness
Penrith City Council - Community Development	✓	✓	✓	✓	✓	
Total responses (government)	5	4	4	5	4	3
Non-government organisations						
Adele House	✓	✓		✓	✓	
Barnardos	✓	✓	✓	✓	✓	
Benevolent Society - Outer Sydney and Rural Ageing	✓			✓		
Catholic Healthcare Services				✓		
Christ Mission Possible - Food and Housing Solutions	✓	✓	✓	✓	✓	
Community Junction Inc.	✓					
Fusion Western Sydney						
Muru Mittigar Community Finance Hub	✓	✓	✓	✓	✓	
Neami National (Nepean office)	✓	✓		✓	✓	
Nepean Community & Neighbourhood Services	✓					
Nepean Community College	✓	✓	✓	✓		
Nepean Food Services	✓	✓	✓		✓	
Nepean Volunteer Services Inc.						
Settlement Services International - SSI Housing	✓	✓	✓	✓	✓	✓ Refugees, asylum seekers, new migrants
St Marys Area Community Development Project						
St Vincent De Paul	✓	✓	✓	✓	✓	
SydWest Multicultural Services		✓				
Teen Challenge NSW Inc. - ONE80TC	✓	✓			✓	
Uniting Penrith	✓	✓	✓	✓	✓	
Western Sydney Community Legal Centre - Aboriginal Legal Access Program	✓					
Total responses (non-government)	15	12	8	11	10	1
Community groups and foundations						
Blessed Be Bags - To Go Food homelessness program	✓	✓	✓	✓	✓	
Mama Lana's Community Foundation	✓	✓	✓	✓	✓	
Onevoice						
Paying It Forward Homeless Services Inc	✓			✓		
Penrith Church of Christ - Picking up the Pieces				✓		
Penrith Community Kitchen Inc.	✓	✓	✓	✓	✓	
Queen of Hearts Community Foundation				✓	✓	
Ross Hutchison Foundation						
RSL LifeCare - Home for Heroes						✓ Veterans
StreetMed Incorporated	✓				✓	✓ Veterans
Westcare Community Services						
Total responses (groups/foundations)	4	3	3	6	5	2
Total responses (overall)	24	19	15	22	19	6

Appendix F: Online service mapping survey – non-SHS service age eligibility

Service/organisation	General community	People who are homeless/at risk of homelessness	Women	Men	Families	Children (0-12 years)	Youth (12-25 years)	ATSI people	CALD communities	People with disability	Older people (65+ years)	LGBTQI people	Other
Government agencies													
Aged Care Assessment Services - My Aged Care		50 years +						50 years +			65 years +		
Family and Community Services - Housing NSW			18 years +				16 - 25 years			18 years +			
Legal Aid NSW (Penrith office)													
Nepean Blue Mountains Local Health District - South Court Primary Care Needle and Syringe Program								16 years + (but will not refuse younger people)					16 years + (but will not refuse younger)
Nepean Blue Mountains Local Health District - Integrated care for people with chronic conditions			15 years +							15 years +			
Nepean Blue Mountains Local Health District - Mental Health Service													All ages
Nepean Blue Mountains Local Health District - Social Work Department	All ages												
Nepean Blue Mountains Primary Health Network - Partners In Recovery		18 - 65 years											18 - 65 years
Penrith City Council - Community Development													
All ages													
Service/organisation	General community	People who are homeless/at risk of homelessness	Women	Men	Families	Children (0-12 years)	Youth (12-25 years)	ATSI people	CALD communities	People with disability	Older people (65+ years)	LGBTQI people	Other
Non-government organisations													
Adele House	All ages	18 years +	All ages	18 years +	All ages			18 years +			65 years +	18 years +	
Barnardos	All ages	Parent (18 years), children (<12 years), no more than 4 people in unit	Accommodation - parent 18+, children (<12 years), family support - must have child <12 years in care	Accommodation - parent 18+, children (<12 years), family support - must have child <12 years in care	Family's support - must have child <12 years in care, disability support must have official assessment and diagnosis		12-25 years for youth and disability services	All ages	All ages	Under 24 years	65 years +	12-25 years for youth and disability services	
Benevolent Society - Outer Sydney and Rural Ageing			65 years +					50 years +			65 years +		
Catholic Healthcare Services								65 years + (50+ if tenancy is at risk)					
Community Junction Inc.	All ages					0-12 years	12-18 years	All ages					
Fusion Western Sydney	18 years +				All ages		12-25 years						
Muru Mittigar Community Finance Hub	18 years +			18 years +					18 years +		65 years +	18 years +	
Neami National (Nepean office)			16 years +					16 years +			16 years +		
Nepean Community & Neighbourhood Services	All ages	All ages	16 years +	16 years +	All ages	0-12 years	12-24 years	All ages					
Nepean Community College						15 years +							
Nepean Food Services		All ages	65 years +	NDIS participants				65 years +; NDIS participants	All ages	All ages	65 years +; NDIS participants	All ages	
Nepean Volunteer Services Inc.	18 years +												
Settlement Services International - SSI Housing						16 years +							
St Marys Area Community Development Project	All ages					All ages							
St Vincent De Paul						All ages							
SydWest Multicultural Services								18 years +	18 years +			18 years +	
Teen Challenge NSW Inc. - ONEB0TC	18 years +		18 years +					18 years +					
Uniting Penrith			9-65 years			9-18 years		9-65 years			50-65 years		
Western Sydney Community Legal Centre - Aboriginal Legal Access Program			18 years +					18 years +					

Appendix F: Online service mapping survey – non-SHS service age eligibility (continued)

Service/program	General community	People who are homeless/at risk of homelessness	Women	Men	Families	Children (0-12 years)	Youth (12-25 years)	ATSI/people	CALD communities	People with disability	Older people (65+ years)	LGBTQI people	Other
Community groups and foundations													
Blessed Be Bags - To Go Food homelessness program						All ages							
Mama Lana's Community Foundation					All ages		14-20 years						
Onevoice		All ages	14 - 30 years				12-25 years	All ages			65 years +		
Paying It Forward Homeless Services Inc			All ages										
Penrith Church of Christ - Picking up the Pieces			All ages								All ages		
Penrith Community Kitchen Inc.						All ages							
Queen of Hearts Community Foundation	15-65 years	18-23 years	18 years +	17 years +		6 years +	15 years+				50 years+	18 - 40 years	
Ross Hutchison Foundation	All ages												
RSL LifeCare - Home for Heroes			Veterans post-1991										Veterans post-1991
StreetMed Incorporated		All ages						All ages					All ages
Westcare Community Services	18 years +												

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