

Inquiry into Homelessness in Victoria

Ms Melanie Raymond

Organisation Name:
Your position or role:

SURVEY QUESTIONS

Drag the statements below to reorder them. In order of priority, please rank the themes you believe are most important for this inquiry into homelessness to consider::

Rough sleeping,Housing affordability,Services,Public housing,Indigenous people,Family violence,Mental health,Employment

What best describes your interest in our Inquiry? (select all that apply) :

Working in the mental health sector ,Working in the alcohol or other drug services sector ,Working in Homelessness services ,Working in the health sector

Are there any additional themes we should consider?

YOUR SUBMISSION

Submission:

Do you have any additional comments or suggestions?:

FILE ATTACHMENTS

File1: [5e3391a09af15-Youtrh Projects Homelessness Enquiry submission.docx](#)

File2:

File3:

Signature:

Melanie Raymond

INQUIRY INTO HOMELESSNESS IN VICTORIA

Youth Projects welcomes the Legal and Social Issues Committee announcement of an inquiry into the state of homelessness in Victoria. Whilst Youth Projects does not receive any direct homelessness funding, a large percentage of our clients are experiencing homelessness and our health, outreach and employment programs are geared towards assisting the most disadvantaged to overcome multiple structural and personal barriers to live an independent and meaningful life.

We applaud the Victorian government for its initiatives in dealing with the spread of methamphetamine, the focus on rough sleepers and willingness to examine a community of people so long ignored and stigmatised. We do however have significant front-line experience that includes after hours and night outreach, employment, educational and economic exclusion, and working with youth, older persons and indigenous clients. We see firsthand the interplay between wellbeing and independence and opportunities to make lasting impact.

This submission includes perspectives from consumers to ensure the issues and solutions to Victoria's housing crisis is informed by those that have lived experienced of homelessness. Our staff have been engaged to provide accounts of what they face each day trying to assist people navigate through multiple systems that are broken, underfunded and siloed.

Consultations with consumers have identified four core themes that are to be explored further in this submission:

- Lack of supported pathways to stable long-term housing
- Difficulty navigating service systems (for clients and workers)
- Need for earlier intervention
- Lack of space to integrate services and provide a one stop shop

BACKGROUND

Established in 1984, Youth Projects is an independent, registered charity that provides front line support to young people and individuals experiencing disadvantage, unemployment, homelessness, alcohol and other drug issues and people looking to re-engage with learning and employment.

We seek impact that enables clients to lead longer lives, have improved health, meaningful employment and a greater sense of belonging, safety and security through a holistic model of care.

We work with people facing barriers to social and economic participation with a primary focus on young people and people experiencing homelessness to provide interventions to open up lasting pathways out of poverty and homelessness.

Our services are structure into two portfolios:

Community Health:

We deliver free primary health and social supports to Melbourne's most vulnerable people,

with no judgement. We see the whole person, focusing on the social determinants of health for clients who are faced longstanding multiple and complex needs

Employment, Training and Social Enterprise

Our holistic, wrap around support service ensures that each young person is fully supported to achieve meaningful employment. We provide mental health support, employability skills training, nationally accredited training, social engagement and material aid support to ensure long term success for every individual.

Across both portfolios, our impact data paints a clear picture of the scale of the homelessness population accessing our services:

- Our Living Room Primary Health Service had 17,000 contacts in 2019 – 75% were currently sleeping rough. This number has tripled in the last eight years.
- Our After-Hours Night Nurse program had 4,038 contacts – all of which were sleeping rough or in crisis accommodation
- Our Youth in Hume Outreach Program (YHOP) reported 18% of all participants were living in unstable accommodation or were couch surfing

Need for earlier intervention

Successive governments have developed prioritisation tools to ensure those most in need get service first but the required investment in public and affordable housing supply, alcohol and drug treatment, mental health counselling and disability support services. At the same time the value of funding within our contracts with government do not keep pace with the true cost of service delivery. Thus, the ongoing lack of investment in the housing and homelessness system has required services to prioritise only those most in need.

Through our recent consultation, staff and consumers have confirmed what the sector has known for many decades – the homelessness service sector operates “at the bottom of the cliff” and allows people to reach crisis stage before help can be offered. Earlier intervention of course stems the tide of those in crisis while also providing the dignity of timely assistance.

The latest census data shows that each day, homelessness services turn away 250 people, however this figure does not include those that are assessed and placed on a prioritisation list for many months for even basic accommodation. This same situation occurs in many related sectors, but particularly in mental health, family violence, child protection and AOD services.

For our consumers, who are often dealing with all of these sectors at once, they are unable to get the assistance they need until they have lost everything.

The following case study demonstrates a young person’s attempt to access the help she needed across multiple service systems and catchments:

No choice but a return to domestic violence

Jane first came in contact with Youth Projects in June 2019 looking for assistance in leaving a violent relationship, stable housing, gaining custody of her son, employment and mental health support. Jane had experienced family violence and trauma from a young age both, verbally and physically, from her mother who she was still living with whilst sporadically living with her physically abusive boyfriend. She asked Youth Projects with help in navigating the 'housing and family violence system' as she didn't know where to start.

The Family Violence Crisis line were called and after a very lengthy phone call discussing her past and present traumas, it was explained to Jane that due to her situation not being life threatening they were unable to help and directed her to other family violence support services. The family violence service were called and she was placed on a waitlist however they explained they were not a housing support service and she would need to seek that from another specialist provider - there would also be a one month wait list to be assessed for support.

Jane then called the housing service but was informed there is nothing that can be done over the phone for her unless she did a formal intake the next day and would then need to wait in line to see if there was any availability for someone to do an intake. After feeling slightly hopeful that she may have somewhere safe to stay, Jane scrounged together enough money for her MYKI to make the 45min trip from her home to the housing service. After waiting in line for 30 minutes to be seen, Jane was told she needed to go to another service due to an old address on her healthcare card and it was out of their catchment. Jane felt defeated and went home to the perpetrator of the family violence as the process was "too hard".

A week later after experiencing more physical abuse Jane built up enough courage to try her luck at another housing service – who they directed her to their family violence service who "unfortunately wasn't working" that day. They were able to do an intake however would also need to do one with the family violence worker also. At this point Jane had explained her situation and had to relive her trauma to 4 different services and still Jane had nowhere safe to stay she expressed how deflated she felt as the 'system wasn't helpful'.

Jane made the brave choice to escape on her own to a family friends house in NSW an hour's drive from Port Macquarie. Jane called the local housing services and was told they can support her to find a place in NSW however if she wanted to move back to Victoria, she would have to go back to those services in Victoria in person. The Victoria housing service was contacted again via phone by Jane explaining she had escaped the family violence situation and needed support with finding housing in Victoria to be close with her son in an environment that was safe from family violence. The same situation was explained to Jane, she needed to visit the service in person in Victoria to receive help.

Jane stayed in NSW for 1 month until she missed her son's birthday and became overwhelmed with depression, she decided to move back in with her abusive boyfriend as she could at least see her son.

Youth Projects advocated for Jane's case to be reviewed by management after which they were able to see Jane the next day to do an intake. Jane once again visited the housing service in Glenroy at the appointment time she was allocated, this time Jane was accompanied by a Youth Projects worker to advocate on her behalf. Jane once again had to explain her trauma situation again for an hour and a half after the intake it was explained to her that there is currently a waitlist of possibly 2 months until she will be allocated a worker to help her. Jane now in December 2019, 6 months later, is still currently living with the physically abusive perpetrator of family violence, as she has nowhere else to live.

This case study is not a rare example – it is most people daily experience of attempting to access services. The case study could have been the same for someone trying to access mental health or disability supports, and it could be in any catchment in Victoria. Services don't design these hurdles – they are struggling to provide services to those in the greatest need let alone servicing people that have other options even if that means continuing to be exposed to violence and trauma.

1. Difficulty navigating service systems for both clients and workers.

- It's not linear, insufficient and needs are complex

The current homelessness response assumes that people will travel through the homelessness system on a linear trajectory. The system is based on an incorrect assumption of adequate housing supply and that once a person is housed, they no longer need support. It is also based on an assumption that people with multiple issues can navigate multiple systems simultaneously. Many of our consumers have a range of complex and inter-related health issues including alcohol and drug addictions, chronic disease, and mental health disorders. In addition to these challenges, many of our consumers have been exposed to trauma in their childhood and have had that trauma reinforced through experiences of family violence, stigma and discrimination.

- Rigid catchments are failing everyone

Systems are designed to treat people in particular catchments and within a particular timeframe. This approach does not work for people without access to stable housing and often leads to our consumers being transferred between multiple services as they access short-term accommodation across metropolitan Melbourne. Despite the Opening Doors Framework stipulating a 'no wrong door' approach, our consumers are regularly sent from one service to another depending on the address on their ID (which is often out of date anyway).

Further compounding these challenges is the siloed approach to service provision that is a hallmark of the health and human services sector. Our consumers regularly describe their frustration in navigating multiple service systems only to need to change providers when they move to a different location. Particularly with community mental health services, a change from one suburb to the next often means services transferring care to another provider and often a gap in treatment due to waiting lists and an inflexible approach by services.

Our staff have also voiced their frustration when working with people of all ages without a stable place to stay.

“We often see our clients being bounced around between services and they're caught in a catch -22 situation. They can't access drug and alcohol services until they have stabilised their mental health, but they can't access mental health services due to their drug and alcohol issue. It so heartbreaking to see our clients trying so hard only to see them being bumped from one service to another.”

2. Overcoming loneliness and isolation is key to stable long-term housing.

Many of our older consumers have been sleeping rough or couch surfing for many years. During this time, they are linked in with multiple support services which assist with everything from basic amenities to counselling and support.

The natural supports in their life are often other people experiencing homelessness. They are a community – they support each other emotionally, physically and are often the only people to turn to for advice, acting to paper over cracks in the system that is supposed to help them. Loss of community, loneliness and isolation from the only familiar places and people they know is devastating and proving a major barrier to stable housing.

Our consumers tell us this is one of the biggest reasons they return to the streets. They are not used to living indoors and they are used to being around familiar people and places.

For those people that find affordable housing, it is often in a completely different area far away from the support they have been accessing for years. They are put in a flat in a foreign part of Melbourne and often all supports are withdrawn, or they are transferred to a different service operating in that catchment. The rapport and trust they have built with practitioners and support workers is broken, further isolating them and often increasing their anxiety about their new surrounds.

They are provided with housing but need ongoing support to teach or relearn life and living skills that in many cases has not been passed down in their childhoods. Paying bills and rent, buying food, reintegrating back into a daytime existence – all the things that comes naturally to most people in society are some of the most difficult things for our consumers as they have never fully developed these skills during their upbringing.

We frequently confront the isolation that our consumers feel once housed and their regularly return to our services and location simply for company, identity and security.

“I’ve been living on the streets for 5 years – I was busy yeah. Everyday I had to work hard to find food, a shower and somewhere safe to sleep at night. Now I have a place I don’t know what to do. Being homeless sucked but at least I had people around me to talk to, to laugh with, and they got me.”

To develop a truly sustainable pathway out of homelessness, services must be able to continue to work with people across catchment boundaries for many months to stabilise people in their new accommodation. Flexible service responses ensure people do not have to tell their story again, navigate a new organisation’s processes, and build rapport with another work.

Addressing social isolation is also essential to transitioning to stable, long-term housing. People experiencing homelessness often talk about wanting a normal life – a home, friends, a job and nice things. The nature of support post-housing also needs to focus on capacity building, emotional support, building connections and confidence in local communities that can be sustained before support is slowly scaled down.

Housing is a key part of the puzzle, but people need more than just bricks and mortar. The young people that access our services need help re-engaging into learning and/or a job. For many of our older consumers that have already had a rich employment history and need assistance to re-access the employment market. It is essential the homelessness service system is designed with a meaningful life as the ultimate outcome and can journey with people until they are truly stable.

Barriers to integration, co-ordination and partnership

- Difficult service navigation

A key theme that both consumers and staff have identified is the need for people to travel from place to place, appointment to appointment, to access the support they need across multiple domains. With limited funds and often conflicting appointment times, this is a stressful and unnecessary feature of the current community support system. It can often feel that people experiencing homelessness are made to work for any assistance they get, and failure to comply often leads to judgement from services that they are unworthy of support or not grateful for the assistance they are offered. Whilst service coordination projects work to join up and coordinate multiple service responses, the more inflexible services systems continue to meter out disproportionate punishment in the form of service exclusion, delays in rescheduling appointments, or making people start assessment and application process from the beginning.

Co-location models are a proven method of addressing these issues however these models are few and far for people experiencing homelessness. Many agencies establish co-locations based on need however this siloed reporting and funding contracts, co-location and partnership is an unfunded activity.

To deliver an array of unique and complementary services at the Living Room, Youth Projects must heavily cross-subsidise from other funding sources, but this is proving unsustainable. There are many other services that could strengthen our holistic response, but we do not have the resources or space to accommodate further expansion of our partnerships or services.

- Benefits of a “One Stop Shop”

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The Living Room Primary Health Service is funded as a health service however our service model is designed to provide an additional range of services to our consumers based on what they have told us they need. This means consumers can come for a shower and also engage with health care and counselling they otherwise may not seek out.

By way of example below our social model of health successfully encourages health seeking behaviors and care with levels of support from laundry to complex care. The Living Room DHHS funding provided for the following services last financial year:

- 1,118 practice nurse consultations
- 1,218 general practitioner interventions
- 150 flu vaccinations
- 160 dual diagnosis and mental health episodes of care
- 7,911 showers
- 3,650 loads of laundry

Because there are a range of service that our consumers need that are not covered by our funding, we have created partnerships to provide a one stop shop to address our consumer's needs all in the one place. From our location we also offer:

- Centrelink Community Support Team
- Fitzroy Legal Service

- CoHealth podiatry and exercise physiologists
- St Vincent's Hepatitis Nurse specialist
- Launch Housing Rough Sleepers Team

From a policy and funding perspective, The Living Room is defined as a primary health service. When a public servant in the State or Federal public service conducts a service mapping exercise of homelessness services in Melbourne our service would not even appear on their radar as everything is perceived through a funding or policy lens. Yet we provide a vital service to Melbourne's homeless community – a service that no one agency can deliver on its own. A patchwork of funding, catchments, grants and data sets leads to inefficiency and works against certainty, innovation and opportunity to expand.

Our Client Engagement team pull the array of services and service systems together using a holistic approach to conduct psychosocial assessments and interventions. They are "system navigators". However as mentioned previously, staff find themselves trying to navigate multiple systems on behalf of clients rather than being able to assess a person's need and have the pathways already established to intervene effectively and in a timely manner. This is a major flaw in the current response to people experiencing homelessness as while securing stable housing is a major issue to address, the reason stay homeless is due to systems not working together to achieve a person-centered outcome.

- Client centered whole of government funding

The procurement and policy model of the public service today puts a premium on partnership, and agencies excel at partnerships on the whole as they cannot provide an effective service response without them. However partnerships take resources, and to truly measure the impact of a joined up response they need to align their data. This is not possible as separate government departments are inflexible in their approach to reporting, contracting and outcomes measurement.

A truly whole of government response to homelessness requires multiple departments pooling funding, designing outcome measures, and designing a procurement model on the basis of those outcomes. Without this approach we will continue to see agencies responses to homelessness siloed, evidence of successful interventions diluted, and the number for severity of homelessness in Victoria continue to grow.

Recommendations:

- 1. Recognise and prioritise the serious health implications of loneliness and exclusion for people who have been homeless once housed, and the threat posed their long-term stability and government investment in housing "rough sleepers".**
- 2. Improve local transition to housing with genuine orientation into a new community, access to ongoing, welcoming health care in the community, and assist in the building of new social networks and life skills to overcome exclusion and hopelessness.**
- 3. Allow pre housing support for transition and reduce multiple layers of bureaucracy and intermediaries in this process. Use of key workers with**

longer term funding to check in and co-ordinate immersion into new housing and neighborhoods;

- 4. Provide whole of government procurement and policy approaches by removing needless barriers and bureaucracy to allow providers to both innovate and to deepen their response to housing transition**
- 5. Sustained injection of funding into housing supply, more flexible brokerage without rigid geographic or other barriers that limit rather than allow timely assistance**
- 6. Strengthen consumer led solutions and input into decision making and identification of needs drawing on lived experience of rough sleeping, housing transition and navigation of service systems.**
- 7. Remove silos between funding and delivery of support for multiple and related issues such as mental health and alcohol and drug problems to provide more seamless, efficient and youth-oriented services that engage early and prevent escalation of problems.**
- 8. Develop significant capacity to identify, engage and support young people couch surfing into safe and secure accommodation and early intervention in mental health and alcohol and other drug problems.**
- 9. Enable mental health support in co-located, off campus youth-oriented environments that allows for discrete engagement and empowering youth in crisis to seek help in a “one stop, joined up” environment.**
- 10. Recognise areas of high socio-economic disadvantage have much higher numbers young people leaving high school earlier and will need alternative access to support in a youth oriented not threatening place that are flexible in episodes of care and catchment regions to enable individualised ongoing care without service disruption**

Melanie Raymond,
Hon Monica Gould,