

MODULE FOUR

Sustaining tenancies

Photo: HMAS Supply approaches its berth at the port of Cairns, in the ship's first visit to the North Queensland city. The ship will re-supply and the crew will enjoy some respite ashore during the visit. Photographer: LSIS Shane Cameron

Sustaining tenancies

Community housing organisations (CHOs) support some of the most vulnerable members of the community to live independent, fulfilling lives. Connecting people to adequate support and managing tenancies effectively can make a real difference to whether a tenancy for someone can be sustained.

As social housing landlords, CHOs play a key role in delivering ethical and values based innovative models of tenancy management that focus on supporting tenants to develop skills and behaviours that will help them to sustain their tenancies and build successful lives.

Increasingly, CHOs are seeing the value in having services and partnerships in place that can address factors which might impact upon tenants sustaining their tenancies. A well-executed approach to tenancy sustainment can reduce tenancy failures, improve tenant satisfaction and ultimately cost less. A well implemented tenancy sustainment approach across a CHO's business practices will reap benefits for the community more broadly as well as its staff.

A strong tenancy sustainment approach will benefit veterans and support them to sustain their tenancy for as long as they need it.

What is a sustainable tenancy?¹

A sustainable tenancy is one that can be maintained successfully by the tenant throughout the life of the tenancy. For this to happen, certain conditions need to be in place; the property needs to be appropriate for their needs, they need to possess the skills required to maintain their tenancy and they need to meet their tenant responsibilities.

A critical question for each CHO to consider is:

what does a sustainable tenancy mean to our organisation?

When you do this, it is helpful to think about your client's journey as they progress from applicant through to tenant; establish the risks as they progress through these stages and what skills, supports and services they need to help them sustain their tenancies.

Creating a sustainable tenancy approach requires the involvement and commitment of the whole organisation.

¹ CHIA NSW's Creating Sustainable Tenancies Toolkit: we thank CHIA NSW for enabling the use of this Toolkit to help inform this section of the veteran Toolkit development.

Who is vulnerable to tenancy breakdown?

Changes in the profile of social housing tenants in recent decades have seen growth in the number of tenants with complex needs. These tenants are especially susceptible to the cycle of homelessness, and its damaging effects.

Many terms are linked with the concepts of ‘complex’ conditions, and they may be used by different services and across sectors.

Rankin and Regan (2004) identify the nature of complex needs as implying both:

- **Breadth** – multiple needs (more than one) that are interrelated and interconnected
- **Depth of need** – profound, severe, serious or intense needs.

Rankin and Regan (2004) define complex needs in terms of an active framework for response. These authors suggest the term offers:

‘A framework for understanding multiple, interlocking needs that span health and social issues. People with complex needs may have to negotiate a number of different issues in their life, for example learning disability, mental health problems, substance abuse. They may also be living in deprived circumstances and lack access to suitable housing or meaningful daily activity. As this framework suggests, there is no generic complex needs case. Each individual with complex needs has a unique interaction between their health and social care needs and requires a personalised response from services.’²

The nature of complex conditions is such that they affect the individual and thereby require a multifaceted approach to support that person to maintain their tenancy, which means they need to be linked to multiple services³⁴.

Particular groups who have been identified as being vulnerable to experiencing tenancy issues include young people, people with illnesses or disability, people with addictions, women and children escaping domestic and family violence, veterans and Indigenous Australians.⁵

Seelig and Jones (2004)⁶ suggest various key factors that may threaten the sustainability of tenancies including poverty, prior household debt, lack of social supports, limited life skills, prior household instability and a variety of cultural factors.

They also suggest that precipitating life events such as unemployment, illness, unanticipated expenditure, income loss, financial difficulty, relationship breakdown, domestic violence, family conflict and the build-up of stressful life events are also important indicators of housing vulnerability.

People may have a co-morbidity that can include two or more of the following:

- Mental health
- Personality disorder
- Physical health
- Eating disorder
- Social issues
- Unemployment
- Substance misuse
- Gambling issues
- History of offending behaviour
- Homelessness
- Trauma
- Cultural issues (i.e. whereby having a disability or one’s sexuality is shunned);

- A learning disability
- Developmental issues;
- Cognitive impairment
- Acquired brain injury, and/or
- Experience of domestic and family violence.

One condition often exacerbates the symptoms in another condition resulting in many people with complex conditions experiencing barriers to services as there can be confusion as to which issue to initially address.

Many such tenants also have difficulty engaging with services and are unwilling to accept support until their tenancy is at dire risk. Such tenants may have a history of dissatisfaction with previous attempts of support, personality clashes with support workers, paranoia about providing personal information, shame and embarrassment (e.g. hoarding, poor property care). At times, family and friends may discourage the person from seeking support.

There is a clear cycle that can be observed with tenants who move through social housing, into arrears, subsequent eviction to private rental accommodation, further eviction and homelessness.⁷ This may then mean that tenants end up back in the social housing system with compounding problems as a result of personal difficulty, tragedy, mental health issues and related anti-social or problematic behaviours.

It is important for CHOs to consider practice approaches when engaging with tenants who are experiencing some difficulties. Ensuring a strong focus on recovery is an important facet of CHO service delivery. Focussing on tenant strengths and their abilities helps frame discussions when there are issues arising that are impacting the success of a tenancy.

Utilising a strengths-based approach can also provide a beneficial approach. A strengths-based approach will see a CHO engage in a collaborative practice with the tenant, allowing them to work together to determine an outcome that draws on the tenant’s strengths and assets.

Building sustaining tenancies practice

It is important for CHOs to establish a model to help guide their business planning and service delivery approach to ensure that across all aspects of community housing work, effort is made to support the establishment of sustainable tenancies for people with complex needs.

Building a sustaining tenancies practice requires the identification of a number of risk factors that may, depending on a range of other factors, make the tenant vulnerable to the development of complex issues.

CHOs need to take time to review the systems they have established so that complex issues are identified early to enable a sustaining tenancies response. This might include the mechanisms that a CHO has in place to strengthen communication pathways between the different housing teams such as administration, rent, tenancy management and asset management to ensure that the teams collaborate and respond to complex issues as they arise.

Veterans might find their property allocation difficult. Property design features that have people walking past doors and windows could be triggering for a veteran who is experiencing PTSD for example. CHOs are encouraged to use the transfer process and actively engage with the veteran to find the right place where they are able to settle well and feel safe in their housing.

The model below is a suggested resource that provides a list of possible vulnerability factors and trigger incidents that a CHO might consider as they review their policies and procedures to strengthen their practice response. The model is based on a quality review cycle that would see a CHO review their service outcomes for tenants with complex needs and make adjustments to strengthen practice as required. This will always be an iterative process with an ongoing review of practice to strengthen the service response for tenants with complex needs.

2 Centre for Training in Social Housing, (April 2017), CHCCCS004 Assess co-existing needs Participant Notes.
Rankin, J. & Regan, S., 2004. Meeting Complex Needs: The future of social care, London: emphasis.publishing.co.uk
3 Centre for Training in Social Housing, (April 2017), CHCCCS004 Assess co-existing needs Participant Notes
4 NSW Federation of Housing Associations, (11 July 2016), Draft Issues Paper, NSW Community Housing Industry Development Strategy: Project 4 – Capacity, capability and resources to respond to tenants with complex conditions
5 Bisset, H., Campbell, S. & Goodall, J. (1999) Appropriate Responses for Homeless People Whose Needs Require a High Level and Complexity of Service Provision: Final Report, Melbourne: Ecumenical Housing and Thomson Goodall Associates.
6 Seelig, T. & Jones, A. (2004) Sustaining Tenancies in Public Housing: Motives, issues and options, Parity, 17(10) and Housing Works, 2(2).

7 Slatter, M. & Crearie, M. (2003) Sustainable Tenancies: From public to private?, Flinders Journal of Law Reform, 7(1), pp. 15-26.

MODEL FOR PREVENTING FAILED TENANCIES AND FOR CREATING AND SUSTAINING SUCCESSFUL TENANCIES

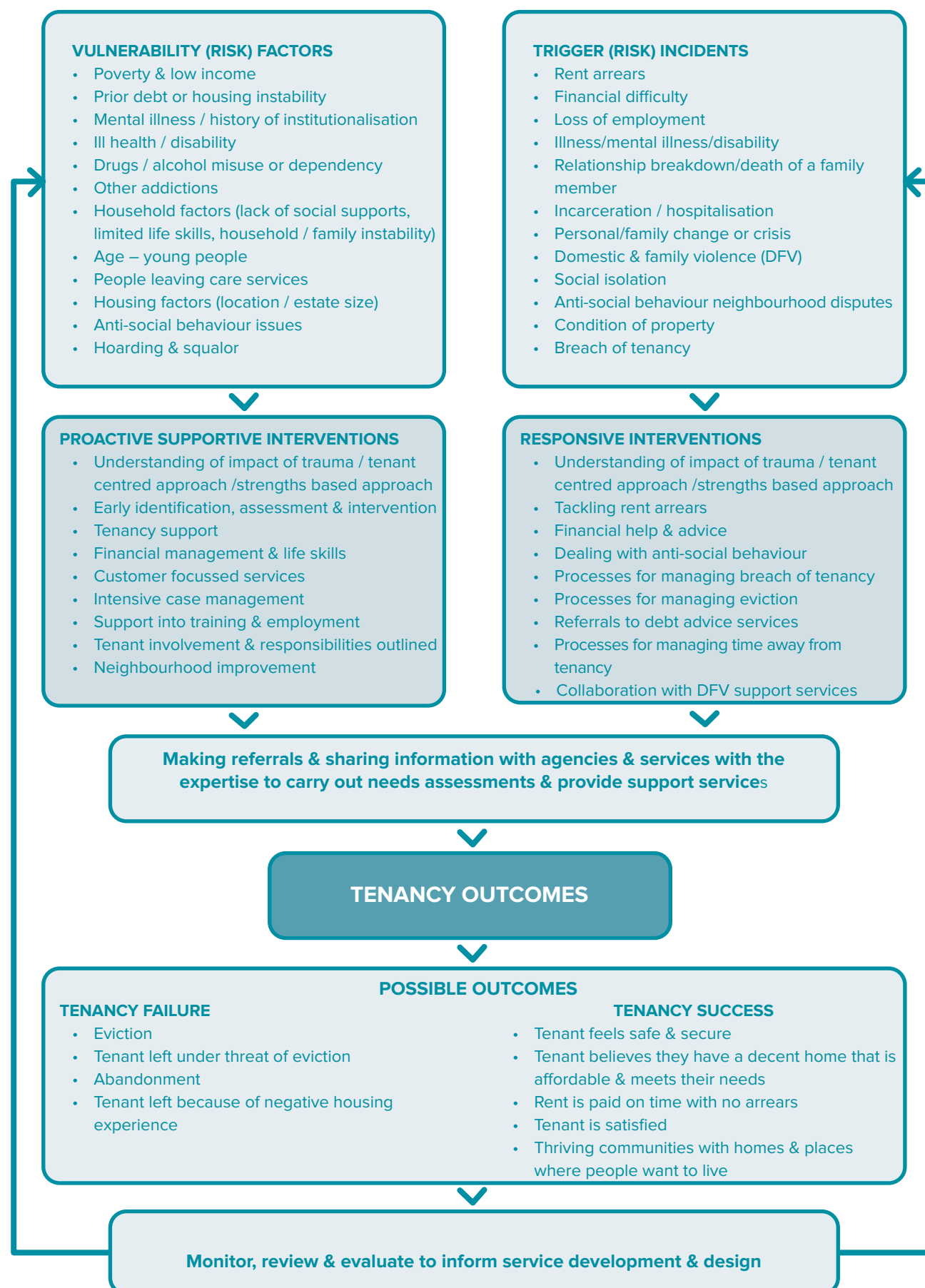


Photo: Charters Towers, Australia April 25, 2015: Anzac Day Parade with soldiers marching down main street of town.

Strengthening the response to veterans identified as presenting with complex needs

It is normal practice for CHOs to collaborate with a range of support services, such as mental health or disability services, to explore with the tenant the types of support that might be able to be offered to enable them to sustain their tenancy.

Veterans might already be engaged with a range of support services that the CHO has a working relationship with. The usual approach to client participation and involvement in problem solving and strategy development should occur so that veterans are engaged in building their tenancy skills. To support their working with veterans, CHOs will need to strengthen their knowledge and relationships with the wide range of veteran support services available to maximise opportunities for effective supports to be established where needed for veterans.

If this has not occurred before, the CHO could explore if a veteran is engaged with a veteran support service and support referral if required. Information on some of the support services available to veterans can be found in the **FACTSHEET – Contacts to Support Working With Veterans in Module 3.**

Open Arms Care Coordination and Peer Support is a service that ensures integrated and coordinated care is provided to clients with complex experiences and needs. Care coordination support may include liaison with other health providers, referrals to specialist services and treatment programs and assertive outreach. Open Arms lived experience Peer Workers work with clients to break down barriers to engagement, including community and self-stigma. Open Arms Peers bridge the gap between clinical and client perspectives and can walk alongside a veteran or family member, supporting them to engage in mental health, physical health, employment, financial and social connectedness activities.

Where appropriate, CHOs should consider developing service level agreements with veteran support services in order to formalise the support partnership with the relevant organisation/s and the tenant.

Photo: BRISBANE, AUSTRALIA - APRIL 25 : Veterans finish march along the route during Anzac day centenary commemorations April 25, 2015 in Brisbane, Australia

Responding to behaviours of concern: strengthening CHO understanding of the veteran experience and how this might impact their tenancy

It is important for CHOs to seek ways to strengthen their understanding of the military experience and culture and how this might impact on a veteran's behaviour in their tenancy.

They might do this through building a working relationship with a veteran support service where they are able to seek advice and suggestions for how they can respond effectively.

The Open Arms website also has some useful information and resources on mental health and wellbeing that CHOs can review www.openarms.gov.au/living-well

CHOs can also view the information available on the Open Arms website to help understand some of the issues a veteran may be experiencing: www.openarms.gov.au/health-professionals/about-veterans-and-their-families/understanding-veteran-experience

It is recognised that veterans with complex needs may present with behaviours of concern.

People living with complex conditions can sometimes behave in ways that can be viewed as challenging or threatening to others. It is important to consider that while they may cause others to feel unsafe or uneasy, often these behaviours are a way for the person to communicate their emotions and needs and this may be due to a limited ability to express themselves in other more appropriate ways. Being mindful of this can assist CHOs to respond more effectively.

Behaviours of concern may include aggression, intoxication, self-harm, confusion or other cognitive impairment, intrusive behaviour, heightened noise, verbal offensiveness and disinhibition.

The following definition is generally accepted across Australia to define challenging behaviours or behaviours of concern:

“Culturally abnormal behaviour of such intensity, frequency and duration that the physical safety of the person or others is placed or is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of or result in the person being denied access to ordinary community facilities, services and experiences.”¹

When responding to behaviours of concern it is important to ensure that responses are targeted to the behaviour and not the person. Furthermore, it is helpful to describe the behaviour as opposed to labelling the behaviour.

While having some understanding of a person's history or diagnosis might provide relevant information, it is not necessary to know the diagnosis to deal with behaviours of concern effectively. When focusing on behaviour, CHOs should be mindful to use effective communication skills and a planned response in line with the organisation's policies and procedures, this will equip workers with the required skills to effectively respond to the behaviour.

Focusing on behaviours and understanding the context of the behaviour will:

- enable staff to correctly identify the type of challenging behaviour e.g. hostile, domineering etc.
- allow staff to focus on a person's behaviour and not their personality or them as an individual
- help staff to describe the behaviour more accurately to their supervisor/manager or relevant specialist
- describe the behaviour to the person in order to address the behaviour which can assist in bringing about change.

Working with the scope of roles and following the organisations policies and procedures

Organisations have policies and procedures, and staff have job descriptions which clearly outline their role and responsibilities and establishes clear guidelines on what is expected of them in their workplace.

How workers respond to behaviours of concern will be informed by these guidelines with recognition that there are specific responsibilities associated with Work Health and Safety and duty of care obligations towards colleagues, applicants, tenants and others.

In specific situations where staff are faced with potential incidents or behaviours of concern, they may be required to take decisive action and confidently respond with a clear understanding of what is expected in such a situation. Being able to defuse situations where someone may be angry and frustrated, considering the safety of others, and following policies and procedures, are all important when responding to behaviours of concern.

Organisational information and guidelines relevant to addressing behaviours of concern should include:

- Safety procedures such as when conducting home visits
- Identifying types of incidents or behaviours that require a planned response
- Communication strategies for taking the heat out of a situation and preventing situations from escalating
- Guidelines for responding respectfully and appropriately regardless of the other person's behaviour
- Knowing when to seek advice and support
- Procedures for reporting and recording incidents.

While dealing with applicants and tenants who exhibit behaviours of concern can be challenging for staff, the guidelines provided by organisations are designed to protect workers and ensure compliance with legislation. Meeting duty of care obligations to prevent foreseeable harm to oneself and others also includes a duty of care to the person who is displaying the behaviour of concern. Staff are expected to adhere to ethical guidelines such as treating the applicant / tenant with respect and acknowledging their rights, maintain privacy and confidentiality, and work within the scope of their role.

Suggestions for responding to behaviours of concern:

- Regardless of the setting, be observant and alert to your surroundings. When you encounter behaviours of concern observe what is happening and remain calm.
- Don't make assumptions, gather information about the situation.
- Use previous knowledge of the tenant if known to you. You may be able to use that knowledge to meet their needs and de-escalate the behaviour.
- Use appropriate communication skills to validate the tenant's feelings, show that you are listening and give reassurance you are there to help.
- Be aware of your own body language and observant of the other person's body language. Avoid gestures that could be considered threatening.
- Set limits and boundaries and be consistent.
- If safe to do so and appropriate, clearly and calmly explain why the behaviour is not OK and suggest an alternative.
- Be prepared for potential unpredictable behaviour and make safety a priority.
- If you are concerned about harm to others, move people away to a different area or move the person to a quieter space being aware of exit points.
- Seek assistance and support from colleagues and supervisors and use alarm systems as appropriate.
- When considered appropriate, seek advice from a veteran support service to gain their guidance and support in assisting the veteran to address the behaviours of concern and re-establish their tenancy effectively.

¹ Emerson, E. & Einfeld, F. N., 2011. Challenging Behaviours. Third ed. New York: Cambridge University Press.

The importance of working in a trauma informed way

CHOs are starting to increase their understanding of trauma and its impact on individuals. All people can be vulnerable to trauma. As a service that works with people, CHOs need to continue to build their skills and responses to working with people who have experienced trauma to strengthen their service response and minimise the negative impacts of that trauma response on both the individual and the CHO.

A person who has experienced trauma might present with high levels of distress, they might be angry or abusive and could be perceived as demanding. It is not uncommon for people who have experienced trauma to feel as though they are being poorly listened to and poorly responded to by service providers and this can trigger extremes of emotion within the person.

It is acknowledged that trauma is not experienced by all veterans, and every veteran does not experience Post Traumatic Stress Disorder (PTSD). An assumption should not be made that a particular behaviour/s is associated with trauma and being a veteran is not synonymous with PTSD. However, a trauma informed approach should be used with every client and it is important to be aware that some veterans do have these experiences.

For veterans who do experience PTSD, it is important to be aware that this is a psychological response to the experience of intense traumatic events, including those that threaten life. For military veterans, the trauma may relate to direct combat duties, being in a dangerous war zone, or taking part in peacekeeping missions under difficult or stressful conditions.²

Veterans, like the community more broadly, may also experience trauma as a result of events that have occurred within a family or social environment, either during adulthood or when they were a child. These events 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.

Trauma is a state of high arousal in which coping mechanisms are overwhelmed in response to extreme stress.³ Our normal 'survival' responses ('fight', 'flight' and 'freeze') activated by the perception/experience of threat are initially protective. They only become pathological if traumatic experience is not resolved after the precipitating event/s.

To raise awareness and understanding of the impact of trauma on veterans, it is important that CHOs understand trauma and are able to respond effectively when required.

Key principles of trauma-informed practice – safety, trustworthiness, choice, collaboration and empowerment – should be embedded for all activities at all levels of service-delivery. They enable positive relational experiences, established by research as necessary both for resolution of trauma and for general well-being. This video might be useful for CHOs to view to help raise their understanding and awareness of the **importance of trauma informed practice** on their service delivery.

It is also important for CHOs to consider veteran family members if they become aware of trauma issues impacting a tenancy. Open Arms has some useful information for veterans and their families about trauma that a CHO can refer a veteran and/or their family members to: www.openarms.gov.au/signs-symptoms/trauma-and-ptsd/trauma

Creating a safe service environment

CHOs should consider the five keys principle of trauma informed service delivery and identify how to manifest them across the service.

These five principles are:

1. Safety
2. Trustworthiness
3. Choice
4. Collaboration
5. Empowerment.

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.

Where tenancy staff identify some behaviours that might indicate a client is responding to trauma, they should engage sensitively with the veteran, exploring whether they have support to assist them.

This might include:

- Asking if they are engaged with a veteran support service to ensure that they are connected to expert supports.
- Asking if they have engaged with the Department of Veterans' Affairs or Open Arms – Veterans and Families Counselling to explore their health entitlements.
- Asking if they have engaged with Open Arms – Veterans and Families Counselling to gain mental health and wellbeing support services available to them.
- Asking if they have a General Practitioner who can assist them to connect with the required specialists and support them with medication management if required.
- Asking if they have any other supports available to them.
- Exploring appropriate referrals, when considered appropriate.

It is also important for CHOs to recognise that whilst delivering housing services in a trauma informed way is important, for many veterans, we should not assume that any trauma story is related to their military experience. Veterans may well present with a range of health issues such as anxiety, other mental health conditions or alcohol and other drug use that may well have occurred if they had never had a career in the military.

CHOs could engage with the DVA with the tenant's consent to explore access to specialist support services. They can do this by engaging with the Department of Veterans' Affairs Triage and Connect who provide an access point for service providers to the range of services provided under the Department's Client Support Framework.

Access to Triage and Connect can be made via email using the following email address triageandconnect@dva.gov.au (preferred) or by **calling 1800 VETERAN (1800 838 372)**.

Veterans can contact DVA themselves on 1800 VETERAN (1800 838 372)

2 <https://www.dva.gov.au/health-and-treatment/injury-or-health-treatments/mental-health-care/post-traumatic-stress-disorder>

3 https://www.blueknot.org.au/Portals/2/Fact%20Sheets%20Info/Fact_Sheet_Workers.pdf

Approaches to consider when a veteran with complex needs refuses to engage with support services

This Toolkit has explored a range of reasons why vulnerable veterans may be hesitant or resistant to link with support, particularly mainstream support. As CHOs typically don't engage in a therapeutic relationship with tenants, it may not be appropriate to explore in detail with the tenant the nature of such refusal.

However, it is important for CHOs to be aware that the reasons are likely to be far more complicated than the tenant simply not wanting to engage in support. There may be motivational reasons and applying basic motivational interviewing strategies may be considered appropriate.

Having close links with veteran support agencies means that your organisation should have general discussions with them about how to link tenants with supports when the tenant is reluctant to accept a referral or engage with the support agency following a referral. Tenancy staff can seek guidance and advice from their support partners about how to approach tenants experiencing tenancy issues who are not willing to engage with support. Having a well-established relationship with a veteran specific support service can help explore approaches that might be taken by the CHO to manage the situation. The Open Arms Peer Workers can also be a useful resource to engage with the veteran to help them to explore what is happening for them and develop strategies with the CHO to assist the tenant to sustain their tenancy. Peer workers provide an avenue for connection and early engagement and a bridge to services for those veterans who are hard to reach.

If a veteran will not give permission to disclose their information to a support provider, generic discussions are appropriate about ways to engage.

For example, the dialogue with the support provider could be:

"A tenant has accrued a lot of rent arrears and we have been unable to engage with the tenant to find out why. We have discussed making a referral for support to assist them with their finances but they have refused. Do you have any suggestions about how we can try and engage with the tenant to make a referral?"

It is also important to note that the manner in which CHO staff try to engage tenants with supports is important. Simply saying to the tenant 'do you want a referral' or including referral options in a letter is usually not sufficient. A level of rapport is often needed with the tenant to assist CHO staff to have a 'general' discussion with the tenant, which includes a discussion about tenancy issues and potential support options.

If the Next of Kin details are obtained at the beginning of the tenancy and the tenant has given permission for the Next of Kin to be contacted if tenancy issues arise, then the Next of Kin could be contacted (if considered appropriate) in order to seek guidance on ways to assist the tenant to address their tenancy issues.

It should also be recognised that sometimes it is not possible to assist a veteran to sustain their tenancy i.e. if their support needs are too high for independent living; the tenancy has reached crisis point where institutional care or rehabilitation options may be required; financial situation or support needs may require living with family and friends or transitional housing for a period of time. An independent living skills assessment may be appropriate to assist determining whether the tenant is able to live independently.

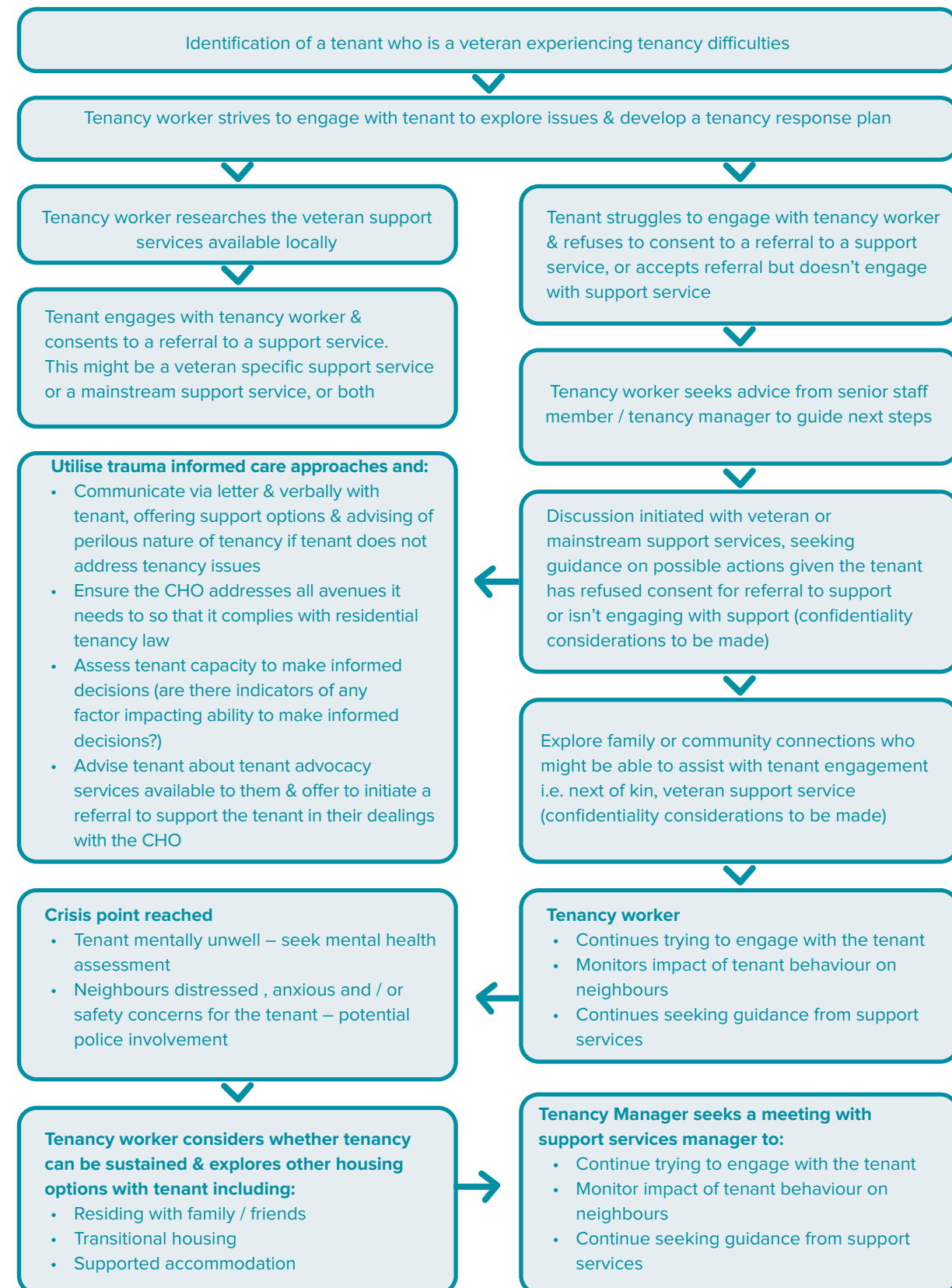
In these situations, alternative permanent or temporary accommodation options should be explored with the tenant to avoid the tenant accruing substantial rental arrears and/or non-rent account debt that the tenant is unlikely to ever be able to repay.

The following flow chart gives some guidance on the steps involved for a tenant with complex needs who refuses to engage with support services.

An enforcement approach (breach letters) may be appropriate to use along with these steps as long as sufficient explanation is given to the tenant as to why the enforcement approach is being used.

A clear explanation of the tenancy issues needs to be given to the tenant and it is recommended that breach letters are written in a trauma informed manner.

PATHWAY TO GUIDE WHEN A VETAN TENANT REFUSES TO ENGAGE WITH SUPPORT SERVICES



Motivational interviewing as a technique to engage with veterans

Veterans who engage in or display concerning behaviour must want to change in order to change behaviour. However, they can be assisted to be motivated to change. It is more effective for veterans to make changes if they know what options and services are available to them.

CHOs might find it useful to seek engagement with a veteran support service if the veteran agrees to this, to explore the reasons underpinning the concerning behaviours with the veteran and help explore possible solutions. The CHO can also use a motivational interviewing technique to strengthen their engagement and communication with veterans at this time.

It is noted that during the consultations for the design and development of this Toolkit, it was recommended that a section on motivational interviewing should be included in the Toolkit.

Motivational interviewing is a method that was originally developed in the alcohol and other drug field by William Miller and Stephen Rollnick.¹ It involves enhancing a person's motivation to change and is a particularly effective tool in decreasing alcohol and other drug use but can be used for all behaviour change. It recognises that motivation is a dynamic state that can be influenced and acknowledges that an authoritative approach may in fact deter change by increasing resistance.

This approach utilises the principles and practices of person-centred counselling to encourage the person to move through the stages of change and to make personal choices along the way. A person's resistance is viewed as evidence of conflict or ambivalence and is met with reflection rather than a confrontational style.

CHOs might consider how they enhance the motivational interviewing skills and techniques used by some of their staff to strengthen the service response offered to all tenants who engage in or display concerning behaviours.

Key principles of motivational interviewing

The following are the key principles of motivational interviewing:

- Express empathy
- Acceptance facilitates change
- Skilful reflection is fundamental
- Ambivalence is normal
- Awareness of consequences is important
- A discrepancy between present behaviour and important goals will motivate change
- Avoid argument
- Arguments are counterproductive
- Defending breeds defensiveness
- Resistance is a signal to change strategies
- Labelling is unnecessary for change
- Roll with resistance
- Momentum can be used to good advantage
- Perceptions can be shifted
- New perspectives are invited but not imposed
- Support self-efficacy
- The belief in the possibility of change is an important motivator
- The person is responsible for choosing and carrying out personal change
- The person should present arguments for change.

¹ Miller, W. R. and Rollnick, S. (1991) Motivational interviewing: Preparing people to change addictive behavior. New York: Guilford Press, 1991

Examples of how you can use motivational interviewing techniques in housing practice

Securing the invitation: examples of phrases that invite participation in change discussion include:

1. “Do you mind if we talk about [insert behaviour or situation where change is being encouraged]?”
2. I see/heard [blank] and I am wondering if you would be open to discussing [blank]...”
3. “They say there is no time like the present. I have a few minutes right now and want to know if you’d be interested in discussing [blank]...”
4. “I would like us to spend a little bit of time talking about [blank]. Are you up to that right now?” (If the answer is “no” you may want to follow up with, “So when would be a good time this week?”)
5. “I was reviewing your file (rent ledger that shows rent arrears, assessment, housing assessment document, etc.) and noticed [blank]. How about we spend just a little time talking about that.”

Affirmations: An affirmation can acknowledge discussion about change, attempts at change, and/or actual change accomplishments – including when that change has been maintained. Affirmative statements that are too broad “That is great” or ingratiating “I always knew you could do it” must be avoided. The more specific you can be about what the individual is attempting to change and the situation / context in which it happened, the better.

Good examples of affirmative statements that can be used by housing professionals include:

1. “You showed a lot of [insert compliment/ observation] in following [service name] household members policy.”
2. “When you got that bad news [or be specific of what the news was] you handled it well without putting your tenancy at risk.”
3. “In spite of our meeting being a tough one last week [or specify date], your willingness to engage in conversation with me again today shows that you are serious about changing [specify issue / behaviour that is changing].”

Reinforcing self-confidence: Self-confidence comes about when the client realises that they have the ability to make changes in their life, and that they have the wherewithal to do so. To reinforce self-confidence the housing professional must observe a change that is occurring and then elicit a response from the tenant on why or how they were able to accomplish the change.

1. “It looks like you have been working hard to keep the kitchen tidy. That is different from when you first moved in. How have you been able to do that?”
2. “Telling Tyler that he can’t stay at your house long term without advising us that you have another household member living at the property was the right thing to do so that you weren’t violating your lease, even though he is your best friend. How were you able to make this change happen?”
3. “When I did my follow up to make sure the rent was paid, I could see that we haven’t had one noise complaint about your apartment in the last month. I knew you previously said you were going to work on that, but I had no idea you had been working so hard to make it a reality. Why did you go about making the changes and how did you do it?”

Inspiring / evoking change talk: Rather than providing advice or lecturing, which is proven not to work well, this strategy within motivational interviewing is focused on eliciting a response from the tenant about why a change may be personally important to them. The approach to inspiring the change talk can come about from different approaches: noting discrepancies; forward looking; provoking extremes; measuring importance, confidence and readiness; and, suggesting change when the tenant is having difficulty changing. Inspiring/Evoking Change Talk is proven to be effective for successful outcomes in the change process.

1. “What makes you think you need to change [specify]? What will happen if you don’t change?”
2. “What would your life be like in [insert time period like 3 months, 6 months, a year, 3 years, etc] if you changed your [specify behaviour]?”
3. “Suppose you don’t change [specify], what is the worst thing that might happen?” And if you made the change, what is the best thing you can think of that may happen?”
4. “Tell me what changes you have made since the last time we met and why those changes are important to you.”

The Stages of Change approach

Motivational interviewing includes the ‘stages of change’ approach proposed by Prochaska and DiClemente who identify a person’s readiness for change as a vital indicator of behavioural change.²

The stages of change and responses to these stages include:

Precontemplation (not ready): Increase the person’s perception of the risks and problems with their current behaviour. Provide harm reduction strategies.

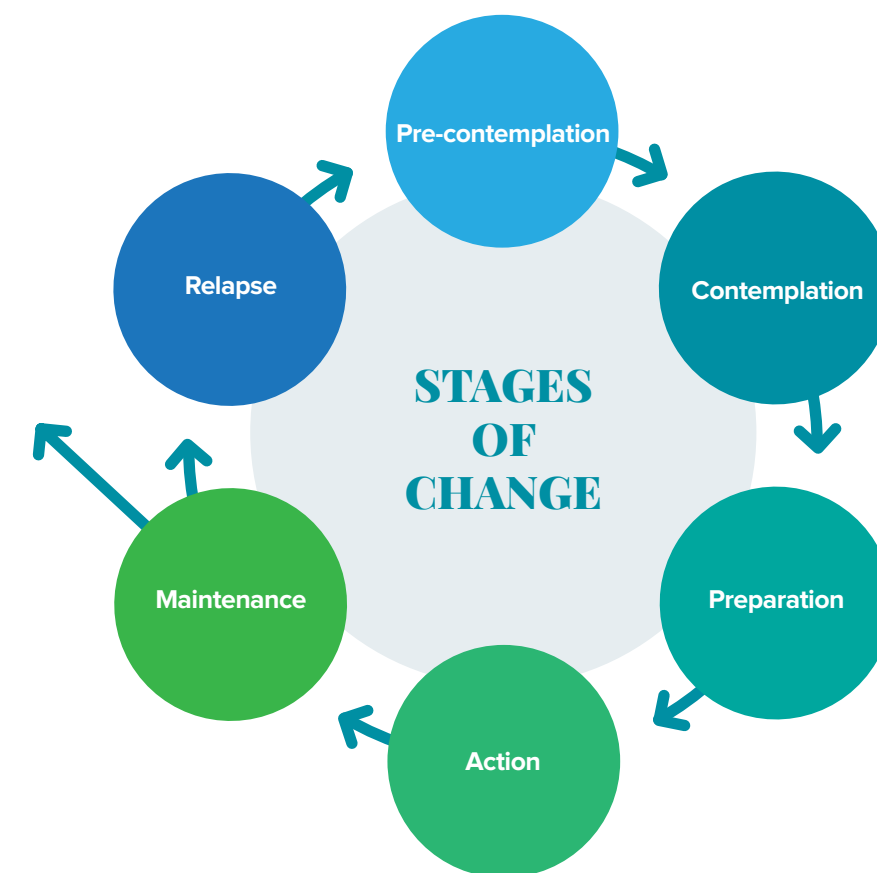
Contemplation (getting ready): Weigh up the pros and cons of change with the person and work on helping them tip the balance by:

- **exploring** ambivalence and alternatives
- **identifying** reasons for change / risks of not changing
- **increasing** the person’s confidence in their ability to change.

Preparation – action (ready): Clear goal setting – help the person to develop a realistic plan for making change and to take steps towards change.

Maintenance (sticking to it): Assist the person to identify and use strategies to prevent relapse.

Relapse (learning): Assist the person renew the processes of ‘contemplation’ and ‘action’ without becoming stuck or demoralised. Relapse is normalised in motivational interviewing and is used as an opportunity to learn about how to maintain long term behaviour change in the future.



PROCHASKA AND DICLEMENTE'S STAGES OF CHANGE MODEL

² <https://www.racgp.org.au/afp/2012/september/motivational-interviewing-techniques>

Responding to concerns about safety

CHOs should always act to maximise safety in times of crisis, following their organisation’s policies and procedures that are established to guide practice. However, where time allows, tenancy staff may choose to explore with the veteran if they would like to engage with a veteran and/or mainstream support service and if so, facilitate that engagement if required.

There is ongoing concern within the ADF about suicide in serving and ex-serving ADF personnel. In particular, ex-serving ADF personnel may face increased risks of suicide, with ex-serving males who discharged from service on medical grounds having higher rates of suicide than Australian males.³ In addition to their normal practice in responding to a distressed tenant where a CHO would engage with their local mental health service to support a vulnerable tenant, they might also consider supporting the veteran to engage with Open Arms. Information on Open Arms – Veteran and Families Counselling is available in the **Module 3 Factsheet Contacts to support working with veterans**, who could provide valuable support, assessment and treatment to the veteran at this time.

It is important that CHOs also have strong practice to guide how they respond to concerns about tenant safety. Policies and procedures that direct the response to domestic and family violence and responding to anti-social behaviour should be reviewed regularly and staff encouraged to explore how they are implemented effectively. Some useful resources to help guide practice can be found on the CHIA NSW website <https://communityhousing.org.au/publications-portal/?type=34>. Whilst these resources have been developed for NSW services, the core information and resources can be utilised across Australia.

3 <https://www.aihw.gov.au/reports/veterans/national-suicide-monitoring-adf-2020/contents/about-this-report>

Responding to housing crises

Where a veteran is experiencing challenges in their home, it might be useful for a CHO to explore some ‘time out’. The Open Arms crisis accommodation program aims to provide crisis ‘time out’ accommodation which allows time to alleviate a crisis situation such as a potentially conflicting domestic situation or an immediate housing crisis.

A crisis is defined as someone’s personal reaction to an event or experience in their life they find hard to cope with. People may experience crisis as a result of a range of different events.

These include but are not limited to:

- relationship breakdown
- loss (of loved one / job / home)
- physical health issues
- caring for another
- violence and trauma
- financial or work pressures
- housing instability
- onset of mental health issues.

Open Arms will work with the individual to address issues that contributed to the crisis. They will aim to resolve the domestic situation or work with the CHO to try and address the tenancy issue.

Crisis support aims to reduce stress, improve the person’s ability to cope with their current situation and alleviate any potential future crises. Through the provision of support, individuals are supported to create opportunities for personal growth and change.

Crisis accommodation is available for up to five nights, depending on the circumstances. In exceptional circumstances, an extension for crisis accommodation may be given. This crisis accommodation might provide a useful circuit breaker where a veteran is experiencing some challenges to enable them to get support through Open Arms Peer workers and re-establish their tenancy with the CHO in a positive framework moving forward.

To be eligible for assistance under this program, the person must be in a crisis situation and needing help, and be:

- a current member of the ADF
- a former member of the ADF
- their partner
- a dependent child.