



# EHN Fact Sheets

A Practice Guide for Homelessness  
Practitioners Working in Melbourne's Inner  
and Outer East

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**Written and authorised by the  
Eastern Homelessness Service System Alliance (EHSSA)**

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## Introduction

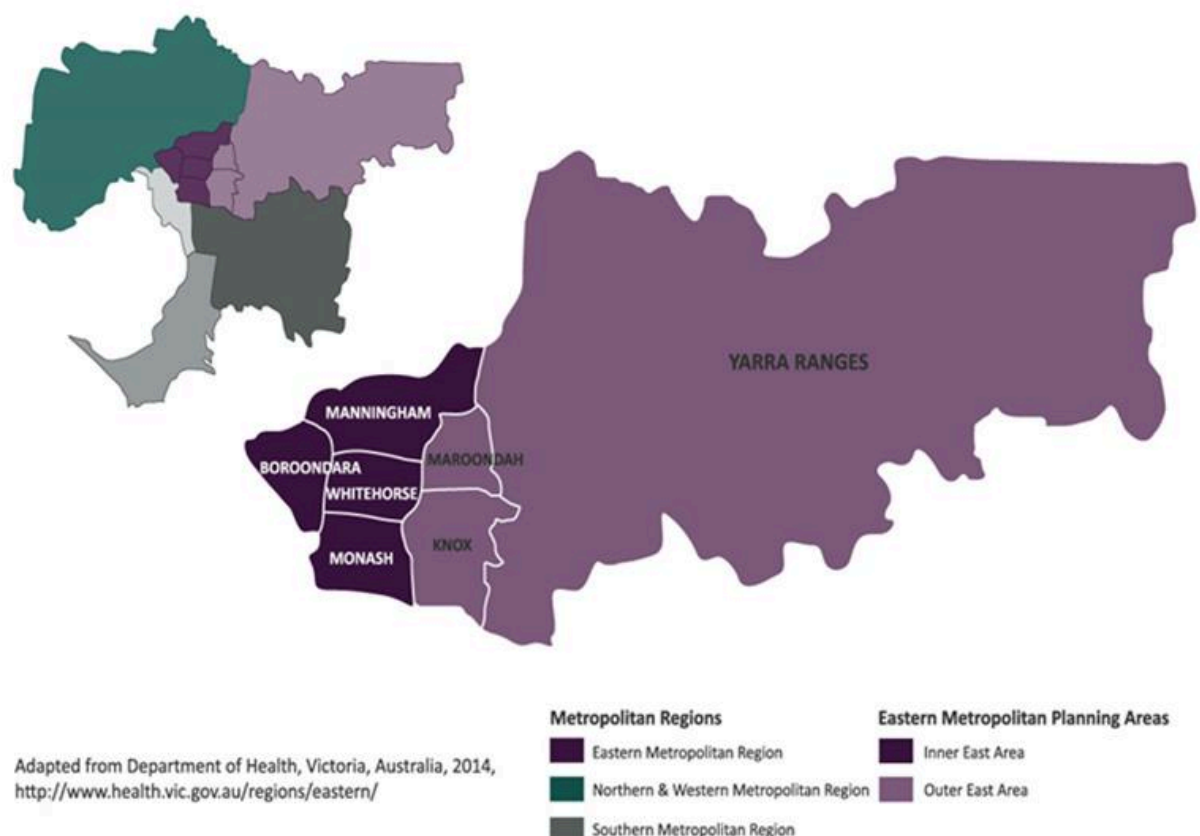
This practice guide is developed to assist homelessness practitioners working across Melbourne's Inner and Outer East, understand the agreed practice across the services in the region.

This resource is current as of the date listed on the front cover, and the authors take no responsibility for the ongoing accuracy of the content. Web links are provided and should be referred to when accuracy is required.

The Eastern Homelessness Network (EHN) and the Eastern Homelessness Service system Alliance (EHSSA) acknowledge the Wurundjeri people of the Kulin Nation as the Traditional Custodians of the Country on which our services conduct business. We recognize their continuing connection to the land and waters of this beautiful place and respect all Wurundjeri elders and ancestors. We acknowledge that this land was never ceded and the vast over representation of First Nations people amongst those experiencing homelessness, is a direct and ongoing consequence of colonisation.

## Melbourne's Inner and Outer East Region

LGAs include Boroondara, Manningham, Whitehorse, Monash, Maroondah, Knox and Yarra Ranges





## Eastern Homelessness Network (EHN)

The Eastern Homelessness Network (EHN) is a resource to the homelessness sector operating in the Melbourne's Inner and Outer East. It is one of the nine State-wide Homelessness Networks that were established in 1996. They operate across Victoria in every Department of Family Fairness and Housing (DFFH) region and are funded by DFFH to bring services together to share information and identify common needs and gaps in homelessness service provision.



## Eastern Homeless Service System Alliance (EHSSA)

Sitting within the EHN is the EHSSA. A partnership of specialist homelessness and family violence funded services committed to achieving better outcomes for people experiencing homelessness and/or family violence.

Its purpose is to:

- provide strategic leadership for homelessness, housing and family violence in Melbourne's inner and outer east
- bring together relevant agencies to achieve an agreed vision and mission
- Build on consistency and quality for service delivery practice amongst member agencies
- Make evidence-based recommendations to the Department Families Fairness and Housing (DFFH) and Homes Victoria about responses to service gaps.
- Monitor service provision (via data collection and/or client satisfaction reviews) through the establishment and feedback of EHSSA working groups for the purposes of identifying gaps and opportunities for enhancement in service provision.

Please visit <https://www.ehn.org.au/about> to find out more including the EHSSA Strategic Plan, Implementation Plan and Terms of Reference

To provide feedback and/or updates to this practice guide, please contact the EHN Coordinator at [EHNnetworker@vt.uniting.org](mailto:EHNnetworker@vt.uniting.org)

## **Specialist Homelessness Support (SHS) Services Melbourne's Inner and Outer East**

FACT SHEET No 1

### **First Contact**

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#### **Purpose**

This information is intended to provide Specialist Homelessness Support (SHS) Services with an understanding about First Contact principles and practices.

#### **Definition**

First Contact is an initial screening for risk and service requirements and determines whether the client needs initial assessment for homelessness assistance. First Contact enables the worker to gather enough information to determine whether the client is in the right place.

#### **Level of Contact**

Depending on the Entry Points arrangements, the First Contact function may be performed by the receptionist or the initial assessment and planning (IAP) worker.

All office drop in's and phone contacts are provided with a level of First Contact. The role of the worker is to gather enough information from the client to determine what assistance is needed and whether the service is the appropriate provider.

#### **Process**

1. Welcome the client and determine whether they are in the right place. Is the person homeless or at risk of homelessness? Is an interpreter required?
2. Provide housing information and/or assistance as required. Where an appointment is required to discuss homelessness circumstances with an Initial Assessment and Planning (IAP) worker explain the likely waiting time and what they can expect from the service.

In principle, client can access whichever opening door they wish. In practice there are often difficulties with this principle due to the limited staffing and funding resources available.

#### **Phone calls from clients:**

Homelessness Entry Point Intake discuss with clients where they have been living the past month (not just last night) and use this as the main guide for suggesting an opening door to contact. Phone numbers are provided after discussion about whether there is a reason not to access this opening door due to safety concerns or whether there has been a recent history with a particular Entry Point.

#### **Clients presenting in person:**

**Singles and couples** without children under 18 will be seen at the opening door they present at, whether they are homeless or at risk of homelessness. The response/outcomes will be the same at all opening doors, i.e. rooming house, private rental, share

accommodation, youth refuge etc. For example, funds for rent in advance can be accessed regionally no matter which opening door is being accessed. If clients cannot be seen on the day they present then an alternative appointment/arrangement will be made.

**For Families** which include children under 18 who are homeless today, the entry point they present at will provide an immediate homelessness response. Entry Point intake discuss with clients where they have been living the past month (not just last night) and use this as the main guide for suggesting an entry point to make contact with. If the family is not homeless tonight and they are from another part of the region, a phone call will be made by IAP staff to the entry point closest to their previous address so that an appointment can be made for them.

If families have presented at multiple entry points, there may be discussion required between entry points to assess which service can provide the timeliest regional response.

**If there is a safety concern/risk with the entry point.**

If the local entry point for the client poses a safety risk (ie. because of family violence), the presenting entry point will negotiate with the client which entry point is more suitable. The service will contact the desired entry point to discuss.

For after-hours response please refer to fact sheet - [After Hours Referrals to Salvation Army Crisis Centre](#)

## **Specialist Homelessness Support (SHS) Services Melbourne's Inner and Outer East**

FACT SHEET No 2

### **Initial Assessment & Planning**

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#### **Purpose**

This information is intended to provide Specialist Homelessness Support (SHS) Services with an understanding about Initial Assessment & Planning practices and the role of Initial Assessment Workers located at Entry Points.

#### **Entry Point Functions**

Entry Points provide the face to the homelessness service system. Entry Point workers have the role of initial engagement, of identifying the needs of clients, of preventing the need for entry to the homelessness service system where possible and referring appropriately where homelessness support is required.

The following are functions of the four nominated Entry Points in Melbourne's Inner and outer East and are undertaken by Initial Assessment and Planning (IAP) workers

- Engagement with clients and initial screening
- Undertaking initial assessments
- Providing early intervention responses and active referrals outside the homelessness service system as required
- Providing housing information and assistance
- Best matching of services to client need and assessment of need utilising the Prioritisation Grid
- Prioritisation, including the management of the prioritisation list
- Referral/ allocation to resources in the catchment: support and housing resources to clients (e.g. crisis accommodation and support, transitional housing and support, specialist services, PRAP, Tenancy Plus, Tenancy Assistance and Advocacy Program (TAAP))
- Work with housing providers in order to facilitate client outcomes.
- Provision of crisis housing responses within staffing, financial and resource capacity.
- Assisting with applications to social housing, public housing, private rental & housing in general
- Provision of Interim Response (monitoring and early intervention) within capacity

#### **Initial Assessment and Planning**

Initial Assessment and Planning is a process undertaken in collaboration with a client at an Entry Point. Initial Assessment and Planning involves identifying, assessing, and ranking the unmet needs of the client and, in collaboration with the client, developing a plan of action to address these needs.

Once needs have been identified the client is assessed and prioritised for resources and/or referrals to specialist services. Resources may include support, accommodation, financial assistance and or case management, advocacy, emergency relief (material aid) or the provision of information.



During Initial Assessment and Planning, Entry Point Workers must carry out a risk assessment with clients. It is crucial that risks are identified and assessed during Initial Assessment and Planning so that strategies can be put in place to maintain client safety. Initial Assessment and Planning may be the only form of assessment and planning carried out, particularly if the housing or other needs can be met immediately. However, if the client is referred to a support or accommodation provider and the referral is accepted, the provider may carry out a more in depth assessment.

## Practice Principles

- Address the most urgent needs first
- Tailor the assessment to the individual needs
- Consider the whole range of needs when assessing housing needs, including the needs of children

The level of assessment is decided in terms of:

- The urgency of needs
- The degree of vulnerability to the client or others
- The priority of needs (housing, emotional well being etc.)
- The relative urgency of needs between presenting clients
- How much the client is able to cope with/take on at that time

## Process

### 1. Introduction

- Provide your name.
- Explain your role and how you can assist.
- Discuss client consent, rights & responsibilities, confidentiality, privacy complaints process, and your duty of care.
- Are they comfortable speaking to you? If possible, try to offer options about the gender, age and ethnicity of the worker.

### 2. Complete Assessment

- Encourage the client to explain their situation, and what they need, in their own words. Worker to provide prompts to ensure holistic assessment is completed. (See *EHN IAP Narrative Assessment guide* –appendix 2)
- During the assessment take into account non verbal cues.
- Determine household composition (including children) and names and ages. Are other dependents or people not present?

### 3. Is there potential for harm to self or others, or for harm from others?

- Utilise the [IAP Narrative Assessment Guide](#) (Appendix E) and refer to Fact Sheet 14 [Family Violence Referral Pathways for Victim survivors, children, pets and animals](#)
- When assessing safety/risk clear, concise case notes are important for recording the choices made by the worker and the client, and the necessary follow-up work.
- Make a collaborative safety plan with the client for known risks and explain that you are concerned for their safety.

### 4. Rank needs

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- What is most important for the clients?
- What must be done first?
- What must be done today?
- Client issues should be ranked, so that the most important can be addressed first. The client should make the decisions about the relative importance and urgency of issues.
- Ranking needs and planning is used to address needs that cannot be met immediately.
- Document the outcomes of the initial assessment including the needs and risks, response provided and next step on the Initial Assessment and Planning (IAP) Tool on the EHN.

**For a list of [Melbourne's Inner and Outer East Metropolitan Entry Points](#) - See Appendix B**

## **Specialist Homelessness Support (SHS) Services Melbourne's Inner and Outer East**

FACT SHEET No 3

### **EHN referral template (ERT)**

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#### **Purpose**

This information is intended to provide Specialist Homelessness Support (SHS) Services with an understanding about the use of the EHN referral template (ERT).

#### **EHN referral template (ERT)**

The ERT is used to document client assessments for referral purposes. **See Appendix E for [EHN referral template](#)**

Apart from a small number of standard fields, the EHN referral template is narrative in format. It is helpful for services receiving the ERT if it contains comprehensive information about the full range of life areas. This includes housing history, finance, children's issues, mental health and physical health, disability, drug and alcohol issues, Family/relationships, cultural considerations, Legal, Safety issues.

The ERT is not a data collection tool. Data is collected via alternate means (SAMIS or SHIP) therefore only information required for an effective assessment and/or referral is gathered and documented on the ERT.

#### **Who Completes the ERT?**

The ERT is completed by Initial Assessment Planning workers at Entry Points and documents the outcome of the initial assessment discussion with the client. The Initial Assessment Planning (IAP) worker is responsible for ensuring the information contained in the ERT is up to date at the time of referral.

Where a Crisis Supported Accommodation (CSA) provider<sup>1</sup> (excluding FV refuge), refers an existing client to a Program (i.e. THM), the CSA service is required to update the ERT with information relating to the client's current needs risks and actions to ensure that services receiving referral are in the best position to match clients appropriately.

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<sup>1</sup> Gateways, Kirrang Wilam, 121 Youth Refuge,

## **Specialist Homelessness Support (SHS) Services Melbourne's Inner and Outer East**

FACT SHEET No 4

### **Prioritisation Grid**

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#### **Purpose**

This information is intended to provide Specialist Homelessness Support (SHS) Services with an understanding about prioritisation and use of the prioritisation grid.

#### **Prioritisation Principles**

The following outlines the principles for resource allocation and prioritisation as taken from the *Opening Doors Framework*:

- Match the available resource to the person whose needs are best met by that particular resource
- Plan capacity to respond to people with high and complex needs, and those requiring early intervention
- Regularly review prioritisation policies using unmet demand as a key indicator to maximise services' capacity to match available assistance to need.
- Take steps to address service exclusion practices within the network
- Ensure that prioritisation policies are consistently understood and applied by all participating agencies and workers
- Make prioritisation policies transparent for clients, other agencies and networks

#### **Prioritisation Criteria**

The [\*Opening Doors Service Coordination Guide\*](#) provides guidelines for prioritisation and describes the interrelated criteria of:

- Current accommodation
- Other housing options
- Stated and/or observed support needs
- Professional support available
- Assessment of an individual's situation and level of vulnerability

These guidelines comprise two tables with the criteria for assessing housing and support needs. (Refer to below)

### **Prioritisation Framework**

#### **Assessing housing need**

The level of assessed housing need (high, medium and low) reflects the clients current housing circumstances, and the range of other housing options (if any) available to them. When prioritising, include all household members, adult and child.

## **Assessing support need**

A person's level of need in relation to their support issues (high, medium or low) reflects an assessment of their stated and observed support needs, as well as the level of professional support they currently receive. When prioritising all household members, adults and children are included.

## **Level of Personal Vulnerability**

A person's level of vulnerability depends on their individual capacity to cope with risks posed to their wellbeing. As an example, a person with a particular mental illness may have increased vulnerability in that they would be more susceptible to exploitation by other residents in a congregate setting. Intimately connected to an assessment of risks and vulnerabilities is the identification of a person's strengths and supports. Factors such as a close supporting family, the ability to access and utilise a range of professional supports and resources will influence the way homelessness will affect an individual and will change the amount and type of support required.

The inclusion of vulnerabilities in the prioritisation assessment process recognises that people experiencing the same objective circumstance of homelessness can have very different subjective experiences, which will in turn affect the level of risk and associated need for a particular individual. It is important to be aware that an understanding of how vulnerabilities influence the prioritisation so that any assumed or formalised understanding of vulnerability hierarchies are made explicit and therefore open to evaluation. In addition to the subjective understanding of vulnerabilities there is also an agreed EHSSA list of vulnerabilities that will be considered when consideration is made about a person's Housing Prioritisation level.

## **Assessing and Ranking Client Need**

### **Exemptions**

Clients experiencing primary homelessness or those in family violence situations who are at immediate risk of harm to themselves or their children, and who are supported through crisis HEF funding for short-term accommodation (e.g., motel stays), should be assessed as high priority when no other safe or reasonable housing options are available.

This practice acknowledges that crisis HEF funding is a temporary intervention and is not a reasonable housing option or appropriate housing outcome.

### **Exits from Crisis Supported Accommodation Services**

Clients exiting Gateways and Youth Refuges Properties continue to be considered a high priority in terms of allocation to transitional properties where other appropriate accommodation options are not available.

## **Prioritisation Grid**

Prioritisation for a specific resource takes into account all members of a household, including accompanying children. Specialist expertise may be required to better understand the needs and circumstances of particular client groups.

## Housing Need

Level of housing need	Current Accommodation	Other housing options
High	<p>Client experiencing primary homelessness (sleeping rough, on trains, in car, squatting).</p> <p>Client, living in a family violence situation at immediate risk of injury to self and/or children (possibly with Child Protection Order to leave violent partner or have children removed)</p> <p><b>NOTE:</b> Clients presenting with primary homelessness who are supported by crisis HEF funding for the purpose of short term assistance (such as motel style accommodation); and where no other reasonable accommodation options are available are assessed as a high priority in the Melbourne's Inner and Outer East</p>	<p>Client has no other reasonable accommodation options:</p> <ul style="list-style-type: none"> <li>Client cannot access HEF</li> </ul> <p>and/or</p> <ul style="list-style-type: none"> <li>Accommodation cannot be sourced due to multiple bans from accommodation providers</li> </ul> <p>and/or</p> <ul style="list-style-type: none"> <li>Accommodation cannot be established because the health or wellbeing of the client would be seriously compromised in HEF purchased accommodation, for example: <ul style="list-style-type: none"> <li>Client has recently suffered physical attack within a rooming house setting, and it could be reasonably assessed that further accommodation in a similar setting would increase the clients experience of trauma</li> <li>Client experiencing severe health problems could reasonably be expected to be worsened by rooming house accommodation, but does not require hospitalisation</li> <li>Client assessed as particularly vulnerable to exploitation or violence in a rooming house environment-for example, frail aged and families.</li> </ul> </li> </ul>
Medium	<p>Client in current temporary accommodation assessed as detrimental to clients wellbeing:</p> <ul style="list-style-type: none"> <li>Temporary accommodation with friends or family, with negative impact on client</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>Client facing imminent discharge from institution (hospital, psychiatric inpatient unit, prison).</li> </ul> <p><b>NOTE:</b> Clients exiting crisis supported Accommodation are assessed as a 'high 'priority in terms of allocation to transitional properties where other appropriate accommodation options are not available.</p>	<p>Client has no other more appropriate accommodation options available:</p> <ul style="list-style-type: none"> <li>Client not able to access HEF from any source</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>Client can access HEF, but the available HEF-funded accommodation options are likely to be detrimental to client's wellbeing.</li> </ul>
Low	<ul style="list-style-type: none"> <li>Client in current temporary accommodation, ending soon</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>Client currently has no accommodation, but is able to access suitable accommodation</li> </ul>	<p>Client has other suitable accommodation options available:</p> <ul style="list-style-type: none"> <li>With family or friends</li> </ul> <p>And/or</p> <ul style="list-style-type: none"> <li>Client eligible for HEF, and HEF-funded accommodation is deemed suitable for the short term</li> </ul>

## Support Need

Level of support need	Stated and/or observed support needs	Professional support available
High	<ul style="list-style-type: none"> <li>Client has one or more significant support needs currently having a major impact on clients functioning and/or wellbeing and/or</li> <li>Client has multiple or complex support needs requiring intensive assistance and/or</li> <li>There is significant risk of harm to client or others, due to: <ul style="list-style-type: none"> <li>Major physical or mental health issues</li> <li>Vulnerability to violence (including domestic violence), exploitation or abuse from others</li> <li>Potential for self-harm/suicide risk.</li> </ul> </li> </ul>	<p>Client currently has no active support in place:</p> <ul style="list-style-type: none"> <li>Previous support links may have broken down</li> <li>Client may be resisting support</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>Client has some support in place, but the support relationship is tenuous or likely to break down in the near future.</li> <li>There is involvement from Crisis Services such as Child Protection or CATT Team which indicates there is significant support needs/gaps.</li> </ul>
Medium	<ul style="list-style-type: none"> <li>Client has one or more significant support needs.</li> </ul>	At least one support worker actively providing ongoing support to client. Level of support may be insufficient.
Low	<ul style="list-style-type: none"> <li>Client has minor support needs.</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate supports in place</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>No supports in place</li> <li>Client has not stated need for support</li> </ul>

## Priority Grid

EMR Prioritisation	Housing Need	Support Need/Risk
High	High	High
Medium	High	Medium
	Medium	High
	Medium	Medium
Low	Low	Medium
	Medium	Low

## **Homelessness Support Services Melbourne's Inner and Outer East**

FACT SHEET No 5

### **Exclusionary Practice**

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#### **Purpose**

To identify client behaviours that may exclude them from accessing specific services and identify good practice in these circumstances.

#### **Background**

When an accommodation vacancy is published on the Vacancy Management System, details about the vacancy are recorded, including age, gender, disability access, suburb, shared, single etc. Client restrictions (or exclusion practices) such as mental health status, drug and alcohol and education<sup>2</sup> status is not endorsed as it is strictly against THM program and policy intent.

#### **Unacceptable and Discriminatory Exclusion Practices**

The following description of unacceptable and discriminatory exclusion practices is provided to EHN homelessness agencies as an aid in making local agreements and protocols that avoid these practices. Practitioners are encouraged to refer to their individual agencies and programs policy and procedures.

#### **Violent or aggressive behaviour—actual or feared**

Clients who behave aggressively towards workers are sometimes banned from an agency or local area.

Worker/agency perceptions of client behaviour and intention vary widely—one may be able to cope with the sort of behaviour that another could not tolerate.

A cross-target agency working with a woman leaving a violent partner may refuse to work with the male partner because they assess that his presence in the agency poses a risk to the woman. However, if there is no other homelessness service in that area, the man must travel for assistance or go without.

An agency that provides shared housing may refuse to house a person who poses a risk of violence to other clients. The perception of risk may be very broad, such as all people with a mental health diagnosis or all people with a serious drug or alcohol issue, or may be based on past experience with that person.

#### *Good practice signpost*

All homelessness workers, particularly at entry points, should be trained in managing aggressive behaviour, and need to have access to high quality supervision. Give people the benefit of the doubt and base decisions on actual events rather than possible problems.

#### **Intoxication**

People who are intoxicated (alcohol or drug) might be evicted or asked to leave housing—especially shared housing, such as refuges and crisis accommodation—and may be banned from coming into some agencies. This is usually because of an assessment of increased risk

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<sup>2</sup> With the exception of –Youth Foyers



of violence. Sometimes this arises through a value judgment by workers, for instance, that the person should be trying harder to abstain from using drugs and alcohol. Some people with mental health problems may be caught up in this exclusion if their behaviour is perceived to be due to intoxication.

#### *Good practice signpost*

Drug and alcohol issues are frequently presenting issues within the homeless population, especially before people settle into housing. Agencies should have policies that include, rather than exclude, people with these issues as far as possible. If a person is intoxicated to the extent that they cannot manage the interview, they should be followed up when they are sober.

#### **Criminal behaviour such as drug dealing, assault, theft**

People might be evicted from shared accommodation if they commit crimes. Others may be excluded if they have a criminal record, especially of sex offences against children.

#### *Good practice alert*

If there are known risk factors, safety planning should take these into account. Where shared accommodation is not suitable, other options should be sought. Evictions should only occur for breaches of the Residential Tenancies Act

#### **Specific target groups**

An agency may add an extra condition to access for a highly sought-after resource. This is often in the belief that it will mean a better outcome from the use of that resource. For example, an agency might only nominate young people who are still at school into their youth-designated THM properties, even though this is the only THM property available. Young people who are out of school may only have access to the lower quality accommodation options of caravan parks or rooming houses.

#### *Good practice signpost*

Local area service networks decisions on resource targeting must be based on increasing, rather than constraining access. Resource targeting should be based on evidence and care should be taken not to leave another part of the client group without an option.

#### **Being from outside the area**

Proof of a 'link' to the region has sometimes been important when assessing for resource eligibility, in the belief that local resources should be targeted to local people, and/or that people's tenancies have a greater risk of failing if they are housed in unfamiliar surroundings. However, many people experiencing homelessness have no connection to any particular area, and others may be looking for a new place to make a fresh start.

#### *Good practice signpost*

Provide a service regardless of area of origin and, when possible, check which other agencies may already be working with the client so that work is not duplicated or confused.

#### **Failure to accept support**

This is also called 'failure to engage'. A condition of being housed can be that the person agrees to work with a support agency, and that they continue to do so. This is because better outcomes are generally achieved by supported tenants, and sometimes because supported tenants are usually 'better behaved' tenants.

#### *Good practice signpost*

Effort needs to be made to understand why someone refuses support, because they may have very good reasons—which can be addressed. There are also a range of strategies to

use to encourage engagement. Please follow up with your Team Leader/Supervisor for internal agency supports. Everyone has the right not to have a support worker, even if this seems unwise. Local area service networks and agencies should consider ways of offering housing options to people who are experiencing homelessness who do not want the accompanying support.

### **Unwilling to work on support issues**

Similarly to the above comments, a person may be excluded from homelessness assistance accommodation if they do not demonstrate their willingness to address the problems that the assessing agency believes has caused their homelessness.

#### *Good practice signpost*

Some people experiencing homelessness may fall into this category, but they are all eligible for services. Some people may seem more amenable, personally likeable and ready to change, but this cannot be the basis for choosing or refusing. There are a range of strategies to use to encourage engagement.

### **Support needs assessed as too high**

Agencies may refuse to support a person whose needs they assess as so high that they feel unable to work effectively with them. This may also be due to a feeling that the person is more rightly a client of another system—mental health, drug and alcohol, and so on.

#### *Good practice signpost*

Homelessness workers may have to initiate co-case management with relevant support providers so that the client can receive a fuller range of the services they require and so that the homelessness worker can concentrate on the housing aspects of the client's needs and risks. Local area service networks, in this region known as the EHSSA (Eastern Homelessness Service System Alliance) can assist by developing protocols with commonly overlapping services. On rare occasions there will be no appropriate accommodation for people with high needs. In these situations your Manager may choose to alert their local DFFH representative.

### **Exemptions**

On the rare occasion that an exemption is required for special circumstances such as a detox program, multiple occupancy arrangements etc. approval from DFFH must occur. Please follow up with your Supervisor/ Manager prior to contacting DFFH.

## Homelessness Support Services Melbourne's Inner and Outer East

FACT SHEET No 6

### Exceptional circumstances for direct referrals to Transitional Housing/Support from Entry Points

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#### Purpose

To outline the exceptional circumstances for referrals direct from Entry Points into transitional housing/support.

#### Context

In the Eastern metropolitan EHSSA the primary pathway for clients is entry Point to Crisis Supported Accommodation to Transitional Housing/Support.

To provide flow through within this pathway, clients exiting crisis supported accommodation (Gateways, Kirrang Wilam Youth refuge, Uniting 121 youth refuge and have an initial 24 hour priority access to all **High transitional housing/support resources**. An Entry Point can only refer direct to a transitional housing/supporting vacancy (within the initial 24 hour priority access period) when the client meets exceptional circumstances.

There is no expectation that all clients exiting crisis supported accommodation will require transitional accommodation, or that all transitional housing/support vacancies will be filled with clients exiting crisis supported accommodation.

#### Principles for Referral

- Referrals require completion of assessment and prioritisation
- In deciding who is prioritised for Access, the following factors will be taken into account:
  - The client with the earliest First Service Contact Date (ie: date of initial IAPT) where there has been continuous support provided since that time. (continuous support equals minimum of fortnightly contact). If the support period was closed and reopened, then the start date of the most recent support period is used.

#### AND

- The client who has been placed in continuously SHS funded emergency accommodation for the longest period, with the effective date being the date they were first placed.
- On occasions a client has an IAPT completed prior to entering primary homelessness. These clients should not be prioritized over those who have been in SHS funded emergency accommodation for a longer period.
- It is not a crisis response and workers making referrals need to consider carefully the individual clients suitability for a transitional housing/support response
- The primary pathway remains as Entry point **to** Crisis Supported Accommodation **to** Transitional Housing/support.

### **Direct Referrals to Transitional Housing**

Entry Points can make a direct referral into non shared Transitional Housing/Support (TH/S) where:

- Referral to a Crisis Supported Accommodation (CSA) is deemed inappropriate because the CSA is located in an unsafe area and the placement would put the client at risk
- The TH/S vacancy has been open for more than 24 hours and there are no referrals from a Crisis Supported Accommodation
- The accommodation is deemed to be detrimental to the health and wellbeing of a person's existing ongoing critical medical condition

## **Specialist Homelessness Support (SHS) Services Eastern Metropolitan EHSSA**

FACT SHEET No 7

### **Interim Response**

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#### **Purpose**

This information is intended to provide all Specialist Homelessness Support (SHS) Services with an understanding about interim response practice.

#### **Background**

Interim Response has previously been referred to as 'follow-up' and is not a new function. The term formalises practices that are already being undertaken by all homelessness support services, i.e. the day to day provision of advice and support to assist clients to access resources and explore options.

Interim response is a short-term support which allows the homelessness support service to stay in contact with clients who have been assessed and are awaiting housing and/or support services. Interim Response helps to monitor a client's situation for changes and/or assists at-risk persons to prevent homelessness.

Interim Response is case co-ordination (not case management) which provides service continuity to clients seeking assistance when there are no appropriate or available resources.

#### **Interim Response Support**

Interim Response is provided to clients who are homeless or at risk of homelessness

Contact may be a combination of telephone support, office-based face to face support and/or outreach support.

#### **Interim Response Tasks**

Interim response involves exploring options with the client. These will vary depending on the client's demographics, i.e. whether young/single/family, and their personal circumstances. Interim response activities may include (but not be limited to) one or more of the following tasks:

- Accessing family violence brokerage and access to Family Violence Private rental brokerage
- Accessing financial assistance through material aid or negotiating with Centre link and debtors
- Acting as a contact point for messages and correspondence
- Assistance with Office of Housing bond debt repayments
- Clarifying with person(s) to look at their next options
- Determining HEF eligibility for rent advance
- Engaging with schools
- Following up on the outcomes of referrals made

- Identifying alternative accommodation locations out of the region including country regions
- Investigating private rental options other than real estate agents e.g. private rental providers
- Listing people for case-managed support and transitional housing as they become available
- Making referrals as required to services such as legal, health, counselling or family support
- Providing assistance to sort belongings
- Providing assistance with new or existing housing applications
- Providing information on the homelessness service system and the realities of housing options available
- Resourcing the person(s) to access real estate agents
- Reviewing immediate needs
- Safety planning
- Staying in contact with people temporarily housed in purchased emergency accommodation (i.e. caravan parks, motels and rooming houses)
- Supporting connections with family and friends

## **Homelessness Support Services Melbourne's Inner and Outer East**

FACT SHEET No 8

### **Purchased Crisis Accommodation**

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#### **Purpose**

This information is intended to provide Specialist Homelessness Support (SHS) Services with an understanding of purchased crisis accommodation processes and limitations.

#### **Context**

The Eastern Metropolitan Region (EMR) has a number of SHS funded crisis supported accommodation facilities which provide immediate short term supported accommodation.

When there are no crisis supported accommodation vacancies or options available, Entry Points may purchase crisis accommodation using HEF or other types of brokerage funding.

Purchased crisis accommodation is defined as any overnight accommodation option that is arranged by the Entry Point such as hotels, caravan parks or boarding houses.

#### **Funding Assistance**

The Housing Establishment Guidelines provide guidance on the purpose and use of HEF. Historically, the EMR has divided the EMR HEF allocation into two distinct functions:

Crisis HEF:	For the purpose of overnight crisis accommodation
Preventative HEF:	For the purpose of housing establishment (rent in advance) and rent in arrears, etc.

Entry Points place clients in emergency accommodation during business hours either through HEF, other funding sources or through the agencies own funds. Funding for emergency accommodation is limited.

#### **Access**

Entry Points allocate a purchased crisis accommodation placement after ascertaining that the client cannot safely stay with friends or relatives and no alternative accommodation options are available. Entry Points should also check with state-wide services for vacancies as appropriate. Rather than give client state-wide contact details it is considered best practice for workers to phone State-wide services on behalf of a client and make a warm referral which includes all relevant information. State-wide services may include:

- Youth Services - Frontyard Youth Services
- Family Violence - Safe Steps
- Homelessness - St Kilda Crisis Centre (Provides state-wide afterhours service)

NB: State-wide service will have different referral processes.

#### **Process**

1. Check that the client can make their way to the purchased crisis accommodation.

2. Advise the client of the agreed time period of the booking and clarify the ongoing rebooking arrangements
3. Depending on the individual client need, monitor suitable potential vacancies on the Vacancy management system (VMS) situated on SHIP and make referral(s) as appropriate.
4. Depending on the individual client need, other non SHS funded accommodation options may also be investigated.



## **Homelessness Support Services Melbourne's Inner and Outer East**

FACT SHEET No 9

### **Outreach Support Services**

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#### **Purpose**

This information is intended to provide Specialist Homelessness Support (SHS) Services with an understanding outreach services and support processes.

#### **Definition**

Outreach Support is sometimes referred to as Transitional Support without housing.

Outreach Support provides assessment and referral and case managed support beyond crisis, with a focus on accessing appropriate short term, medium term or long term housing. As per client need it may also involve referrals to services including mental health services, general health, Alcohol and other drugs, Family Violence support, education and training programs, emergency relief, financial counselling, disability related services, culturally specific services as well as children and family services.

Outreach support may be provided to a client (including families) living in the community and who is at risk of homelessness and/or experiencing homelessness and/or family violence. The living situation could be varied and include the person's own home, marginal accommodation, living temporarily with family or friends, or sleeping rough. Before making referrals SHS workers will need to check the criteria for specific programs.

Circumstances where it may be appropriate to link a client with outreach support include:

- The client or family is in 'housing stress' and is seeking assistance with a range of issues to stabilise the situation; or
- The client or family is experiencing family violence but is not under immediate threat.
- The client or family is in extended stay in motel accommodation

Generally outreach support cannot provide the immediacy and intensity of response that a Crisis Supported Accommodation service can provide. Good practice suggests clients are advised as to the limitations and expectations of outreach support.

#### **Process**

It is generally expected that an Entry Point making a referral to outreach support will have completed an IAP assessment. There is an expectation that each agency has their own allocation process and wait list. If more than one referral is being made and the outreach support service has limited capacity then the clients support needs and the date of first contact will be taken into account.

**If a client or family has been picked up for outreach support and their situation changes, the IAP assessment needs to be updated.**

## **Homelessness Support Services Melbourne's Inner and Outer East**

FACT SHEET No 10

### **Families and Adult Responses**

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#### **Purpose**

To provide an outline of available responses for families or adults.

#### **Crisis Supported Accommodation**

Gateways provide a Crisis Supported Accommodation service to single adults (25+), families of any age with accompanied children, and couples with one member of that party being 25.

Gateways vacancies are published on the VMS by Gateways staff.

Referrals to Gateways from Entry Points are coordinated with a minimum of three hours during business hours. Cut off times for referrals are listed on the VMS advertisement.

#### **Gateways allocation process for families and adults**

Each Entry Point can prioritise one referral per vacancy.

Gateways will prioritise in this order:

1. In HEF funded accommodation for the longest date
2. First Primary homelessness date and not funded in HEF funded accommodation with a \*continuous support period (\*fortnightly contact with Entry Point/Homelessness Support Service)
3. First Service contact date with a \*continuous support period (\*fortnightly contact with Entry Point/Homelessness Support Service)

Gateways will also consider the client mix and impact upon existing residents and vice versa.

#### **Transitional Housing/Transitional Support**

People assisted with emergency accommodation can be referred either to Gateways (If under 25) or to a Transitional Housing/Support vacancy.

Referrals to Transitional Housing/Support for families and single adults can be made direct from the Entry Point. The client does not necessarily have to be a Gateways client for a referral to a transitional vacancy to be made. This can be because:

- The vacancy has been published more than 24 hours (as indicated on Register listing)
- Exceptional circumstances (refer to exceptional circumstances FACT Sheet)

Referrals direct to a Transitional Housing/Support vacancy work towards the 3.00pm cut off time. Referrals can also be made by Gateways for the same vacancy.

Referrals direct from Entry Points to Transitional Housing/Support vacancies are coordinated by the THM if it is a single tenancy and by the support service if it is a multiple tenancy. All referrals need to come with the IAP Tool and be prioritised using the Prioritisation Grid.

Prioritisation principles remain for all referrals, that is, the referral with the highest priority is processed first, one referral per Entry Point and one Gateways referral.

Other Crisis Supported Accommodation services may be able to assist with a service response. It is not appropriate to provide the client with a list of phone numbers or redirect clients to these services. Contact should be made via the Entry Point. These include:

- [Launch Housing](#) - Sth Bank / East St Kilda / Sacred Heart / Flagstaff
- St Kilda Crisis Contact Centre - After Hours – 1800 825 955
- [Vincent care - Ozanam House](#)
- [Melbourne City Mission – Frontyard Youth Services](#)

### **Other Options**

Support can also be provided to access Private Rental, Boarding House & Caravan Park options. Assistance can be provided to apply for Public & Community Housing.

### **Adults Rough Sleeping**

There are initiatives for people experiencing rough sleeping. These vary between local government areas.

- [Wellways](#) provide an assertive outreach program for adults sleeping rough who have links to the City of Maroondah.
- [Salvation Army Homelessness East](#) also provide a rough sleeping response in some of the other local government areas. Contact them for current arrangements

## **Homelessness Support Services Melbourne's Inner and Outer East**

FACT SHEET No 11

### **Young people responses**

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#### **Purpose**

This information intends to provide Specialist Homelessness Services (SHS) in the Inner and Outer East with an understanding of service coordination responses for young people.

#### **Crisis Supported Accommodation**

The Eastern Metropolitan EHSSA youth Crisis Supported Accommodation services are:

- Anglicare's Kirrang Wilam youth refuge
- Uniting 121 youth refuge

Gateways provide a Crisis Supported Accommodation response to families with children in their care including where the parents are under 25

EMR Entry Points and Frontyard Youth Services (FYS) can refer directly to youth crisis vacancies.

The referral cut-off time will be nominated as advertised on VMS.

Each Entry Point can prioritise one referral per vacancy advertised at Kirrang Wilam and 121 youth refuges. Generally referrals are considered in order of arrival and the first suitable client referred is accepted.

Receiving services are requested to provide written feedback for qualified acceptance or non-acceptance of referrals.

- In deciding who is prioritised for Access, the following factors will be taken into account in this order:
  - The refuge is able to adequately meet the support needs of the client, taking into account the current client mix at the refuge
  - The client has links to the region
  - The client has had the longest period of homelessness ie has the earliest First Service Contact Date (ie: date of initial IAPT) where there has been continuous support provided since that time. (continuous support equals minimum of fortnightly contact). If the support period was closed and reopened, then the start date of the most recent support period is used

#### **Transitional Housing/Transitional Support**

Referrals to Transitional Housing/Support can be made direct from Entry Points, that is, the client does not necessarily have to be in a Crisis Supported Accommodation service to access a transitional vacancy. This can be because:

- The vacancy has been published more than 24 hours (as identified on the VMS); or
- Exceptional circumstances – refer to fact sheet no#7 - exceptional circumstances
- YR have indicated that they client support needs cannot be met in the youth refuge setting. Eg. Excessive AOD use or unmanaged mental health issues.

Referrals direct to Transitional Housing/Support vacancy work towards an advertised cut off time. Referrals can also be made from Crisis Supported Accommodation services for the same vacancy.

Generally referrals direct to Transitional Housing/Support cannot be considered as a Crisis response both in terms of immediacy and intensity of support.

Prioritisation principles remain for all referrals, that is, the referral with the earliest First Service Contact Date is processed first (taking into consideration their support needs), one referral per Entry Point and one referral per Crisis Supported Accommodation service.

Referrals need to include the full IAP assessment. The Initial Assessment Worker is responsible for ensuring the information contained in the EHN referral template is up to date at the time of the referral.

Where a Crisis Supported Accommodation (CSA) provider<sup>3</sup> (excluding FV refuge) refers an existing refuge client to a THM, the CSA service is required to create a new version of the EHN referral template updating information relating to the client's current needs, risks and actions to ensure that services receiving referral are in the best position to match clients appropriately.

Each Entry Point can prioritise one referral per vacancy. Generally the referral with the earliest First Service Contact Date is considered first but is subject to the considerations of client mix and impact upon existing residents and vice versa.

- In deciding who is prioritised for Access, the following factors will be taken into account:
  - The client with the earliest First Service Contact Date (ie: date of initial IAPT) where there has been continuous support provided since that time. If the support period was closed and reopened, then the start date of the most recent support period is used. **AND**
  - The client who has been placed in continuously SHS funded emergency accommodation for the longest period, with the effective date being the date they were first placed.
  - On occasions a client has an IAPT completed prior to entering primary homelessness. These clients should not be prioritized over those who have been in SHS funded emergency accommodation for a longer period.

Receiving services are requested to provide written (email) or verbal feedback for accepted or non-accepted referrals.

## **Additional Youth service information**

### **The Salvation Army – Crisis Accommodation & Support Eastern Youth (CASEY)**

The Salvation Army Homelessness East CASEY program provides support and accommodation options for young people aged 16 – 24 years who are experiencing homelessness or at risk of homelessness. CASEY has nomination rights to the following:

- 1 x 2-bedroom youth crisis THM family property
- 2 bedroom shared male youth crisis THM property

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<sup>3</sup> Gateways, Kirrang Wilam, Uniting 121

- 2 bedroom shared female youth crisis THM property
- Casey also offers outreach case management support within the EMR to young people experiencing homelessness or at risk of homelessness. All vacancies are advertised on VMS. IAP/referrals are to be emailed to [gateways-caseyreferrals@salvationarmy.org.au](mailto:gateways-caseyreferrals@salvationarmy.org.au)

### **Frontyard Youth Service – Statewide response**

Provide a homelessness response to Young people up to the age of 25 and can work with young people across the State. However best practice is to refer to regional youth support programs wherever possible. Warm referrals are preferred.

19 King Street Melbourne CBD – 03 9977 0077

<https://www.mcm.org.au/services/homelessness/frontyard>

### **Family Reconciliation Services**

Family Reconciliation services are a vital component of the service system and are a means of linking young people with a service that can be effective in maintaining the young person within the family structure (provided it is safe) and keeping the young person out of the cycle of homelessness.

The Family Reconciliation services are based at:

- [Anchor](#) - Lilydale
- [Uniting Vic Tas – Ringwood](#)

### **Transitional Support**

If Family Reconciliation services are not appropriate there may be benefit in referring a young person to transitional support. All outreach support is published on the VMS

Providers of Transitional support include:

- [FAN](#)
- [Anchor](#)
- [Uniting Vic Tas](#) - Ringwood

### **Creating Connections**

Entry Point staff may access services and resources under the Creating Connections program for young people accessing Entry Point services. These services are also able to be accessed by agencies outside of the homelessness service system.

The following services are available:

1. Private Rental Brokerage (Youth) – [FAN](#) and [Anchor](#)
2. [Creating Education and Employment Pathways \(CEEP\) – Uniting](#)
3. [Intensive Case Management Service - The Salvation Army Eastern](#)
4. [Life and Living Skills / Education employment and training - Uniting](#)
5. [Youth Housing and Support Placement – Uniting](#)

### **Other**

- Lilydale Youth Foyer – [Anchor](#)
- [Pride in Place](#) – A partnership between Drummond Street Queerspace, VincentCare, Uniting and Family Access Network (FAN)

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## **Homelessness Support Services Melbourne's Inner and Outer East**

FACT SHEET No 12

### **Working with Children who are at risk or experiencing homelessness**

#### **Purpose**

This information is intended to provide Homelessness Support Services in the Inner and Outer East with an understanding of resources for children entering their services as part of a family seeking support. It is anticipated that children will be assessed and engaged as fully in case management as their caregivers.

#### **Language**

Within the Homelessness Service System, children should be referred to as clients, not the children of clients. When family violence is present, they should be referred to as "infant/child/young person and adult victim survivors". They should not be referred to as "victim survivor/s and their children".

#### **Assessment of children**

Agencies will have their own IAP and case management tools and processes. Information about children should be collected whether from the child or via the parents, with understanding that it is sometimes very difficult for parents to accurately recognise what an experience has meant for children.

Where the presenting family has experienced family violence, children are required to have their own MARAM assessment. If there has been family violence in the home, children will always have an experience of this.

The Child Information Sharing scheme should be used to support the safety and wellbeing of each child, as required. <https://www.vic.gov.au/maram-practice-guides-and-resources>

The Child Safe Standards and the United Nations Convention on the Rights of the Child, require children to have the opportunity to have their voice heard and to have input into decisions that impact them. The monitoring of compliance commenced in January 2023. <https://providers.dffh.vic.gov.au/compliance-child-safe-standards>

#### **Data Recording**

The correct recording of client data is extremely important to provide accurate data about the work that services provide to agencies, DFFH and AIHW. As children are part of the client group it is very important that they are included in data collection as comprehensively as possible.

Please refer to [Entering Children on SHIP tip sheet](#), (developed by the Statewide Children's Resource Program)

#### **Resources**

##### **The Statewide Children's Resource Program (SCRIP)**

The State-wide Children's Resource Program (SCRIP) advocates for and assists practitioners in homelessness support and other non-government services to respond more effectively to

the needs of children who have experienced homelessness and/or family violence.

### **Regional SCRP Coordinators**

Each region across the state of Victoria has a Children's Resource Program Coordinator who offers flexible and tailored support to agencies. This includes secondary consults with practitioners, regional meeting and information provision, training, support and resources, and promoting best practice to those working with children in homelessness, family violence and support services.

They also administer the regions [Children's Brokerage Funds](#) and facilitate the [Children's Network meetings](#).

Other resources include

- [Through a Child's Eyes](#) - Stories of Children's experiences of Family violence and Homelessness
- [Through My Eyes](#) - Children's activity book for practitioners
- [Supporting Your Children](#) - Poster for workers and parents
- [See, Listen, and Respond](#) - A guide to engaging children experiencing homelessness and family violence
- [Charlie's Story](#) - A story through the eyes of Charlie as his family journeys through homelessness. A resource for anyone supporting children and families.
- [Posters - Child Development and Trauma Impacts](#) - Guides for Practitioners and Parents
- [Practitioner Toolkit](#) - A Google drive with a range of resources for practitioners, infants, children, young people and caregivers.
- Hear My Voice Conversation Cards – a resource to support having safe, MARAM and FVISS/CISS informed conversations with children and adults about their children

More examples of resources can be found on the Statewide CRP [website](#). This website contains a range of resources and training options for practitioners to support their work with infants, children, young people and their caregivers. All resources are provided free to practitioners, agencies and clients.

The [EHN Website](#) (Eastern Homelessness Network) is a resource for practitioners looking for support for children and their parents/carers. Managed and administered by the [Eastern Homelessness Networker](#), this has both eastern area information and wider information. The website also has details of relevant training for practitioners and of network meetings in the area. [www.ehn.org.au](http://www.ehn.org.au)

[Parentzone](#) is a resource produced By Anglicare for the four regions; east, west, north and south. It provides low/no cost groups for adults and children and the [newsletter](#) provides client information for a diverse client group, by LGA and demographic and is updated each term. <https://www.anglicarevic.org.au/our-services/family-and-parenting-support/parentzone/>

Emerging Minds, Centre for Excellence in Child and Family Welfare and more resources are available to support practitioners to respond to their infant, child and young person clients.



## Homelessness Support Services Melbourne's Inner and Outer East

FACT SHEET No 13

### Accessing Transitional Housing with support

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#### Purpose

The following is the agreed process for referrals direct from homelessness services to Transitional Housing Management (THM) services for referral to transitional housing/support services. This process is in relation to vacancies advertised on the Vacancy management System (VMS), and not when an agency has nomination rights to specific properties.

**Nomination rights refer to the exclusive right of an agency to place clients into a property and support them without the need to advertise the properties on the Vacancy Management System (VMS).** Clarification regarding nomination rights to properties can be obtained from DFFH and the relevant Transitional Housing Manager.

#### Background

Transitional Housing Management (THM) services are responsible for coordinating referrals to transitional housing/support vacancies for single tenancies. Transitional Support Services are responsible for coordinating referrals to transitional housing with support vacancies for shared tenancies.

This document outlines the process for Single and shared tenancies as advertised on the VMS

Refer to Fact sheet 11 for prioritisation principles

#### Single Tenancies – Youth, Adults and Families

#### Process

1. When a vacancy occurs, the THM will initiate contact with the Transitional Support service to determine the level of prioritisation attached to the incoming renter. The THM service will identify aspects relating to the suitability of the prioritisation with regards to tenancy history (i.e. neighbourhood fatigue) and the Transitional Support service will provide advice upon the suitability of client support needs considering existing case mixes.
2. The THM service and the Transitional Support service will agree to publish the resource on the VMS with a high, medium or low need giving consideration to notional regional prioritisation splits of 70% high, 20% medium and 10% low.
3. Transitional Housing with support vacancies are posted on the VMS directly by the THM with a nominated cut-off time and email address for the EHN referral template (IAP) to be sent to. All single tenancy vacancies will be published on the Resource Register with **a minimum three hour referral window.**
4. If an adult/family property has a high allocation, referrals are open to Gateways for the first 24 hours. If a referral is not received within this timeframe it is then opened up to the other entry points.

5. Referrals need to include the full IAP assessment. The Initial Assessment Worker is responsible for ensuring the information contained in the IAP Tool is up to date at the time of the referral.
6. Where a Crisis Supported Accommodation (CSA) provider refers an existing client to a THM, the CSA service is required to provide an addendum report to the original EHN referral template; updating information relating to the client's current needs, risks and actions to ensure that the service receiving referrals is in the best position to match clients appropriately.
7. The THM service advises both the successful referring service and the support service attached to the property of the intended acceptance of the client and gives an indication of the sign-up time.
8. The THM service is required to advise the unsuccessful referring agencies via email or verbally that their referral has been unsuccessful.
9. As soon as a referral starts to be processed, the THM service will unpublish the vacancy from the VMS.
10. Where a referral does not proceed or is declined, the referral with the next earliest First Service Contact Date will be considered with consideration given to the length of time in primary homelessness
11. The THM service provides the applicable nomination paperwork to the successful referring agency in order for them to facilitate completion of the paperwork by the successful referral
12. The THM service confirms with the Transitional Support service the client sign up date and time. It is best practice for the support worker to attend the sign up with the client.

## **Shared Tenancies –Youth and Adults**

### **Process**

The process for shared tenancies is the same as single tenancies except that all referrals are forwarded to the relevant Transitional Support Service so that the successful referral can be determined on both First Service Contact Date / length of time in primary homelessness and current client mix. Proactive liaison will be required between the THM, Transitional Support Service and referring agency to coordinate completion of the nomination paperwork and sign up.

## **Homelessness Support Services Melbourne's Inner and Outer East**

FACT SHEET No 14

### **Out of Region Referrals to Entry Points**

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#### **Purpose**

This information is intended to provide Specialist Homelessness Support (SHS) Services with an understanding of out of region referral processes.

#### **Background**

The Entry Point model requires that all clients entering Melbourne's Inner and outer east service system require an IAP assessment to be completed.

Referrals from out of region can be for any reason. The client does not need to have a link to EMR for an assessment to be completed.

Referrals can be for:

- Crisis Supported Accommodation.
- Transitional Housing with Support; or
- Transitional Support (without housing) (Transitional Support cannot be provided beyond EMR).

#### **Access and Priority**

To ensure equity of access, prioritisation works the same for out of region referrals as inter regional referrals. That is, the assessment and prioritisation is completed, and the prioritisation determines access to an eastern metropolitan service response.

In the inner and outer east the referral with the earliest *First Service Contact Date* is considered first for a single (non shared) resource, with consideration given to the length of time in primary homelessness. That is the client who has been active the longest. However as the matching and compatibility of clients in multiple tenancy properties is an important consideration, a client with a later First Service Contact Date may be considered over a client with an earlier First Service Contact Date for a shared resource.

It is not appropriate to reject an assessment because there are no current resources available. In other words, undertaking an assessment is based on need and client preference, not on available resources.

If the referring service believes they have additional client information, a request can be made to an Entry Point for a revised assessment. Completing or revising an assessment is at the discretion of the Entry Point and prioritisation is the sole determinant of a service response.

#### **Process**

1. Good and effective communication is integral to assisting out of region referrals. Before commencing an assessment, explain the Entry Point process and the limitations to a service response. Key points for communicating to referring services to are:
  - Indicate a timeline for completing an assessment;
  - Once completed the assessment will be prioritised;

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- Prioritisation does not guarantee a service response; and
  - Even if the prioritisation is high, it may be that a service response cannot be facilitated due to the high demand.
2. Out of region services make a referral to the Entry Point. This includes the IAP Assessment. This can be faxed or emailed to an Entry Point. Alternatively, the out of region service (or client) can contact the Entry Point directly for them to complete the entire assessment.
  3. Services need to first make the referral and then the Entry Point will facilitate an appropriate service response. Out of region services can contact **ANY** Entry Point for an assessment to be completed.

CSA Services are responsible for publishing all available resources for their service on the VMS. Resources are published under the Resource Category **Housing** and the Resource Type **Crisis Supported Accommodation**.

## Homelessness Support Services Melbourne's Inner and Outer East

FACT SHEET No 15

### Family Violence

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#### Purpose

This information is primarily intended for intake/assessment staff at Entry Points for referral to appropriate Family Violence Support Services. It is strongly recommended that all staff are trained in the MARAM Framework and the appropriate responses to family violence according to their organisational policies. This includes the Family Violence Information sharing Scheme (FVISS) and the Children's Information sharing Scheme (CISS)

#### Definition of Family Violence

According to Victorian law, family violence is behaviour by a person towards a family member that is physically, sexually, economically, emotionally or psychologically abusive. It includes behaviour that is threatening or coercive or that controls or dominates the family member and causes them to feel fear for their own safety or wellbeing or that of another family member or person. This includes behaviour that causes a child to hear or witness, or otherwise be exposed to the effects of such abuse.<sup>4</sup> **Aboriginal definition of family violence:** Dhelk Dja Safe Our Way – Strong Culture, Strong Peoples, Strong Families defines family violence as 'an issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-hard, injury and suicide.'<sup>5</sup>

#### MARAM and CISS

The Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) has been developed in response to recommendations 1-3 of the Royal Commission into Family Violence.

MARAM is designed to support workers across the service system to better understand their responsibilities to undertake risk assessment and management, including information sharing and working collaboratively.

*Practitioners are encouraged to refer to their organisations family violence response policy and procedures.*

A set of practice guides and supporting resources have been developed alongside the MARAM Framework to better support professionals. These can be found on the [MARAM practice guides and resources](#) page. Find more information on the [MARAM Framework](#).

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<sup>4</sup> MARAM Brief and Intermediate Practitioner Guide - <https://www.nifvs.org.au/wp-content/uploads/2021/04/MARAM-Brief-and-Intermediate-Practitioner-Guide.docx>

<sup>5</sup> The State of Victoria, Department of Health and Human Services, *Dhelk Dja Safe Our Way – Strong Culture, Strong Peoples, Strong Families*, October 2018, Pg51

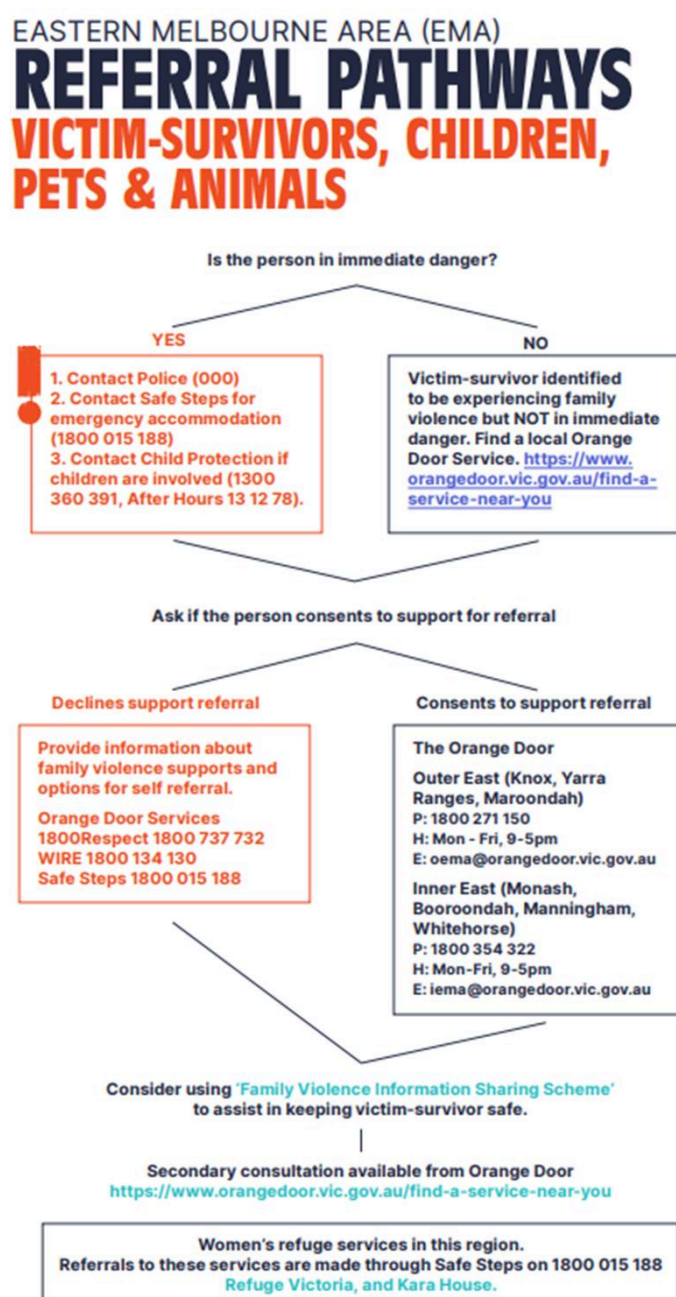
Visit <https://www.vic.gov.au/maram-practice-guides-and-resources> to view resources related to the MARAM Framework. For resources related to the Child Information Sharing Scheme (CISS) and the Family Violence Information Sharing Scheme (FVISS), visit the [Information sharing guides, templates and tools page](#)

## Client Group

For many women who present at an Entry Point family violence will be a factor contributing to their homelessness. IAP workers must explore this in the initial assessment to ensure an appropriate safety response and referral is made using the MARAM. Refer to *Initial assessment and Planning* fact sheet and for *EHN Narrative Assessment guide* included in this resource

## Family Violence Referral Pathways for Victim survivors, children, pets and animals

Exert from: [Maram Screening an Identification Practitioners Guide](#)



EHN Fact Sheets

A practice guide for homelessness practitioners working in Melbourne's Inner and Outer East  
V9 August 2025

## The Orange Door

Inner and Outer Eastern Network coordinates centralised entry points for adults, children and young people to access family violence supports, as well as provides access to child wellbeing services, aboriginal services, and services for perpetrators of family violence. (See below for further contact details)

### Orange Door locations Melbourne's Inner and Outer East

**Outer East** Orange Door (Knox, Yarra Ranges, Maroondah) – 1800 271 150  
9-5pm Mon – Fri oema@orangedoor.vic.gov.au.

**Inner East** Orange Door (Monash, Boroondara, Manningham, Whitehorse) – 1800 354 322  
9-5pm Mon – Fri IEMA@orangedoor.vic.gov.au

### After hours response

For a crisis response after hours, please contact Safe Steps Family Violence Response Centre on **1800 015 188**.

**FVREE (formerly EDVOS)** is the lead specialist family violence service in the Inner and Outer East and in partnership with the two Orange Doors they provide family violence support services. <https://www.fvree.org.au/>

### Refuge/crisis accommodation

Refuge and crisis accommodation options operate in the Eastern Metropolitan Region – Kara Family Violence Services (formally Kara House); and Refuge Victoria (formerly Safe Futures Foundation). The crisis accommodation locations are confidential, and referral is only via Safe Steps Family Violence Response Centre.

### Gender Diverse FV responses

Rainbow door is a specialist helpline for all LGBTIQ+SB people and their friends and family (both biological and chosen), peer support workers, counsellors, doctors and other practitioners, mental health, and family violence support workers.

- **Rainbow Door** is a free service that is here to support you. You can call, text, or email us. Phone: **1800 729 367**. Rainbow Door may refer you to local services such as:
  - **Family Access Network** run LGBTIQ+ Pathways to Resilience Group to connect and support LGBTIQ+ young people (aged 15-25) who have experienced family violence. To join the group, or for more information please contact FAN on **9890 2673**. <https://www.fan.org.au/>
  - **Drummond Street** run a similar program in the Inner east. If you would like to discuss or make a referral, please contact **(03) 9896 6395** or <https://ds.org.au/q-space-lgbtqa-service-network/>
  - **Thorne Harbour Health** have LGBTI Health services and programs including general health, sexual health, women's health, Trans and Gender Diverse Health ph: **9865 6700**. <https://thorneharbour.org/services/relationship-family-violence/>

## Culturally and/or Linguistically Diverse

- **InTouch Statewide** State-wide service, which provides services, programs and responses to issues of family violence in culturally and linguistically diverse communities. (03) 8413 6800 1800 755 988 [intouch.org.au](http://intouch.org.au)
- **First Nation Services**
- **Djirra Statewide Service** provides both telephone and face-to face legal advice and other supports to all Aboriginal and/or Torres Strait Islander victims/survivors of family violence and sexual assault. 1800 105 303 [djirra.org.au](http://djirra.org.au)
- **Elizabeth Morgan House** Statewide Provides a range of support to Aboriginal and/or Torres Strait Islander women and children experiencing family violence, including intake and assessment and secondary consults (03) 9482 5744 [emhaws.org.au](http://emhaws.org.au)
- **Boorndawan Willam Aboriginal Healing Service** Provides a culturally safe service that assists Aboriginal and/or Torres Strait Islander in their healing journey to address the impacts of family violence. (03) 9212 0200 [bwahs.com.au](http://bwahs.com.au)
- **VACCA** Provides a family violence therapeutic program, including individual case work and group work, counselling and practical support for Aboriginal/and or Torres Strait Islander women, men, young people and families. (03) 8727 0200 <https://www.vacca.org/>

## Male Victims Survivors

If a client identifies as a male victim-survivor

- **MensLine National** - Offers anonymous and confidential telephone counselling, information and referrals. 1300 78 99 78. 24hrs, 7 days a week. [www.mensline.org.au](http://www.mensline.org.au)
- **Men's Referral Service** Provides telephone counselling, information and referrals for men. 1300 766 491. 8am-9pm M-F. 9am-5pm Sat & Sun <https://mensline.org.au/>
- **Eastern Victims Assistance Program** Flexible case management services tailored to the individual needs of victim survivors. 1300 884 284 9am-5pm Mon Fri <http://www.each.com.au>
- **Victims Support Agency** Guides victims through the legal process and helps manage the effects of crime through practical assistance and counselling. 1800 819 817 Text: 0427 767 891. 8am-11pm, 7 days a week. <https://www.justice.vic.gov.au/contact-us/victims-support-agency>

## Family Violence Counselling / Family Violence Therapeutic Interventions

These programs are available for people currently not experiencing family violence and are seeking recovery support:

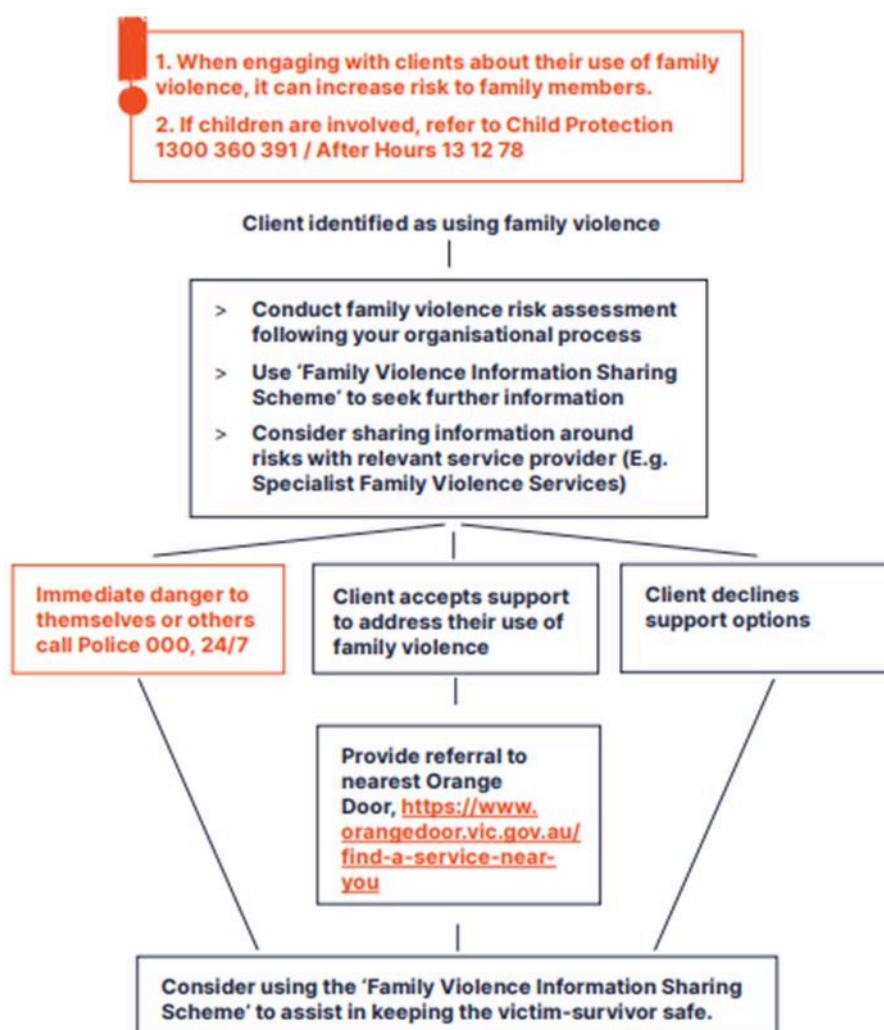
- Outer East – [Pathways to resilience](#) – Uniting Vic Tas - 8870 4040
- Inner East – [TRAK Forward](#) – Anglicare – 9896 6395
- [Step Forward](#) – Kara FV services – 9899 5666
- [Regional Family Violence Therapeutic Hub](#) - The RFVP Therapeutic Hub is a free resource available to anyone looking for therapeutic services in the Eastern Metropolitan Region.



## Men's Family Violence

### Referral pathways for Perpetrators of Family Violence / People Using Violence (PUV)

## EASTERN MELBOURNE AREA (EMA) REFERRAL PATHWAYS PERPETRATOR



Excerpt from the Family Violence Referral Pathways Booklet  
[Family-Violence-Referral-Pathways-Booklet-v11.0.pdf \(fvree.org.au\)](https://www.fvree.org.au/Family-Violence-Referral-Pathways-Booklet-v11.0.pdf)

Anyone can call the statewide Men's Referral Service 1300 766 491 (seven days a week) –

- Men who have or are still behaving abusively
- Family members who are impacted by a man's use of abusive behaviours
- Friends, family, or colleagues of people who may be using or experiencing family violence and wish to understand how to support their friends, family, or colleagues
- Professionals wishing to support a client who is using or experiencing family violence

### **Men's Behaviour change Programs**

A men's behaviour change program (MBCP) is a program for men wanting to end their use of violence and other problematic behaviours in their relationships. This behaviour includes coercive control, physical, sexual, emotional, verbal, economic, social, and financial abuse, and intimidation.

Men can phone the below organisations to make an appointment:

- Anglicare, Bayswater (MBCP, Men's Case Management) **9721 3688**
- Anglicare, Box Hill (MBCP, Men's Case Management) **9896 6322**
- Anglicare, Lilydale (Men's Case Management) **9735 4188**
- Relationships Australia, Boronia (MBCP, Men's Case Management) **9725 9964**
- Relationships Australia, Kew (MBCP, Men's Case Management) **9261 8700**
- Link Health and Community, Clayton (MBCP, Men's Counselling) **1300 552 509**
- Boorndawan William Aboriginal Healing Service, Lilydale (Men's Behaviour Change Program, Men's Case Management Program) **9212 0200**
  
- **Outer East Orange Door** (LGA's Knox, Maroondah, and Yarra Ranges)
  - Phone: **1800 271 150**
  - Email: [oema@orangedoor.vic.gov.au](mailto:oema@orangedoor.vic.gov.au)
  - Address: 4-16 Devon Street, Croydon (Corner Pierson Drive & Railway Grove)
  - Opening times: 9am-5pm Monday–Friday
  
- **Inner East Orange Door** (LGA's Boroondara, Manningham, Whitehorse, and Monash).
  - Phone: **1800 354 322**
  - Email: [IEMA@orangedoor.vic.gov.au](mailto:IEMA@orangedoor.vic.gov.au)
  - Address: 30-32 Prospect Street, Box Hill, Victoria, 3128
  - Opening times: 9am -5pm Monday–Friday

## **Homelessness Support Services Melbourne's Inner and Outer East**

FACT SHEET No 16

### **After Hours Referrals to Salvation Army Crisis Centre**

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#### **Purpose**

This information is intended to provide Specialist Homelessness Support (SHS) Services with an understanding about the state wide After Hours Referral Service operated by The Salvation Army Crisis Contact Centre.

#### **Hours of Operation**

The hours of service are 5pm- 9am Monday to Friday and operate on a 24 hour basis on weekends and public holidays. The contact details are 1800-825-955.

#### **State wide After Hours Practice**

1. The Salvation Army Crisis Contact Centre will assess calls to determine whether the caller is in need of homelessness assistance. If so, The Salvation Army Crisis Contact Centre will provide a crisis response.
2. HEF is allocated on a needs basis and the assessment for use of these funds is targeted towards individuals and families who are contacting in a vulnerable state. After hours HEF is limited to the number of nights until the next business day. Clients will be advised to contact their regional Entry Point from 9am the following day to follow up accommodation needs.
3. The Salvation Army Crisis Contact Centre will confirm with the client that referral to an Entry Point does not guarantee next day assistance for HEF or crisis accommodation.
4. The Salvation Army Crisis Contact Centre will provide the caller with the details of the entry point nearest their last known address within the eastern metropolitan region.
5. The Salvation Army Crisis Contact Centre will complete the IAP and forward to the local Entry Point along with the client consent form
6. Where accommodation has been arranged, The Salvation Army Crisis Contact Centre to email confirmation of the booking to the private accommodation provider.
7. The Salvation Army Crisis Contact Centre is responsible for delivery of state-wide after hours response within the annual allocated budget.
8. If needed, further follow up can be made via phone contact with The Salvation Army Crisis Contact Centre and the local Entry Point the following day.

## **Homelessness Support Services Melbourne's Inner and Outer East**

FACT SHEET No 17

### **Vacancy Management system (VMS)**

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#### **Purpose**

This information is intended to provide all Specialist Homelessness Support (SHS) Services with an understanding of the state wide Opening Doors Vacancy Management System (VMS) usage and processes.

#### **Background**

In 2020 The homelessness Vacancy Management System (VMS) was introduced as an integral component of the Specialist Homelessness Information Platform (SHIP) to replace the Opening Doors Resource Register (ODRR) previously accessed through the Department of Health and Human Services (DHHS) Ebiz portal.

All homelessness funded agencies will have access to the VMS, whether or not they use SHIP as their principal Client Management System (CMS).

It is the expectation of DFFH that all Service Networks incorporate the VMS into how services are delivered.

The VMS provides a consistent and open approach to the allocation of resources.

#### **Access**

The VMS is now accessible via SHIP

#### **Functionality**

The following information provides an explanation about the functions of the VMS. Please refer to the [VMS instructions](https://www.ehn.org.au/uploads/images/232/VMS-instructions_final.pdf) (situated on EHN website) for step by step instructions about access, data set up, publishing, viewing and searching resources.

[https://www.ehn.org.au/uploads/images/232/VMS-instructions\\_final.pdf](https://www.ehn.org.au/uploads/images/232/VMS-instructions_final.pdf)

#### **Manage Agency Details**

An Agency manager is responsible for updating details about their service in the VMS and must ensure this is done regularly.

## **Temporary Emergency Accommodation for Public Housing Tenants**

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### **Purpose**

To outline the agreed process for communication and referrals between Housing Vic (formerly (office of Housing) staff and the Specialist Homelessness staff regarding temporary emergency accommodation for Public housing tenants that are temporarily unable to reside in the Housing Vic property.

This Fact Sheet is developed in accordance with the Memorandum of Understanding between Housing Vic and Homelessness Entry Point organisations in 2011

### **Background**

*This Fact Sheet and the associated Memorandum of Understanding (MOU) have been developed to clarify and formalise the referral process to ensure continuity of service for the tenant, through collaborative partnership between both Eastern Homelessness Service system Alliance and Homes Vic.*

*In some instances, Homes Vic property sustains considerable damage, which requires the tenant to move out of the property in order for the necessary emergency works/maintenance to be undertaken. Example of this include when electrical fires have caused significant damage to the Homes Vic property.*

*This MOU provides greater clarity around efficient communication, service delivery obligations and effective referral practices in instances where tenants require temporary accommodation due to damage to their Homes Vic property.*

### **Scope**

*This MOU relates only to those instances where the tenant is deemed homeless or at risk of homelessness due to significant damage sustained to the Homes Vic property that requires the tenant to temporarily relocate whilst the necessary works are undertaken.*

*The purpose of this MOU is to outline the operational arrangements for referral to 'Eastern Metropolitan Region (EMR) Specialist Homelessness Services (SHS)' by the EMR Homes Vic. This MOU is implemented to ensure a high-level service response by avoiding the unplanned presentation of Homes Vic tenants, in the above circumstances, presenting at an EMR SHS Entry Point without prior communication between both parties.*

*This MOU is the outcome of consultation and negotiation between EMR Homes Vic and EMR SHS Eastern Homelessness Service System Alliance (EHSSA).*

*This MOU has been instigated following enquiries from the EMR SHS for formal protocol to enhance service delivery for Homes Vic tenants and is facilitated by the Department of Families, Fairness and Housing (DFFH) Homelessness Services Eastern Metropolitan Regional office.*

## **Context and Limitations**

*This Fact Sheet and the associated MOU does not guarantee that the Public Housing tenant will be provided with emergency accommodation. The needs of the renter will be considered within the context of the needs of others requiring temporary accommodation and the demand on existing SHS resources. Resources are prioritised based upon an informed assessment of need, vulnerability and risk.*

*This Fact Sheet and the associated MOU is intended to establish understanding, clear communication pathways, and client focused referral practices.*

## **Overview of the principles of the MOU**

1. *Incident occurs and Homes Vic deems accommodation as inhabitable.*
2. *Homes Vic places the renter in motel overnight and/or contacts the Department of Health Human Services Emergency Management Team.*
3. *Homes Vic calls the nearest Homelessness access point to arrange an appointment for the Homes Vic renter.*
4. *SHS assess the Homes Vic tenant's needs and considers placement in crisis accommodation in accordance with others in need on the organisations waiting list.*
5. *Homes Vic ensure any further vacancies to Homes Vic stock are offered to the Homes Vic renter as temporary accommodation option, until the tenant's Homes Vic housing is habitable. To facilitate this, Homes Vic will not forward a letter of offer to another prospective tenant of the vacant Homes Vic property, until such time as the Homes Vic renter's housing is repaired and they have returned to their substantive Homes Vic housing.*
6. *Where SHS have prioritised the Homes Vic tenant for crisis accommodation, SHS should explore opportunities to place the tenant into a transitional housing until repairs to the Homes Vic property have been completed. This will involve communication with the regions THMs to gain priority placement into the THM. This arrangement will avoid costly crisis accommodation for any length of time.*
7. *If the incident occurs after business hours, the attending emergency service can arrange emergency accommodation via the Red Cross.*

## **Roles and Responsibilities (note, not linear process)**

### **Eastern Metropolitan Region (EMR) & Homes Vic staff will:**

- *attend all serious incidents (where access is permitted) to assess both property damage and renters accommodation needs,*
- *place and fund the tenant in overnight/weekend motel accommodation if no alternate accommodation options are available and/or contact the Department of Health and Human Services Emergency Management Team (refer to section 5.1) if the Homes Vic property is deemed inaccessible and/or uninhabitable by the tenant.*

- *Call the nearest EMR Homelessness Entry Point to advise of the incident and arrange an appointment for the tenant for consideration to crisis accommodation. Due to demands upon Homelessness Entry Point, it is not appropriate, nor client focused for the tenant to be sent to the service without prior notice.*
- *Refer to the Homes Vic tenant to the Domestic Violence Crisis Line where family violence is an issue, and the tenant requires refuge.*
- *Advise the Homelessness service of realistic timeframes for repair to the Homes Vic property. In the event SHS can provide appropriate temporary accommodation, timely and accurate information regarding the length of repair can impact significantly on the type of temporary accommodation that can be offered. Each of the 4 SHS entry points have funding of \$130 per day to respond to persons in crisis, therefore it is not possible for SHS entry points to fund a tenant for any length of time in motel accommodation.*
- *Consider transfer to another Homes Vic property, and coordinate removalists etc. if the Homes Vic property requires major upgrade.*
- *Lead negotiations with the Homes Vic renter to ensure they return to their substantive Homes Vic property in a timely manner.*
- *Update the SHS entry point in a timely manner if circumstances change or further relevant information comes to light.*
- *Disclose to the SHS entry point any relevant, known information regarding the client (i.e. risk factors; behaviours of concern; licit and illicit drug use, safety due to family violence etc.) and act under standard duty of care principles.*
- *Provide to the SHS entry point at the point of referral, contact details for the renters Homes Vic Tenancy Manager to provide a contact point for further communication required regarding the tenant.*

**Eastern Metropolitan Local Area Service Homelessness services will:**

- *Provide emergency/crisis accommodation to those most in need. The needs of clients will be assessed within the context of the needs of others, and resources will be prioritised accordingly. The most commonly accessible emergency/crisis accommodation options are motels or rooming houses.*
- *Contact Homes Vic to verify and confirm details of the Homes Vic tenant, in the event the Homes Vic tenant contacts a HFD entry point without Homes Vic knowledge.*
- *Explore opportunities to place the tenant into a transitional housing until repairs to the Homes Vic property have been completed where SHS have prioritised the Homes Vic renter for crisis accommodation. This will involve communication with the regions THMs to gain priority placement into the THM. This arrangement will avoid costly crisis accommodation for any length of time.*

## Appendix A

### Acronyms

<b>AA</b>	<b>Alcoholics Anonymous</b>	<b>Alcohol and other drug services</b>
<b>ABI</b>	Acquired Brain Injury	Alcohol and other drug services
<b>ACCO</b>	Aboriginal Controlled Community Organisation	Children, Youth and Families
<b>ACT</b>	Acceptance and Commitment Therapy	Alcohol and other drug services
<b>ADCA</b>	Alcohol and other Drugs Council of Australia	Alcohol and other drug services
<b>ADF</b>	Australian Drug Foundation	Alcohol and other drug services
<b>ADLs</b>	Activities of daily living (e.g. dressing, showering, eating, cooking etc.)	Mental health
<b>ALW</b>	Aboriginal Liaison Worker	Children, Youth and Families
<b>AOD</b>	Alcohol and Other Drugs	Alcohol and other drug services, Mental Health
<b>ARC</b>	Action for Recovery	Alcohol and other drug services
<b>AVITH</b>	Adolescent violence in the home	Family Violence
<b>Ax</b>	Assessment	Mental health
<b>BPAD</b>	Bipolar affective disorder	Mental health
<b>BPD</b>	Borderline Personality Disorder	Alcohol and other drug services, Mental Health
<b>BTC</b>	Breaking the cycle group program	Family Violence
<b>BWAHS</b>	Boorndawan Willam Aboriginal Healing Service	Children, Youth and Families & FV
<b>C/O</b>	Complained of	Mental health
<b>CAT team/CATT</b>	Crisis Assessment and Treatment team	Mental health
<b>CBT</b>	Cognitive Behavioural Therapy	Alcohol and other drug services
<b>CCI</b>	Community care unit – supported accommodation for people with mental illness, with onsite mental health clinical services	Mental health
<b>CCO</b>	Community Corrections Officer	Alcohol and other drug services
<b>CDM</b>	Chronic disease management	Alcohol and other drug services
<b>CHHS</b>	Department of Families Fairness and Housing	All
<b>CHIA</b>	Community Housing Industry Association	Homelessness



<b>CHP</b>	Council to Homeless Persons – Peak body for homelessness	Homelessness
<b>CISS</b>	Child Information Sharing Scheme	Family Violence
<b>CLZ</b>	Clozapine an (anti-psychotic medication)	Mental health
<b>CPR</b>	Cardiopulmonary Resuscitation	Alcohol and other drug services
<b>CRAF</b>	Common Risk Assessment Framework (old term for new MARAM)	Family Violence
<b>CSA</b>	Crisis Supported Accommodation	Homelessness
<b>D&amp;A</b>	Drugs and alcohol	Mental health
<b>D/C</b>	Discharge (from hospital, compulsory order)	Mental health
<b>DACAS</b>	Drug and Alcohol Clinical Advisory Service	Alcohol and other drug services
<b>Depot</b>	Long lasting medication given by deep intramuscular injection	Mental health
<b>DFFH</b>	Department of Families Fairness and Housing	Homelessness
<b>DOH</b>	Department of Health	Alcohol and other drug services
<b>DSP</b>	Disability Support Pension	Family Violence
<b>Dynamic factor</b>	Factors that can change	Mental health
<b>EACH</b>	Eastern Access Community Health	All
<b>ECASA</b>	Eastern Centre Against Sexual Assault	Family Violence
<b>ECLC</b>	Eastern Community Legal Centre	All
<b>EDAS</b>	Eastern Drug and Alcohol Service	Alcohol and other drug services
<b>EDVOS</b>	Eastern Domestic Violence Service (name change Dec 2022 – See FVREE)	Family Violence
<b>EHN</b>	Eastern Homelessness Network	Homelessness
<b>EHSSA</b>	Eastern Homelessness Service System Alliance	Homelessness
<b>ELSA</b>	Engaging & Living Safely & Autonomously (A Health Justice Partnership between Eastern Community Legal Centre and Eastern Health and early intervention legal and financial counselling elder abuse service)	Family Violence
<b>EMI</b>	Enhanced men's intake	Family Violence
<b>EPOA</b>	Enduring Power of Attorney	Family Violence
<b>EPSE</b>	(Extra-pyramidal) side effects	Mental health
<b>ETOH</b>	Alcohol	Mental health
<b>FDH</b>	Family Drug Help	Alcohol and other drug services
<b>FRMP</b>	Family Reconciliation & Mediation Program	Homelessness
<b>FSP</b>	Flexible Support Packages	Family Violence
<b>FVREE</b>	Free from Family Violence (Formerly EDVOS)	Family Violence
<b>FSV</b>	Family Safe Victoria	Family Violence
<b>FTD</b>	Formal Thought Disorder	Mental health
<b>FV</b>	Family Violence	Family Violence
<b>FVIO</b>	Family Violence Intervention Order	Family Violence
<b>FVISS</b>	Family Violence Information Sharing Scheme	Family Violence

<b>FVLO</b>	Family Violence Liaison Officer (Victoria Police)	Family Violence
<b>HEART</b>	Homelessness Emergency Accommodation Response Team (During COVID)	Homelessness
<b>HEF</b>	Housing Establishment Fund	Homelessness
<b>HMO</b>	Hospital medical officer (who may be the person's treating doctor, under supervision of the authorised psychiatrist)	Mental health
<b>Hx</b>	History	Mental health
<b>IAP</b>	Initial Assessment and Planning	Homelessness
<b>IAPT</b>	Initial Assessment and Planning Tool	Homelessness
<b>IEIFS</b>	Inner East Integrated Family Services	Children, Youth and Families
<b>IFS</b>	Integrated Family Services	Children, Youth and Families
<b>IMI</b>	Intra-muscular injection (also known as 'depot')	Mental health
<b>L17</b>	The L17 form is the Victorian Police Risk Assessment and Management report that Victorian Police are required to complete after attending a family incident. The report is completed when family violence incidents, interfamilial-related sexual offences and child abuse are reported to the police.	Family Violence
<b>LASN</b>	Local Area Service Network	Homelessness
<b>LGBTIQA+S B</b>	Lesbian, Gay, Bisexual, Transgender and Gender Diverse, Intersex, Queer (or questioning), Asexual, Intersex, + SisterGirls, BrotherBoys. The 'plus' is used to signify any other gender identities and sexual orientations that are not specifically covered by the other nine initials.	All
<b>LSD</b>	Lysergic acid diethylamide	Alcohol and other drug services
<b>MAP</b>	Media Awareness Project	Alcohol and other drug services
<b>MARAM</b>	Multi-Agency Risk Assessment and Management	Family Violence
<b>MBCP</b>	Men's Behaviour Change Program	Family Violence
<b>MDE</b>	Major depressive episode	Mental health
<b>MDMA</b>	3,4-methylenedioxy-N-methylamphetamine	Alcohol and other drug services
<b>Meridian Team</b>	A multi-funding, specialist adolescent and family therapy team, that also specialises in adolescent violence in the home	Family Violence & Children Youth and Families
<b>MI</b>	Motivational Interviewing	Alcohol and other drug services
<b>MSE</b>	Mental state examination (including assessment of appearance, mood, thought content, behaviour, insight and judgement, and overall demeanour)	Alcohol and other drug services, Mental health
<b>MYSS</b>	Melbourne Youth Support Service	
<b>Mx</b>	Medication	Mental health

<b>NAD</b>	No abnormality detected / No acute distress	Mental health
<b>Negative symptom</b>	refers to Schizophrenia and includes blunting of affect, poverty of speech and thought, apathy, anhedonia, reduced social drive, loss of motivation, lack of social interest, and inattention to social or cognitive input.	Mental health
<b>NDIS</b>	National Disability Insurance Scheme	Disability / All
<b>NIDS</b>	National Illicit Drug Strategy	Alcohol and other drug services
<b>NSP</b>	Needle Syringe Programs	Alcohol and other drug services
<b>OPA</b>	Office of the Public Advocate	Family Violence
<b>OD</b>	Opening Door(s) – Homelessness Service System Framework	Homelessness
<b>PARC</b>	Prevention and recovery centre – residential unit in the community for short-term treatment – often a step-down from hospital	Mental health
<b>POA</b>	Power of Attorney	Family Violence
<b>Positive symptoms –</b>	refers to Schizophrenia and includes hallucinations, delusions and repetitive movements that are hard to control.	Mental health
<b>PRAP</b>	Private Rental Assistance Program	Homelessness
<b>PRN</b>	PRN - 'as needed' (as distinct from a regular dose of medication)	Mental health
<b>PRN</b>	Registered psychiatric nurse	Mental health
<b>Protective factors -</b>	Things which can reduce the likelihood of a negative outcome, e.g. by reducing risk	Mental health
<b>RAMP</b>	Risk Assessment and Management Panel - regional group that share information and take action to keep identified women and children at the highest risk from family violence safe.	Family Violence
<b>RCFV</b>	The Royal Commission into Family Violence	Family Violence
<b>ROSE</b>	Rights of Seniors in the East (ECLC's integrated, intensive legal, social and financial counselling elder abuse response service)	Family Violence
<b>RTA</b>	Residential Tenancy Act	Homelessness
<b>SAD/SCZaff</b>	Schizoaffective disorder	Mental health
<b>SCPP-CB</b>	Senior Child Protection Practitioner -Community Based	Children, Youth and Families
<b>SCRIP</b>	State-wide Children's Resource Program	Homelessness
<b>SDT</b>	Mobile support team	Mental health
<b>SECU</b>	Secure extended care unit – locked mental health inpatient unit which provides rehabilitation and treatment, often long-term, where community and/or personal safety is an issue.	Mental health
<b>SHARC</b>	Self Help Addiction Resource Centre	Alcohol and other drug services
<b>SHIP</b>	Specialist Homelessness Information Platform	Homelessness

<b>SHS</b>	Specialist Homelessness Service	Homelessness
<b>SI/SH</b>	Suicidal ideation/suicidal harm	Mental health
<b>SHS</b>	Specialist Homelessness Service	Homelessness
<b>SRS</b>	Supported residential service	Mental health
<b>SRV</b>	Seniors Rights Victoria	Family Violence
<b>THC</b>	Cannabis/marijuana	Mental health
<b>THM</b>	Transitional Housing Management	Homelessness
<b>TOD</b>	The Orange Door	Family Violence
<b>TUV</b>	Tenants Union of Victoria	Homelessness
<b>Tx Rx</b>	Treatment	Mental health
<b>UDS</b>	Urine drug screen	Mental health
<b>VACCA</b>	Victorian Aboriginal Child Care Agency	Children, Youth and Families & FV
<b>VCAT</b>	Victorian Civil & Administrative Tribunal	All
<b>VCOSS</b>	Victorian Council of Social Services	All
<b>VicPol</b>	Victoria Police	Family Violence
<b>VLA</b>	Victorian Legal Aid	Family Violence
<b>YSAS</b>	Youth Substance Abuse Service	Alcohol and other drug services
<b>Ψ</b>	Psychiatrist/psychiatric	Mental health

## Appendix B

### Contact details Inner and Outer East Entry Points

Entry Point Agency	Address	public email address	Entry Point Phone Number
Anchor	Box Hill Institute - Lilydale Lakeside Campus Building L5, Level 1, Jarlo Dr, Lilydale 3140	<a href="mailto:openingdoors@anchor.org.au">openingdoors@anchor.org.au</a>	03 9760 6400
Community Housing Victoria Limited	Ground level/1 Chapel St Blackburn	<a href="mailto:info@chl.org.au">info@chl.org.au</a>	03 9856 0098
The Salvation Army	Level 1/353 Whitehorse Road Nunawading VIC 3131	<a href="mailto:Openingdoors@salvationarmy.org.au">Openingdoors@salvationarmy.org.au</a>	03 9853 5680
Uniting Ringwood	291A Maroondah Highway Ringwood 3134	<a href="mailto:Homelessness-OuterEast@vt.uniting.org">Homelessness-OuterEast@vt.uniting.org</a>	03 8870 4020

## Appendix C

### IAP Narrative Assessment Guide

<b>IAP Narrative Assessment Guide</b>	
<b>General Prompts</b>	<b>Suggested Questions</b>
<b>Housing/ Situation and history</b>	<b>Housing/ Situation and history</b>
Current Situation, past housing history	Have you had a period of homelessness in the last 12 months?
Private rental, HOMES VIC, THM, Rooming House	What kind of accommodation have you lived in in the last 12 months?
Exploration of short- term housing options, family, friends	Do you have an option of staying with to couch-surf with friends or family?
Blacklisting, reasons for this	If you have rented before, do you know if you are black listed?
Access to RIA, bond, etc.	Have you been given any financial assistance for rent in advance or Bond in the past 12 months?
Specific Housing Needs	Do you have any specific housing needs?
<b>Support Need</b> – Note if it's High Medium or Low	
<b>Financial:</b>	<b>Financial:</b>
Income (consider using a budget tool)	What income are you on?
financial commitments	How much do you receive and when is your next payment date?
debts	Do you have any Homes Vic debts? If so how much? Is a payment plan in place?
finances	Do you have personal loans, Utility debts, credit cards, Transit, traffic, court fines or overdrawn accounts? If so approx. how much? Which company? Are payments plans in place?
budgeting	Do you have any difficulties with managing money?
gambling	Do you have any gambling issues? If so how often do you go? How much do you play?
<b>Work/Education</b>	<b>Work/Education</b>
work history	What is your highest level of education?
school/training history	When were you last employed and what is your work experience?
literacy and numeracy	How is your reading and writing? Are you able to fill out

	forms on your own or do you have difficulty?
future plans	Do you have any plans to either study or find work? What would you like to do?
<b>Social Supports and safety</b>	<b>Social Supports and safety</b>
Agencies/workers involved	Do you have any formal agencies that you work with?
	If so, who are your key workers and what do they help you with?
	Do you feel socially isolated without support?
	Is there anything you would like to be supported with?
<b>Current Safety Issues</b>	<b>Current Safety Issues</b>
DV/family violence – refer to MARAM brief assessment.	
neighbours	
unsafe areas	
risk factors	
<b>Family/Relationships</b>	<b>Family/Relationships</b>
current supports	Do you have family that you are in contact with? If so, do they provide you with any support?
	Family - do you wish to discuss any issues you have with family / friends?
boy/girl-friend	Are you in a current relationship?
	Are there any relationship issues with current or previous partners? If not, do you have any history of family violence?
<b>Family Violence/ Current Safety Issues</b>	<i>"In our organisation it is common that we ask questions about family violence so we can connect people with appropriate support. Is it ok if I ask you a few questions about how things are going at home/in your relationship?"</i>
Question 1 Identifies if family violence is present and gives an indication of the level of fear felt.	<b>Q1: Has anyone in your family done something that made you or your children feel unsafe?</b> (rarely/ sometimes/ often/always). If the answer is <b>no/never</b> , then we have established that family violence is not present and we don't have to ask any further questions. You should respect your client's answer and advise that if family violence occurs in the future that they can seek assistance. If the answer to this question is ' <b>yes</b> ', follow up with the following questions:

It is critical to understand the frequency of experience of fear, in order to guide you on whether any immediate management responses are required.	<p><b>Q2: Is there more than one person in your family that is making you or your children feel unsafe or afraid?</b> How frequently? (rarely/ sometimes/ often/always).</p> <p>The next questions help establish the level (seriousness) of family violence risk and relate to the evidence-based risk factors of the Structured Professional Judgment model.</p>
It is critical to understand the frequency of controlling behaviours, in order to guide you on whether any immediate management responses are required.	<p><b>Q3: Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?*</b> If the answer is <b>no/never</b>: ask Q4 If the answer to this question is '<b>yes</b>', follow up with the question: <b>How frequently? (rarely/ sometimes/ often/always) and then ask Q4</b></p>
	<p><b>Q4: Have they threatened to hurt you in any way?</b> If the answer is <b>no/never</b>: ask Q5 If the answer to this question is '<b>yes</b>', follow up with: <b>What type of threat have they used?</b> <b>How specific are they in the detail of the threat?</b> <b>How frequently? (rarely/ sometimes/ often/always).</b></p>
	<p><b>Q5. Have they physically hurt you in any way (hit, slapped, kicked or otherwise physically hurt you)?</b> If the answer is <b>no/never</b>: no action is required. If the answer to this question is '<b>yes</b>', follow up with: – What type of physical harm have they used? – How frequently? (rarely/ sometimes/ often/always).</p> <p>If the responses to the above screening questions 1-5 are 'often' and if you have identified that behaviours are escalating, this may indicate serious risk.</p>
	<p><b>6. Do you have any immediate concerns about safety of your children or someone else in your family?</b></p> <p>This question is asking about Imminence. The answer will determine if you should take immediate action to respond to the risk.</p>
	<p><b>Q7: Do you feel safe when you leave here today?</b> This question will identify if the person is at immediate risk.</p>



	<p><b>Q8: Would you engage with a trusted person or police if you felt unsafe or in danger?</b>          If the response is 'no', follow up with questions exploring reasons for hesitance. Remember that this question is not used to imply that police involvement is always required.</p> <p><b>Immediate Danger Management: refer to <i>MARAM Screening and Identification Practitioner Guide</i> <a href="#">Maram Screening an Identification Practitioners Guide</a> or see below <i>What are the next steps if there is/isn't immediate danger</i></b></p>
	Are there any areas in the Eastern Region that you could be at immediate threat?
	Are there any types of housing that may pose a risk to your safety and well-being?
<b>Pets</b>	Do you have any pets?
<b>Gender identity</b>	<p>What gender do you identify as?          Do you have preferred pronouns?</p> <p>Do you have any housing/ support needs based on your gender identity?</p> <p>Practitioner: Clarify with the client where it is appropriate to disclose/share their trans and/or gender diverse status. Refer to Appendix ???</p>
<b>Transport</b>	Do you currently drive or use public transport?
<b>Children:</b>	<b>Children:</b>
full names and D.O.B and gender	<p>Do you have any children?          If so, what are their full names / Gender / D.O.B - (add actual age in years ie. 5yrs)</p> <p>If so, are there any services involved with the children?</p>
access/custody arrangements	Do you have any custody or access arrangements?
parental details	

school/childcare details	<p>If so, are the children attending school? If not, why?</p> <p>What are the school or childcare details?</p>
health/developmental issues	Does your child/ren have any health or developmental issues?
Family violence	Have the children witnessed or been involved with family violence?
Child protection/Child First	(See Maram Brief Assessment)
other services	Do the children have any health or development issues?
<b>Cultural Background</b>	<b>Cultural Background</b>
Country of Birth,	<p>Were you born in Australia?</p> <p>If not, when did you arrive in Australia?</p>
Residency	Do you have permanent residency or Australian Citizenship?
	If not, what is your current visa status and conditions of that visa?
proficiency of English	What languages do you speak?
cultural supports	Do you have any cultural supports/links? If, not why has this broken down?
religious considerations	Do you have any religious needs that we need to be aware of?
Aboriginal and Torres Strait Island status	Do you identify as Aboriginal or Torres Strait?
<b>Legal</b>	<b>Legal:</b>
intervention orders	<p>Do you have any current intervention orders on anyone?</p> <p>Does anyone have the orders on you?</p> <p>When do they finish and what are they for?</p>
Convictions	Have you ever been to prison? If so when, why, how long? Practitioner - Please consider child safety in consideration of communal settings
bail/parole/office of corrections conditions	Do you have any current bail conditions? If so what are the conditions? How often do you have to sign in? Where do you sign in?

	Are you currently on a Community Based Order? If so what are the conditions? How often do you have to sign in? Where do you sign in?
previous/pending court matters	Do you have any current changes pending or court hearings? If so when and what are they for?
	Do you have any Children's Court appearances?
legal representation	Do you have any legal support or require support for any legal issues?
<b>Health:</b>	<b>Health:</b>
illnesses	How would you describe your physical health?
physical health – eating well and sleeping	Have you been sleeping and eating well?
injury or illness	Do you have any physical illnesses or injuries?  Practitioner: Consider how this may affect their ability to obtain and/or maintain housing
medication	Are you on any current medication? What are they?
recent medical check	Have you had a recent medical check? If so, who and where is your GP?
hospital admissions	Have you been to the hospital in the last 12 months for medical reason?
pregnancy (including expected due date) - prenatal support and hospital	If pregnant, when is your baby due?  Do you currently have prenatal support? Maternal Child Health Nurse?
health concerns	Do you have any other health concerns?
lifestyle issues	Do you have any other
<b><u>Disability:</u></b>	Disability:
Physical	Do you have a physical disability? If so, do you have an NDIS plan? Do you require any modifications or aids?
intellectual	Do you have an intellectual disability? If so, do you have an NDIS plan?
learning disability	Do you have an acquired brain injury?
acquired brain injury	Do you have good living skills? I.e. can cook and clean?
living skills	

required modifications	
NDIS plan or pending application	
<b><u>Mental Health and Wellbeing :</u></b>	<b>Mental Health:</b>
mental health and wellbeing	How would you describe your mental health?
present/past history	Have you been diagnosed with any mental health conditions?
medication	If so, when were you diagnosed? And list the meds. Do they ever forget to take the meds?
admissions to hospital	Are you currently taking medication to help you manage your mental health?
doctors/services/community treatment order	Do you have a history of admissions to a psychiatric hospital?
	If yes, where have you attended and for how long?
	Are you currently receiving mental health support from a psychologist or counsellor?
suicidality	Do you ever have thoughts of taking your own life?
	Have you thought about methods to kill yourself?
	Did you plan of exactly what you might do to kill yourself?
	For how long have you had the plan?
	Have you attempted carrying this out?
	What stopped you putting the plan into action?
	Do you have thoughts of wanting to suicide immediately? (If this is a yes, Brief Risk Assessment)
	Do you want help to avoid killing yourself?
	Will you accept my help to avoid suiciding?
	Will you accept specialist mental health care?
	Is it ok if I arrange that you speak to someone?
	Who do you think might be able to help you better?
self-harm	Do you have a history of self-harming?
	If you feel like hurting yourself here while you are waiting for me to make arrangements, could you come to me and indicate this before doing anything?
	If client affirms most questions, consult with CAT Team immediately
challenging behaviour	
anger management	
personality disorder	

<b>Alcohol and Other Drugs:</b>	<b>Alcohol and Other Drugs:</b>
current/past use	<p>Do you have a history of drugs and alcohol abuse?</p> <p>If so, when did it start?</p>
Type of drug	<p>What is / was your drug of choice and how much did you consume?</p> <p>When was the last time you used?</p>
Current pharmacotherapy	<p>Are you on Methadone?</p> <p>Practitioner: methadone and suboxone are <b>not</b> allowed on site at Gateways</p> <p>Where is your usual Chemist?</p>
use of counselling/detox/rehab	<p>Have you in the past or are you attending Counselling/ Detox or Rehab?</p> <p>Where have you attended and for how long?</p>
related health issues	Has the use of drugs impaired your health? Eg. Memory loss, weight loss, brain damage, liver damage?
details of specific use	How do you typically take drugs?
Concerns	Do you think that as a result of the current housing crisis that you would be vulnerable to use or drink again?

## Appendix D

### EHN Referral Template Instructions

#### **VACANCIES**

Since 2020 Vacancies have been advertised on the Vacancy Management System (VMS) included accessible via Specialist Homelessness Information Platform (SHIP). Please take note of cut off times and specific instructions for submitting the IAP Referral.

#### **IAP REFERRAL TEMPLATE**

Please ensure that all fields are completed and state N/A for categories that are not applicable.

Please note the following –

**First Service Contact Date** refers to the date the client first contacted your service.

**Date of Primary Homelessness** refers to the date the client entered primary homelessness eg HEF/Motel funding commenced or the client began sleeping rough.

**Main Language Spoken / Interpreter Required** note if a specific dialect is needed within a language and if the entry point has experienced any issues with sourcing appropriate interpreters due to cultural sensitivities etc.

**Household Details** ensure the gender and date of birth of children is included to confirm eligibility for bedroom allocation. Only list children who are currently housed with the client.

**Current Situation** one paragraph is sufficient, summarising the current circumstances including where the client is currently sleeping ie. motel/HEF funded, sleeping rough, couch surfing etc.

**Family Violence / Safety / Unsafe Areas** outline details of perpetrator, unsafe areas, IVO's in place and any FV specialist services currently in place.

**Legal** outline any current legal issues including IVO's, upcoming court cases, recent history of incarceration.

**Health / Physical Disability** outline current medical issues including specialists currently supporting client. Please specify intellectual and/or physical disability.

**Mental health** provide detail of mental health/psychiatric diagnosis including community treatment plans, medications, current service linkages

**AOD** outline current AOD issues including if the client is linked into AOD supports. Please note if the client is receiving pharmacotherapy treatment.

**Response Provided to Date** needs to show evidence of a minimum of fortnightly contact with the client. Example –

01.02.2021 Food parcel dropped off to client

10.02.2021 Check in appointment with client

17.02.2021 Discussed HOMES VIC application with client.

#### **SUBMITTING THE IAP REFERRAL**

Please refer to the vacancy details in SHIP for instructions on how the IAP Referral is to be submitted. In most cases it will be to a specified email address. It is best practice to call the receiving program to ensure the IAP referral has been received.

#### **IAP ACCEPTANCE / REJECTION**

Entry points will be informed via return email if their client has been successful/unsuccessful for the vacancy. Please advise if you wish to be contacted in a different way eg. phone call.

## Appendix E

### **EHN Referral Template (ERT)**

**NB: Example only – please ask your Team Leaders for the electronic template version or request a copy from [ehnnetworker@uniting.org.au](mailto:ehnnetworker@uniting.org.au)**

#### **REFERRER DETAILS**

Referring Agency:

Worker Name:

Worker Phone No -

Worker Email -

---

#### **CLIENT DETAILS**

First Name:

Surname:

D.O.B:

Gender:

Contact details:

First service contact date:

**Date of primary homelessness:**

**Consent for referral obtained:**

Country of Birth:

Indigenous Status:

Visa Status:

Main Language Spoken:

Interpreter Required:

---

#### **HOUSEHOLD DETAILS**

NAME	DOB	GENDER	RELATIONSHIP TO PRIMARY CLIENT

EHN Fact Sheets

A practice guide for homelessness practitioners working in  
Melbourne's Inner and Outer East  
V9 August 2025


## NEEDS AND RISKS

Current Situation (brief summary):

Housing History:

Family / Children:

Income Type:

Family Violence / Safety / Unsafe Areas:

Work / Education:

Legal:

Cultural Requirements:

Health / Physical Disability:

Mental Health:

AOD:

Other supports:

Transport:

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## ASSESSMENT (Low / Medium / High)

Housing Need:

Support Need:

Prioritisation:

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## RESPONSE PROVIDED TO DATE



## Appendix F

### Eastern Homelessness Service System Alliance members

Organisation	
Anchor	Lilydale
Boorndawan Willam	Lilydale
Community Housing Limited	Blackburn
EACH Housing	Ringwood
Family Access Network (FAN)	Box Hill
FVREE	Ringwood
Kara Family Violence Service	Maroondah & Monash
Mind Australia	remote
NGWALA	Ringwood
Refuge Victoria	Maroondah / Knox
Sacred Heart Mission	where
The Salvation Army Homelessness East	Nunawading
The Salvation Army Gateways	Croydon
Salvation Army Housing Victoria	Blackburn
Uniting Vic Tas	Ringwood / Blackburn
Wellways	Mitcham
Womens Housing Ltd (Statewide)	Cremorne