

D-SP05: Support access to housing

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant (AHA) to:

- support selection of suitable housing* options based on client needs, availability and service eligibility.
- educate the client on the appropriate housing options and if available, facilitate linkages to community tenancy advocacy and support services.
- provide assistance with the housing application, including identifying and assisting to address gaps in required supporting documentation.

*The focus of this CTI is to support the client with housing options, including short and long term. The term housing, in this CTI, does not include accommodation directly associated with receiving healthcare treatment e.g. patient travel subsidy scheme or access to hospital associated charitable housing e.g. Ronald McDonald house, Red Cross, Cancer Council, Leukemia foundation, etc. Additional training and support would be required for supporting access to these types of accommodation.

VERSION CONTROL

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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: allied_health_advisory@health.qld.gov.au.

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop.
- Mandatory training requirements relevant to Queensland Health/HHS clinical roles are assumed knowledge for this CTI.

Clinical knowledge

The following content knowledge is required by an AHA delivering this task:

- common factors that impact on housing security including overcrowding, safety and access to services.
- the rationale and purpose for supporting housing access and the application process.
- common housing options including short and long-term accommodation that support the local service model e.g. respite, crisis, private rental/share accommodation and the Department of Housing.
- common barriers to locating appropriate housing including personal preferences, discrimination, finances, potential risk issues, community and cultural affiliations.
- the pathway for access and supply for the local housing options available including eligibility criteria, timeframes for access, interim options, location and demand for housing availability.
- local client resources used to support housing application and education e.g. advocacy and support agencies, client handouts, brochures, forms and checklists.
- local workplace instructions and documents that support the model of care e.g. checklists, information/brochures for local accommodation options, community tenancy advocacy and support services and/or process to access a Justice of the Peace (JP) to witness the application.

The knowledge requirements will be met by the following activities:

- completing the training program/s (listed above).
- reviewing the Learning resource section.
- receiving instruction from an allied health professional in the training phase.

Skills or experience

The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an AHA delivering this task:

- Nil

Safety and quality

Client

- The AHA will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the AHA during the task.
 - The client's housing circumstances may change during the task, including no longer meeting the eligibility criteria for available housing options or that the client has located and accessed suitable housing. Cease the task and liaise with the delegating health professional.
 - If the client has difficulty answering questions due to cognition, language or communication problems and compensatory strategies were not included as part of the delegation instruction, cease the task and liaise with the delegating health professional. Strategies may include use of an interpreter, communication device or involvement of a family member or caregiver.
 - If the client presents with suicidal ideation, delusions, hallucinations, threatening behaviours or under the influence of drugs or alcohol, cease the task. Implement local workplace procedures for safety (client and self) and liaise with the delegating health professional.
 - Housing applications may require additional documentation including reports of a sensitive nature or sharing and dissemination of confidential information. Local processes should be followed to ensure confidentiality. When communicating with third parties this includes the completion of additional consent forms. If requirements are unclear, liaise with delegating health professional.
 - If the client has contacted the AHA directly for housing application support and this was not part of the delegation instruction, cease the task. Educate the client to the local service eligibility criteria for housing application support e.g. the client is part of the health care service and has completed a psychosocial assessment. If the client reports having had a psychosocial assessment liaise with the health professional involved with the client's care.

Equipment, aids and appliances

- If client education resources include the use of a lap top or iPad that will be logged into the Queensland Health network, exercise Cyber security precautions including not leaving the device unattended.

Environment

- Ensure the environment is managed appropriately for effective communication e.g. minimising distractions, turning off the radio/TV, closing the door or curtain for privacy, having the client wear their reading glasses and/or hearing aids.

Performance of clinical task

1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating allied health professional should clearly identify the parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
 - a brief background on the reason for housing e.g. access to specific services, crisis due to family and domestic violence, poor rental history
 - co-morbidities that may impact on client participation e.g. substance use, mental health conditions, unable to climb stairs
 - safety and risk factors e.g. relevant criminal history, aggressive/inappropriate past behaviour/s
 - additional information required to be submitted with the application, including process for obtaining this information e.g. medical/psychosocial assessments, guardianship forms
 - suitable or preferred housing options relevant to the local service model
 - if the client requires hearing aids, glasses, interpreter services or other supports.

2. Preparation

- Collect client education tools e.g. brochures, list of local housing options. If using an iPad, computer or laptop ensure it is charged and ready for use.
- Application forms – electronic or paper and pen.
- Local processes will determine if the client is contacted by the AHA or educated by the delegating health professional to the required supporting documentation. Documentation will be required prior to commencing the completion of application/s.

3. Introduce task and seek consent

- The AHA introduces him/herself to the client.
- The AHA checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital UR number, Medicare number, or address.
- The AHA describes the task to the client. For example:
 - “I’ve been asked to help you review your housing options and complete your application/s.”
- The AHA seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017) including Part 2: Informed decision-making and consent for adults who lack or have impaired capacity to make decisions.
- Confirm consent procedures for email communication have been completed, if relevant in the local setting. An example is provided in the References and supporting documents section.

4. Positioning

- The client's position during the task should be:
 - in a position where they can read printed resources (where relevant) and converse with the AHA. Ideally the client should be comfortably seated in a chair or sitting up in bed.
- The AHA's position during the task should be:
 - in a position where they can read the information resource and converse with the client. Ideally the AHA should be facing the client and at eye level. Positioning such that the client can clearly see the AHA is particularly important for clients with hearing or other communication problems.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
 1. Confirm the client has access to the required documentation to complete the application/s. If documentation is missing, educate the client on the required documentation and how to access the relevant information. See Table 1 in the Learning resource section.
 2. Confirm the clients housing needs, including specific requirements e.g. access to services (transport, health), wheelchair ramp, disabled bathroom.
 3. Confirm the client is eligible for the available housing options. See Safety and quality section.
 4. Confirm the clients support needs to complete the application for housing. This may include locating required documentation, reading/writing on the form, accessing eligible funding sources.
 5. Support completion of the application form/s, including lodgement.
 6. Using local workplace instructions educate the client to the process for follow up after application lodgement.
- During the task:
 - provide feedback and correct errors in the performance of the task including:
 - checking that the client understands the information provided by asking if he/she has any questions and gauging whether the client appears confused or concerned about the information.
 - noting any questions that the client has that are not covered by the printed resource or the AHA's training. See Safety and quality section.
 - educating the client on alternative interim housing options that should be considered pending application for housing acceptance and availability. Meeting housing eligibility criteria does not automatically necessitate that the housing is available and/or will be provided. The decision for housing acceptance may be multifaceted. If the client becomes angry, blaming, aggressive or demanding, cease the task. Implement local workplace procedures for (client and self) and inform the delegating health professional.
 - if housing support includes an application to the Department of Housing, once the application is completed and lodged, further correspondence by the Department will be direct to the client. If a client contacts the AHA once the application process has been lodged, liaise with the delegating health professional.
 - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above including CTI D-WTS01 When to stop.

- At the conclusion of the task:
 - encourage feedback from the client on the task. For example, ask the client if they have understood and/or if they have any further questions.
 - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include an observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.
- For this task the following specific information should be presented:
 - housing option/s selected and application/s completed and lodged.
 - education provided including pathway for further follow up e.g. directly with the service where the application was lodged or process for re-engagement with psychosocial services.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

References and supporting documents

- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop. <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>.
- Queensland Government (2016). Consent for email communication. MR 38eba. V1.00 – 11/2016. https://qheps.health.qld.gov.au/_data/assets/pdf_file/0022/416335/mr38eba.pdf
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf.

Assessment: performance criteria checklist

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Name:

Position:

Work Unit:

Performance Criteria		Knowledge acquired	Supervised task practice	Competency assessment
		Date and initials of supervising AHP	Date and initials of supervising AHP	Date and initials of supervising AHP
Demonstrates knowledge of fundamental concepts required to undertake the task.				
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.				
Completes preparation for the task including collecting client education tools and application form/s.				
Introduces self to the client and checks client identification.				
Describes the purpose of the delegated task and seeks informed consent.				
Positions self and client appropriately to complete the task and ensure safety.				
Delivers the task effectively and safely as per delegated instructions and CTI procedure. a) Clearly explains the task, checking the client's understanding. b) Confirms the client has access to the required documentation to complete application/s. If required educates the client on accessing missing information. c) Confirms the clients housing needs including specific requirements. d) Confirms the client's eligibility for available housing options. e) Confirms the client support requirements to complete housing applications. f) Supports completion of the application form/s, including lodgement. g) Educates the client to the process of follow up after application lodgement. h) During the task, maintains a safe clinical environment and manages risks appropriately i) Provides feedback to the client on performance during and at completion of the task.				
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.				

Provides accurate and comprehensive feedback to the delegating health professional.				
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Comments:

Record of assessment competence:

Assessor name:	Assessor position:	Competence achieved: / /
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Scheduled review:

Review date: / /

Support access to housing: Learning resource

Background

There are many reasons a client may experience a lack of housing. These may include the requirement to have access to required services, experiencing domestic and family violence, mental health conditions, or abuse (child, elder, substance), having a poor rental history, low income, or an inability to have suitable references. Short and long-term housing options include:

- staying with family or friends
- share accommodation
- private rental
- crisis accommodation – shelters, hostels, pubs, caravan parks, camping areas
- social and community housing including the Department of Housing.

Supporting clients to complete applications for housing may be required due to low literacy, stress and anxiety, intellectual or physical impairment, safety and security issues or poor knowledge on the application process and how to meet eligibility requirements.

Common documents required and their locations for housing applications are listed in Table 1.

Required reading

- Homelessness Australia (n.d.) Fact sheets. Available at: <https://www.homelessnessaustralia.org.au/fact-sheets>.
- If the service model includes Department of Housing application processes in Queensland: Queensland Government – Eligibility and applying for housing. Available at: <https://www.qld.gov.au/housing/public-community-housing/eligibility-applying-for-housing>.
- If the service model includes private tenancy application processes in Queensland: The State of Queensland Residential Tenancies Authority ©. Renting: types of tenancy agreements. Available at: <https://www.rta.qld.gov.au/Renting/Before-you-rent/Types-of-tenancy-agreements>.
- Information that supports the local services model including:
 - local short and long-term accommodation housing options
 - eligibility criteria
 - application processes.

Table 1: Common required documentation for housing applications.

Type	Location
Details of a current address or mailing address	If the client is currently homeless, they should be prompted to nominate a residential or postal box address of a friend, a family member or an organisation to receive mail.
Centrelink reference Number (CRN) or Department of Veteran Affairs (DVA health card – gold, white, orange and commonwealth seniors health card)	Contact the relevant department. Numbers may be available on past documentation or through myGov login. Centrelink Customer Reference Number (CRN). Available at: https://www.humanservices.gov.au/individuals/subjects/centrelink-customer-reference-number-crn Department of Veteran Affairs Lost, stolen or damaged cards. Available at: https://www.dva.gov.au/health-and-wellbeing/veterans-health-cards .
Citizenship documentation	Residency or VISA status – Documents include Australian birth certificate, passport or residency certificate. If the client does not have a birth certificate and was born in Australia educate to the process of obtaining these documents from Australian Government: Births, deaths and marriages registries. Available at: https://www.australia.gov.au/information-and-services/family-and-community/births-deaths-and-marriages-registries If other documents are required or not available liaise with the delegating health professional.
Proof of identification	Drivers license, Medicare card, bank statements. See list of eligible items on application form and assist the client in locating documents. Common places include wallets or replacement copies from relevant institutions e.g. Bank, Department of roads.
Rental references	The client should provide names and contact details of previous real estate agents, private landlords, boarding house manager or a personal reference from a co-worker, friend or family.
Income and assets	The client provides information on their income and assets for all applicants who intend to reside at the premise. This information may include payslips, savings (bank accounts), ownership of housing, caravan, boat, car, share portfolios, superannuation balances, Centrelink can provide help with proof of income by completing the income confirmation service consent authority form. Available at: https://www.qld.gov.au/housing/public-community-housing/eligibility-applying-for-housing/applying-for-housing/help-with-proof-of-income .
Health conditions supporting documentation including pregnancy, disability, or other medical conditions (mental illness)	For the department of housing additional forms may be required and include: <ul style="list-style-type: none"> - Medical Disability Information form or Confidential medical report - Housing assistance referral form - Formal guardian and/or administrator details - Informal decision maker details Forms requested on the application form are available at: https://www.qld.gov.au/housing/public-community-housing/eligibility-applying-for-housing/applying-for-housing .