Inquiry into Homelessness in Victoria

Mr Paul Turton

Organisation Name: VincentCare Victoria

Your position or role: General Manager, Homelessness Services

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::

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

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

Working in Homelessness services

Are there any additional themes we should consider?

Service integration

Improved social housing stock

YOUR SUBMISSION

FILE ATTACHMENTS

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VincentCare
Engage. Enable. Empower.

Submission to the Victorian parliamentary inquiry into Homelessness

VincentCare Victoria welcomes the Parliamentary Inquiry into Homelessness and commends the Victorian Government's readiness to examine the challenges facing our homelessness system and envision how better to meet the needs of all Victorians.

VincentCare is grateful for this opportunity to make a submission to the Victorian Parliament's Inquiry into Homelessness and believe that such an inquiry must begin with the view that homelessness is a social justice issue, not a charitable/welfare issue. Homelessness will not be properly addressed or overcome with trifling gestures that make us think we have done our duty, while dulling our conscience to this much wider and persistent social problem.

VincentCare views homelessness as a significant social and economic 'wicked problem' that can only be solved with informed expert leadership that is determined to invest in solutions that address the underlying social and structural causes of homelessness as well as its impact.

VincentCare is committed to the principles of social justice and social inclusion that aim to ensure that every person is treated with dignity and respect regardless of their ability, cultural background, ethnicity, gender identity, sexual orientation or religion. These are the principles that have informed our submission and the recommendations outlined below.

As providers of services for disadvantaged and vulnerable people throughout metropolitan and regional Victoria, VincentCare staff observe the high numbers of people presenting at our homelessness services, their frequent intersectional needs, especially regarding family violence, mental health and the abuse of alcohol and other drugs.

All people aspire to thrive, contribute, and belong. Being safely housed is foundational to our basic human needs. Homelessness, family violence, poor mental health, alcohol and drug misuse, and poverty are inextricably linked, both as causes and symptoms of the homelessness experience. Victoria has too little housing stock to support sustainable solutions to the intersectional disadvantages of homelessness. VincentCare urges the Victorian Government to make more social housing available until there are enough safe places for all Victorians to live, whether people are in crisis or requiring safe, long term housing and social connections.

A summary of VincentCare's seven recommendations to the inquiry are outlined below.

VincentCare Victoria - Our recommendations

Recommendation 1 – The Victorian Government immediately and directly invest and promote sustainable investment in long term social housing stock, including crisis supported accommodation models that enable integrated support.

Recommendation 2 – The Victorian Government ensures that funded homelessness support services are accountable for service integration and continuity of care across sectors and agencies.

Recommendation 3 – The Victorian Government invests in strategies to promote improved early identification, referral and shared care for those experiencing family violence.

Recommendation 4 - The Victorian Government invests in initiatives to provide safe housing to support improved mental health outcomes, with shared accountability for maintaining safe housing across the homelessness and mental health sectors.

Recommendation 5 - The Victorian Government promotes new initiatives to improve service integration and cooperation between Specialist Homelessness service and the Alcohol and Other Drug support sector.

Recommendation 6 – The Victorian Government requires all funded agencies to demonstrate that the diverse and individual needs of every person is supported to increase the likelihood of successful housing and social outcomes.

Recommendation 7 – The Victorian Government ensures that strategies are embedded across sectors to ensure that Child Protection practice stops increasing the risk of homelessness for women and vulnerable children

VincentCare supports people who aspire, like the wider Victorian community, to have a safe home and community to which they can contribute meaningfully, free from violence. These same people also want access to effective health care, including community based and acute mental health care, when they need it. VincentCare's Homelessness Recovery Model (HRM) treats homelessness as an episodic rather than lifelong experience. Financial independence, including a humane Newstart allowance, effective health care, and education pathways that support children who are experiencing homelessness are important components of the homelessness recovery journey.

This is our wicked problem - Homelessness can become habitual. Ironically the risk of homelessness can increase after a person has been housed because they do not have the confidence, support and skills to maintain and sustain their housing.

Housing stock can be planned and paid for, both by government, and with proper inclusionary zoning laws, by the private sector - we simply must choose to do it. The intersectionality of disadvantage is a persistent challenge. Respectfully consultation with our clients and service users is already assisting VincentCare to redesign services from the service user's perspective. Similarly, cross-sector services and funding should be configured to provide care that links shared risk assessment, sequenced interventions and periods of support that focus on clients achieving and maintaining safe housing and social connections.

This work has begun in Victoria including "A New Approach to Single Households" (ANASH). The ANASH model provides an individually tailored and responsive model of care that has been piloted, tested and delivered by a cross sector panel. This model was developed in close partnership with Specialist Homelessness Support agencies and the Victorian Government through the Department of Health and Human Services (DHHS) in the Hume-Moreland region.

Our submission is two pronged. Victoria must increase its social housing stock, both at the point of crisis and in the long term. Ironically, this alone will not end homelessness. Rather, our clients can be at risk of homelessness once they have secured housing unless there is cross sector, coordinated long term support to allow our clients to address the issues that initially resulted in their vulnerability to homelessness.

For this reason our recommendations are based on the following two needs:

1. Safe, secure and sustainable housing options
2. Integrated long-term support of a common client to reduce the intersectional disadvantage that has resulted in their vulnerability to homelessness.

There are good examples of where better integration improves long term outcomes for clients. VincentCare recommends, in addition to providing more social housing options, that funding models, targets and processes be varied to enable shared care of a common client in order to achieve positive and sustainable housing and social outcomes.

Through this submission, VincentCare Victoria wishes to demonstrate an ongoing commitment to continue to work with the Victorian Government, other agencies and the community to improve health and wellbeing outcomes for all Victorians.

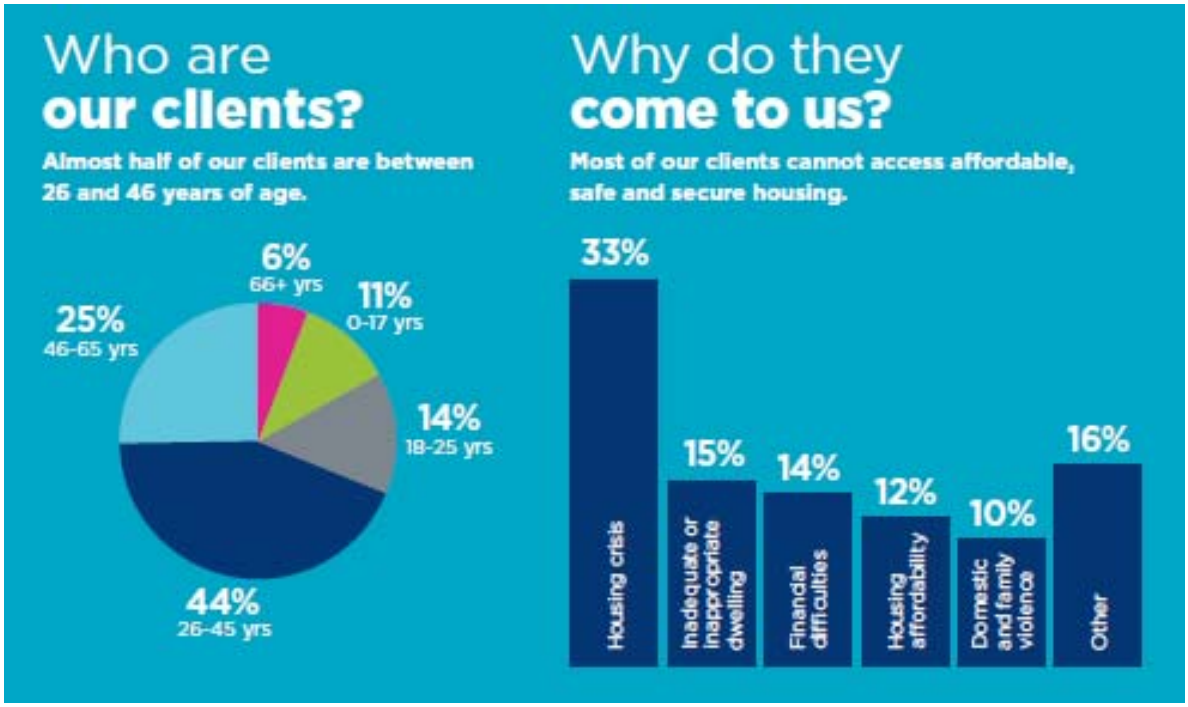
Yours sincerely

Quinn Pawson

Chief Executive Officer

VincentCare Victoria

About VincentCare Victoria and the people we support



VincentCare Victoria (VCV) was established by the St Vincent de Paul Society Victoria in 2003 to deliver services for disadvantaged and vulnerable people; including those who experience homelessness, live with disability, are ageing and socially isolated, and experiencing substance dependence or abuse.

VincentCare provides a range of services to people throughout metropolitan and regional Victoria, including specialist services in homelessness and rehousing, community aged care, alcohol and drug treatment, trauma and mental health, family violence, disability and youth support. Our responses include direct services with individuals and groups of people as well as building capability into local communities.

VincentCare Community Housing (VCCH) is a registered housing provider, used by VincentCare Victoria to provide residential property ownership, stewardship and tenancy and property management. VincentCare Victoria manages over 215 crisis, transitional and long-term accommodation units on behalf of the Victorian Department of Health and Human Services (DHHS). VCCH owns a further 63 Independent Living units targeted to adults aged 55 years and older and VCV supports occupants of our various owned and managed housing stock to address drivers of disadvantage and vulnerability including homelessness.

6,086 people accessed VincentCare's services in 2018. Clients range from children to seniors, however the majority (56%) of clients were aged between the ages of 25 and 54. 7% of our service users identify as Aboriginal or Torres Strait Islander descent and 72 languages other than English were spoken by clients. Three quarters of VincentCare Victoria's clients (74.9%) are

dependent on Centrelink payments as their main income source, 15% have no source of income and 7% are paid employees. Experiences of trauma amongst clients are almost universal, with most client's first experiencing trauma in childhood.

Working with the Australian Centre for Posttraumatic Mental Health and three other agencies, VincentCare Victoria collaborated to develop the Trauma and Homelessness Initiative. The findings of this project inform our current model of practice, particularly the Homelessness Recovery Model (HRM) that emphasises trauma awareness, physical and emotional safety, combined with a strengths-based approaches and opportunities for a person to regain control over their life and circumstances.

Methodology

VincentCare has based this submission on:

1. A desktop review of current strategic and operational issues impacting homelessness, public housing stock and the intersectionality of disadvantage[1]
2. Internal staff forum, including operational staff and management that inquired into the persistent and 'wicked' problems in homelessness and potential solutions.

Notably, there is very little variation between our recommendations, what the documents we reviewed said, and what our staff told us. Each of our recommendations is explored in greater detail below. VincentCare would be pleased to provide further information as required, including additional material presented at hearings in Epping and Shepparton as part of this inquiry.

Recommendation 1 – The Victorian Government immediately and directly invest and promote sustainable investment in long term social housing stock, including crisis supported accommodation models that enable integrated support.

VincentCare endorses the position of the peak body for homelessness services, Council to Homeless Persons, and our partner networks and agencies. VincentCare supports recommendations from agencies such as Uniting and networks like the Northern and Western Homelessness Networks that advocate for an immediate and significant increase in social housing, including long term and supported crisis accommodation. Three indicators are of particular concern:

1. Social housing stock is below the level needed to house vulnerable people in Victoria
2. There are 25,000 people experiencing homelessness every night[2]
3. The number of people waiting for social housing is growing by 500 people each month.[3]

[1] A list of documents reviewed is included at Appendix A.
[2] Source, ABS data 2016.
[3] Source, Victorian Parliamentary Inquiry into social housing 2018.

Current levels of demand exceed the capacity of specialist homelessness services and available social housing, including supported crisis accommodation. This results in high levels of distress and stress being placed on frontline Homelessness Access Points such as VincentCare's Hub in Glenroy. Since July 2019 VincentCare's Glenroy Homelessness Access Point has supported 2797 new clients.[4] VincentCare is funded to support 280 clients for this same period.

Expert submissions and reports, including those from Council to Homeless Persons and Uniting, make clear what Victoria's public housing stock needs are now and into the future. It is accepted that additional properties are needed annually, configured to meet new household demographics. While respecting the multiple calls upon the Victorian budget, it is concerning that urgent adequate solutions to remedy the lack of social housing stock are not being prioritised. This is baffling when the intersectionality between homelessness, family violence, mental health, alcohol and other drug misuse and poverty are properly considered and their social and economic impact is more fully understood. There is no doubt about the financial burden that all Victorians shoulder through homelessness, as well as its associated drivers and consequences such as family violence and poor mental health.

> **Family Violence is the leading cause of homelessness for all users of specialist homelessness services, making up 47% of people seeking assistance[5]**

The intersectionality between homelessness and family violence has been formally recognised through the 2016 Royal Commission into Family Violence recommendations around head leasing properties to support those fleeing family violence and through systemic family violence reform support by the Family Violence Capability Framework, the MARAM and the Information Sharing Schemes.

> **People experiencing homelessness face greater barriers to accessing services. When Victoria's mental health care system struggles to meet the needs of people who are well connected to public services… it is unsurprising that this system largely fails to meet the needs of people experiencing homelessness, who are 'far less likely to access primary care and preventive health services than the general population'[5]**

Experiencing homelessness is tied to family violence. It is expected that the Royal Commission into Mental Health will also find a connection. Further, supporting VincentCare's recommendation that long term housing and supported crisis accommodation stock is immediately increased, it is our conviction that doing so will have a positive impact in addressing

[4] Source: VincentCare's Single Client Record (CMS) 2019.

[5] Source. Australian Institute of Health and Welfare. 2018. Specialist Homelessness Services 2017-18: Supplementary tables - Victoria. Referenced from Uniting Inquiry into Homelessness in Victoria. Submission by Uniting Vic. Tas. 31 Jan 2020.

the prevalence and negative impacts on the Victorian community associated with family violence and poor mental health.

VincentCare's service users have explained that some accommodation options, especially those available for crisis response, only exacerbate their challenges and despair.

> **The time when I first left my husband due to DV, I was in a motel and that was not appropriate for me and my children. It was not the safest environment for children. I was given two options of motel rooms. When you have children involved, you need more care taken to accommodate children in safe places.**

> **I have been from pillar to post and treated like a second class citizen. I preferred sleeping on the streets to where you good people sent me.**

> **The landlord at the rooming house causes much trouble. She would open tenant's rooms and go through personal belongings, stealing valuables. The landlord played tenants off against each other causing trouble. The house was dirty and unkempt. I have never felt so used and abused in my whole life.**

> **When I went to the access point (on many occasions), the most I was provided with was a night here and there at a motel. This didn't resolve anything, and I just had to go back to sleeping in my car.**[6]

All housing stock must support the goal of reducing homelessness, and not through its style and maintenance be allowed to increase fear, despair and spiraling complexities related to homelessness.

[6] Quotes taken from the report: "A Crisis in Crisis: The appalling state of crisis accommodation in Melbourne's North and West", North and West Homelessness networks, 2019.

Recommendation 2 – The Victorian Government ensures that funded homelessness support services are accountable for service integration and continuity of care across sectors and agencies.

Having a house doesn't end homelessness. We need to build 'homefulness' and connect people to community, meaningfully and sustainably.

Acknowledging the number one need to address homelessness is urgent investment in increasing social housing, VincentCare has taken the opportunity created by this Parliamentary Inquiry to consult our staff about their views on solving homelessness.

The staff consulted are all experts in delivering Specialist Homelessness Services. They work with clients, systems, partners, bureaucracy and funders every day. They are well trained and supported professionals who work closely with service users, agency partners, funders and Government every day.

Accountability for flexible cross sector funding and service models was seen as a priority to incentivise professionals to work together with clients to ensure that our systems provide a coordinated response that removes obstacles to support. Effective service integration must include respectful client consultation that enables appropriate and sustainable client outcomes.

VincentCare staff described Initiatives like: "A New Approach to Single Households" (ANASH) are regarded as extremely effective. Reports to date suggest that this approach is effective and economical.

> **An ANASH panel in each of the 17 DHHS areas supporting 15 consumers each year would mean that a total of 255 consumers could be housed and supported annually across Victoria at a minimum cost of $553,095.**
>
> **Conversely, if we use the estimated cost of homelessness measure developed by Melbourne University's Sustainable Society Institute[7], not housing and supporting 255 consumers with multiple and complex needs as well as a long history of homelessness comes at a far greater cost of $6,531,825 annually.[8]**

It is timely to look at current cross sector, client led, flexibly funded panels with the common goals of:

- Better client outcomes, crisis and long term, noting our staff advice that achieving stable housing can ironically be a cause of homelessness if clients are not supported into new living and lifestyle arrangements that require a cross sector multi-agency funded approach

[7] Witte, E. 2017 'The case for investing in last resort housing', MSSI Issues Paper No. 10, Melbourne Sustainable Society Institute, The University of Melbourne.

[8] ANASH Section. HMA Launch site report.

- Cross sector capacity building
- Identifying areas for systemic and government changes.

Integration as we see on the ANASH panel includes the client, specialist and generalist homelessness services, family violence services and DHHS (who can both support housing and apply flexibility to funded targets). This model could be applied across the state, with membership augmented with representatives from mental health, alcohol and drug services, or other professionals resulting in a model of shared care, led by the client.

Similarly, a 2015 review into the Homelessness Innovation Action Projects[9] (IAPs) found value in early intervention and integration, but also spoke of the need to build improved cross sector capacity and funded outcomes frameworks. It seems that the projects were able to support clients well, and with some economic efficiency, but that managing the process of integration, internally, with partners and with funders needs to be resourced so that it is not so onerous as to hinder achieving better client outcomes through integration. The aim of service integration is to reduce fragmentation, improve client outcomes, increase efficiency and reduce costs. Further, well developed integrated care practices deliver better results, but more evidence is required to clearly demonstrate the value of integrated service models.[10] It is clear that current funding models need to be reconfigured in order to promote the development of integrated care frameworks, as demonstrated in the Developmental Model for Integrated Care (DMIC). [11]

Housing stock is undeniably needed - but integrated ongoing support could achieve sustainable, safe and suitable homes for our clients. Using models such as ANASH and IAPs, for action based learning cross sector integration should be piloted further to enhance client outcomes, concurrent with building outcomes.

VincentCare's experience with models of integration has been informative. In recommending this approach VincentCare proposes that due consideration be given to how the Victorian Government commissions new services and how it resources agencies to deliver services through integration. All too often we have experienced good intent from partners, but lack of lead in time, lack of funding for service integration and lack of evaluation can create complications that sour appetites for taking an integrated approach.

VincentCare recommends the Victorian Government apply a structured cross sector model of integration such as the DMIC. In addition to applying this model we recommend that the Victorian Government include principles of integration to its outcome frameworks and funding models to allow evaluation of the effectiveness of integration in our contemporary context.

[9] Department of Human Services, Evaluation of the Hiomelessness IAPs, Summative Evaluation Report, Executive Summary, KPMG, 2015.
[10] van Duijn S, Zonneveld N, Lara Montero A, Minkman M, Nies H. Service Integration Across Sectors in Europe: Literature and Practice. International Journal of Integrated Care. 2018;18(2):6. DOI: http://doi.org/10.5334/ijic.3107
[11] *ibid.*

Recommendation 3 – The Victorian Government invests in strategies to promote improved early identification, referral and shared care for those experiencing family violence.

Family violence is a key driver of homelessness. Eliminating family violence, which is possible, will reduce homelessness. The recent Victorian Royal Commission into Family Violence handed down recommendations that focused on housing stock and its availability to victims of family violence experiencing homelessness.

VincentCare is a signatory to the Letter to the Premier dated 8 March 2020, 'Social housing is unfinished business on International Women's Day'. This letter highlights the reality in Victoria that "women and children are still fleeing family violence into homelessness, and that this homelessness is less able to be resolved in 2019 than it was in 2016." In addition, the letter notes that "62% adults and children experiencing domestic or family violence who were already homeless when they sought homelessness assistance were still homeless after receiving support in 2018-19" (compared to 2015-16 when 59% remained homeless).

The critical reason for these poor outcomes is the inadequate supply of social housing, which continues to create blockages in and out of family violence refuges and crisis accommodation".

Case study – a lack of safe long-term housing pathways for families escaping violence

VincentCare supported a family of five (mother, grandmother, 3 children), originally from Afghanistan who were seeking refuge from family violence perpetrated by the mother's husband and his family. The perpetrator was in custody but subsequently released with a Family Violence Intervention Order being issued. It is unsafe for the family to return to Afghanistan due to threats from extended family members and associates. Due to safety and risk, the family had an inability to continue connections to their culture in the region causing further barriers and isolation for the family. The family does not have an income. The children were unable to continue education and the mother was unable to gain employment. Extended family and friends were not regarded as safe accommodation options due to safety concerns.

Planning for a safe and permanent exit for the family from the refuge was not possible due to the high level of risk to this family and a lack of income. There have been multiple agencies involved in supporting this family including DHHS Child Protection, Specialist Family Violence services, Victoria Police, Community Corrections, and Magistrate Courts.

Despite all efforts and goodwill from agencies there was no exit pathway to longer term housing. In this instance, VincentCare continued to provide refuge accommodation to the family, thus limiting access to other families seeking refuge from family violence.

VincentCare urges the Victorian Government to remedy this critical barrier to reducing homelessness attributable to family violence. We support the ongoing funding of the Private Rental Assistance Program (PRAP) and Family Violence Flexible Support Packages (FSP). In addition, VincentCare recommends that the development of improved housing pathways (transitional and long term housing) out of family violence refuges be a high priority for the Victorian Government.

As stated earlier, 47% of people seeking support for homelessness explain that it is due to family violence. VincentCare accepts that family violence is a choice and that it can be eliminated. In addition, we encourage the Victorian Government to expand the outcomes and funded expectations of homelessness agencies and family violence agencies to ensure that an integrated response to clients experiencing family violence is 'business as usual'.

Much like Recommendation 173 from the Royal Commission into Family Violence that all disability workers are trained in identifying family violence, the homelessness sector should increase and refine its current engagement with the family violence sector using tools now accessible through the Family Violence Reform. This could be especially useful when working with clients who are not yet homelessness for the purpose of correctly identifying and referring to family violence specialist agencies and working collaboratively to address family violence issues and prevent homelessness. Tools now available to streamline this. Namely:

- Family Violence Capability framework - defines roles and responsibilities for those working in the homelessness sector as applied to family violence, which can guide homelessness agencies governance around supporting clients experiencing family violence.
- MARAM Framework - provides appropriate training in risk assessment and collaboration for homelessness sector staff to support identifying family violence, referrals and shared care models, including collaborative practice training.
- Information Sharing Scheme, which enhances the homelessness sectors ability to share information about family violence for the purposes of risk and safety.

VincentCare, through its delivery of specialist family violence services in regional and metropolitan Victoria, and its representation on Family Violence Executive Partnership Committees, is aware of the high costs, time commitment, internal governance reviews, and training needed to adopt the family violence reforms. VincentCare suggests that the Victorian Government should fully resource homelessness agencies to ensure that they can apply Family Violence reform within a suggested integrated cross sector framework and outcomes model. The Orange Door model can be included in this approach.

Recommendation 4 - The Victorian Government invests in initiatives to provide safe housing to support improved mental health outcomes, with shared accountability for maintaining safe housing across the homelessness and mental health sectors.

> **Despite having higher rates of mental illness than the general population, people experiencing homelessness face greater barriers to accessing services.[12]**

The cycle of marginalisation is evident: anti-social or challenging behaviours associated with mental illness have a significant effect on a person's ability to maintain both interpersonal relationships and housing. Without stable housing, a person's ability to participate in their community is reduced – employment becomes harder to gain and maintain, they may lack the money to participate in social events, their connection to geographical place is disrupted and contact is lost with friends and family. As a person becomes more socially isolated, securing and maintaining housing becomes harder and access to emotional and financial support reduces.[13]

> **Homelessness and poor mental health share many of the same driver and risk factors, including trauma, poverty, stigma and discrimination, social isolation, family violence, time spent in institutions, and problematic use of alcohol and other drugs. The comorbidity of these drivers demands a holistic and co-ordinated response. [14]**

A 2011 study undertaken with 4,291 people experiencing homelessness in Melbourne found 31% were experiencing mental health challenges. Of these, around half had mental health issues prior to becoming homeless, while the rest developed mental health issues after becoming homeless.[15] Johnson & Chamberlain's (2011) findings demonstrate that while mental health can often be a precursor to becoming homeless, the experience of homelessness can also be a cause of poor mental health. People experiencing homelessness suffer far higher rates of stigma and discrimination, social isolation and fear for their personal safety. Unsurprisingly, these experiences lead to emotional distress, anxiety, depression, and substance misuse.[16]

VincentCare Victoria has identified affordable housing shortages, service fragmentation and insufficient supply of appropriate mental health services as the three greatest challenges for people experiencing homelessness and poor mental health. The fragmentation of service provision means people experiencing homelessness are 'falling between the cracks' due to a lack of access, coordination and information sharing between service providers. People experiencing homelessness with mental ill-health need services that are targeted to reach them.

[12] VincentCare Submission to the Royal Commission into Victoria's Mental Health System. July 2019
[13] Brackertz, Wilkinson & Davison, 2018
[14] VincentCare Submission to the Royal Commission into Victoria's Mental Health System. July 2019
[15] Johnson & Chamberlain, 2011
[16] Davies & Wood, 2018; Johnson & Chamberlain, 2011; Roussy et al., 2015

To address the complex barriers, other than housing stock shortages that impact safe housing for those experiencing mental illness, VincentCare recommends that integration of funded services be reshaped to ensure that mental health and housing services are accountable for the shared care of common clients. This could be based upon models that have been proposed in the Council to Homeless Persons submission to the Royal Commission into Mental Health such as Tenancy Plus, and its recommendation that cross sector integration be resourced.

Recommendation 5 - The Victorian Government promotes new initiatives to improve service integration and cooperation between Specialist Homelessness service and the Alcohol and Other Drug support sector.

Poor mental health amongst people who use alcohol or other drugs problematically is statistically more common than not. Data from the Australia's Illicit Drug Reporting System found that 63% of Victorian participants who self-reported illicit drug use also self-reported poor mental health.[17] The most prevalent disorders co-occurring with drug and alcohol misuse are depression, anxiety and to a lesser extent, psychosis.[18] Compared with people experiencing either a mental illness or substance dependency, people with a 'dual diagnosis' (concurrently experiencing poor mental health and substance misuse) are more likely to experience stigma[19], have higher rates of physical health problems and severe illness, suicidal behaviour, social isolation, antisocial behaviour (including violence), incarceration and homelessness.[20]

It is often assumed that AOD misuse causes homelessness — and there is evidence to support this. However, Australian research has found that, among people who were homeless and using drugs, problematic AOD use was more likely to occur after they had entered homelessness. This is because homelessness is deeply unpleasant and traumatising. It is common for people who are homeless to use drugs as a means of coping with their experience. Drug use, especially chronic and intense, compounds the barriers homeless people face, making it more difficult to exit homelessness or access support and services.

The combination of AOD use and homelessness easily form vicious cycles of disadvantage and harm. There is an increasing recognition among social and community services that "interventions addressing the multiple needs of clients are more effective than those that address issues in isolation."[21]

VincentCare's experience supports the premise that problematic AOD use is more likely to occur after clients enter homelessness. As part of holistic response to clients, VincentCare supports new investigation, development and evaluation of new models of integrated care that focus on preventing homelessness, with the additional advantage of subsequent reduction in problematic AOD use.

[17] Roussy et al., 2015
[18] Department of Health, 2013
[19] Roberts & Maybery, 2014
[20] Department of Health, 2013
[21] VAADA Submission to the Inquiry into Homelessness in Victoria.

VAADA in its submission to this Inquiry supports 'wrap around' services to support a homeless client, an integrated approach, and indeed go onto reference VincentCare's Ozanam House as an example of this approach to a 'wrap around model of care' that should be the rule for Victoria rather than the exception.[22] VincentCare appreciates this validation of the Ozanam House integrated service platform and is committed to developing further a 'wrap around' recovery orientated support framework, as outline in VincentCare's Homelessness Recovery Model.[23]

Despite the benefits of wrap around care, these efforts still need a variety of complementary housing options that support people along different stages in their recovery journey. As an example, VincentCare is beginning to develop alternative accommodation options to ensure that those who have ceased their alcohol and drug misuse can be accommodated without being exposed to those people who are still using alcohol or other drugs (Reconstructing Life After Dependency program - RLAD). Agencies that are seeking to pilot, test and evaluate new evidence informed models of homelessness support seek support and partnership with the Victorian Government in order to scale up the effective models and share the potential benefits across the state.

Recommendation 6 – The Victorian Government requires all funded agencies to demonstrate that the diverse and individual needs of every person is supported to increase the likelihood of successful housing and social outcomes.

> **The onus needs to be on the service system to change its views and processes, rather than saying that the person's identity and personal attributes is challenging for the system.[24]**

> **23,000 Aboriginal and Torres Strait Islander Australians were recorded as homeless in the last Australian Census (2016). Indigenous Australians represent almost a quarter of specialist homelessness service clients.[25]**

In Victoria, the number of Aboriginal people assessed by homeless services is growing faster than anywhere in Australia. It seems apparent that existing policy settings are not working and Aboriginal homelessness will continue to escalate. Aboriginal Housing Victoria (AHV) notes that Aboriginal people are disproportionately adversely impacted by housing market failure and stressors like family violence, poverty, and transitioning in and out of institutional settings. A significant concern raised by AHV is that the mainstream housing and homeless assistance

[22] *ibid*
[23] http://www.vincentcare.org.au/our-services/homelessness-recovery-model/
[24] Everybody matters - Inclusion and Equity statement. Family Safety Victoria, December 2018.
[25] VincentCare Annual Report 2018-19

system lacks cultural accreditation and is "frequently experienced by Aboriginal people as a series of closed doors and waiting rooms."[26]

VincentCare supports concerns raised by AHV and supports the case for funded mandatory cultural competency / cultural safety accreditation to be applied to mainstream Specialist Homelessness Support services.

Some communities, including Aboriginal and Torres Strait Islander people and LGBTIQ+ people, experience greater risk of both mental ill-health and homelessness. Surprisingly, these groups' difficulty in accessing homelessness services can be attributed, in part, to the higher rates of social isolation and discrimination, leading to "a higher risk for developing stress-related disorders such as anxiety and depression."[27] The experience of racism is strongly linked with psychological distress, low self-esteem, stress, substance use and attempted suicide among Aboriginal and Torres Strait Islanders.[28] Barriers to accessing services can compound disadvantage and VincentCare recommends that all homelessness services should be supported to achieve Rainbow Tick accreditation and demonstrate compliance in Aboriginal and Torres Strait Islander cultural competency / cultural safety.

> **I was expecting to have a rough time with discrimination but I had my gender and sexuality acknowledged and respected. I've been in and out of crisis housing organisations for 10 years since my family disowned me and this has been my best experience with a housing service. Thank you.**
>
> VincentCare LGBTIQ client[29]

Recognising the urgent need for improved models of care that support diversity and the persistent compounding challenge of intersectionality, VincentCare recommends that all funding models require agencies to demonstrate:

1. Reconciliation Action Plans, or similar, with the goal of offering cultural safety and suitable support options for Aboriginal and Torres Strait Islander Australians
2. Rainbow Tick accreditation.

Recommendation 7 – The Victorian Government ensures that strategies are embedded across sectors to ensure that Child Protection practice stops increasing the risk of homelessness for women and vulnerable children.

Elizabeth Morgan House Aboriginal Women's Service (EMH) CEO Kellyanne Andy highlights a persistent and perverse challenge faced by Aboriginal women and children escaping family

[26] Victorian Aboriginal Housing and Homelessness framework overview, 2020.
[27] Zubrick et al., 2010
[28] Zubrick et al., 2010
[29] VincentCare client.

violence. These women and children face numerous barriers to finding safe housing after leaving a violent home and children are being removed from Aboriginal women escaping family violence because shortage of social housing leaves no safe options.

> **Our clients feel backed up against a wall. They have to choose between being transient in short-term accommodation with the risk of having their children taken away, or returning to violent relationships, risking their safety.[30]**

Even where Child Protection effectively directs a woman to leave a violent home to avoid child removal, they don't provide housing and often threaten to remove children because a mother is technically homeless and housed in a family violence refuge. Staff at EMH have repeatedly seen women leave a violent home only to "then have their children removed on the grounds of them being in unstable housing."[31] This challenge is not unique to Aboriginal woman and children, although Aboriginal women and children are clearly overrepresented in this scenario.

Women in VincentCare's Family Violence refuges in Shepparton are occasionally pressured by DHHS Child Protection services to reconnect children with extended family even though the extended family are perpetrating violence or intimidating the mother on behalf of the perpetrator.

Nobody expects that a lack of social housing can lead to child removal. VincentCare recommends that the Victorian Government make available suitable housing every time it is needed to prevent children being removed from families die to homelessness. In addition, VincentCare recommends that the Victorian Government consider the adoption of "The Geelong Project' or a similar model to work with children and young people through an early intervention and case management lens with the goal of identifying and addressing risk of homelessness factors early.

> **A large number of the young people identified as being at risk of homelessness will be in school when first contacted. Our support is therefore focused on keeping these young people in schools or if that is not possible, still engaged with education… This means that the young person can continue their education in appropriate settings and therefore be thoroughly supported to obtain necessary life skills and achieve the long term goals of having sustainable accommodation and employment options throughout their life.[32]**

[30] Council to Homeless Persons, media release, 15 February 2020.
[31] *Ibid*.
[32] Early intervention model, The Geelong Project.

Our goals of integrated case work, risk assessment and intervention sequencing can also extend beyond funded agencies. VincentCare encourages the Victorian Government to consider that Child Protection reshape practice to include a panel of relevant agencies and the client at all stages of case management to ensure that current and long-term goals are achieved. There are numerous case studies that demonstrate the frustration of clients, staff and sector that too often we work at cross purposes and undermine the long-term beneficial outcomes for our client. Indeed, situations are often made more complex and difficult to resolve when responding to the mandates of statutory agencies.

VincentCare seeks a new style of respectful engagement with Child Protection, and possibly other mandated agencies such as Corrections to develop better models of care for every client, with the intent that the work is holistic and increases the chances of our clients leading healthy lives in safe and sustainable going where they can thrive. The ANASH style panel could be used as a base for building a new way of practicing together.

Appendix A

Inquiry into Homelessness in Victoria. Submission by Uniting Victoria.

VincentCare Submission to the Royal Commission into Victoria's Mental Health System. July 2019.

Improving Transitional Housing. Community Housing. Federation of Victoria. May 2015.

Council to Homeless Persons. Submission to the Royal Commission into Mental Health.

Annual Consumer System Survey 2019: Consumer Experiences of the Homelessness Service system. North and Western Homelessness Networks.

VincentCare Submission to the Royal Commission into Aged Care Quality and Safety. 2018.

ANASH section. HMA Launch site project report.

A year on - Update on the ANASH panel outcomes - HMA Launch site project.

A New Approach to Singles Households (ANASH) Terms of Reference. Hume Moreland Area Launch Site project.

VincentCare Annual Report 2018 - 2019

A Crisis in Crisis. The appalling state of emergency accommodation in Melbourne's North and West. Northern and Western Homelessness Networks.

Responses to the Crisis in Crisis document.

VincentCare Victoria. Homeless Recovery Model/ Recovery Discussion Paper 2015.

Council to Homeless Persons Budget Submission 2019 – 2020.

Victims' experiences of short- and long-term safety and wellbeing: Findings from an examination of an integrated response to domestic violence.

Silke Meyer, Trends and Issues in Crime and Criminal Justice, No 478. *Australian Institute of Criminology*