Developing a LGBTI Safe Housing Network to Prevent Homelessness and Build Social Connection and Resilience

Project Report

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Contents

Executive Summary 2

1. Introduction 3

1.1 Aims and research questions 4

1.2 Project team and advisory structure 4

2. Roles and recruitment of peer support workers and case workers 5

2.1 Roles of the workers 5

2.2 Recruitment and changes of workers 6

3. Eligibility, recruitment, and assessment of participants 7

3.1 Initial eligibility 7

3.2 Screening and assessment process 8

3.3 Altered eligibility criteria to include higher risk clients 9

3.4 Modified risk assessment process 9

4. Methods and evaluation 10

4.1 Original evaluation process 10

4.2 Revised evaluation process 11

5. Sample 13

6. Key Findings 15

6.1 Strengths of the peer support model 15

6.2 Barriers and challenges in implementing the peer support model 17

6.3 Enablers and suggested improvements to the peer support model 22

7. Project outcomes 24

8. Conclusion 25

References 27

Appendix 1 - Drummond Street Services co-care model 29

Appendix 2 – New assessment tool 30

Appendix 3 – Original pre-post surveys 39

Appendix 4 – Original program logic 63

Appendix 5 – New pre-interview survey 64

Appendix 6 – Plain Language Statement and Consent Forms 72

Appendix 7 – Project timeline 78

Executive Summary

The idea for this project emerged from previous research that identified specific drivers of homelessness in people who identify as lesbian, gay, bisexual, trans or gender diverse, intersex, or queer (LGBTIQ) and uncovered significant barriers to accessing services.

The aims of this project were to

- develop a safe housing network (including referral pathways and resources) in Victoria for LGBTIQ people who are at risk of homelessness;
- pilot the network in two areas of Victoria (one inner urban location based at queerspace - Drummond Street Services - Melbourne catchment, and one regional location at Uniting Care - Greater Shepparton catchment); and
- explore the impacts for participants, workers, and service providers.

From 2017–2019, the pilot was implemented and evaluated. A total of 39 people went through the intake process for the safe housing network program. Participants were provided with support to navigate the homelessness and housing sectors primarily by a peer support worker - that is, someone who is LGBTIQ-identified and has previous lived experience of navigating these sectors due to homelessness or insecure and/or unsafe housing. The average duration of assistance (or involvement in the program) per participant was 8.26 weeks.

The evaluation consisted of field notes and discussion between the project team and project workers throughout the project, and in-depth interviews with 7 client participants and 4 workers (peer support and case workers).

Several strengths and limitations of the model were identified, as well as differences between the urban and regional pilot sites in Victoria.

Three consistently positive experiences were that peer support workers provided

1) advocacy for their clients and for LGBTIQ inclusion in services;
2) LGBTIQ-specific rapport and empathy with clients, and
3) awareness raising of LGBTIQ needs amongst service providers.

Challenges for the workers included a lack of clarity about the scope of their role, and inadequate resourcing and time particularly for supporting clients with complex needs. Challenges in the sector included a lack of understanding of the value of peer support and lack of LGBTIQ inclusive referral networks, particularly in the regional area.

Conclusions were that there is value in having access to peer support workers for LGBTIQ people at risk of homelessness. However, to provide a more holistic approach, the model needs increased support and supervision for the peer support workers, and experienced case workers with good knowledge of the homelessness and housing sectors. There needs to be a greater investment of time and money, and advocacy for more LGBTIQ inclusive services in the whole sector.

1. Introduction

This pilot project began in 2017, with the broad aims being to develop a safe housing network (including referral pathways and resources) in Victoria for people who identify as lesbian, gay, bisexual, trans or gender diverse, intersex, or queer (LGBTIQ), and who are at risk of homelessness; to pilot the network in two areas of Victoria; and to explore the impacts for participants, workers, and service providers.

Research conducted in Australia and overseas suggests that LGBTQ people are at least twice as likely to experience homelessness compared to the general population, more likely to report family conflict and rejection as a driver, more likely to experience homelessness at a young age, and more likely to be victimised while they are homeless (Abramovich, 2012, 2013; Abramovich & Shelton, 2017; Gaetz et al, 2016; McNair et al, 2017; Morton et al, 2018). Much of the research on LGBTQ homelessness has been youth-focused, and has been conducted in North America, where evidence indicates that they account for 20-40% of homeless youth populations (Abramovich & Shelton, 2017; AKT, 2015; Durso & Gates, 2012; Choi et al, 2015; Corliss et al, 2011; Gaetz et al, 2016; Whitbeck et al, 2014). The literature also suggests that, compared to the general population, LGBTQ people who experience homelessness are more likely to have experienced childhood trauma, abuse, substance use issues, and to have poor mental health, with higher rates of suicidality, especially those who identify as trans, gender diverse, and nonbinary (TGDNB) (Cochran et al, 2002; Durso & Gates, 2012; Forge et al, 2018; Gaetz et al, 2016; McNair et al, 2017; Morton et al, 2018; Rew et al, 2005; Rosario et al, 2012; Van Leeuwen et al, 2006; Whitbeck et al, 2004).

LGBTQ people experience specific obstacles when trying to access safe, appropriate accommodation, including in the private rental market, and the fear of approaching mainstream homelessness and housing services – and the expectation of subsequent rejection, harassment, violence, misgendering, and other mistreatment within services – can lead to feel safer sleeping on the street (Abramovich 2017; Coolhard & Brown, 2017; Cote & Blais, 2019; Gomes et al, 2018; McNair et al, 2017). These vulnerabilities, drivers, and barriers, contribute to increased risk of chronic and multiple episodes of homelessness among LGBTQ populations (Choi et al, 2015; Gaetz et al, 2016, McNair et al, 2017).

Various responses to LGBTQ homelessness have been developed overseas which seek to assist people in navigating services and housing pathways, and provide support while they are experiencing homelessness. Very few services and programs in Victoria are specifically addressing the needs of this vulnerable and diverse population, and it has been recognised that Australia "lags behind" at a policy level as well (Oakley & Bletsas, 2013: 14).

The current project was guided by a Housing First model, as well as the existing co-care model at one of the pilot sites (Drummond Street Services, Appendix 1). Originating in North America, Housing First is a recovery-oriented approach that reinforces the rights of individuals to housing and self-determination, and housing as a first priority, with subsequent support for mental health, substance use, and other relevant issues that an individual may be experiencing, and without the requirement that such issues be addressed before housing support is offered (Gaetz et al, 2013).

1.1 Aims and research questions

In this project, participants were provided with support to navigate the homelessness and housing sectors primarily by a peer support worker – that is, someone who is LGBTIQ-identified and has previous lived experience of navigating these sectors due to homelessness or insecure and/or unsafe housing. The decision to pilot this peer support model in the homelessness sector for LGBTIQ clients was influenced by a need identified in previous research (McNair et al, 2017) to explore such a model in this context, and in part by an existing trial that was underway at Drummond Street Services in the family violence sector (the iHeal program). There was a particular interest in the effect of this model in increasing protective factors – such as social connectedness, resilience, self-esteem, stable employment and education, and housing stability.

The overarching research questions were:

- How and to what extent does housing and support accessed through the safe housing network enable housing security, improve mental health, and reduce the likelihood of homelessness in the future for LGBTIQ people who are at risk?
- What factors and conditions are most conducive to creating and sustaining stable housing for sub-groups within the LGBTIQ population?

The project included two pilot sites, based in one inner urban location at queerspace - Drummond Street Services (Melbourne catchment) and one regional location at Uniting Care (Greater Shepparton catchment). From 2017–2019, the pilot was implemented and evaluated. A total of 39 people went through the intake process for the safe housing network program, most of whom were in the Melbourne catchment.

This report presents an overview of the project's scope, and evaluation of outcomes. In doing so, it draws on demographic data from service providers, survey data from participants, and interview data with participants and workers.

1.2 Project team and advisory structure

The LGBTIQ Safe Housing Network Project was generously funded through a $200,000 VicHealth Innovation Research Grant in 2017. The research team who led the project included Associate Professor Ruth McNair and Dr Cal Andrews at the University of Melbourne, and William Leonard followed by Dr Jennifer Power at ARCSHS at La Trobe University.

We wish to acknowledge the willingness of Drummond Street Services in Carlton, and Uniting Care in Shepparton to be involved as the pilot sites for delivery of the project.

The project was guided by a steering group spanning community, health, and homelessness sectors. Steering group members included:

Sue Carlile, Family Access Network
Karen Field, Drummond Street Services
Kate Foord, Drummond Street Services
Trish Hackney-Westmore, Council to Homeless Persons
George Hatvani, Launch Housing
Mary Koutzamanis, SensWide Employment/WorkingOut

Dan Laws, Victorian Indigenous Statewide Homelessness Network
Peter Locke, Equinox
Sharon Parkinson, Swinburne University of Technology
Lisa Sammut, Vincent Care
Jenny Smith, Council to Homeless Persons
Michelle Thompson, Family Access Network
James Wray, HousingFirst – formerly Port Phillip Housing Association.

A consumer reference group of 6 people was formed during the early stages of the project. The main purpose of this group was to provide feedback on the services map that was developed as a tool for the peer support workers and case workers. This included a consultation meeting to discuss services that were included in the network. A system for flagging services where consensus was lacking (for example, if someone had had a negative experience) was developed. Members of the consumer reference group received a $50 gift card at the end of the consultation. The services map was divided into the following categories or minimum standards: LGBTIQ consumer-led (eg, peer support groups), LGBTIQ-specific (targeted only to LGBTIQ clients), LGBTIQ-focus (have a focused program as part of a mainstream service), LGBTIQ- trained (have had specific training for service staff in past two years, or Rainbow Tick), and LGBTIQ-aware (mainstream with inclusive policies/activities).

2. Roles and recruitment of peer support workers and case workers

2.1 Roles of the workers

The purpose of the peer support worker was to provide support, and advocacy to connect LGBTIQ participants in the program with desired communities, housing pathways if possible, and referral services, while formally employed by one of the two pilot sites. The work included participating in training, supervision, administrative duties, helping build the referrals network, and working closely with the homelessness services entry points in their region, as well as with the local LGBTIQ specialist services. Peer support workers were integrated into the existing LGBTIQ workforce at queerspace Drummond Street, and the Diversity project at Uniting in Shepparton.

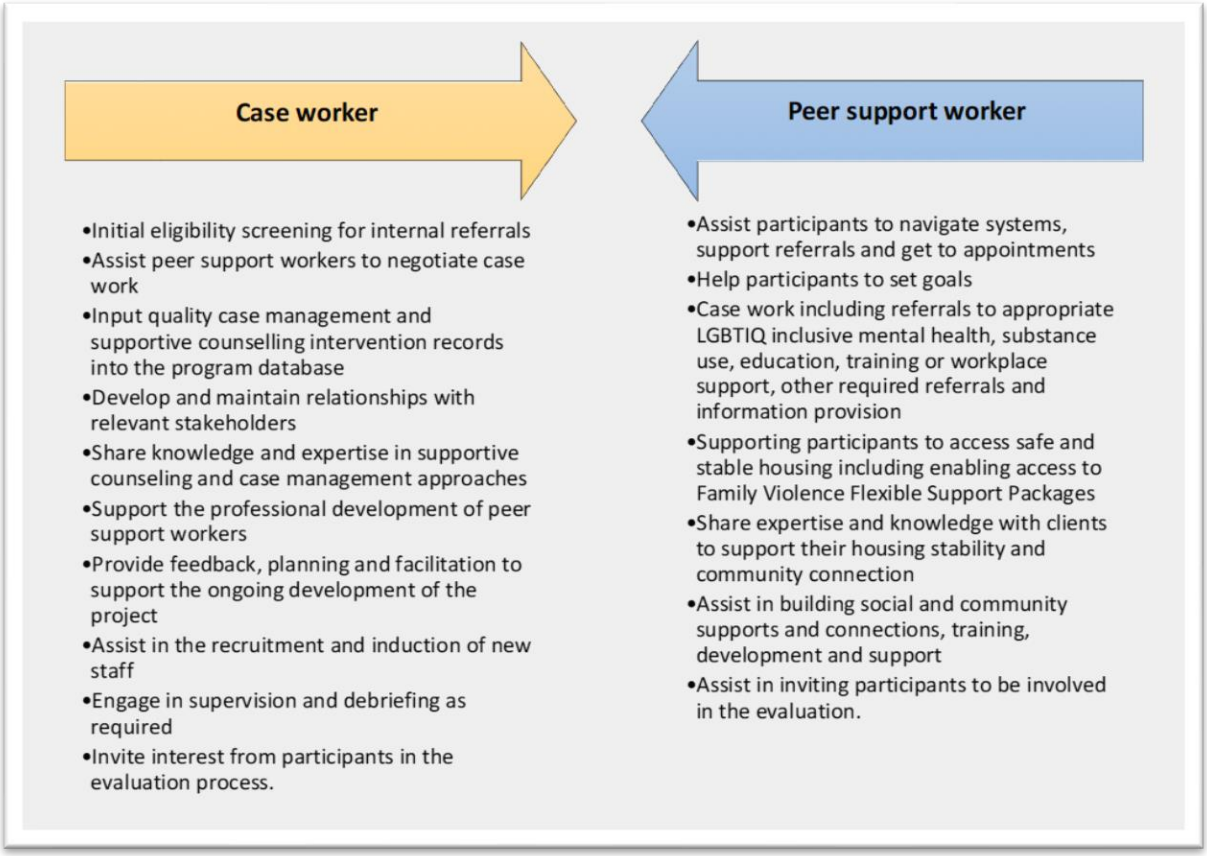
The case worker primarily provided case management support, supervision, and mentoring to the peer support worker, in addition to supervising the intake process for participants, and providing interventions and additional support to participants in the project as needed. This included the provision of wraparound services, assistance in navigating the system, and further facilitating peer connection. With guidance and supervision from a senior practitioner in their workplace, the case worker was responsible for holding the overall facilitation of the case planning process and supporting the peer support worker in their role and training.

Training of peer support workers was originally intended as formal enrolment in Certificate IV in Community Development. Due to varying levels of professional experience among the peer support workers, and lack of interest in this course, a more tailored approach was adopted by the two pilot sites. This included the opportunity to be involved in existing training programs at Launch Housing and VincentCare, database training through the main pilot site and, in the case of one peer support worker, shadowing other staff.

Service delivery roles and expectations of the peer support worker and case worker roles are

summarised below.

FIGURE 1. PEER SUPPORT WORKER AND CASE WORKER ROLES.



2.2 RECRUITMENT AND CHANGES OF WORKERS

Recruitment of workers began in early 2018. By May 2018, a case worker and peer support worker had been appointed at both pilot sites. Peer support workers and case workers received a practice guide and service map that had been developed by the research team specifically for this project.

Following discussion with the pilot sites and steering group about the limited hours for workers, it was agreed that the time fractions would be increased. Position descriptions and time fractions of peer support workers and case workers were subsequently modified to reflect the fact that the peer support workers would be doing a large proportion of the case work, and case workers would be mostly supervising and mentoring the peer support workers.

After some restructuring at the pilot site in Shepparton, the peer support worker moved into a different role, and continued to help raise awareness about the project in regional networks. They were replaced by the former case worker, and a new case worker also came on board.

The Melbourne pilot site sustained multiple changes of workers throughout the project. First, to help manage the much higher caseload in the Melbourne catchment than the rural site after the project was advertised more widely, a second peer support worker was recruited in late 2018 at one day per week. Around this time, the original case worker at Drummond Street Services left their role, and a new case worker was also recruited. The case worker's time fraction was also increased to one day a week. It was

necessary to recruit another case worker, however, after they left in early 2019. One of the peer support workers was able to step into this role, the other peer support worker's time fraction also increased from one to two days a week, and an additional peer support worker was recruited. The latter peer support worker also left the role by mid 2019. For the remaining months until the case work ended in August 2019, there was one peer support worker and one case worker at the Melbourne catchment pilot site.

These staffing changes partly reflect the high turnover in the support sector more generally. This added a significant burden to the project with a need to brief new workers, as well as challenges at the pilot sites to maintain continuity for clients.

3. Eligibility, recruitment, and assessment of participants

People were encouraged to apply to be involved in the project if they were at least 16 years old, currently homeless, at risk of becoming homeless, or in otherwise unstable housing. Once in the program, they were allocated a peer support worker and case worker at the relevant pilot site, whose roles were to assist participants in navigating the homelessness and housing sectors, linking them to other services and supports as appropriate, and accommodation where possible, until August 2019.

3.1 Initial eligibility

Initially, due to resourcing constraints, and given that the project was a pilot, it was proposed that individuals who were assessed as 'high risk' would not be eligible to participate. If peer support workers or case workers became aware of heightened risks for a participant once they were already involved in the project, a decision would be made by the allocated case worker as to whether or not the risk was manageable enough to continue. The original inclusion and exclusion criteria, as such, was as follows:

- Identify as LGBTIQ or gender diverse;
- At least 16 years old;
- Currently homeless or in unstable housing or
- At risk of homelessness, including one or more of the following:
    - Exiting homelessness services or prison (if within the last 6 months);
    - Low income;
    - Couch surfing or other temporary housing;
    - Experiencing family conflict/violence/rejection;
    - Other reasons for experiencing difficulty in accessing the private rental market such as unemployment;
- Has held a lease or share house within last 12-24 months, and
- Currently studying or recently employed in last 12-24 months.

The exclusion criteria included:

- Inability to provide informed consent;
- Severe emotional distress or mental health concerns including acute psychosis, severe depression, extreme immaturity, current suicidality (medium to high risk), and
- Not living in Victoria, or not intending to move to Victoria.

Participant eligibility for the project was determined initially by the intake team and case workers using screening tools specifically designed for this project, with the idea being that eligible participants would then be assessed by the peer support workers, before a client was accepted into the program.

It was noted early in the project that, given the length of time to get into social (community and public) housing, as well as the length of time to secure private rental, and lack of control that the workers and the research team had over this, that it was important to communicate to those interested in the project that it was not about providing housing necessarily, but about providing support while looking for housing. As the workers conveyed, nonetheless, the words 'safe housing network' in the title were a source of confusion at times. To further clarify that the project was about providing support while looking for housing and navigating the system, rather than having accommodation to offer, the research team developed a byline[1] in consultation with the steering group and forwarded this to both pilot sites for future communications.

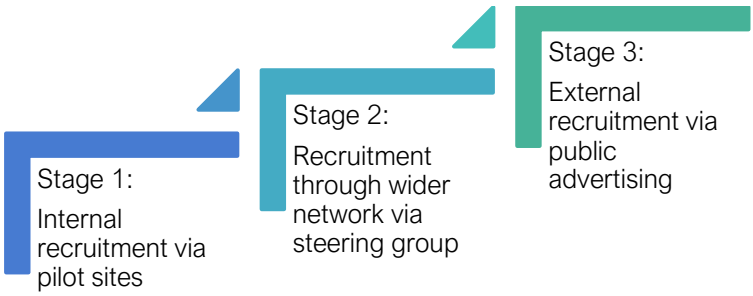
3.2 Screening and assessment process

The initial screening and assessment process made use of the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), which was developed in North America (by OrgCode and Community Solutions), and is being used by a number of homelessness services in Australia. The VI-SPDAT includes a range of measures concerning acuity of needs and chronicity. The safe housing network pilot project was initially intended to provide assistance to people who scored between 4-7 on the VI-SPDAT: those assessed as requiring rapid re-housing. This tool was employed in the project to loosely manage caseloads, with a view to building up to a maximum of 8 people at a time per peer support worker if VI-SPDAT scores were sufficiently low, including a maximum of 2 high complexity participants for the individual worker at any one time. Participants who scored between 4 and 7 on the VI-SPDAT were assigned a caseload weighting of 1 (low-medium complexity). If during the assessment a participant had a score of 8+ (high complexity, multiple and complex support needs) on the VI-SPDAT, but the case worker and research team subsequently discussed and agreed they would still be eligible for the program, then they would be assigned a caseload weighting of 1.5. It was recognised that complexity could also fluctuate over time: for instance, a participant may have higher needs at the beginning, or more complex may become apparent in the course of working with an individual or if other circumstances change. Peer support and case workers were asked to share what this looked like in practice.

Due to the limited capacity of peer support workers and case workers, as well as the potential mental health impacts of being kept on a waiting list for an extended period while at risk of homelessness, it was agreed among the steering group to stagger participant recruitment in 3 phases. Initially, participants were recruited internally through the two pilot sites. During the second phase, the call was extended to a broader network of organisations via the steering group. The third phase involved an open call through public advertisements.

[1] *A peer support program to help navigate services for LGBTIQ people at risk of homelessness in Victoria*.

FIGURE 2. THREE-STAGE RECRUITMENT PROCESS.



3.3 ALTERED ELIGIBILITY CRITERIA TO INCLUDE HIGHER RISK CLIENTS

The project team at the urban pilot site reported early in stage 1 of the recruitment process that all initial clients were falling into a higher risk category. The majority of participants in the program were scoring very high (above 8) on the VI-SPDAT. We were already aware that LGBTIQ clients with housing issues often experience a range of co-occurring issues, but had not anticipated such a high level of risk and complexity from so many prospective clients. Consequently, a decision was made within the steering group not to exclude high risk clients, and to remove the following exclusion criteria that were previously required:

- Have held a lease or sharehouse in last 12-24 months;
- Currently studying or recently employed in last 12-24 months;
- Inability to speak English;
- Pending custodial sentence within next 12 months;
- Currently in hospital or crisis accommodation;
- Eligible for Centrelink.

Expanding the risk profile in this way increased the caseload per participant for peer support workers and case workers. As such, it was decided that the original target number of participants (100) would need to be reduced considerably, depending on the ability and comfort of the workers, as well as the diverse support needs of clients.

3.4 MODIFIED RISK ASSESSMENT PROCESS

Workers at both sites expressed concern that using the VI-SPDAT overlapped with much of the existing intake and assessment process; that it included some questions that were not appropriate for this population; and that it took a long time to complete, effectively leaving less time to work with clients and build relationships with other services to improve referral pathways. At the end of this lengthy process, furthermore, some participants were understandably disappointed that there was no actual housing being offered through the program. The research team discussed this with the steering group, and it was agreed that the VI-SPDAT was not suitable in this context, where there was a smaller volume of clients (compared to a large mainstream homelessness service, for example), and more appropriate

prioritisation processes could be developed. It was decided, therefore, to discontinue use of this tool, and a new assessment process was devised (Appendix 2), which was based on the streamlining/matrix tool developed and utilised by VincentCare. This was well-received by workers at both sites.

In contrast to the Melbourne pilot site, recruitment into the program remained extremely low at the Shepparton pilot site by early 2019, despite further advertising and despite Shepparton being the regional electorate with the highest number of homeless people in Victoria in 2018 (CHP, 2018). Reasons for this are explored further in the discussion.

4. Methods and evaluation

An application for ethics approval, and later amendments to the application, were submitted to the Human Research Ethics Advisory Committee at the University of Melbourne and approved (Ethics ID: 1646279.2).

4.1 Original evaluation process

The original outcome measures of interest, reflected in the initial design, which included pre-post surveys for all participants (Appendix 3), were:

- Housing stability (number of people housed during the project period and percentage in continued housing);
- Community connection/social isolation (connection to community scale[2]);
- Resilience (resilience scale[3]);
- Mental health (General Health Questionnaire 12 item scale[4]);
- Substance use (WHO-ASSIST scale);
- Employment and education status (demographics);
- Level of satisfaction with the Safe Housing Network.

Further discussion among the steering group and research team, however, led to the conclusion that a number of the original clinical measures in the pre-post surveys were not appropriate for this client group, and could not be adequately linked to housing stability. These were replaced with more questions that focused on resilience, connection to community, and types of support accessed through the network.

The original program logic is presented in Appendix 4. The original evaluation process is illustrated below.

[2] Frost & Meyer (2011).

[3] Smith, Dalen, Wiggins, Tooley, Christopher & Bernard (2008).

[4] Jackson (2007).

FIGURE 3. ORIGINAL RECRUITMENT AND EVALUATION PROCESS.

4.2 REVISED EVALUATION PROCESS

The high level of client complexity, high worker caseload, and large amount of intake paperwork meant that clients did not complete the pre-surveys as planned. The lack of surveys, and the reduced target number of participants resulted in changing the evaluation process from pre-post surveys to interviews (and a brief, pre-interview survey 5). As was the case before, all participation in the interviews and evaluation process were voluntary.

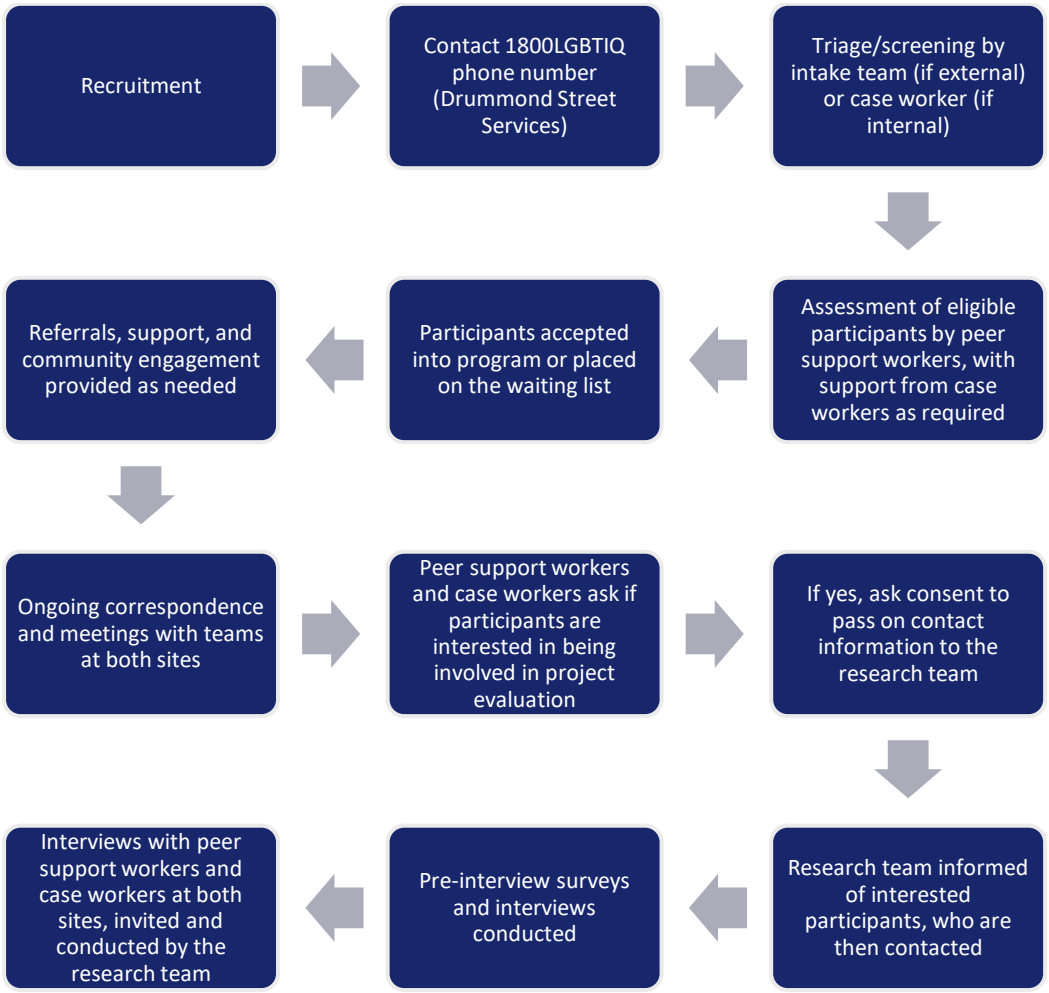
Interviews conducted with participants included questions relating to the reason for involvement in the project, expectations, current living situation, enabling factors and barriers in accessing support through the project and stable housing, experiences with peer support workers and case workers, overall usefulness of the network (including in relation to mental health and wellbeing, and feeling more connected), and ways that it could be improved.

The process for recruiting for interviews was discussed among the steering group, research team, and pilot sites, and it was proposed that the workers at each pilot site would seek interest among participants in being interviewed, and with permission the details of interested participants would then be passed on

to the research team, who would then seek consent to conduct an interview. Before the interview was conducted, participants were presented with the Plain Language Statement (Appendix 6) and asked to complete the consent form and pre-interview survey. 7 interviews were conducted with client participants.

The overall project timeline is provided in Appendix 7. The revised process is shown below.

FIGURE 4. REVISED EVALUATION PROCESS.



As part of the evaluation process, the case workers and peer support workers were also asked if they would like to be interviewed towards the end of the project, in order to assess the usefulness of the model in improving the coordination of resources and referral pathways, and to compare and contrast challenges in rural/regional and urban locations.

Interviews conducted with 4 peer support workers and case workers included questions relating to their role and expectations, training, coordination of resources and referral pathways, usefulness of the model, major challenges, and ways that it could be improved.

The interviews with workers and participants were conducted by the research team (R McNair, J Power, and C Andrews). They ranged in duration from approximately 14 minutes to 62 minutes. The average interview length was 34 minutes. Using a thematic analysis approach (Clarke & Braun, 2013), interviews were transcribed, and the qualitative data coded according to dominant themes/sub-themes, framed by

the main research questions. Participants remained anonymous in the project, but they were also advised in the Plain Language Statement that due to small numbers there may be a risk that they could still be identified. Interview participants (excluding workers on the project) received a $50 gift card.

5. Sample

The sample of client participants included 39 people. In 5 of these cases, although they had been through intake processes, they did not progress to assessment due to ineligibility or a peer support worker being unable to subsequently contact them (for example, phone calls not answered, or communication dropped off). Of these 39, 48% identified as trans, nonbinary, or other (Table 1), and the most frequent reported sexual orientations were gay (26%) and queer (23%) (Table 2). Two participants were Aboriginal (Table 3), and two participants were intersex (Table 4). The average age was 34 years.

The proportion who were currently homeless was 21% (8). All but one of these participants were over 25 years of age, and so would not be able to access homelessness or other services for youth. Of those who were currently homeless, 3 identified as trans or questioning their gender.

Seven (18%) client participants were located in regional/rural areas, 32 (82%) were located in metropolitan Melbourne.

The average duration of assistance (or involvement in the program) per participant was 8.26 weeks.

Table 1. Gender of participants.

GENDER	Count	%
Female	7	18
Male	10	26
Nonbinary/genderqueer	6	15
Other	2	5
Trans female/woman	7	18
Trans male/man	4	10
Unknown/questioning	3	8
TOTAL	39	100

Table 2. Sexual orientation of participants.

SEXUAL ORIENTATION	Count	%
Bisexual	4	10
Gay	10	26
Heterosexual	2	5
Lesbian	5	13
Other	1	3
Pansexual	2	5
Queer	9	23
Questioning	2	5
Unknown	4	10
TOTAL	39	100

TABLE 3. INTERSEX PARTICIPANTS.

INTERSEX	Count	%
Yes	2	5
No	31	79
Unsure	6	15
TOTAL	39	100

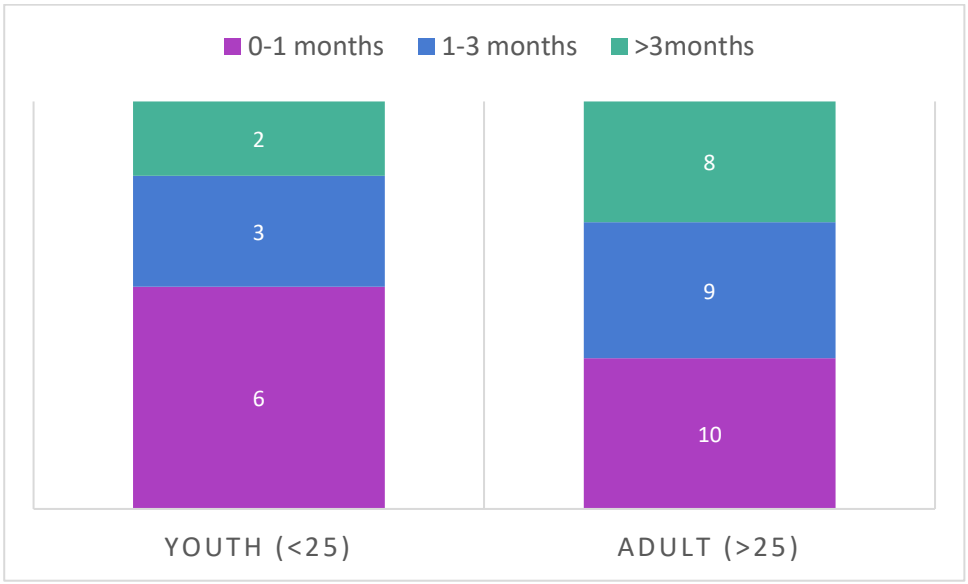
TABLE 4. ABORIGINAL PARTICIPANTS.

ABORIGINAL	Count	%
Yes	2	5
No	33	85
Unknown	4	10
TOTAL	39	100

TABLE 5. PARTICIPANT AGE GROUP.

YEARS	Count	%
16-25	12	31
26-35	11	28
36-45	8	21
46-55	6	15
>55	2	5
Unknown	0	0
TOTAL	39	100

FIGURE 6. DURATION OF SUPPORT PROVIDED TO PARTICIPANTS ACCORDING TO AGE.
(Unknowns excluded)



6. Key Findings

The following findings are based on in-depth interviews and a brief survey with 7 client participants and 4 project workers.

Of the 7 client participants who were involved in in-depth interviews, 5 had a disability or long-term health condition, 5 had current medical problems requiring regular medical review, and 6 were on regular prescribed medications.

As reported in the pre-interview survey:

- The types of support most commonly accessed by the client participants who were interviewed included: LGBTIQ-specific health or other counselling services (86%, 6 participants), and legal services (71%, 5 participants), followed by flexible support packages (43%, 3 participants), mainstream health or counselling services (43%, 3 participants), and other services (14%, 1 participant);
- In answer to the question 'How comfortable do you feel navigating the mainstream housing system?', only 2 interview participants felt that this had changed for the better, 5 responded that it had not changed;
- Just over 70% (5 participants) felt that both the safe housing network and peer support/case workers were helpful (grouped response categories included extremely helpful, very helpful, and somewhat helpful). Just under 30% (2 participants) were either unsure or felt that they were not helpful (including not helpful or extremely unhelpful).

6.1 Strengths of the peer support model

The interviews with client participants and project workers revealed three consistent positive experiences of the peer support model in this context:

- Advocacy;
- LGBTIQ rapport and empathy, and
- Awareness raising.

Advocacy

The peer support worker's role was summarised by one of the workers as follows:

> Basically I was there to work with LGBTI individuals if [they] were seeking assistance with housing and essentially walking side by side with them through the process and advocating for them, supporting them and making sure that if they were involved with other services that the services were providing a service that was LGBTIQA+ inclusive.

The interview findings confirmed that a major benefit of the peer support program piloted in this study was that participants had access to a dedicated advocate who provided practical assistance, as well as a sense of being supported.

One peer support worker was described by their case manager colleague as 'a fierce and passionate advocate for her clients'. A client interview participant said they felt their peer support worker was 'one

of the best workers that I've ever had' and '…the only time that I could really actually get help with housing for like all of the services that I've been through for my whole life'.

Several other participants described positive advocacy experiences involving their peer support worker, which included attending appointments with them, advising what to expect, and generally enabling their access to supportive care. A worker spoke of doing 'warm referrals', by understanding which service or worker was LGBTIQ inclusive before making the referral. As a peer support worker explained:

> I went along to a lot of their [client's] meetings when they were working with [a homelessness organisation] and just made sure that they were linked in and the organisation was ensuring that their housing was safe. If there were any questions around their particular LGBTIQ+ needs or anything else going on that was just my job to be that in between person so they were supported.

Rapport and empathy

The peer support worker's role was first and foremost one of understanding specific needs among the LGBTIQ cohort and perspectives through lived experience. This was described as 'a huge plus' by a client ('they understand the demographic better and they're more enthusiastic'), and 'a golden part of the program' by a case manager:

> …so that for sure goes a really long way, that aspect of being able to build rapport and connection with people, because of a shared identity or of experience. For sure, that's been a real golden part of this; core part of this program.

Several participants spoke of being believed, understood, and affirmed. For example, a gay male participant found it important to be able to explain the partner abuse he had suffered from his male partner. This also led to more individualised care. Some described violent and other negative experiences in mainstream homelessness services, and involvement in the Safe Housing Network program supported a re-building of trust and re-engagement in the system. As one urban participant explained:

> I've had so many experiences of discrimination and prejudice and things. I wouldn't have felt comfortable anywhere else [than LGBTI specific service]….I think it's really sad that the Safe Housing project is ending. Because for a person like me it was really, really, really crucial. I couldn't find anything else like it and I don't know what I would have done.

Another participant commented that:

> the sense of community within the LGBTQIA+ community it's like stronger, so they will actually help you more, they will go the extra mile to help you compared to the average worker.

A peer support worker at the urban described it as follows:

> I think the benefits are huge. I think that there's so much mistrust of [mainstream] services and kind of services in general, that for somebody to come into the service and be able to work with a person… and can honestly and genuinely empathise with their situation is just massive. Massive for engagement, for feeling supported.

The peer support worker role was able to validate the person's experience, so that three different participants spoke of feeling 'worthy of support'. One participant appreciated being informed that their experiences are very common in the LGBTI community and being encouraged not to 'feel as though it's your fault'.

Awareness raising

One regional worker felt that the Safe Housing Network helped raise awareness within the sector of the need for more LGBTIQ inclusive services and training:

> I think there's been great things that have come out of it [the Safe Housing Network Project]. I definitely think that some of the organisations that run housing programs, have become more aware that they need to think a bit deeper especially if they're getting a person referred to them who identifies [as LGBTIQ]. I think they've actually created a bit more knowledge so that's been a positive that's come out of it. … there's another youth program, [who they're] now working with a little bit around doing training….. people definitely think a little bit more. If they are working with a client who identifies [as LGBTIQ], making sure there's those questions around what's going to make them feel safe rather than just putting them in a location that they as a worker would deem as safe.

6.2 Barriers and challenges in implementing the peer support model

Client and worker interview participants raised several barriers that impeded the success of the peer support model in this context. These have been grouped into:

- Challenges in the pilot, and
- Challenges in the cohort and sector.

Challenges in the pilot

Lack of clarity about scope

Several client interview participants said that they did not know what to expect when they were referred to the Safe Housing Network program. Some were not aware that the peer support worker was an LGBTIQ peer with lived experience, and suggested that this needed to be explained more clearly.

One of the peer support workers also raised a concern about client expectations in a peer support model:

> Maybe clients have gotten their hopes up… like finally a service for me. Then they… feel like they're not being held, or…supported. It does a lot of damage, more so than being let down by a mainstream service because there's the expectation or the hope, I guess, that it might finally be different.

A further problem was the lack of understanding of the Safe Housing Network project within the sector. The name 'Safe Housing Network' created misunderstanding that the program provided housing. One worker suggested that it should have been promoted as an advocacy and support program, rather than a housing program.

Resourcing

The inadequate time allocation to the roles of just one day per week for the peer support worker, and 1 hour per week for the case manager was recognised very early in the project. As a result, the worker time was increased to 2 days per week for peer a support worker and 1 day per week for the case manager at the urban pilot site. A direct result of the complexity of many clients being seen (discussed further on), however, was consistent feedback that the peer support workers could not adequately support such clients.

> You can't do it a couple of days a week. It doesn't really work and obviously, this project is a pilot and it wasn't ever going to be long term. It was just testing the waters. I guess the small window of work time makes it difficult to gain momentum and make it difficult to feel like there's a structure.

The lack of adequate time in the role also resulted in a lack of timely follow-up, noted by workers and a few clients. 'I work one day a week so it's kind of tricky in terms of being able to be that point of contact with somebody…', a peer support worker explained. This had negative consequences for at least two clients. One said it 'made me question my self-worth', and that she was 'built up for disappointment'; similarly, another said she felt she wasn't 'worthy of her support'.

The limited time fraction also meant that workers had less flexibility, which is important when working with people who may be in precarious situations and experiencing unpredictability in their lives.

Different types and levels of expertise among peer support workers

While their lived experience as LGBTIQ was perceived as a huge benefit, the types and levels of expertise among peer support workers varied, with some requiring more supervision and support from case workers than others who were already employed in the sector and so had formal training and experience.

Several people identified that the peer support workers needed multiple skill sets for the role including promotion of the service, recruitment and intake of clients, counselling, applying for funding such as flexible support packages, coordination of referral pathways and navigation of the system. It was felt that this skill set was too broad for most peer workers and the expectations of the role were not achievable within the one-day time allocation. Fears were raised that worker burnout would be a consequence. One worker felt that there might also be increased pressure for peer support workers in such a small community:

> it feels a bit like there might be the weight of the world on their [peer support worker's] shoulders to fix this unfixable situation, because they have the - this vested interest in this responsibility for the community. So, they're put in this really difficult position.

Two of the workers recommended needing an additional housing support worker on the team, and there was a sense that peer support workers sometimes (but certainly not always) lacked the required professional experience of the sector. At times, the lack knowledge impacted on clients, as one participant noted:

> I got more input and support from [a housing worker at a homelessness service], he was just awesome, in 20 minutes than it felt like I did with [Safe Housing Network project workers] in how many hours of sessions. One hour sessions, one time a week for maybe eight weeks.

One of the most important competencies in this context is understanding ethical principles, particularly confidentiality, and maintaining adequate boundaries. There were some ethical breaches reported by clients that occurred, for example, through a peer support worker:

- Breaching confidentiality (for example, mentioning another client by name);
- Not removing themselves from a working relationship when they knew a client in another context; and
- Not respecting housing needs and preferences articulated by clients (for example, preference to live alone rather than in a sharehouse).

These breaches and examples resulted in harm for participants, for example, in triggering anxiety from past abuse.

The model did include supervision of peer support workers by case workers; however, again, the time fraction initially allocated did not allow sufficient time for this. One client participant sensed that their peer supporter worker was not receiving adequate supervision: '[the peer support worker] was very compassionate and a very caring person but I could tell that [the peer support worker] wasn't getting support.' Three of the workers interviewed raised inadequate supervision as a major barrier to the success of the model. As one case worker said:

> What's probably unpredicted about how challenging this project was going to be for workers… just the level of support and supervision needed for the peer worker position. This is not to undermine the peer worker's skills or ability, just because of the level of complexity.

Some peer support workers had more experience of the sector, including in a professional capacity; and one commented that:

> I think it allowed me to come into the project with prior knowledge and learning that I wouldn't have had otherwise. So a knowledge of the area and a knowledge of services and what was available.

Challenges in the cohort and sector

Lack of awareness about peer programs

A regional interview participant and 2 regional workers felt that the homelessness system generally did not value the peer support worker role and model. The rural client interview participant recalled that the peer support worker had been turned away by the mental health hospital when she tried to visit them. Both workers spoke of a system that is already stretched with insufficient staff, therefore an inability to recognise peer support as a valid addition. As they reflected:

> I think it's a very good model and again I think a lot of LGBTI services or projects don't take into consideration the importance of the peer model and I believe that this project absolutely just valued that and saw how important it was, and it truly is.
>
> To be honest in our region, people have not got their head around how beneficial a peer model is because there's not really any other programs that I am aware of that have a similar kind of modelling. For example some of the time when we spoke around the program, people couldn't even grasp what my role was if I wasn't in charge of like the person's housing needs. Whereas at some other times staff members would be like that's

> really cool because we often have secondary questions or need a consult or something and also the person they're working with don't identify [as LGBTIQ] so we often can't support them in the same way.

Client complexity

Previous research in the area of LGBTIQ homelessness has highlighted the complexity of this cohort. However, we did not anticipate the pressure this would apply to our program. These pressures included:

- Clients often presenting in crisis;
- Complex and repeated past trauma;
- Clients having no other workers involved, so placing undue pressure on the peer support worker, and
- Dealing with gender affirmation at the time of housing insecurity.

A case manager noted:

> It can take up quite a lot of time, just because the participants we get into the Safe Housing Network tend to be pretty complex, and high-needs, the intersections of queer, trans, family violence, homelessness, financial insecurity, mental health, trauma associated with all those things. Yeah, a combination of things, and also potentially negative experiences of other services, or falling between the gaps from other services, or being on the waitlist for other services. A lot of cases, we might be the only person - initially I found we had a lot of people, where we were getting people who didn't have anyone else working with them. Which is a lot for what is essentially a one or two day a week, support and advocacy service with that amount of need.

Client complexity also created concerns regarding referral to LGBTIQ social support groups, which are typically run by volunteers who may or may not have capacity and adequate support. One peer support worker felt it is unrealistic to expect them to have capacity to support clients in these situations:

> that's an extra layer of if that person has other forms of marginalisation or poor mental health or any other barriers - and then we're referring them onto a volunteer organisation, we need to ensure that we don't have this expectation on that organisation that it then has the capacity to take the place of the peer support person so to speak.

Lack of LGBTIQ inclusive referral networks

One of the primary roles of the workers in the Safe Housing Network project model was to help clients navigate the system and find LGBTIQ inclusive services. The most frequently mentioned barrier was the lack of LGBTIQ referral networks. Three of the client participants spoke about being referred to services that turned out to feel unsafe. One lesbian client was referred to a boarding house where she encountered abusive male clients, which was a situation she had been fleeing:

> I didn't stay there and they may as well not have given me any help. I would have been better off in a tent at Merri Creek, literally. Would have wasted less time. So, yeah, as far as I'm concerned, the service is crucial and there doesn't seem to be anything else for queer people there and it makes a huge difference.

A trans male client noted that several services were supposed to be LGBTIQ inclusive, but were actually not aware of particular safety issues (concerning toilets, for example), mental health issues, and family violence dynamics, that might be impacting on trans people:

> I find often a lot of services in general, more broadly speaking I guess, they can often say that they're trans-friendly or they've done some general kind of training for LGBT kind of stuff, but often I find that misses out on a lot of the trans-specific kind of stuff.

And later:

> I found a lot of their domestic violence support pretty much based on cisgender relationships. My ex was trans as well and I found a lot of their support was insensitive and in some ways did more damage.

The workers were clearly frustrated by this issue. One worker was forced to refer to services that were known to have a poor LGBTIQ response, or did not follow through, or had otherwise inappropriate accommodation options:

> … even if you call someone and you say, I've got this client coming in, they're trans, they need to be housed safely, the person on the phone will go, of course, we're trans-friendly, and then might put them in a rooming house that's completely unsuitable.

They felt that the Safe Housing Network program:

> …could be beneficial over a longer period of time, where there was more resources I guess, to really forge those connections and maybe have meetings and get creative with services directly that have the best support for your clients. But at the moment it's just like kind of coming up against a lot of brick walls of just mainstream housing services that are underfunded and have really shit options.

Nonetheless, a peer support worker in the regional site felt that developing a list of inclusive services in the area was helpful:

> one of the biggest issues that we face as workers and that clients face is going to services for assistance and finding out very quickly that workers are not inclusive and that leads to disengagement from clients and yeah so it was really good to have a list available.

Regional/rural versus urban considerations

While some of the regional participants suggested there were specific barriers to the model for them, including confidentiality issues, lack of LGBTIQ inclusive services, and limited worker numbers, these concerns were also voiced by urban participants.

A specific geographical difference that we perceived, however, was the very small number of clients attending the service at the regional pilot site, compared with the much higher client load at the urban pilot site. In discussions with workers at the regional pilot site, they were perplexed by this, and could only suggest that external services were not asking about LGBTIQ status, and clients were not disclosing, so referrals were not being made. To some extent, this was constrained again by limited time for the peer support workers to engage with other mainstream services and build those relationships:

> Trying to fit a meeting in that also worked for me when I didn't work as many hours as what they did was really challenging. Often even just them finding the time to flick a

> secondary email through to me or something, they would find that challenging as well and they noted that. We just tried really hard to work around it because we knew how beneficial it could be.

6.3 Enablers and suggested improvements to the peer support model

The enablers to the model that were discussed by interview participants can be summarised under three areas:

- Investment – time and financial;
- Training and support for the workers, and
- Promotion of the model and advocacy for more inclusive services.

Investment

Limited funding was a major constraint that restricted the amount, flexibility, and duration of support that participants were able to receive from case workers and peer support workers, and that peer support workers were able to receive from case workers. This was a particular concern at the urban pilot site where the caseload was higher.

The peer support model that was adopted in this project was based on a similar model that had been developed as a family violence response, implemented at an urban-based service on a larger scale with greater funding. Although worker hours were increased as much as possible on the safe housing network project, ultimately, there was still a mismatch between demand and supply at the urban pilot site. The turnover of workers on the project, particularly at the urban site, was a further challenge, as this required numerous rounds of recruitment, induction to the project, and handover of client cases.

Additional challenges, particularly for the research team, included the limited timeframe in which to develop new screening and assessment tools as the eligibility criteria evolved; to brief intake staff; to liaise regarding modifications to the database; and to develop and update the practice guide as worker caseloads, time fractions, and responsibilities expanded. It was also a lengthy process to develop and maintain the services map amidst ongoing inclusive practice training in the homelessness and family violence sectors across two catchments.

An innovative model such as this requires adequate investment, including enough time to become embedded in a stretched system. The 18-month period allocated to run the pilot was sufficient to understand the huge need of this cohort within such as system, but also the value of sustainability. It is very difficult to raise an expectation of a LGBTIQ-specific service, only to see it stop again. One participant reflected:

> …I would have liked it to go on longer because there was still heaps of work that we could've gotten done. And like I can't actually get any other advocates to help me with housing because all the disability advocacy services they won't help.

At both sites, more time was needed to develop relationships – with participants and other services – especially when working with clients who often have high levels of trauma, compounded disadvantage, and complex needs.

Training and support for workers

LGBTIQ client complexity demands highly trained workers who are working as a team. As one worker said:

> If a project like this was to go forward, it would need to be fully implemented. It would need to have several people working full time or close to - there would need to be a really solid structure where there's a supervisor and where there's regular supervision.

The value of peer support workers is clear, however may not be feasible in situations where there is a very small workforce or where adequate support (from an experienced case worker and additional supervision) cannot be provided for other reasons. Having a sound understanding of the many aspects of the homelessness and housing sectors is also crucial, and there was considerable variation among peer support workers on this project. One of the regional workers suggested that the model be embedded in a housing organisation, rather than a general support organisation.

> I love the concept of it. I think that for us it was just that the services around this region weren't ready for the kind of peer model… if perhaps the peer had been co-located at say [a housing organisation] or one of the places that supports housing maybe that would have worked better… if you were already there, the staff knew you -- they had that more awareness because you were visibly there all the time…

One of the intended roles for the peer support worker was to link clients to LGBTIQ community supports. This role was rarely mentioned by workers or clients, and it was clear that this was not possible for a few reasons including prioritising more acute needs and lack of time. We conclude that it would still be a valuable component of the role, but that it requires specific training and support.

Promotion of the model and building the network

This model does not work in isolation. It is predicated on having an LGBTIQ inclusive network of services to which clients can be referred. While the Safe Housing Network project did start to raise awareness and prompt a desire for more training, there is a long way to go.

At the regional pilot site, where peer support approaches were less well-known, an extra level of awareness-raising and advocacy was required of the workers to generate referrals and breakdown silos. The very limited rural recruitment indicated a need to raise awareness of LGBTIQ issues more widely with other services, and to provide an appropriate environment that is supportive of clients disclosing LGBTIQ status.

Several participants suggested that there needed to be more promotion of the Safe Housing Network as a model so that it was better understood by both clients and within the sector, and also so that the capacity and limitations of the workers was clear. Finding the service in the first place was challenging, too, particularly for a regional participant, who said it was ‘sheer luck I even heard of it’.

Another urban participant also wanted:

> …to see more communication between [pilot site] and other organisations because if they refer me to somewhere else, those people don’t know who [pilot site] are, and the whole thing falls apart…..

This communication is especially important if LGBTIQ people experiencing or at risk of homelessness are accessing these kinds of services with complex needs but without having any other existing support.

7. Project outcomes

A summary of project outcomes is provided in Table 7 below.

Table 7. Summary of project outcomes.

OUTCOME	Description
Services map	List of services included in the referral network for Melbourne and Greater Shepparton catchment areas. Developed through consultation with a consumer reference group. Divided into: LGBTIQ consumer-led, LGBTIQ-specific, LGBTIQ-focus, LGBTIQ- trained, and LGBTIQ-aware.
Practice guide	Detailed guide for peer support workers and case workers, developed by the research team. Explaining project background, program logic and model, roles and responsibilities, risk management, recruitment, intake processes, screening and assessment, and recording and sharing information.
Screening and assessment tools	The final tool was based on the VincentCare streamlining matrix. Provided in Appendix 2.
Waiting list resource	Guide to navigating the housing sector, adapted from an existing Launch Housing resource and integrating supports in the services map. Includes LGBTIQ health services, crisis contacts, LGBTIQ community groups, guide to housing options in private and social housing, further resources, and a specific guide for private rental (preparing, applying, securing, and rights/responsibilities).
Workshops	3 workshops were held at the urban pilot site on sharehousing, tenant rights and responsibilities, and job-seeking.
Facebook group for LGBTIQ regional Victorians	Developed by GV Pride to assist with recruitment and support of LGBTIQ participants in the Greater Shepparton catchment.
Other	Website, meetings with policymakers, and attendance at conferences.

Due to the decision to significantly increase funding to the peer support and case workers, it was not possible to complete the online or video resources.

8. Conclusion

We consider the pilot of a Safe Housing Network to have been a partial success, but with significant lessons learned for any future similar ventures. The peer-support model was a major strength in understanding the LGBTIQ specific client needs and encouraging engagement with other services. The project as a whole also helped raise awareness in the sector, particularly the regional services, of their need to become more LGBTIQ inclusive. The client complexity necessitated a number of changes to the model, and in particular proved the need for a higher level of case worker support and housing worker skills.

We were able to partly answer our research questions. We found strong support for the LGBTIQ-specific focus of the support workers in providing validation, empathy, and building trust in the system. People who have experienced significant and repeated trauma in their lives benefit enormously from being able to share their story in a safe place and receive unconditional and empathic support. The LGBTIQ peer understanding was welcomed and the advocacy role was beneficial in enabling access to services that were as LGBTIQ inclusive as possible.

With regards to the second research question, the smaller than anticipated number of participants did not allow for us to understand the needs of diverse subgroups of LGBTIQ people. Also, the short timeframe of the project and altered evaluation process did not allow long enough follow-up to ascertain housing stability.

We have drawn the following key conclusions from our evaluation:

- LGBTIQ peer support can be a major strength and is missing from mainstream services (empathy, connection, improved trust, and higher level of advocacy because of motivation to support people through the system);
- To facilitate a peer-based model, a housing support worker is also needed to work alongside peer workers who brings a comprehensive understanding of how the homelessness and housing sectors function;
- Peer support workers sometimes (though by no means always) need time and additional support to develop the relevant skills and knowledge, and peer support roles need to be located in a supportive team with adequate supervision;
- Peer support models may be less well known in rural/regional areas, the value is less well understood, and there are additional challenges when fewer services. So, the sector needs to be briefed on the value of peer support;
- At least one worker needs to be employed full time to increase flexibility and maintain continuity for participants;
- A whole of system approach to LGBTIQ inclusive practice is needed so that inclusive services do not exist in isolation, support networks and referral pathways are improved, and people not re-traumatised when they are referred to other (mainstream) services.

The often high, complex, and specific needs of working with LGBTIQ people, the amount of flexibility required to adjust the project design and resourcing, the level of support needed for both participants and peer support workers in an already stretched sector (not enough supervision or safe housing options), and not enough funding to increase worker roles to levels required to properly support clients in the project, meant that ultimately it was difficult to achieve the desired project outcomes.

Recommendations for future iterations of the model include:

- More meaningful naming of the model to reflect the focus on advocacy and support;
- Adequate resourcing, including increasing supervision, support, and time fraction of workers;
- Use of the new assessment tool developed in the project;
- Location of LGBTIQ-specific workers in homelessness services and at access points;
- LGBTIQ inclusivity training is needed on a state-wide level for the homelessness sector, and in a way that builds networks and improves referral pathways across the sector, similar to that which is currently being undertaken in the family violence sector following recommendations from the Royal Commission into Family Violence;
- Increasing awareness and understanding of the peer support model, scope, and value, especially in regional/rural areas; and
- Understanding the specific needs of LGBTIQ subgroups is still required, particularly non-binary people, older people, those with disability, people with intersex variations, and LGBTIQ Aboriginal and Torres Strait Islander people.

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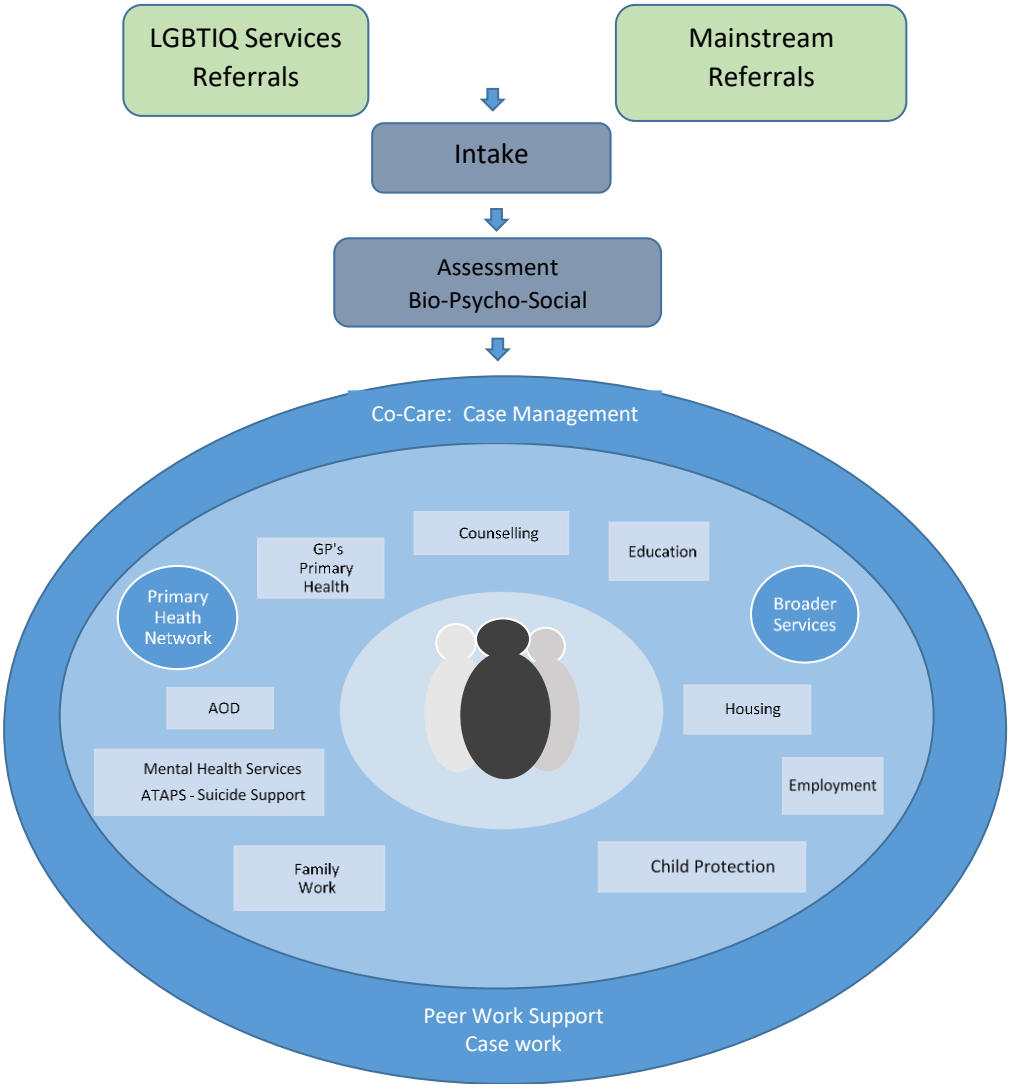
Appendix 1 - Drummond Street Services co-care model

LGBTIQ Adults and Sex – Gender Diverse Children and Young People CO-Care Model



APPENDIX 2 – NEW ASSESSMENT TOOL

Administration	*Outcome of this application*
Interviewer's name_____ Date___/___/___ Time_____ Location_____ Existing client (of Drummond Street Services/Uniting)? YES/NO Willing to complete survey: YES/NO	Respondent has been accepted into program_____ Waiting list YES/NO Who will follow-up?_____ Time frame for follow-up_____

Note: *Only individuals who have previously been identified as low or no risk by intake can be assessed by the peer support worker.* Clients assessed as medium to high risk need to be assessed by the case worker.

If any of the following are present, the client is not eligible for this program and will need to be referred to other support services:

- Inability to provide informed consent
- Severe emotional distress or mental health concerns including acute psychosis, severe depression, extreme immaturity, current suicidality (medium to high risk)
- Not living in Victoria, or not intending to move to Victoria.

ABOUT THIS TOOL

This tool is used by a case coordinator or peer support worker to support entry into the Safe Housing Network.

Applicants will have already completed the Screening Tool for LGBTI Safe Housing Network during intake and have been assessed as meeting the minimum eligibility criteria.

The purpose of this tool is to determine support needs and assess complexity and risk.

Workers administering this tool will provide information to each applicant about the nature and purpose of the assessment process. Please adapt structure, questions and/or language if required. The following information should be integrated into the opening script.

Basic Greeting: Name, pronouns, and role (e.g. "My name is _____ and I'm a peer support worker at Drummond Street/Uniting Kildonan. I use _____ pronouns. What pronouns can I use for you?"). If caller is unsure what the word 'pronoun' means, provide an accessible explanation.

About the program: Ask caller if they recall information provided to them in the screening process about the LGBTIQ Safe Housing Network. Provide a summary if required *(eg. The LGBTIQ Safe Housing Network aims to assist Victorians who identify as LGBTIQ and who are homeless or at risk of homelessness. If you are eligible and we are able to support you, you will be provided with a peer support worker who will help link you to LGBTIQ inclusive referral services and accommodation support in Victoria. Please note that the aim of this program is not to provide long-term housing but to where possible to link participants with appropriate services and accommodation support while looking for housing).*

Purpose of assessment: I need to ask you some more questions to determine your support needs and make an assessment about whether this program will provide the most appropriate and effective support for you.

General information and instructions: Approx. 30-40 minutes to complete. Your information will be kept private and secure; if you don't understand any of the questions please ask me what it means; we ask the same questions of everyone; you are free to stop the assessment process at any time.

Tips for engagement

Callers may have had negative past experiences with mainstream housing, health and social services, and as such could present as reluctant or hesitant. Building rapport and maintaining positive engagement throughout the assessment process is important to ensuring each caller feels safe, heard and supported. Some of the following suggestions may be helpful towards this end:

- Conversational start prior to administering the assessment – e.g., "how's your day?", "are you enjoying the weather?" etc.
- Empathic and compassionate communication and active listening skills (e.g. emotion validation, paraphrasing/summarizing)
- Use non-formal, accessible language
- Preface risk questions by explaining duty of care and concern for safety if appropriate.
- If applicant sounds distressed, offer to complete the assessment at another time and provide support if required (e.g. slow breathing, screen for risk)

Basic Information

1. Name	
2. Pronouns	

Safe Housing Network Streaming Tool

Inform caller that you need to ask them a couple of questions about safety first. Let them know that if their responses raise safety concerns, they will be referred to a case worker, who may be required to pass on their contact information to relevant services and authorities if they or someone else is at risk of being seriously hurt. Under the new information sharing laws this includes but is not limited to family violence.

Are you currently experiencing any thoughts of harming yourself or someone else? **If yes, refer client to case worker, who will follow risk assessment protocol.*	
Have you recently (e.g. in past two weeks) experienced any thoughts of harming yourself or someone else? **If yes, refer client to case worker, who will follow risk assessment protocol.*	

HOUSING SITUATION

Do you have a safe and secure place to live right now? • If yes, please prompt for more information Permanency (ongoing?) Safety Access to facilities Affordability **If it is clear that the respondent has safe and secure housing, they are ineligible.*	
What type of accommodation are you residing in? Or where do you stay most frequently? • *Private rental* • *Public rental* • *Hospital* • *Community housing* • *ILU* • *Own home* • *Incarcerated* • *Rooming house* • *Supported accommodation/residential service* • *Family home* • *Transitional housing* • *Sleeping rough* • *Friends* • *Homeless (sleeping rough)* • *Office of Housing* • *Rehabilitation (AoD)* • *Alone* • *Couch surfing*	

• *Private hotel* • *Crisis/refuge* • *Out of care* • *Other*	
Who do you live with? • *Family* • *Friends* • *Alone* • *Out of care* • *Other*	
Have you lived in a communal environment before?	
Where did you stay before your current residence? • *How long were you there?* • *Why did you leave?*	

What is your immediate housing need?
• *Crisis accommodation*
• *Refuge*
• *Therapeutic*
• *Support*
• *Brokerage*
  • *Rental arrears (how much is owed)?*
  • *Rent in advance (how much is required)?*
  • *Do you owe arrears for property damage?*	

Do you have a current application with the Office of Housing?	

Have you previously accessed an Office of Housing bond loan?
  • *If yes, has the bond loan been paid back?*
  • *If bond loan owing, is a repayment plan in place?*	

Do you have any barriers to *sustaining* current housing?	

Do you have any barriers to *accessing/securing* housing?	
What are your goals in regards to housing and wellbeing? Or what kind of housing are you currently looking for? *Examples: private rental (single), private rental (shared), transitional housing, community/social housing, youth foyer, crisis accommodation* *Inform client that their goals may not be met (eg, finding long-term housing) during the program, but where possible they will be linked to appropriate services and accommodation support.*	
What are you hoping to get out of this program?	
What are the main things worrying you or that you would like assistance with?	

STRENGTHS, SUPPORT NEEDS, AND ACCESSIBILITY

What do you see as your strengths?	
What do you enjoy doing?	
Do you have many supportive relationships, networks, or family in your life?	
Are you having conflict with significant people in your life at the moment?	
Are you involved with any other support services?	

Would you like help to link in with community/social support/activity?	
Do you have any difficulties managing your independence and tasks of daily living like cooking, cleaning, showering etc?	
Do you have any accessibility needs? (e.g. mobility, communication)* **Suggested prompts: Do you have a disability (e.g. neurological, intellectual, learning, medical/physical) that would impact on your ability to travel to appointments, complete forms, talk on the phone and read/access information online? OR Do you experience difficulties with reading, writing, communicating or getting around?*	
Do you have any mobility aids that may affect your access to buildings and facilities (e.g. assistance dog, mobility scooter, wheelchair)?	
Are there any accessibility aids you don't have access to and which you would need to communicate, get around, understand information etc (e.g. translator, mobility device)?	
Are you currently experiencing any mental health or AoD difficulties? • *Diagnosed and managed?* • *Supports are in place?* • *How is it going?*	
Do you have any support needs (e.g. MH, AOD) that you aren't receiving support for right now?	
How would you rate your mental health on scale of 0-10 over past 4 weeks *(0 = very poor, 10 = very good)*	
How would you rate your physical health on scale of 0-10 over past 4 weeks *(0 = very poor, 10 = very good)*	

Do you have any legal matters you feel comfortable disclosing?	

How to identify the client's stream:
Select the relevant stream for the three priority domains. Add up the checked boxes for each stream column; (using number of points allocated to each stream). Enter the total number (minimum of 3 and maximum of 9) in the bottom right hand box. Identify the client's stream by checking which stream corresponds with the streaming score (table below). Enter the initial stream identified (1, 2 or 3) next to 'Initial Stream=' in table above.

Priority domains	Stream characteristics	Stream 1 (1 point per selection)	Stream 2 (2 points per selection)	Stream 3 (3 points per selection)	
1 Housing & Homelessness (Determine from client's housing history)	Housing is relatively stable *Client in current or temporary accommodation, ending soon; or* *Client currently has no accommodation, but is able to access suitable accommodation*	☐			Total streaming score =
	Housing is at risk • *Client in current or temporary accommodation assessed as detrimental to clients wellbeing* • *Temporary accommodation with friends or family, with negative impact on client* • *Client facing imminent discharge from institution*		☐		
	Currently homeless • *Client experiencing primary homelessness. 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)*			☐	
2 Current support & complexity of need (from client's perspective)	Presenting issue is housing access/affordability; minimal intrapersonal supports needed	☐			
	Has identified support needs, demonstrates insight and/or capacity to engage effectively		☐		
	Multiple & complex housing, health & support needs and may have difficulty engaging • *Client has one or more significant support needs currently having a major impact on clients functioning and/or wellbeing* • *Client has multiple or complex support needs requiring intensive assistance* • *There is significant risk of harm to client or others, due to:* ➢ *Major physical or mental health issues* ➢ *Vulnerability to violence (including domestic violence), exploitation or abuse from others* ➢ *Potential for self harm/suicide risk*			☐	

3 Risk of harm & vulnerability (based on worker's assessment)	Minimal risk of identified harm (from self/others) across personal safety*, substance misuse and mental health (applies to individual or family unit) • *Individual exhibits good coping skills, not negatively impacted by others; and/or* • *Individual may have access to additional supports*	☐			
	Moderate risk of identified harm (from self/others) across personal safety*, substance misuse and mental health (applies to individual or family unit) • *Individual faces no immediate risk and significant risks, however, if the situation is unlikely to improve, the situation will be impacted and their needs will be likely to escalate; and/or* • *Individual does not have access to additional supports*		☐		
	Demonstrated risk of identified harm (from self/others) across personal safety*, substance misuse and mental health (applies to individual or family unit) • *There is significant risk of harm to individual by self or others; and/or* • *There is a significant risk of standover and abuse in congregate settings; and/or* • *Individual is experiencing a level of crisis significant enough to impact on their capacity to manage*			☐	
	*Personal safety takes into account neglect and/or abuse of children within a family unit				

Stream score	Stream identified	Stream description
3, 4, 5	Stream 1	Individuals/families who are generally sustaining housing however other factors may negatively impact this. Short term intrapersonal support may be required. Level of personal risk and vulnerability is less likely to be high.
6 – 7	Stream 2	Individuals/families whose housing is at risk or have previously experienced homelessness/housing vulnerability. Support needs identified however unlikely to be linked in with services hence increased level of personal risk and/or vulnerability.
8 – 9	Stream 3	Individuals/families who are homeless or residing in inappropriate, temporary accommodation. Multiple and/or unaddressed complex needs identified however typically not engaged with services. Level of personal risk and/or vulnerability is likely to be high.

Eligible for LGBTIQ Safe Housing Network Project:

- Stream score 3-7

Potentially ineligible (consult with Case Worker or Research Team)

- Significant challenges beyond scope of program (e.g. complex support needs without support engagement)

- Unable to identify strengths, skills, abilities and goals
- Stream score 8-9.

Closing script and follow-up questions

- Thank respondent for their time.
- Confirm their interest in participating in the LGBTIQ Safe Housing Network program.
- Confirm their contact number and/or email.
- Please advise respondent that someone will get back to them as soon as possible about whether they have been accepted for the program.
- When is the best time to contact you?_____
- If I can't get in touch with you via phone, can I send you an email or a text?_____

Appendix 3 – Original pre-post surveys

LGBTIQ Safe Housing Network

Participant Survey One

This survey is voluntary for people who are taking part in the LGBTIQ Safe Housing Network.

The survey will ask you questions about your general information in relation to:

- Where you are living
- Types of housing, support packages, and services you have accessed currently and in the past
- Gender identity, sexual orientation, and intersex status
- Age
- Disability
- Cultural background
- Level of education
- Family support and social networks
- How satisfied you are with various parts of your life
- Substance use
- Mental health

We are asking these questions to know a little bit about you, to build a picture of the people who are participating in the Safe Housing Network. Your answers will be seen only by the research team (Ruth McNair, Cal Andrews, and Liam Leonard) who will treat all information confidentially. Any presentation of this information will not contain anything that could identify you. Your responses to these questions will be anonymous and your answers will not affect your housing status or ability to access any services and support through the Safe Housing Network.

This survey has been approved by the University of Melbourne Human Research Ethics Committee (Ethics ID number 1646279.1).

You are welcome to leave questions out if you would prefer not to answer them.

We estimate that it will take about 30 minutes to complete.

YOUR LIVING SITUATION

1. What is the suburb/town in which you currently live or stay in the most?

_____

1. Approximately how long have you been living at your current address?
(please tick one)

Less than 1 month	1-3 months	3-6 months	6-9 months	Over 9 months

2. When you agreed to participate in the Safe Housing Network, which types of housing were you looking for? (Please tick any that apply. See end of survey for definitions)

☐ Private rental (single)
☐ Private rental (shared)
☐ Privately owned
☐ Transitional housing
☐ Public housing
☐ Rooming house
☐ Affordable Housing
☐ Supported Housing
☐ Youth Foyer
☐ Caravan park
☐ Crisis/emergency accommodation
☐ Couch surfing

4. Which type of housing do you currently live in? *(please tick any that apply)*

☐ Private rental (single)
☐ Private rental (shared)
☐ Privately owned
☐ Transitional housing
☐ Public housing
☐ Rooming house
☐ Affordable Housing
☐ Supported Housing
☐ Youth Foyer
☐ Caravan park
☐ Crisis/emergency accommodation
☐ Couch surfing

5. Which best describes the area in which you prefer to live? *(please tick any that apply)*

Inner suburban or urban (within 5 km of city)	Outer Suburban	Regional centre (50,000 or more people)	Rural area (5,000 to 50,000 people)	Rural area (less than 5,000 people)

ABOUT YOU

6. Your initials – (this will allow us to link your first survey with the last survey you do without being able to identify you)

☐ ☐

the first 2 letters of your first name the first 2 letters of your last name

7. In what year were born? _____

8. In which country were you born? _____

9. What is your gender identity? (Please tick any that apply)

☐ Female ☐ Non-binary

☐ Male ☐ Genderqueer

☐ Trans female ☐ Sistergirl

☐ Trans male ☐ Brotherboy

☐ Gender diverse ☐ Prefer not to say

☐ Other (please specify)_____

10. What was your gender assigned at birth?

☐ Female ☐ Male

11. What is your sexual orientation? *(Please tick any that apply)*

☐ Lesbian

☐ Gay

☐ Bisexual

☐ Pansexual

☐ Queer

☐ Heterosexual

☐ Asexual

☐ Prefer not to say

☐ Other (please specify)

12. Do you have an intersex variation?

☐ No ☐ Yes ☐ Prefer not to say

13. Are you of Aboriginal or Torres Strait Islander origin? (please tick one)

Aboriginal	Torres Strait Islander	Both Aboriginal and Torres Strait Islander	No

14. Do you speak a language other than English at home?

☐ No ☐ Yes If yes, please specify which language_____

15. What is the highest education level you have completed? (please tick one)

Primary School	Up to Year 10 or equivalent	Up to Year 12 or equivalent	Diploma, Trade, Certificate, TAFE	University degree	Higher University degree (Grad Dip, Masters, PhD)

16. What is your work or study pattern? (please tick any that apply)

Working full-time	Working part-time	Unemployed looking for work	Not in the paid workforce (retired, home duties)	Studying full-time	Studying part-time	Volunteer work

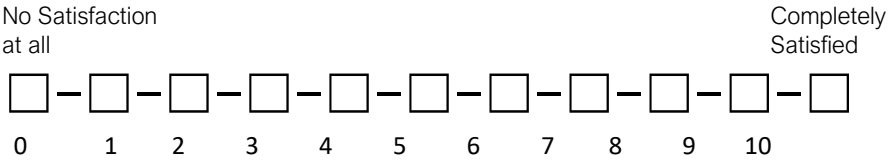
17. Do you receive a pension or benefit?

(E.g. unemployment benefits, Centrelink benefit, a pension, student allowance, family allowance)

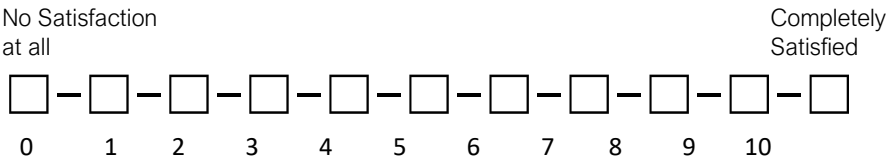
☐ No ☐ Yes (please specify: _____)

YOUR SATISFACTION WITH LIFE

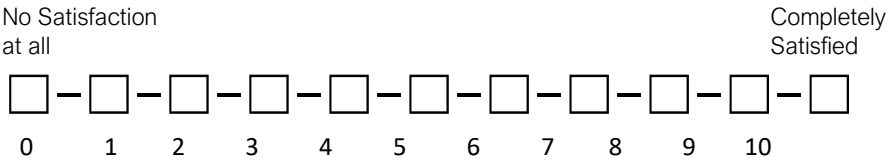
18. Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole? *(please tick one box)*



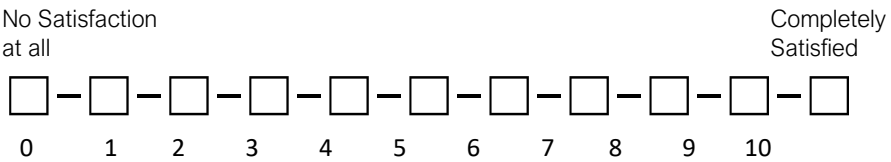
19. How satisfied are you with your standard of living?



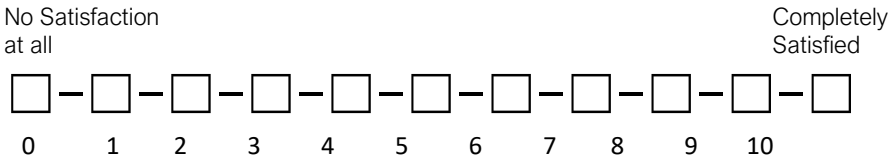
20. How satisfied are you with your health?



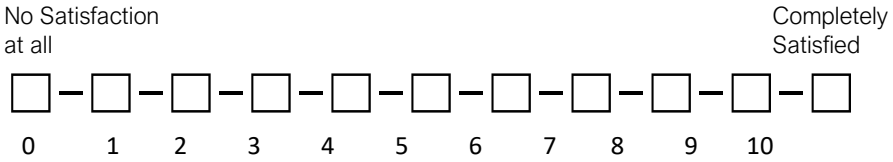
21. How satisfied are you with what you are achieving in life?



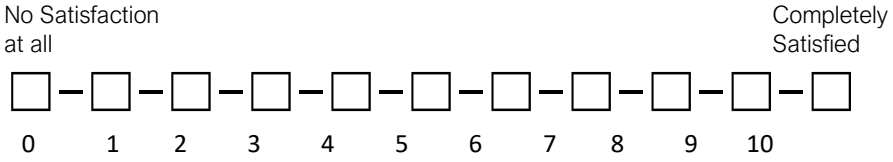
22. How satisfied are you with your personal relationships?



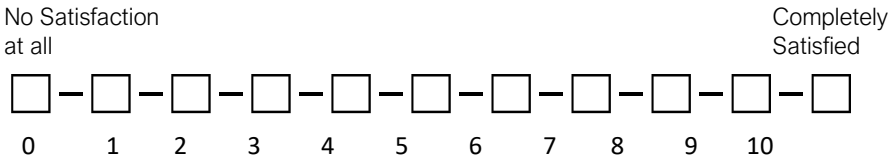
23. How satisfied are you with how safe you feel?



24. How satisfied are you with feeling part of your community?



25. How satisfied are you with your future security?



YOUR HEALTH

26. How do you rate your current general health? (please tick one)

Poor	Fair	Good	Very good	Excellent

27. Do you have any current medical problems requiring regular medical review?

☐ No ☐ Yes

28. Are you on any regular prescribed medications?

☐ No ☐ Yes

29. Do you have a disability or long-term health condition (which has lasted, or is expected to last, at least 6 months) from which you experience impairments, activity limitations or participation restrictions?

No ☐ ☐ Yes (please specify: _____)

30. What kind of person are you? Please indicate the extent to which you agree with each of the following statements: (*Tick one response for each statement)*

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times.	☐1	☐2	☐3	☐4	☐5
I have a hard time making it through stressful events.	☐1	☐2	☐3	☐4	☐5
It does not take me long to recover from a stressful event.	☐1	☐2	☐3	☐4	☐5
It is hard for me to snap back when something bad happens.	☐1	☐2	☐3	☐4	☐5
I usually come through difficult times with little trouble.	☐1	☐2	☐3	☐4	☐5
I tend to take a long time to get over set-backs in my life.	☐1	☐2	☐3	☐4	☐5

31. In the past 3 months how often have you used the following substances?

	Never	Once or twice	Monthly (average 1 to 3 times per month)	Weekly (1 to 4 times per week)	Daily or almost daily
Tobacco products (cigarettes, cigars etc.)	☐1	☐2	☐3	☐4	☐5
Alcohol	☐1	☐2	☐3	☐4	☐5
Cannabis (marijuana, dope, pot etc.)	☐1	☐2	☐3	☐4	☐5

Cocaine (coke, crack etc.)	☐1	☐2	☐3	☐4	☐5
Amphetamines (speed, ecstasy, meth, ice, crystal, base, etc.)	☐1	☐2	☐3	☐4	☐5
Inhalants (nitrous, glue, petrol, amyl etc.)	☐1	☐2	☐3	☐4	☐5
Sedatives or sleeping pills (not prescribed – Valium etc.)	☐1	☐2	☐3	☐4	☐5
Hallucinogens (LSD, acid, mushrooms, ketamine, trips etc.)	☐1	☐2	☐3	☐4	☐5
Opioids (heroin, codeine etc.)	☐1	☐2	☐3	☐4	☐5
Other (please specify):	☐1	☐2	☐3	☐4	☐5

32. During the past three months, how often has your use of any of the drugs you listed led to health, social, legal or financial problems?

List the drugs you have used in the past 3 months	Never	Once or twice	Monthly	Weekly	Daily or almost daily
	☐1	☐2	☐3	☐4	☐5
	☐1	☐2	☐3	☐4	☐5
	☐1	☐2	☐3	☐4	☐5
	☐1	☐2	☐3	☐4	☐5

33. In the past 4 weeks, about how often did you feel... (*Tick one response for each statement)*

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Tired out for no good reason	☐1	☐2	☐3	☐4	☐5
Nervous	☐1	☐2	☐3	☐4	☐5
So nervous that nothing could calm you down	☐1	☐2	☐3	☐4	☐5

Hopeless	☐1	☐2	☐3	☐4	☐5
Restless or fidgety	☐1	☐2	☐3	☐4	☐5
So restless you could not sit still	☐1	☐2	☐3	☐4	☐5
Depressed	☐1	☐2	☐3	☐4	☐5
That everything was an effort	☐1	☐2	☐3	☐4	☐5
So sad that nothing could cheer you up	☐1	☐2	☐3	☐4	☐5
Worthless	☐1	☐2	☐3	☐4	☐5

COMMUNITY CONNECTION AND SUPPORT

34. To what degree do you agree with each of the following?

	Disagree strongly	Disagree	Agree	Agree strongly
You feel you're a part of the LGBTIQ community.	☐1	☐2	☐3	☐4
Participating in the LGBTIQ community is a positive thing for you.	☐1	☐2	☐3	☐4
You feel a bond with the LGBTIQ community.	☐1	☐2	☐3	☐4
You are proud of the LGBTIQ community.	☐1	☐2	☐3	☐4
It is important for you to be politically active in the LGBTIQ community.	☐1	☐2	☐3	☐4
If we work together, people can solve problems in the LGBTIQ community.	☐1	☐2	☐3	☐4
You really feel that any problems faced by the LGBTIQ community are also your own problems.	☐1	☐2	☐3	☐4

35. To what degree do you agree with each of the following?

	Disagree strongly	Disagree	Agree	Agree strongly
You feel you're a part of the mainstream[5] community.	☐1	☐2	☐3	☐4

[5] Mainstream community being predominantly heterosexual cis gender focused

Participating in the mainstream community is a positive thing for you.	☐1	☐2	☐3	☐4
You feel a bond with the mainstream community.	☐1	☐2	☐3	☐4
You are proud of the mainstream community.	☐1	☐2	☐3	☐4
It is important for you to be politically active in the mainstream community.	☐1	☐2	☐3	☐4
If we work together, people can solve problems in the mainstream community.	☐1	☐2	☐3	☐4
You really feel that any problems faced by the mainstream community are also your own problems.	☐1	☐2	☐3	☐4

36. Which types of support services and packages have you used in the past 6 months*?* *(Please tick any that apply. See end of survey for definitions)*

☐ Housing Establishment Fund

☐ Bond Loan Scheme

☐ Commonwealth Rent Assistance

☐ Family violence flexible support package

☐ Mainstream health or counseling service

☐ LGBTIQ-specific health or other counseling service

☐ Employment service

☐ Legal service

☐ Other (please specify) _____

_____

37. How often can you rely on getting support from your family of origin?

(e.g. parents, siblings, other close relatives)

Never	Rarely	Sometimes	Often	All the time

38. How often can you rely on getting support from your family of choice or close friends?

(e.g. intimate partner, friend)

Never	Rarely	Sometimes	Often	All the time

39. Please add further comments if you would like to:

Thank you very much for doing this survey

Types of Housing

Transitional Housing
Medium-term, low-cost housing provided by community organisations (Transitional Housing Mangers), which prioritise people with multiple/complex support needs.

Public housing
Government owned and managed.

Rooming House
One or more rooms available for rent and with 4 or more people living in the house. Most rooming houses have shared facilities. They can be private or community run. Community rooming houses can also be single occupant (self-contained) or multiple occupants.

Affordable housing
A type of social/community housing that is managed by registered housing providers and costs up to 80% of the market value. Affordable housing is aimed at people on low to moderate incomes.

Supported housing

Medium to long-term accommodation focused on particular tenant groups who may be more vulnerable, run by specialist community service organisations

Youth Foyer

Long-term housing (often self-contained) for young people (16-25 years) and support services in education, employment, and case work.

Types of Financial Support

Bond Loan Scheme

Most landlords will ask you to pay a bond before you move in to a private rental property. You may be able to borrow the money interest-free from the Office of Housing. This is called a bond loan. These loans and cannot be used for rent in advance or moving costs. The full amount of the bond loan must be paid back at the end of your tenancy.

Housing Establishment Fund

As well as bond loans, HEF may help eligible people with rent arrears, paying rent in advance, removal costs or accessing emergency short term accommodation. To access HEF for rent in advance you must produce proof of identity, a lease agreement and the rent must be less than 55% of your income. You can apply for HEF through a community organisation or Specialist Homeless Service.

Family violence flexible support package

Financial subsidy to assist victims/survivors of family violence or intimate partner violence with essentials, stable housing, technological safety/support, medical and counseling costs, costs associated with education and employment, clothing, pets, etc.

LGBTIQ Safe Housing Network

Participant Survey Two

This survey is voluntary for people who are taking part in the LGBTIQ Safe Housing Network.

The purpose of this survey is to assess how useful and effective the safe housing network has been for you. We will also ask some of the questions that you were asked in the first survey including your involvement in education, the workforce, your mental health, substance use and types of housing, support packages and services you have access since you were part of the network.

You are welcome to leave questions out if you would prefer not to answer them.

We estimate that it will take about 30 minutes to complete.

This survey has been approved by the University of Melbourne Human Research Ethics Committee (Ethics ID number 1646279.1).

Unique identifying number _____

YOUR LIVING SITUATION

1. What is the suburb/town in which you currently live? _____

2. Approximately how long have you been living at your current address?
(please tick one)

Less than 1 month	1-3 months	3-6 months	6-9 months	Over 9 months

3. When you agreed to participate in the Safe Housing Network, which types of housing were you looking for?
(please tick any that apply)

☐ Private rental (single)

☐ Private rental (shared)

☐ Transitional housing[6]

☐ Public housing[7]

☐ Rooming house[8]

☐ Affordable Housing[9]

[6] Medium-term, low-cost housing provided by community organisations (Transitional Housing Mangers), which prioritise people with multiple/complex support needs.
[6] Public housing is government owned and managed.
[7] Public housing is government owned and managed.
[8] One or more rooms available for rent and with 4 or more people living in the house. Most rooming houses have shared facilities. They can be private or community run. Community rooming houses can also be single occupant (self-contained) or multiple occupants.
[9] Affordable housing is a type of social/community housing that is managed by registered housing providers and costs up to 80% of the market value. Affordable housing is aimed at people on low to moderate incomes.

☐ Supported Housing[10]

☐ Youth Foyer

☐ Caravan park

☐ Crisis/emergency accommodation

4. Which type of housing do you currently live in? *(please tick any that apply)*

☐ Private rental (single)

☐ Private rental (shared)

☐ Transitional housing

☐ Public housing

☐ Rooming house

☐ Affordable Housing

☐ Supported Housing

☐ Youth Foyer

☐ Caravan park

☐ Crisis/emergency accommodation

[10] Medium to long-term accommodation focused on particular tenant groups who may be more vulnerable, run by specialist community service organisations.

☐ Other emergency accommodation (e.g. couch-surfing, tent, car)

5. Which best describes the area in which you prefer to live? *(please tick one)*

Inner suburban or urban (within 5 km of city)	Outer Suburban	Regional centre (50,000 or more people)	Rural area (5,000 to 50,000 people)	Rural area (less than 5,000 people)

ABOUT YOU

(questions 6-12 are removed from survey two)

13. What is the highest education level you have completed? (please tick one)

Primary School	Up to Year 10 or equivalent	Up to Year 12 or equivalent	Diploma, Trade, Certificate, TAFE	University degree	Higher University degree (Grad Dip, Masters, PhD)

14. What is your work or study pattern? (please tick any that apply)

Working full-time	Working part-time	Unemployed looking for work	Not in the paid workforce (retired, home duties)	Studying full-time	Studying part-time

15. Do you receive a pension or benefit?

(E.g. unemployment benefits, a pension, a student allowance, family allowance)

☐ No ☐ Yes (please specify: _____)

YOUR HEALTH

16. How do you rate your current general health? (please tick one)

Poor	Fair	Good	Very good	Excellent

17. Do you have any current medical problems requiring regular medical review?

☐ No ☐ Yes (please specify: _____)

18. Are you on any regular prescribed medications?

☐ No ☐ Yes (please specify: _____)

19. Do you have a disability or long-term health condition (which has lasted, or is expected to last, at least 6 months) from which you experience impairments, activity limitations or participation restrictions? *

☐ No ☐ Yes (please specify: _____)

20. What kind of person are you? Please indicate the extent to which you agree with each of the following statements: (*Tick one response for each statement)*

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times.	☐1	☐2	☐3	☐4	☐5
I have a hard time making it through stressful events.	☐1	☐2	☐3	☐4	☐5
It does not take me long to recover from a stressful event.	☐1	☐2	☐3	☐4	☐5
It is hard for me to snap back when something bad happens.	☐1	☐2	☐3	☐4	☐5

I usually come through difficult times with little trouble.	☐1	☐2	☐3	☐4	☐5
I tend to take a long time to get over set-backs in my life.	☐1	☐2	☐3	☐4	☐5

21. In the past 4 weeks, about how often did you feel... (*Tick one response for each statement)*

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Tired out for no good reason	☐1	☐2	☐3	☐4	☐5
Nervous	☐1	☐2	☐3	☐4	☐5
So nervous that nothing could calm you down	☐1	☐2	☐3	☐4	☐5
Hopeless	☐1	☐2	☐3	☐4	☐5
Restless or fidgety	☐1	☐2	☐3	☐4	☐5
So restless you could not sit still	☐1	☐2	☐3	☐4	☐5
Depressed	☐1	☐2	☐3	☐4	☐5
That everything was an effort	☐1	☐2	☐3	☐4	☐5
So sad that nothing could cheer you up	☐1	☐2	☐3	☐4	☐5
Worthless	☐1	☐2	☐3	☐4	☐5

YOUR SUBSTANCE USE

22. In the past 3 months how often have you used the following substances?

	Never	Once or twice	Monthly (average 1 to 3 times per month)	Weekly (1 to 4 times per week)	Daily or almost daily
Tobacco products (cigarettes, cigars etc.)	☐1	☐2	☐3	☐4	☐5
Alcohol	☐1	☐2	☐3	☐4	☐5

Cannabis (marijuana, dope, pot etc.)	☐1	☐2	☐3	☐4	☐5
Cocaine (coke, crack etc.)	☐1	☐2	☐3	☐4	☐5
Amphetamines (speed, ecstasy, meth, ice, crystal, base, etc.)	☐1	☐2	☐3	☐4	☐5
Inhalants (nitrous, glue, petrol, amyl etc.)	☐1	☐2	☐3	☐4	☐5
Sedatives or sleeping pills (not prescribed – Valium etc.)	☐1	☐2	☐3	☐4	☐5
Hallucinogens (LSD, acid, mushrooms, ketamine, trips etc.)	☐1	☐2	☐3	☐4	☐5
Opioids (heroin, codeine etc.)	☐1	☐2	☐3	☐4	☐5
Other (please specify):	☐1	☐2	☐3	☐4	☐5

23. During the past three months, how often have you had a strong desire or urge to use the drugs you listed above

List the drugs you have used in the past 3 months	Never	Once or twice	Monthly	Weekly	Daily or almost daily
	☐1	☐2	☐3	☐4	☐5
	☐1	☐2	☐3	☐4	☐5
	☐1	☐2	☐3	☐4	☐5
	☐1	☐2	☐3	☐4	☐5

24. During the past three months, how often has your use of any of the drugs you listed led to health, social, legal or financial problems?

List the drugs you have used in the past 3 months	Never	Once or twice	Monthly	Weekly	Daily or almost daily

	☐1	☐2	☐3	☐4	☐5
	☐1	☐2	☐3	☐4	☐5
	☐1	☐2	☐3	☐4	☐5
	☐1	☐2	☐3	☐4	☐5

25. During the past three months, how often have you failed to do what was normally expected of you because of your use of any of the drugs you listed?

List the drugs you have used in the past 3 months	Never	Once or twice	Monthly	Weekly	Daily or almost daily
	☐1	☐2	☐3	☐4	☐5
	☐1	☐2	☐3	☐4	☐5
	☐1	☐2	☐3	☐4	☐5
	☐1	☐2	☐3	☐4	☐5

26. Have you ever tried and failed to control, cut down or stop using any of the drugs you listed?

List the drugs you have used in the past 3 months	No, never	Yes. In the past 3 months	Yes, but not in the past 3 months
	☐1	☐3	☐4
	☐1	☐3	☐4
	☐1	☐3	☐4
	☐1	☐3	☐4

YOUR COMMUNITY CONNECTION AND SUPPORT

27. To what degree do you agree with each of the following?

	Disagree strongly	Disagree	Agree	Agree strongly
You feel you're a part of the LGBTIQ community.	☐1	☐2	☐3	☐4
Participating in the LGBTIQ community is a positive thing for you.	☐1	☐2	☐3	☐4
You feel a bond with the LGBTIQ community.	☐1	☐2	☐3	☐4
You are proud of the LGBTIQ community.	☐1	☐2	☐3	☐4
It is important for you to be politically active in the LGBTIQ community.	☐1	☐2	☐3	☐4
If we work together lesbian, gay, bisexual, transgender, intersex, and queer/questioning people can solve problems in the LGBTIQ community.	☐1	☐2	☐3	☐4
You really feel that any problems faced by the LGBTIQ community are also your own problems.	☐1	☐2	☐3	☐4

28. To what degree do you agree with each of the following?

	Disagree strongly	Disagree	Agree	Agree strongly
You feel you're a part of the mainstream community.	☐1	☐2	☐3	☐4
Participating in the mainstream community is a positive thing for you.	☐1	☐2	☐3	☐4
You feel a bond with the mainstream community.	☐1	☐2	☐3	☐4
You are proud of the mainstream community.	☐1	☐2	☐3	☐4
It is important for you to be politically active in the mainstream community.	☐1	☐2	☐3	☐4
If we work together LGBTIQ people can solve problems in the mainstream community.	☐1	☐2	☐3	☐4
You really feel that any problems faced by the mainstream community are also your own problems.	☐1	☐2	☐3	☐4

29. How often do you participate in community advocacy?

(e.g. involvement in advisory groups, political lobbying, being a peer facilitator)

Never	Rarely	Sometimes	Often	All the time

30. How often can you rely on getting support from your family of origin?

(e.g. parents, siblings, other close relatives)

Never	Rarely	Sometimes	Often	All the time

31. How often can you rely on getting support from your family of choice or close friends?

(e.g. intimate partner, friend)

Never	Rarely	Sometimes	Often	All the time

32. Which types of support services and packages have you used in the past 6 months*?* *(please tick any that apply)*

Housing establishment fund, bond loan scheme, or Commonwealth Rent Assistance	Family violence support package	Mainstream health or counselling service	LGBTIQ-specific health or counselling service *(E.g. Equinox, Queerspace, Northside Clinic)*	Employment service	Other *(please specify)*

YOUR OPINION ON THE LGBTI SAFE HOUSING NETWORK

33. How helpful was the safe housing network overall (case worker, peer support worker, resources and services) in helping you find stable housing and access other support? *(please tick one)*

Extremely unhelpful	Not helpful	Unsure	Somewhat helpful	Very helpful	Extremely helpful

34. How helpful was your peer support worker in helping you access support and community connections and reducing the risk of homelessness for you? *(please tick one)*

Extremely unhelpful	Not helpful	Unsure	Somewhat helpful	Very helpful	Extremely helpful

35. How helpful was your case worker allocated through the safe housing network in helping you find stable housing and access other support and reducing the risk of homelessness for you? *(please tick one)*

Extremely unhelpful	Not helpful	Unsure	Somewhat helpful	Very helpful	Extremely helpful

36. How much have the following areas of your life changed since you first participated in the safe housing network? *(please tick one for each area)*

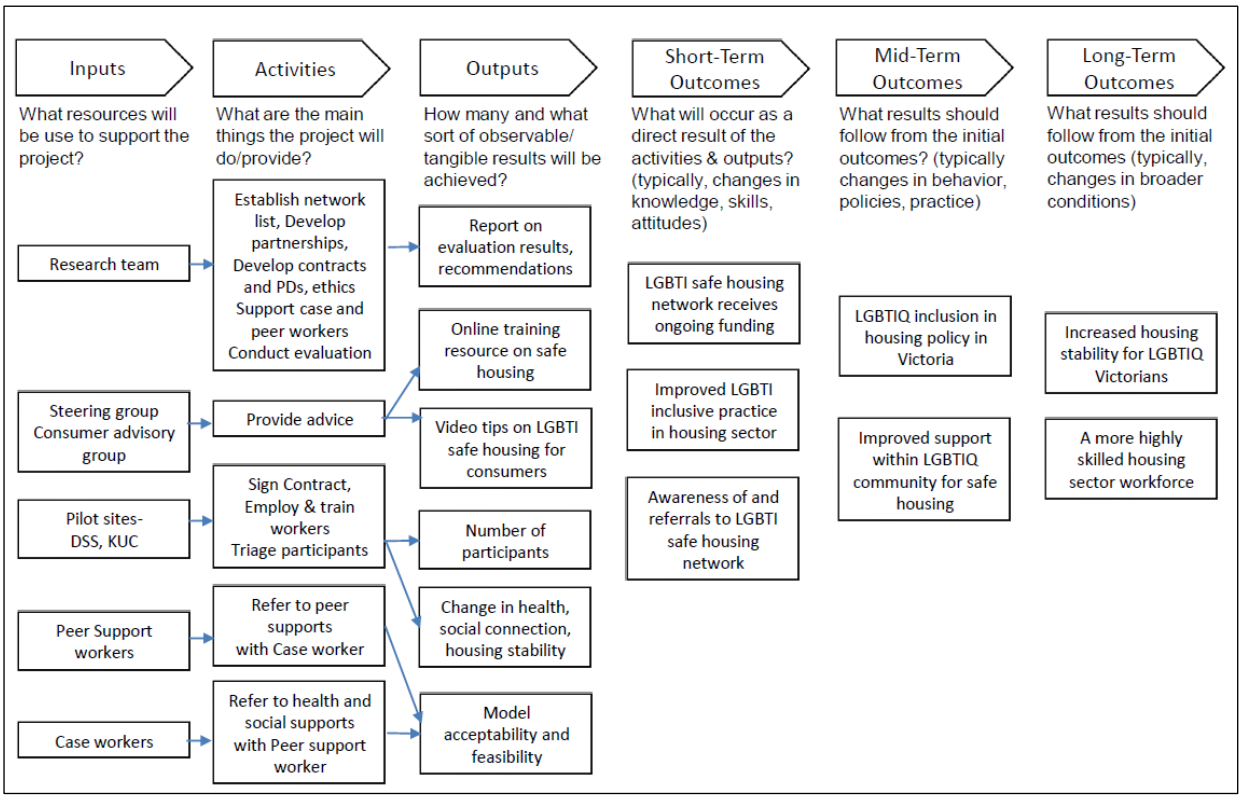
Area of your life	Changed for worse	Not changed	Changed for the better
Stable and safe housing			
Your social connections			
Your employment and/or education prospects			
How worried you feel about your future			
How much you know about the housing system			

How comfortable you feel navigating the mainstream housing system			
How comfortable you feel accessing other LGBTIQ support services			

Please add further comments if you would like to:

Thank you very much for doing this survey

Appendix 4 – Original program logic



APPENDIX 5 – NEW PRE-INTERVIEW SURVEY

LGBTIQ Safe Housing Network

Pre-interview Participant Survey

This survey is voluntary for people who are taking part in the LGBTIQ Safe Housing Network.

Your answers will be seen only by Dr Ruth McNair, Dr Cal Andrews, and Dr Jennifer Power who will treat all information confidentially. Any presentation of this information will not contain anything that could identify you. These questions are important to know a little bit about you, and to build a picture overall of the people who are participating in the project.

You are welcome to leave questions out if you would prefer not to answer them.

We estimate that it will take about 10 minutes to complete.

This survey has been approved by the University of Melbourne Human Research Ethics Committee (Ethics ID number 1646279.2).

Your living situation

1. What is the suburb/town in which you currently live or stay in the most?

_____

2. Approximately how long have you been living at your current address?
(please tick one)

Less than 1 month	1-3 months	3-6 months	6-9 months	Over 9 months

4. Which type of housing do you currently live in? (please tick any that apply. See end of survey for definitions)

☐ Private rental (single)

☐ Private rental (shared)

☐ Privately owned

☐ Transitional housing

☐ Public housing

☐ Rooming house

☐ Affordable Housing

☐ Supported Housing

☐ Youth Foyer

☐ Caravan park

☐ Crisis/emergency accommodation

☐ Couch surfing

5. Which best describes the area in which you prefer to live? *(please tick any that apply)*

Inner suburban or urban (within 5 km of city)	Outer Suburban	Regional centre (50,000 or more people)	Rural area (5,000 to 50,000 people)	Rural area (less than 5,000 people)

About you

6. What is your age in years? _____

7. In which country were you born? _____

8. Are you of Aboriginal or Torres Strait Islander origin?

Aboriginal	Torres Strait Islander	Both Aboriginal and Torres Strait Islander	No

9. Do you speak a language other than English at home?

No ☐ ☐ Yes If yes, please specify which language_____

10. Are you in a relationship currently?

No ☐ ☐ Yes

11. If yes, what is/are the gender/s of your partner/s?

Please specify _____

12. Do you have children? (please tick any that apply)

Biological child/ children	Non-biological child/ children	Pregnant	Planning to have children	No children

13. What is the highest education level you have completed? (please tick one)

Primary School	Up to Year 10 or equivalent	Up to Year 12 or equivalent	Diploma, Trade, Certificate, TAFE	University degree	Higher University degree (Grad Dip, Masters, PhD)

14. What is your work or study pattern? (please tick any that apply)

Working full-time	Working part-time	Unemployed looking for work	Not in the paid workforce (retired, home duties)	Studying full-time	Studying part-time	Volunteer work

15. Do you receive a pension or benefit?

(E.g. unemployment benefits, Centrelink benefit, a pension, student allowance, family allowance)

☐ No ☐ Yes (please specify: _____)

Your health

16. How do you rate your current physical health? (please tick one)

Poor	Fair	Good	Very good	Excellent

17. How do you rate your current mental health? (please tick one)

Poor	Fair	Good	Very good	Excellent

18. Do you have any current medical problems requiring regular medical review?

No ☐ ☐ Yes

19. Are you on any regular prescribed medications?

No ☐ ☐ Yes

20. Do you have a disability or long-term health condition (which has lasted, or is expected to last, at least 6 months) from which you experience impairments, activity limitations or participation restrictions?

No ☐ ☐ Yes

Community connection and support

21. Which types of support services and packages have you used in the past 6 months*? (Please tick any that apply. See end of survey for definitions)*

☐ Housing Establishment Fund

☐ Bond Loan Scheme

☐ Commonwealth Rent Assistance

☐ Family violence flexible support package

☐ Mainstream health or counseling service

☐ LGBTIQ-specific health or other counseling service

☐ Employment service

☐ Legal service

☐ Other (please specify) _____

_____

22. How often can you rely on getting support from your family of origin?

(e.g. parents, siblings, other close relatives)

Never	Rarely	Sometimes	Often	All the time

23. How often can you rely on getting support from your family of choice or close friends?

(e.g. intimate partner, friend)

Never	Rarely	Sometimes	Often	All the time

The helpfulness of the LGBTI Safe Housing Network

24. How helpful was the safe housing network overall (case worker, peer support worker, resources and services) in helping you find stable housing and access other support? (please tick one)

Extremely unhelpful	Not helpful	Unsure	Somewhat helpful	Very helpful	Extremely helpful

25. How helpful was your peer support worker or case worker in helping you access support and community connections and reducing the risk of homelessness for you? *(please tick one)*

Extremely unhelpful	Not helpful	Unsure	Somewhat helpful	Very helpful	Extremely helpful

26. How much have the following areas of your life changed since you first participated in the safe housing network? *(please tick one for each area)*

Area of your life	Changed for worse	Not changed	Changed for the better
Stable and safe housing			
Your social connections			
Your sense of connection to the LGBTIQ community			
Your sense of connection to the mainstream (non-LGBTIQ) community			
Your employment and/or education prospects			
How much you know about the housing system			
How comfortable you feel navigating the mainstream housing system			
How comfortable you feel accessing LGBTIQ support services			

27. Please add further comments if you would like to:

Thank you very much for doing this survey

Types of Housing

Transitional Housing
Medium-term, low-cost housing provided by community organisations (Transitional Housing Mangers), which prioritise people with multiple/complex support needs.

Public housing
Government owned and managed.

Rooming House
One or more rooms available for rent and with 4 or more people living in the house. Most rooming houses have shared facilities. They can be private or community run. Community rooming houses can also be single occupant (self-contained) or multiple occupants.

Affordable housing
A type of social/community housing that is managed by registered housing providers and costs up to 80% of the market value. Affordable housing is aimed at people on low to moderate incomes.

Supported housing

Medium to long-term accommodation focused on particular tenant groups who may be more vulnerable, run by specialist community service organisations

Youth Foyer

Long-term housing (often self-contained) for young people (16-25 years) and support services in education, employment, and case work.

Types of Financial Support

Bond Loan Scheme

Most landlords will ask you to pay a bond before you move in to a private rental property. You may be able to borrow the money interest-free from the Office of Housing. This is called a bond loan. These loans and cannot be used for rent in advance or moving costs. The full amount of the bond loan must be paid back at the end of your tenancy.

Housing Establishment Fund

As well as bond loans, HEF may help eligible people with rent arrears, paying rent in advance, removal costs or accessing emergency short term accommodation. To access HEF for rent in advance you must produce proof of identity, a lease agreement and the rent must be less than 55% of your income. You can apply for HEF through a community organisation or Specialist Homeless Service.

Family violence flexible support package

Financial subsidy to assist victims/survivors of family violence or intimate partner violence with essentials, stable housing, technological safety/support, medical and counseling costs, costs associated with education and employment, clothing, pets, etc.

Appendix 6 – Plain Language Statement and Consent Forms

Project: LGBTIQ SAFE HOUSING NETWORK

Project Coordinator: Ruth McNair
Department of General Practice,
The University of Melbourne
P: +61 419 120 663
E: r.mcnair@unimelb.edu.au

Research Fellow: Cal Andrews
Department of General Practice,
The University of Melbourne
P: +61 413 642 019
E: cman@unimelb.edu.au

Associate Researcher:
Jennifer Power
Australian Research Centre in Sex, Health and Society, La Trobe University
P: 03 9479 8700
E: Jennifer.Power@latrobe.edu.au

This is a research project, which is supported by a VicHealth Innovation Research Grant, and has been approved by the University of Melbourne Human Research Ethics Committee.

☐ I have read and understood the Plain Language Statement for the above study and I have had the opportunity to ask the researcher/s any questions.

☐ I understand that my participation is voluntary, and that I am free to stop participating in the survey, interview, or entire project at any time without having to give a reason. I also understand that I can withdraw any information that I have supplied, and this will not affect my housing or any services associated with the safe housing network.

☐ I consent to participating in an interview of 30-45 minutes, and to my interview being recorded and stored in an audio file.

☐ I consent to this information being reported in written publications, at conferences, and other community events.

☐ I understand I will not be named in any publications arising from this research. I also understand that as the number of participants involved in the study is small, it may still be possible for someone to identify me

☐ I understand that if I have any concerns about the project, I can contact the Manager, Human Research Ethics, Office for Research Ethics and Integrity, The University of Melbourne on 8344 2073.

☐ I would like to receive a copy of the project report.

_____	_____	_____
Name of Participant	Date	Signature

PLAIN LANGUAGE STATEMENT - Interviews
Project: LGBTIQ SAFE HOUSING NETWORK

Project Coordinator: Ruth McNair
Department of General Practice,
The University of Melbourne
P: +61 419 120 663
E: r.mcnair@unimelb.edu.au

Research Fellow: Cal Andrews
Department of General Practice,
The University of Melbourne
P: +61 413 642 019
E: cman@unimelb.edu.au

Associate Researcher:
Jennifer Power
Australian Research Centre in Sex, Health and Society, La Trobe University
P: 03 9479 8700
E: Jennifer.Power@latrobe.edu.au

We would like to invite you to take part in an interview about your involvement in the LGBTIQ Safe Housing Network.

The research project is being conducted by Ruth McNair and Cal Andrews (The University of Melbourne), and Jennifer Power (La Trobe University), and is supported by a VicHealth Innovation Research Grant.

The aims of this project are to develop a safe housing network in Victoria for people who identify as LGBTIQ and who are at risk of homelessness; and to explore the impacts of this network. We will explore the impacts by asking safe housing network participants to talk with one of the researchers towards the end of their involvement in the safe housing network.

This research has been approved by the University of Melbourne Human Research Ethics Committee.

What does participation in the project involve?

If you agree to participate in an interview, a member of the research team will be in contact to speak with you at a time and place that works for you. First, they will ask you to complete a brief survey, which will take approximately 10 minutes. Then they will ask you some questions about why you decided to be involved, your current and past accommodation, and how helpful you found the safe housing network in accessing housing and support, promoting mental health, wellbeing, and reducing isolation, as well as any challenges.

The interview would take place in person or by phone, and will require approximately 30-45 minutes of your time. A support person of your choice (for example, a friend or support worker) is welcome to come with you. If you are under the age of 18, we would prefer to get consent for you to participate from one of your parents or a legal guardian. Please let us know if this is not possible. We strongly encourage you to bring an adult support person to your interview.

Your consent to participate in the interview will be recorded beforehand on a signed consent form. With your permission, the interview will also be voice recorded.

Data collected during this project may also be used in related future projects and publications.

Your participation in this project is completely voluntary; you are free to withdraw at any stage. You may also withdraw permission to use parts or all of the interview recording. If you decide not to participate in the interview, this will not affect your housing or any services associated with the safe housing network.

How will your confidentiality be protected?

Your name will not be stored with any of the information you provide in the interview. We will not tell anyone that you have participated in this project or provided information via the interview, except in certain legal circumstances. For example, if you tell us that you intend to self harm, then we are required to report this and refer you for urgent healthcare. If you tell us about an illegal activity that you have been involved in, and that activity may result in harm to you or other people, we will need to inform relevant authorities.

If you found out about the study from a homelessness service, we will not tell them that you have talked with us. The information will be kept securely by the principal researcher. Your name will not be used in the report or in subsequent publications arising from this research. However, as the number of participants in the study is small, it is possible that someone may still be able to identify you.

How will you receive feedback?

A brief summary of the project findings will be available to you upon request once the project is finished, and also available on the project website. The findings will also be presented in a report, academic publications, conferences, and other community forums.

Where can you get further information?

If you would like any further information or have any concerns about the project, please do not hesitate to contact either the Project Coordinator (Ruth) or Research Fellow (Cal) using the above telephone numbers.

If you have any concerns or complaints about the conduct of this research project, you can contact the Manager, Human Research Ethics, Office for Research Ethics and Integrity, The University of Melbourne by phone 8344 2073 or email humanethics-complaints@unimelb.edu.au quoting HREC ethics ID 1646279.2.

PLAIN LANGUAGE STATEMENT
– Interviews with peer support and case workers

Project: LGBTIQ SAFE HOUSING NETWORK

Project Coordinator: Ruth McNair
Department of General Practice,
The University of Melbourne
P: +61 419 120 663
E: r.mcnair@unimelb.edu.au

Research Fellow: Cal Andrews
Department of General Practice,
The University of Melbourne
P: +61 413 642 019
E: cman@unimelb.edu.au

Associate Researcher:
Jennifer Power
Australian Research Centre in Sex, Health and Society, La Trobe University
P: 03 9479 8700
E: Jennifer.Power@latrobe.edu.au

We would like to invite you to take part in an interview about your involvement in the LGBTIQ Safe Housing Network. The research project is being conducted by Ruth McNair and Cal Andrews (The University of Melbourne), and Jennifer Power (La Trobe University), and is supported by a VicHealth Innovation Research Grant.

The aims of this project are to develop a safe housing network in Victoria for people who identify as LGBTIQ and who are at risk of homelessness; and to explore the impacts of this network.

One of the ways we will do this is by asking peer support and case workers to talk with one of the researchers towards the end of the project. During the interview, we will ask you questions about your role, to hear your opinion as a support for participants in the safe housing network.

This research has been approved by the University of Melbourne Human Research Ethics Committee.

What does participation in the project involve?

If you agree to participate in an interview, a member of the research team will be in contact to speak with you at a time and place that works for you. They will ask you some questions about your activities as a peer support or case worker, resources and referral pathways, training, challenges, impacts on clients, and ways that the network could be improved.

The interview would take place in person or by phone, and will require approximately 30 minutes of your time. A support person of your choice (for example, a friend or support worker) is welcome to come with you.

Your consent to participate in the interview will be recorded beforehand on a signed consent form. With your permission, the interview will also be voice recorded.

Data collected during this project may also be used in related future projects and publications.

Your participation in this project is completely voluntary; you are free to withdraw at any stage. You may also withdraw permission to use parts or all of the interview recording. If you decide not to participate in the interview, this will not affect your position in your organisation, or your role in any ongoing LGBTIQ safe housing network.

How will your confidentiality be protected?

Your name will not be stored with any of the information you provide in the interview. However, as the number of support workers is small, please be aware that you will be identifiable through the project more generally.

The information will be kept securely by the principal researcher. Your name will not be used in the report or in subsequent publications arising from this research.

How will you receive feedback?

A brief summary of the project findings will be available to you upon request once the project is finished, and also available on the project website. The findings will also be presented in a report, academic publications, conferences, and other community forums.

Where can you get further information?

If you would like any further information or have any concerns about the project, please do not hesitate to contact either the Project Coordinator (Ruth) or Research Fellow (Cal) using the above telephone numbers.

If you have any concerns or complaints about the conduct of this research project, you can contact the Manager, Human Research Ethics, Office for Research Ethics and Integrity, The University of Melbourne by phone 8344 2073 or email humanethics-complaints@unimelb.edu.au quoting HREC ethics ID 1646279.2.

Ethics ID: 1646279.2 *April 2019*

Appendix 7 – Project timeline