

SECTION THREE

TRAUMA INFORMED CARE WHEN WORKING WITH PEOPLE WITH COMPLEX NEEDS

CREATING SUSTAINABLE TENANCIES

FOR TENANTS WITH COMPLEX NEEDS

**A TOOLKIT TO SUPPORT
COMMUNITY HOUSING PROVIDERS
STRENGTHEN PRACTICE IN NSW & QLD**



A Toolkit to Support Community Housing Providers Strengthen Practice in NSW and QLD

SECTIONS AVAILABLE IN THIS SERIES

SECTION ONE: Describing a sustainable tenancies approach, a policy template and a series of pathways to guide staff

SECTION TWO: Working with hoarding

SECTION THREE: Information on trauma informed care

SECTION FOUR: Tools and resources to support practice



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Understanding Trauma

This section provides information to community housing providers (CHPs) delivering services that are underpinned by the principles of trauma informed care. To achieve such practice, it is necessary for practitioners to develop their knowledge and skills of the following aspects relative to trauma:

UNDERSTANDING – to develop an awareness of the impacts of trauma and how such experiences result in complex conditions, it is essential to understand what trauma is, the impacts of exposure to trauma and how this effects the cognitive and behavioural functioning of a person.

RESPONDING – by understanding and recognising resultant behaviours; organisations can adapt their responses by developing collaborative relationships with tenants to foster a sense of safety and control in the tenants' life.

What is Trauma?

Trauma is an event which leaves a person feeling helpless and terrified, resulting in feeling a lack of control/unpredictability, loss of safety, fear of serious harm/death. Trauma is defined by the experience of the individual NOT the event.

Not everyone who experiences traumatic events will have sustained trauma effects. This can depend on a number of factors including individual resilience and access to other supports.

Trauma in general refers to experiences or events that by definition are out of the ordinary in terms of their overwhelming nature. There are two types of trauma:

TYPE 1 TRAUMA occurs at a particular time and place, and is short-lived, such as serious accident, sudden loss of parent or a single sexual assault.

TYPE 2 TRAUMA refers to events which are typically chronic, begin in early childhood and occur within family or social environment. They are usually repetitive and prolonged, involve direct or indirect harm or neglect by caregivers or other entrusted adults in an environment where escape is impossible.

What is complex trauma?

- Complex trauma can develop as a result of prolonged or multiple trauma (abuse/neglect) usually from caregiver/s in early childhood.
- Complex trauma is identifiable by lifelong disturbances of self, particularly difficulties coping with and responding to strong emotions and feeling safe in interpersonal interactions.
- Complex trauma can also contribute to the development of post traumatic stress disorder and can have profound lifelong effects on a person's physical health, mental health and social interactions.
- Complex trauma is common among people with mental illness, history of incarceration, history of homelessness, suicide attempts, eating disorders, drug and alcohol misuse.
- The effects of complex trauma are experienced across the lifespan and can affect multiple domains of life ¹.

1. Boatright, V., & Rafter, E. M. (2009). *Trauma in children*. Retrieved from <http://www.slideshare.net/BZTAT/trauma-in-children>

Responding to Trauma

What are Trauma Informed Services?

Trauma-informed services 'are informed about, and sensitive to, trauma-related issues' (Jennings, 2006).² They do not directly treat trauma or the range of symptoms with which its different manifestations are associated.

The possibility of trauma in the lives of people is a central organising principle of trauma-informed care, practice and service-provision.

A trauma-informed service is one which understands, recognises and responds to trauma in the following ways:

- Commits to and acts upon the core organising principles of safety, trustworthiness, choice, collaboration and empowerment
- Has reconsidered and evaluated policies, procedures and practices in the light of a basic understanding of the role that trauma plays in the lives of people
- Applies this understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allows services to be delivered in a way that will avoid inadvertent re-traumatisation and facilitate client participation
- Supports clients to become empowered by providing opportunities for skills development, focusing on strengths and promoting client choice.³



2. Jennings, A 2006, p15, 'Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services'.

3. Jennings, A 2006, p15, 'Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services'.

What is a Trauma-Informed Care Response?

A trauma informed care response seeks to understand the impact of trauma on a person as opposed to viewing the individual as problematic. Additionally, in recognising the necessity to minimise further impacts, a response needs to seek to establish a sense of safety to reduce the likelihood of re-traumatisation and work towards empowerment.

**WHAT HAS HAPPENED TO YOU?
NOT
WHAT IS WRONG WITH YOU?**



**HOW CAN WE ASSIST YOU TO
FEEL SAFER? HOW CAN WE
MAKE THE ENVIRONMENT SAFE?**

BUILDING A POSITIVE WORKING RELATIONSHIP TO SUPPORT A SENSE OF SAFETY

- Demonstrate authenticity, honesty and fairness
- Respond to the persons' need within the relationship
- Demonstrate empathy
- Respond in a consistent manner
- Be clear of your role
- Demonstrate active listening

- Create a safe environment in collaboration with the tenant
- Engage in a non-judgemental way
- Validate the persons' actual emotions and feelings
- Be aware and transparent about what you can/can't do, know/don't know
- Maintain professional boundaries

Creating a safe service environment

The following strategies support the implementation of trauma informed care in organisations and increases a sense of safety for tenants and employees:

- Having clear policies and procedures that assist people to understand what is expected of them and what they can expect of others
- Explaining to tenants their rights and responsibilities
- Ensure work health and safety systems are in place to assist employees to keep the environment safe
- Support tenants to feel safe and, in knowing their rights and responsibilities, people are less likely to feel out of control
- Ensure employees work as a team to keep the environment safe by following policies and procedures and supporting tenants to maintain their responsibilities.
- Provide access to support services for employees who may also have experienced trauma in their lives and employment. This could be achieved through having an Employee Assistance Program response available for staff for example.

Communicating with people who have experienced trauma

In any verbal message, the part of language that has the most impact is how it is communicated. Trauma informed care emphasises the necessity to be mindful of the words we choose, the tone we use, and how our statements and questions are phrased when communicating with tenants and housing applicants.

Some important points on language and what we need to consider when working with people affected by trauma are:

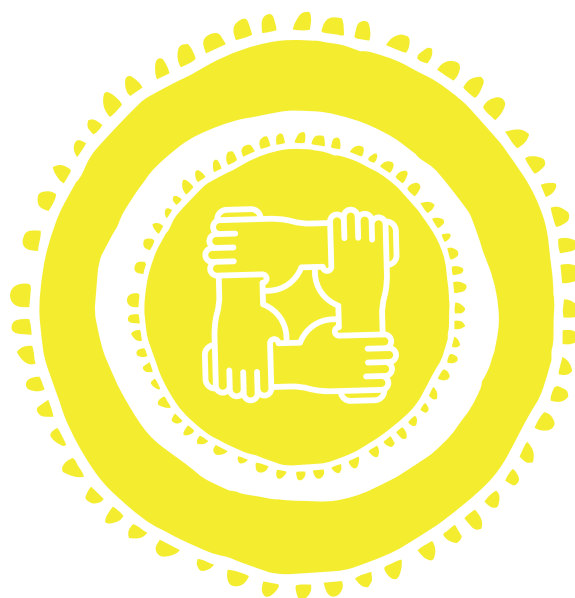
- When English is a second language, make sure that tenants who do not speak English as a first language understand the information that is being communicated. This may require the use of interpreters.
- Use appropriate language that matches the tenant's level of understanding.
- Avoid the use of jargon. Where legal jargon is used for the purpose of maintaining legislative requirements, ensure tenants understand the meaning of the content.
- Avoid using words such as 'compliance and management'. These words suggest that a tenant is being controlled and doesn't have choice. Use language that promotes empowerment and invites tenants into the decision-making process.
- Acknowledge non-verbal communication, some people communicate more through behaviour than with words.
- Use language that is objective and supportive.
- Behaviour that may be considered as maladaptive could be adaptive in a situation related to trauma. In these situations, it is helpful for staff to reframe how they evaluate an individuals' behaviour and determine what type of support would be beneficial to the individual at that time.

Refer to the trauma informed care checklist when communicating with tenants and applicants to guide your implementation of trauma informed approaches to effective communication.

Becoming trauma informed

Becoming trauma informed requires a commitment to change the practices, policies and culture of an entire organisation. This requires a commitment from all employees and management to change service delivery based on the understanding of the impact that trauma has on survivors and ensure the organisations' practice does not re-traumatise tenants.

Refer to the trauma informed checklist to assist service providers to determine whether their practice is based on trauma informed care principles.



Trauma Informed Care & Practice Checklist

It is good practice for community housing providers to embed the principles of trauma informed care and practice (TICP) across all aspects of service delivery and communication with tenants / applicants.

Trauma informed care acknowledges the impact of trauma in a person's life and aims to reduce the likelihood of re-traumatisation through practice. Such practice supports a person to work towards empowerment by focusing on the person's strengths and promoting choice.

The following is a checklist to assist housing providers to determine whether their practice is based on trauma informed care principles.

ORGANISATIONAL CHECKLIST

YES

NO

Does the organisation have a TICP policy statement?		
Does the policy statement identify the relationship between trauma and providing services to tenants with complex needs?		
Is the policy endorsed by the organisations leadership?		
Are all housing workers informed of the TICP policy statement?		
Are all housing workers trained in TICP?		

SERVICE DELIVERY CHECKLIST

YES

NO

Are services based on an optimistic, strengths-based and evidence-informed TICP model?		
Does the housing provider deliver services in collaboration with other specialist organisations?		
Is collaboration inclusive of tenants?		
Do housing workers demonstrate flexibility, respect and a non-judgmental attitude when delivering services and communicating with tenant/s and applicant/s?		
Are tenants involved in the decision-making process with regard to tenancy management and referral options?		
Is a person centred approach maintained throughout service delivery?		
Are housing workers training in culturally sensitive practice and deliver services in a culturally respectful manner?		

Trauma Informed Care & Practice Checklist

VERBAL COMMUNICATION

YES

NO

Is engagement aimed at building a relationship with the person based on respect, trust and safety?

Is engagement focused on a strengths-based perspective?

Are questions and statements framed with empathy, being careful not to be judgmental?

Are the person's coping behaviours framed as ways to survive?

Are responses to disclosure validated?

Do housing workers feel equipped to engage with people about a possible history of trauma if the person has behaved or is currently behaving abusively to themselves or others?

Do housing workers check-in with the person to ensure they are comfortable with the conversation and know that they do not need to answer questions and/or go into detail?

Do housing workers ensure people feel comfortable during assessments and make adjustments to these processes if / when required?

During an assessment – are applicants encouraged to set the pace, slow down and have any breaks if / when required?

Do housing workers ensure the person understands they have choices about referrals?

	YES	NO
Is engagement aimed at building a relationship with the person based on respect, trust and safety?		
Is engagement focused on a strengths-based perspective?		
Are questions and statements framed with empathy, being careful not to be judgmental?		
Are the person's coping behaviours framed as ways to survive?		
Are responses to disclosure validated?		
Do housing workers feel equipped to engage with people about a possible history of trauma if the person has behaved or is currently behaving abusively to themselves or others?		
Do housing workers check-in with the person to ensure they are comfortable with the conversation and know that they do not need to answer questions and/or go into detail?		
Do housing workers ensure people feel comfortable during assessments and make adjustments to these processes if / when required?		
During an assessment – are applicants encouraged to set the pace, slow down and have any breaks if / when required?		
Do housing workers ensure the person understands they have choices about referrals?		

Trauma Informed Care & Practice Checklist

WRITTEN COMMUNICATION WITH TENANT/S OR HOUSING APPLICANTS

YES

NO

Are letters written in language that is easy to understand?		
Is the use of sector jargon avoided?		
Is language framed in a way that highlights the tenant's strengths?		
Does the tone of written communication indicate respect and empathy towards the tenant?		
Do letters acknowledge any potential difficulties the tenant may be experiencing?		
Does the language that is used invite the tenant to collaborate with the organisation to resolve issue/s?		
Are any actions required by the tenant clearly explained?		
Is the tenant identified as a valued client of the organisation?		
Is written communication considerate of a tenant/s specialist needs?		
Are interpreter services available to assist tenants from culturally diverse backgrounds?		

DEVELOP STRATEGIES BASED ON CHECKLIST ASSESSMENT

STATE THE ACTIONS REQUIRED TO IMPROVE PRACTICE

Sample Reminder Notice – Breach Letter 1

Dear (Name)

REMINDER NOTICE

Our records show that you have fallen behind in your rent payments to **(service name)**.

During our initial lease sign up meeting, the Housing Worker explained that your rent will need to be paid fourteen (14) days in advance. When you signed your lease agreement you agreed to pay rent each fortnight in advance. The current state of your account with **(service name)** is as follows:

ACCOUNT	BALANCE	INFORMATION
RENT:	\$(AMOUNT)	AS OF TODAY, YOUR RENT IS PAID UP TO (DATE)
OTHER CHARGES:	\$(AMOUNT)	(DESCRIPTION)
TOTAL	\$(AMOUNT)	

To bring your accounts up to date with your next payment, you would need to pay **(\$Amount)**. This includes your rent in advance.

We understand there may be circumstances that have prevented you from paying your rent regularly. We would be keen to meet with you to explore a range of options to assist you to bring your rent up to date, including establishing an appropriate and sustainable rent payment plan. A current rent statement is attached for your information.

If you are experiencing financial difficulties that makes it difficult to regularly pay your rent, you may want to consider attending financial counselling. Enclosed is a brochure with information on local services who may be able to assist. Please let me know if you would like assistance to contact any of these services.

If you would like to discuss this letter with **(service name)** and/or organise a time to meet, please contact me at the office on **(number)**.

Yours sincerely

(Name)

Tenancy Officer

If you have difficulty understanding English, please contact the **Translating and Interpreter Service (TIS National)** on **131 450** and they will telephone **(service name)** for you at no cost.

SAMPLE LETTER EXAMPLES - NSW

Sample Reminder Notice – Breach Letter 2

Dear (Name)

SAMPLE NOTICE TO REMEDY

Our records show that you currently have a debt amount of **(\$Amount)** owing to **(service name)**. The current state of your account is as follows:

ACCOUNT	BALANCE	INFORMATION
RENT:	\$(AMOUNT)	AS OF TODAY, YOUR RENT IS PAID UP TO (DATE)
OTHER CHARGES:	\$(AMOUNT)	(DESCRIPTION)

Any rental debts with **(service name)** will continue to increase until your next payment which is due on **(date)**. To bring your accounts up to date, including being 2 weeks in advance, you would need to pay the following amounts:

YOUR USUAL FORTNIGHTLY RENT:	\$(AMOUNT)
RENT ARREARS OWING:	\$(AMOUNT)
NON-RENT DEBT:	\$(AMOUNT)
TOTAL:	\$(AMOUNT)

A current rent statement is attached for your information.

If you are having difficulty making your rent payments, please contact me at the office. We understand there may be circumstances that have prevented you from paying your rent regularly. We would be keen to meet with you to explore a range of options to assist you to bring your rent up to date, including establishing an appropriate and sustainable rent payment plan.

Enclosed is a brochure with information on local services who may be able to assist. Please let me know if you would like assistance to contact any of these services.

If you would like to discuss this letter with **(service name)** and/or organise a time to meet, please contact me at the office on **(number)**.

Yours sincerely

(Name)

Tenancy Officer

If you have difficulty understanding English, please contact the **Translating and Interpreter Service (TIS National)** on **131 450** and they will telephone **(service name)** for you at no cost.

Sample Final Notice – Breach Letter 3

Dear (Name)

FINAL NOTICE

We have contacted you previously concerning your debt with **(service name)**. Unfortunately, we have not received contact from you. We would be very keen to meet with you to discuss how the outstanding debt can be addressed and what support you may need to be up to date with your rent.

Please be mindful that this is a final notice and enclosed is a Notice of Termination. This means that if we are unable to make contact with you to arrange repayment of this debt, your tenancy may be at risk as we will be required to seek an order from the Civil and Administrative Tribunal for repayment of all debts owing.

The current state of your accounts is as follows:

ACCOUNT	BALANCE	INFORMATION
RENT:	\$(AMOUNT)	AS OF TODAY, YOUR RENT IS PAID UP TO (DATE)
OTHER CHARGES:	\$(AMOUNT)	(DESCRIPTION)

Any rental debts with **(service name)** will continue to increase until your next payment which is due on **(date)**. To bring your accounts up to date, including being 2 weeks in advance, you would need to pay the following amounts:

YOUR USUAL FORTNIGHTLY RENT:	\$(AMOUNT)
RENT ARREARS OWING:	\$(AMOUNT)
NON-RENT DEBT:	\$(AMOUNT)
TOTAL:	\$(AMOUNT)

Enclosed is a brochure with information on local services who may be able to assist. Please let me know if you would like assistance to contact any of these services.

We value you as a tenant of **(service name)** and hope that we can work with you to resolve this debt. Please contact me at the office if you would like to make an appointment or to discuss this matter.

Yours sincerely

(Name)

Tenancy Officer

If you have difficulty understanding English, please contact the **Translating and Interpreter Service (TIS National)** on **131 450** and they will telephone **(service name)** for you at no cost.

Sample Nuisance and Annoyance Breach Letter

(Tenant name)

(Tenant address)

Date:

Dear (Name)

BREACH OF TENANCY LETTER

As you may be aware, the following complaints and allegations have been made to **(service name)** concerning your tenancy:

- 1. It has been alleged that on 16 August 2017, you hosed your neighbour whilst he slept on a chair in front of his unit. It is further alleged that a chase followed, you tackled him to the ground, breaking three of his ribs. The police attended.*
- 2. On 21 September 2017, it is alleged that you approached the same neighbour at the side of the building, screaming loudly and swinging a large iron bar at him. The police also attended this incident.*

(Service name) is in the process of investigating the allegations. The above allegations are of a serious nature, and if proven to be true, could potentially place your tenancy at risk. To ensure a fair process is conducted, we would like to meet with you to hear your version of the allegations.

If you do not feel comfortable meeting with **(service name)** and would prefer to be supported by an advocate, please refer to the attached brochure for information about such services. Please let me know if you would like assistance to make contact with these services.

Please let us know if you have any evidence or information that you would like to give to us regarding these allegations. Any evidence or information you wish to provide should be given either verbally and/or in writing within fourteen (14) days of the date of this letter.

If for any reason you don't reply to this letter, we will assume that you do not have any evidence or information you would like to give us. A Notice of Termination may be sent **which would mean you have to give vacant possession of the premises. To prevent this outcome, we are very keen to resolve these allegations and discuss what support would be appropriate to assist you to continue your tenancy.**

Yours sincerely

(Name)

Tenancy Officer

If you have difficulty understanding English, please contact the **Translating and Interpreter Service (TIS National)** on **131 450** and they will telephone **(service name)** for you at no cost.

SAMPLE LETTER EXAMPLES - QUEENSLAND

Sample Breach Letter – issue RTA Form 11

Dear (NAME)

RE: OVERDUE RENT - NOTICE TO REMEDY BREACH ISSUED

Our records indicate that you are currently more than 7 days in arrears with your rental payments and as a result, I am now required to issue you with a RTA Form 11 - Notice to Remedy Breach as per the Residential Tenancies and Rooming Accommodation Act, Section 280, which states;

Section 280 - Notice to remedy tenant's breach

1. *This section applies if the lessor believes on reasonable grounds that-*
 - (a) *The rent payable under the agreement has remained unpaid in breach of the agreement for at least 7 days*

The enclosed Notice to Remedy Breach for this non-payment of rent notes the amount that you are now required to pay to ensure that you remedy this breach. I have also included, for your reference, a copy of your Rent Ledger so you may check all payments received by our office to date. Please have a look at this to make sure all the payments you have made are included in the rent ledger.

[Service name] wants you to have every opportunity to maintain your tenancy and understands that at times there can be financial pressures and unplanned expenses that can occur. However, you are required to pay rent so you can continue to secure your accommodation. I am therefore strongly encouraging you to make contact with me to discuss these arrears, and to work with me to put a plan in place to remedy this situation and therefore sustain your tenancy.

We recommend the following services if you wish to seek independent advice about the notice you are now receiving:

- **Residential Tenancies Authority** 1300 366 311
- **The Resolution Centre (www.rta.qld.gov.au)** 1300 554 381
- **QSTARS - Tenancy Advice Service** 1300 744 263

If there are personal circumstances affecting your tenancy which you do not wish to discuss with your Housing Manager you may also find the following support agencies of assistance:

- **Lifeline Crisis Support Service** 13 11 14
- **Footprints Support Services** (07) 3252 3488
- **Domestic Violence Connect** 1800 811 811
- **St Vincent's Brisbane Help Line** (07) 3010 1096

Please make contact with me as a matter of urgency to further discuss this Notice to Remedy.

Please be aware that should this non-payment of rent continue, you will be putting your ongoing tenancy at risk.

Yours sincerely

Sample Acceptable Behaviour Agreement Letter

Dear (Name)

RE: ACCEPTABLE BEHAVIOUR AGREEMENT IN ACCORDANCE WITH RESIDENTIAL TENANCIES ACT SECTION 527A

This Acceptable Behaviour Agreement is now being sent to you due to the seriousness of the breaches to your tenancy and the risk you have put to others, [service name] employees and ultimately your ongoing tenancy. Such anti-social behaviour includes:

- (list the behaviour that is considered to be antisocial, that is impacting on the tenancy).

In signing this Acceptable Behaviour Agreement, it is understood that you are taking responsibility for your behaviour and acknowledge the negative impact that your behaviour has had on yourself, others and your tenancy.

In signing this agreement, you are now indicating that you will cease:

- Any anti-social behaviour that causes disruption to the peace, comfort and privacy of other tenants and neighbours; all acts of violence, both verbal and physical against other tenants, neighbours or [service name] staff and contractors;
- intentional disturbances including using aggressive or obscene language;
- intentional damage to property, inclusive of all the common areas owned and managed by [service name];
- participating in illegal or alleged illegal activity at the property such as, drug production, supply, use or trafficking;
- participating in illegal or alleged illegal activity at the property such as, domestic and family violence including verbal and physical assaults.
- In signing this agreement, you are now indicating that you will:
- communicate with all [service name] staff in a respectful manner;
- engage with supports agencies/support networks of your choice, to assist in dealing with the causes of your behaviour;
- make a commitment to sustaining your ongoing tenancy.

Please be advised [service name] can apply to QCAT to terminate your tenancy, in accordance with the Residential Tenancies Act section 527E, which states:

527 E 1 The Lessor may apply to the tribunal for a termination order if:

- (a) The tenant fails or refuses to enter into an acceptable behaviour agreement; or
- (b) The tenant, after entering an acceptable behaviour agreement, seriously or persistently breaches the terms of the agreement.

[Service name] is committed to assisting you with referrals to appropriate support services and will continue to work with you in a respectful and reasonable manner.

We recommend the following services if you wish to seek independent advice about the notice you are now receiving:

- **Residential Tenancies Authority** **1300 366 311**
- **The Resolution Centre (www.rta.qld.gov.au)** **1300 554 381**
- **QSTARS - Tenancy Advice Service** **1300 744 263**

If there are personal circumstances affecting your tenancy which you do not wish to discuss with your Housing Manager you may also find the following support agencies of assistance:

- **Lifeline Crisis Support Service** **13 11 14**
- **Footprints Support Services** **(07) 3252 3488**
- **Domestic Violence Connect** **1800 811 811**
- **St Vincent's Brisbane Help Line** **(07) 3010 1096**

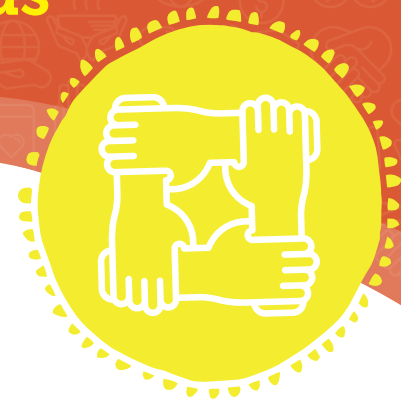
In signing this Acceptable Behaviour Agreement, you are indicating that you understand your responsibilities as a tenant and are willing to commit to sustaining your tenancy.

If you do not understand this Agreement and would like assistance please contact me on the number below, alternatively please contact one of the agencies listed above to explain the Agreement and advocate on your behalf.

Yours sincerely,

[service name]

Practices approaches supporting tenants with complex needs



Client Centred Practice

Some of the central philosophies and values underpinning Trauma Informed Care originated from the person centred approach; commonly referred to as the client centred approach. The key strength of the client-centred approach views the client as a person who has the innate power to grow and make changes if they are given the opportunity to do so.

A client centred approach recognises that a persons' needs change over time so support must be flexible and portable. A key focus of client centred practice is to foster a relationship based on mutual respect between workers and clients, in so doing, promoting positive power relations.

In promoting sustainable tenancies, client-centred practice can only be successful if tenants feel included and respected. A part of that process is to use communication and relationship building processes to facilitate strong positive relationships with individual tenants.

In every interaction with a tenant, housing workers should aim to demonstrate respect for, and interest, in what the tenant has to say and contribute. Necessary skills to achieve this include the ability to build rapport with tenants through active listening skills such as empathy, paraphrasing and use of appropriate questioning and a non-judgmental attitude.

The housing worker also needs to be tuned into a tenants' verbal and non-verbal behaviour to gain a better understanding of what the person may be experiencing and feeling. If these skills are used, tenants are more likely to feel valued and engaged and able to contribute to decision making processes.

A client-centred worker values the uniqueness of each tenant and is interested in each persons' understanding of their experience, building the persons' strengths and promoting collaboration.

The following criteria demonstrate a client centred approach:

- Commitment to a client-centred approach
- Having appropriate tenant feedback and complaints mechanisms to ensure the responsiveness of the service to individual needs, circumstances and concerns
- Systematic policies and procedures to ensure each service response is built around individual tenant needs
- Promoting tenant mutual obligations towards resolving issues and having a range of opportunities for their input into setting and reviewing individual plans and service responses
- Collaboration arrangements are in place to ensure integrated and coordinated responses across the whole service system relevant to tenants' needs
- Cultural, age and gender appropriate evidence-based practice of working with tenants
- Promoting consumer choice, autonomy and decision-making
- Delivering services that are flexible and responsive to tenant needs.

Strengths Based Practice

Strengths-based practice operates on the assumption that all people, even if they are experiencing problems, have some strengths and resources from which they can draw on to make positive change.

A strength-based philosophy enhances strengths, and builds on characteristics that are already present in individuals. This leads more quickly to empowerment, competency and resilience.

A deficit-based approach, which focuses on what is wrong, can overlook valuable skills and experiences a person has. It can also reduce a persons' motivation to actively engage with services and impair the likelihood of positive change.

The six key principles of the strength-based approach are:

- Every individual, family, group and community has strengths, and the focus is on these strengths rather than pathology
- The community is a rich source of resources
- Interventions are based on client self-determination
- Collaboration is central, with the practitioner/client relationship primary and essential
- Outreach is a preferred mode of intervention
- All people have the inherent capacity to learn, grow and change.⁴

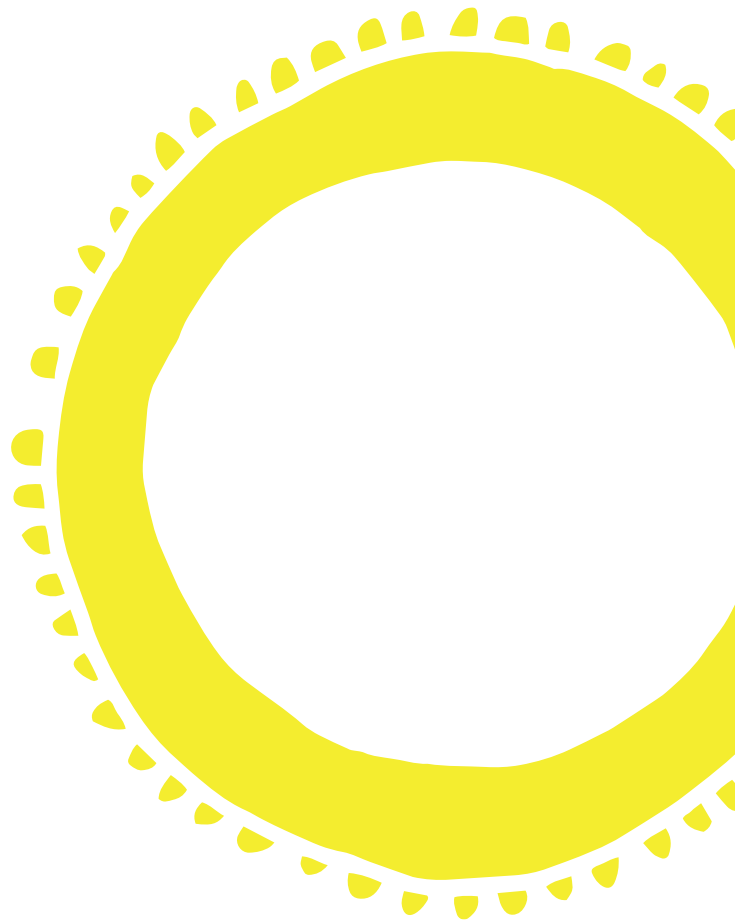
Tenants with complex needs face many challenges in their day-to-day lives and will have learned a range of

4. Saint – Jaques. M (2009). Adopting a Strengths Perspective in Social Work Practice with Families in Difficulty: From Theory to Practice.

ways to cope. Using strength-based practice to further support these tenants can be of great benefit. It is important that housing workers focus on the strengths of a tenant rather than their problems.

Some strategies that support a strengths-based approach are:

- Reframe items from the negative to the positive
- Build in opportunities for success
- Identify strategies that use the tenants' strengths.



Understanding the **Scale of Needs**

To effectively respond to tenants with complex needs it is necessary to understand the breadth and depth of needs and how the interaction between individual needs leads to complexity.

This section provides information on specific conditions that may contribute to complexity.

Mental Illness

Mental illness is a collective term that refers to any diagnosed mental disorder.

Mental disorders are “health conditions that are characterised by alterations in thinking, mood, or behaviour (or some combination thereof) associated with distress and/or impaired functioning” (Ritter & Lampkin, 2012, p. 6). The variety of illnesses is categorized into affective disorders, psychotic disorders and co-occurring disorders.

AFFECTIVE DISORDERS are a set of psychiatric illnesses, also called mood disorders. The main types of affective disorders are depression, bipolar disorder, and anxiety disorder. Symptoms vary by individual, but they typically affect mood. They can range from mild to severe.

PSYCHOTIC DISORDERS are a group of mental illnesses that effect the functions of the mind. The effects make it hard for a person to think clearly, respond emotionally, communicate effectively and understand reality. The main types of psychotic disorder are schizophrenia, schizoaffective disorder and paranoid schizophrenia.

Some of the key symptoms include hallucinations, delusions, thought disturbances and negative symptoms such as extreme apathy and blunted or inappropriate affect. The symptoms can range from mild to severe.

CO-OCCURRING DISORDERS previously referred to as dual diagnosis, is the condition of living with a mental illness and a comorbid substance abuse problem. People with mental health disorders are more likely than people without mental health disorders to experience an alcohol or substance use disorder.

CO-OCCURRING DISORDERS can be difficult to diagnose due to the complexity of symptoms, as both may vary in severity. In many cases, people receive treatment for one disorder while the other disorder remains untreated. This may occur because both mental and substance use disorders can have biological, psychological, and social components. Other reasons may be inadequate provider training or screening, an overlap of symptoms, or that other health issues need to be addressed first. In any case, the consequences of undiagnosed, untreated, or undertreated co-occurring disorders can lead to a higher likelihood of experiencing homelessness, incarceration, medical illnesses, suicide, and increased exposure to traumatic events ⁵.

5. Substance Abuse and Mental Health Services Administration (SAMHSA, 2016). Co-occurring Disorders. Retrieved from <http://www.samhsa.gov/disorders/co-occurring>

Alcohol and Other Drugs Misuse

For some tenants, substance misuse can be inextricably linked with previous experiences of trauma, mental illness and homelessness. People with a history of homelessness rarely have substance misuse issues alone—many have serious mental illnesses and acute and chronic physical health problems. They require safe and appropriate housing, multiple interventions, and client-centred care.

When working with tenants who are using substances, it is important to determine the severity, history and the consumption of their use. This information can assist practitioners to understand the depth of the issue, how the use has impacted and compounded other issues in the persons' life, assess the level of risk and how to respond.

There are different categories of drug use and some tenants may move between categories depending on the circumstances.

These categories are the following:

- **Experimental use** – a person tries a drug once or twice out of curiosity
- **Recreational use** – a person chooses to use drugs for enjoyment in a social occasion
- **Situational use** – a substance is used as a coping mechanism to manage a situation
- **Bingeing** – a person consumes a heavy amount of drugs over a short period of time and repeats the behaviour regularly
- **Dependant use** - a person becomes dependant on the drug after prolonged use and needs to take the substance to avoid withdrawal symptoms.

Working with people who use substances can raise moral, ethical and legal issues that challenge assumptions and boundaries – an example of this is a tenant in rent arrears who uses money to buy drugs rather than pay their rent. It is important for housing workers to be aware of this stigma and how it might affect treatment of a tenant.

Another challenge may present when tenants arrive intoxicated to appointments. Although the tenant may seem impaired, being intoxicated may be their more familiar, functioning state. If the tenant is still able to engage, it is possible and often beneficial to continue with the appointment, if only in a limited way.

Developmental Disabilities

Developmental disabilities are disabilities resulting from physical or cognitive impairments, or a combination of both.

These disabilities can impact daily functioning in the following areas:

- Ability to support oneself economically
- Ability to live independently
- Mobility
- Learning
- Receptive and expressive language
- Self-care
- Self-direction.

The disability can be severe, moderate, or mild, depending on an individual's support needs. Depending on the scale of need, an integrated service response may be required to appropriately support a person to sustain their tenancy.

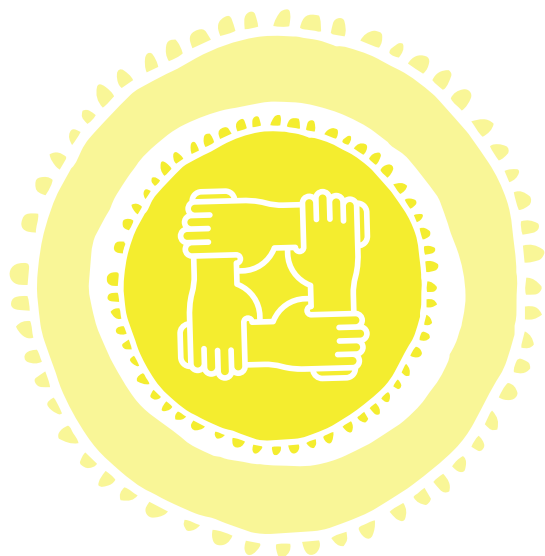
Acquired Brain Injury (ABI)

Acquired brain injury (ABI) refers to any type of brain damage that occurs after birth. It can include damage sustained by infection, disease or a blow to the head.

Brain injury can occur through:

- **sudden onset** – caused by trauma, infection, lack of oxygen (for example, during over-dose or suicide attempts), strokes or drug use episodes
- **insidious onset** – from prolonged alcohol or substance abuse, tumors or degenerative neurological diseases.⁶

The effects of ABI will be different for each person and can range from mild to profound. It is common for many people with ABI to experience increased fatigue (mental and physical) and some slowing down in how fast they can process information, plan and solve problems. They may experience changes to their behaviour and personality, physical and sensory abilities, or thinking and learning. Research indicates that people with ABI are alarmingly over-represented within homelessness services and their risk of becoming homeless is high⁷.



6. Homelessness and Brain Injury <https://www.braininjuryaustralia.org.au/homelessness-brain-injury/>

7. Submission to The Inquiry Into Affordable Housing (2014) Brain Injury Australia. www.aph.gov.au/DocumentStore.ashx?id=b408c946-4a2f-4549-9e2f-60

Domestic and Family Violence

Domestic and family violence occurs in all cultures, races and religions. It is found in all communities and across all demographics including age, gender and socio-economic status.

Domestic and family violence is made up of many controlling and intimidating behaviours, often much wider than physical violence alone. Domestic violence does not usually take the form of a single incident. It is ongoing behaviour that gradually undermines the victim's confidence and ability to leave the violent person. The severity and frequency of violence can escalate over time.

It is important to consider how the experience of domestic and family violence can compound other issues in a tenants' life such as previous experiences of trauma, mental health, substance use and risk of homelessness.

For support in strengthening your practice in regard to working with domestic and family violence, consider utilising the Strengthening Practice in Responding to Domestic and Family Violence toolkit available here

<http://communityhousing.org.au/DFVtoolkit.html>

Cultural Diversity

When providing services to people with complex needs it is important to identify the individual needs of each client and understand how their ethnicity and cultural needs has shaped their experience.

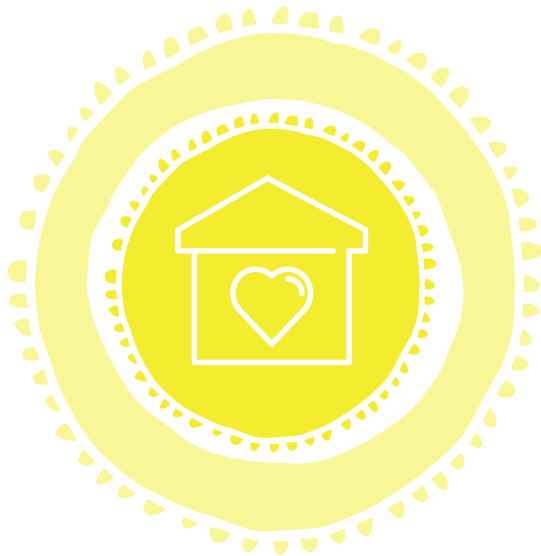
When working with Aboriginal and Torres Strait Islander clients, language skills, knowledge, needs and interests might vary, depending on a range of factors such as their geographical location, previous involvement and experience with services and their own relationships within their communities. Research shows, one of the key issues for Aboriginal and Torres Strait Islander people is the need for housing that caters to their social and cultural needs.

Poverty

An important factor in the disadvantage experienced by people with complex needs, which impacts on their capacity to maintain housing, is their levels of poverty and their access to adequate income.

The ACOSS Poverty in Australia (2016) Report, identifies people receiving income support payments are six times more likely to experience poverty (36.1%) compared with salary and wage earners (6%). This is predominantly because many income support payments are set below the poverty line, resulting in a situation where any household with no additional income lives below the poverty line. The report also highlighted that 57.3% of people receiving Income payments are living below the poverty line – the main cohort that accounts for this figure is recipients of Newstart and Youth Allowance.⁸

Additionally, the report states that public housing tenants are at high risk of poverty (48.4%), compared with 21.9% for private renters, indicating that they are deeply financially disadvantaged.⁹



8. ACOSS Poverty In Australia Report (2016, p 28)
<http://www.acoss.org.au/wp-content/uploads/2016/10/Poverty-in-Australia-2016.pdf>

9. ACOSS Poverty In Australia Report (2016, p 30)
<http://www.acoss.org.au/wp-content/uploads/2016/10/Poverty-in-Australia-2016.pdf>

Contact with Criminal Justice System

Research suggests there is a strong correlation between complex needs and contact with the criminal justice system.

The NSW Inmate Health Survey (2011) demonstrates the strong link between offending behaviour and alcohol and drug use. Psychiatric disorders identified in the Australian prison population are 80% higher than in the general community. People with a cognitive impairment are significantly more likely to have contact with the criminal justice system from an earlier age, and those with a cognitive impairment or mental health issue are also more likely to have a co-existing substance use disorder.¹⁰

One of the key issues potentially placing a persons' tenancy at risk is the experience of incarceration. In some instances, a tenant may not advise their housing provider that they are incarcerated due to fear of losing their tenancy.

Supporting veterans

The prevalence of Post-Traumatic Stress Disorder (PTSD) in returned service men and women is well recognised. The term, PTSD, was coined to describe the symptoms and challenges of combat troops returning from the war in Vietnam.

There are many stresses inherent in military service, including those placed on families as a result of postings. Active service can bring additional and sometimes catastrophic threats and stressors to an individual including the loss of comrades, threats of injury, and physical or psychological injury.

To support tenants who are veterans, CHPs might provide information on services available to assist veterans such as the Department of Veterans' Affairs <https://www.dva.gov.au/>, support services such as RSL National <http://rslnational.org/> or Legal Aid services that specialise in veterans' support.

10. Baldry, E, Dowse, L & Clarence, M (2011) People with mental and cognitive disabilities: pathways into prison

Service Response for Complex Needs

When working with tenants with complex need, specialist support is often required to ensure that the person has access to appropriate assistance. This may involve developing a multi-disciplinary approach, so that the tenant has access to a range of providers with expertise in particular issues.

THE FOLLOWING TABLE OUTLINES THE NECESSARY KNOWLEDGE FOR RESPONDING TO SPECIFIC ISSUES AND THE SUPPORT REQUIRED

ISSUE	RESPONSE
<p>Alcohol and other drugs (AOD)</p>	<p>It is important that interventions are based on:</p> <ul style="list-style-type: none"> • knowledge of groups and agencies in the community who can respond to individuals with AOD problems by providing treatment and detoxification programs • having an awareness of the breadth and depth of the issue and how this is impacting on the tenant. <p>Rehabilitation programs such as We Help Ourselves, Detour House, Jarrah House and Foundation House offer a range of short term and long term on-site rehabilitation programs.</p> <p>Alternatively, day programs such as, SMART Recovery and 12 Step Fellowships provide a range of outreach services to assist people with AOD recovery, maintenance and / or relapse.</p>
<p>Mental health</p>	<p>It is important that interventions are based on knowledge of appropriate referral and intervention services in the community.</p> <p>Developing effective partnerships with clinical services and services that provide psychosocial support.</p> <p>Organisations such as HASI, Neami, PHAMS and PIR offer a range of programs to assist people living with a mental illness.</p>
<p>Acquired Brain Injury</p>	<p>Responses need to be based on awareness of:</p> <ul style="list-style-type: none"> • the causes and effects of ABI • understanding the impact of cognitive impairment on the individual and families, including associated grief and loss issues • knowledge of the ABI service system • skills in working with people with behaviors of concern. <p>Brain Injury Associations of NSW and Queensland represent the needs of people affected by acquired brain injury to government and policy-makers. Provides individual advocacy, helping people with an acquired brain injury with a range of legal and service access problems.</p>

ISSUE	RESPONSE
<p>Developmental disability</p>	<p>When considering a response, it is important to have an understanding of:</p> <ul style="list-style-type: none"> • a tenant's individual needs, their right to age appropriate consultation and to self determination • the tenant's needs arising from social isolation • including the primary carers in decision-making • collaboration with groups and agencies in the community that can provide support and advocacy services. <p>National Disability Services (NDS) https://www.nds.org.au is the peak body for non-government disability services. The NDS provides resources, training and information on the services that are available to people living with a disability.</p>
<p>Domestic and family violence</p>	<p>Interventions should be based on awareness of and knowledge that:</p> <ul style="list-style-type: none"> • there are different forms of domestic violence, such as physical, sexual violence, emotional, psychological, and financial abuse • the safety and wellbeing of individuals subjected to domestic violence should be of primary concern • groups and agencies in the community, such as police and specialist services, can respond to individuals with domestic violence issues • it's important to have an understanding of how DFV can compound co-existing issues. <p>National Sexual Assault, Domestic and Family Violence Counselling Service 1800RESPECT (1800 737 732) provides information on access to DFV accommodation and support services.</p>
<p>Child protection</p>	<p>The response and knowledge of housing workers should include a basic knowledge of:</p> <ul style="list-style-type: none"> • physical indicators of abuse and agencies that respond to child protection matters • the importance to recognise that children – particularly infants – in families where abuse of alcohol and other drugs exists are more likely to be at risk, and that the potential risk of harm to those children increases significantly where other risk factors, such as domestic violence and mental health, co-exist with AOD issues. <p>The Mandatory Reporting contact details for Australian State and Territories can be found on the following link:</p> <p>https://aifs.gov.au/cfca/publications/reporting-abuse-and-neglect</p>

SUSTAINING TENANCY CASE STUDY

A Trauma Informed Approach

TENANT	SAM
COMPLEX NEEDS:	GAMBLING, HOARDING, GRIEF, SOCIAL ISOLATION, TRAUMA AND MENTAL ILLNESS.

Sam, 40 years of age, has sustained his tenancy for three years. Throughout his tenancy there have been occasional issues with noise disturbance and property management. Sam receives a Disability Support Pension and his rent is directly debited fortnightly. Recently, Sam cancelled his direct debit and has fallen into rent arrears, he has also commenced hoarding items and has not attended appointments with his mental health case manager and social supports.

Sam's History

Prior to securing housing, Sam experienced primary homelessness for numerous years. Sam believes becoming homeless was a direct result of his gambling and mental health problems.

Sam describes his childhood as difficult as his father was very violent and emotionally abusive to him and the rest of the family. He states he felt unsafe most of the time and began experimenting with drugs at fifteen to feel safer. At age nineteen he was diagnosed with schizoaffective disorder and was hospitalised on numerous occasions. Sam managed to stop using drugs and with the assistance of a psychiatrist and medication, his mental health stabilised. Throughout the next few years, Sam was engaged in employment, developed a social network and was living in private rental with his partner. Sam describes this time in his life as a happy time.

At age thirty, Sam's father suddenly passed away. While Sam had sporadic contact with his father, he felt devastated at the sudden loss and this triggered his childhood memories.

To cope with his feelings, he immersed himself with work, commenced gambling, stopped seeing his friends and became increasingly isolated.

Sam's gambling increased throughout the next two years and his relationship ended. Shortly after, Sam stopped taking his medication and became unwell, his mental health declined and he lost his job – due to these compounding issues his gambling increased and he became homeless.

During his period of homelessness, Sam slowly developed a relationship with the homelessness assertive outreach team. The team provided Sam with an integrated service response based on a Housing First model. Upon securing housing, Sam was receiving a high level of support, as he stabilised, his support levels gradually reduced and he was able to maintain positive mental health with one monthly appointment with his community mental health case manager, regular medication and access to a psychosocial program.

CASESTUDY: A Trauma Informed Approach

Current Needs

Sam's tenancy is at risk due to rent arrears. The CHP has sent Sam numerous letters requesting to meet with him to develop a repayment plan. As he has not responded for some time, his arrears have increased and he is at risk of losing his tenancy. Sam's mental health case manager has also tried to contact him, however when Sam makes an appointment he fails to attend.

Sam finally contacts the CHP and agrees to meet with the housing worker and his case manager. Sam advises he has not been able to pay his rent as he has no money due to gambling, he is depressed,

has stopped his medication regime and feels like his only comfort is the items he has been collecting.

Sam's gambling issue has compounded other needs and placed his tenancy at risk. As he has no money, he has had reduced access to his psychosocial program, this has increased his isolation and exacerbated his depression. Sam's strength is resourcefulness and this is evidenced by not only his history but by his attempt to alleviate his stress by collecting items. While this action might further place his tenancy at risk, it is an action that has assisted Sam to cope throughout this difficult time.

RESPONSE TO ASSIST SAM TO SUSTAIN HIS TENANCY

In applying a trauma informed care and coordinated response to Sam's situation, the following stages are highlighted:

STAGE 1: REVIEWING THE ISSUE

At the beginning of the interview it is impossible to predict how motivated Sam will be to change or whether he has the current capacity to do so. However, over engaging by confronting or moving into action plans too quickly may result in potential disengagement. It is important to use effective communication skills that will engage and motivate him toward addressing the issues.

Validating his feelings is important in the rapport building process. A simple reflective statement that lets him know his struggles, frustrations and challenges have been heard, will assist to keep him engaged.

Sam's initial appointment is critically important for setting the tone and expectations of the CHP and motivating him to accept help. Encouraging Sam to identify what he believes to be most important will help to build rapport and foster his empowerment. Assisting Sam to identify his strengths, such as resilience, previous social relationships and positive recovery, will assist him to work towards developing solutions to his current problem.

It is essential to begin establishing an understanding of Sam's gambling history, his mental health and how this condition impacts on his social isolation. Given the reoccurring theme of his trauma history, it may be useful to talk with Sam about what support he might need to work through these issues.

CASESTUDY: A Trauma Informed Approach

STAGE 2: IDENTIFY NEEDS AND GOALS

As information is collected throughout the interview it is helpful to clarify and reflect back to Sam the effects of his decisions / actions. To support transparency, it is useful to highlight how his gambling has impacted on his rent arrears – his tenancy being at risk if he continues to accumulate debt and not organise a repayment plan.

A key aim for the interview would be to assist Sam to identify the preferred outcome to his tenancy risk and the strategies required to achieve these. It is important that the strategies are realistic and that there are appropriate resources available to achieve the goal. It is also useful to identify the motivating factors for achieving the goals as such a strategy provides an incentive to pursue the chosen goals.

At this stage, it is critical to distinguish the issues that are impacting his immediate situation and those that require a more long-term solution. Assisting Sam to distinguish these can reduce the level of anxiety as each issue is discussed and a plan is developed.

Again, highlighting his strengths assists to progressively rebuild his confidence and increases his capacity to resolve his short term needs.

STAGE 3: SETTING THE GOALS

A collaborative process should occur between Sam, the housing worker and his case manager. The aim of this is to engage Sam in the process of determining what issues are important to him and the steps required to resolve the issues.

It is important that there are available resources to assist him to work towards these goals. To ensure an integrated response, a range of service providers may be required to support Sam. These may include, reconnection with the mental health service, psychiatrist, a trauma counsellor, a gambling recovery program and ongoing contact with the housing worker. In the initial stages, these services might be required to provide a more intensive response and decrease as Sam stabilizes and his issues are resolved.

It is important to clarify the purpose of each provider and to facilitate links with these services. It is good practice to formulate a Tenancy Response Plan which includes the strategies and timelines for accomplishing each goal. The plan should include all providers, their function, the actions required and the intended outcomes.

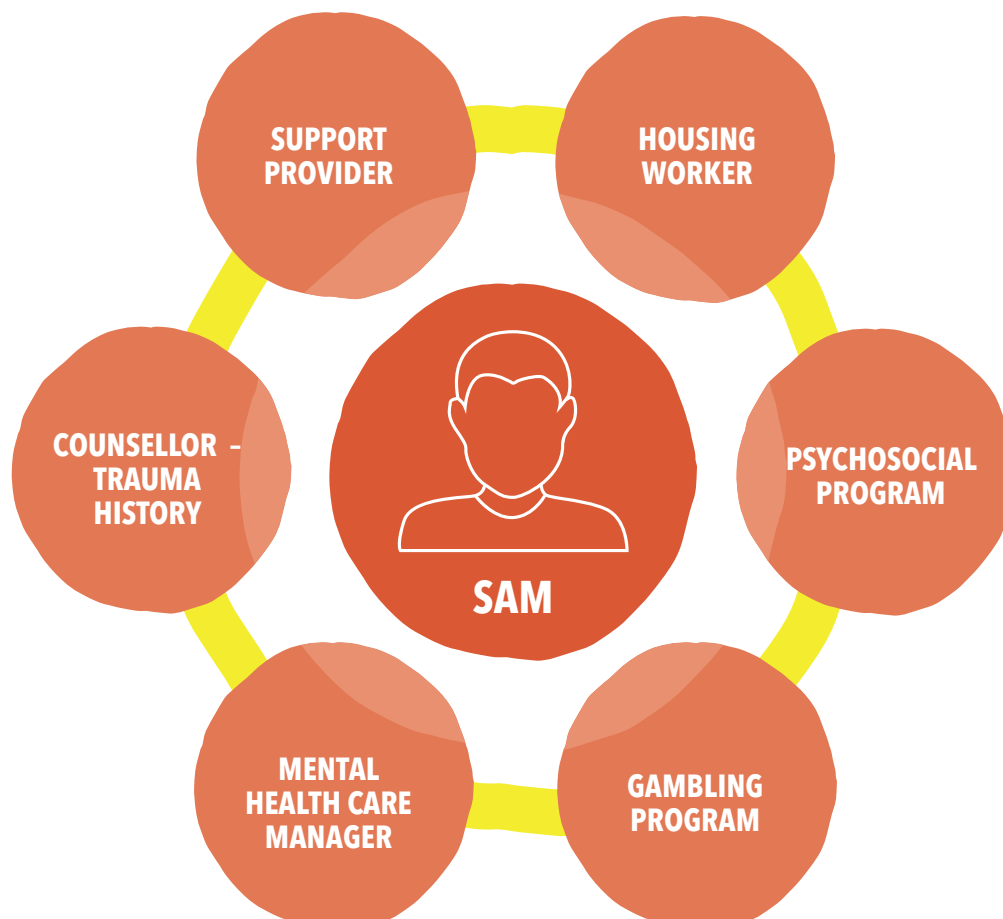
CASESTUDY: A Trauma Informed Approach

Sustaining Sam's Tenancy - Tenancy Response Plan

Crucial to sustaining Sam's tenancy will be the development of a Tenancy Response Plan between service providers. Sam's current issues require a holistic coordinated response as opposed to a fragmented unitary response. A coordinated service response can be delivered through formal or informal partnerships between service providers.

To ensure the delivery of a coordinated response to sustaining Sam's tenancy, it is necessary that a generalist support provider takes the lead in contacting the range of organisations that may be required to collaborate with Sam. The coordination of such a multiple provider approach is often the task of a support service as opposed to the housing provider.

The initial planning meeting with multiple providers and Sam will focus on the development of his Tenancy Response Plan. The meeting will clarify the roles, responsibilities and expectations of each service provider and develop the strategies required to assist Sam to achieve his goals. The diagram below shows the range of organisations required to potentially support Sam to sustain his tenancy:



CASESTUDY: A Trauma Informed Approach

Sustaining Sam's Tenancy - Tenancy Response Plan

THE DIAGRAM BELOW IDENTIFIES THE PROCESS TO DETERMINE THE DEVELOPMENT OF THE TENANCY RESPONSE PLAN:



TENANCY RESPONSE PLAN

For applicants, list the risks identified from the risk assessment.

For tenants, list issues and breaches experienced in the tenancy to date – e.g. rent arrears, damage to property.

List recommendations and referrals e.g. to specialist service, financial counselling, alcohol and other drug services, mental health services.

List actions required – e.g. liaise with support worker(s) about tenancy issues and concerns.

APPLICANTS: WHAT ARE THE RISKS ASSOCIATED WITH SUSTAINING A TENANCY?			
TENANTS: WHAT ARE THE TENANCY ISSUE/S?			
RECOMMENDATIONS AND REFERRALS			
GOALS	ACTION/S REQUIRED	SERVICE PROVIDER / TENANT	REVIEW DATE
TENANT SIGNATURE			
HOUSING WORKER SIGNATURE			

CREATING SUSTAINABLE TENANCIES

FOR TENANTS WITH COMPLEX NEEDS

A TOOLKIT TO SUPPORT
COMMUNITY HOUSING PROVIDERS
STRENGTHEN PRACTICE IN NSW AND QLD

SECTION THREE

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WHEN WORKING WITH PEOPLE
WITH COMPLEX NEEDS



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