

Inquiry into Homelessness in Victoria

Ms Charlotte Jones

Organisation Name: Mental Health Legal Centre

Your position or role: General Manager

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

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

An advocacy body

Are there any additional themes we should consider?

Income support

Legal support

YOUR SUBMISSION

Submission:

Do you have any additional comments or suggestions?:

FILE ATTACHMENTS

File1: [5e6f0d37141c5-Inquiry into Homelessness in Victoria - MHLC Submission.pdf](#)

File2:

File3:

Signature:

Charlotte Jones



Submission

Legal and Social Issues Committee Inquiry into Homelessness in Victoria

Date: 16 March 2020

Contact: Charlotte Jones, Manager

Ann Jorgensen, Principal Solicitor

Overview

The MHLC sees the impact of homelessness throughout our work and in particular through our health justice partnership with the Bolton Clark Homeless Persons program and our work in prisons.

Stable, affordable housing is a fundamental pre-condition for people to achieve optimal mental health and fully participate in society. Without stable housing it is nearly impossible for people to manage their mental illness. However, serious mental illness impacts heavily on an individual's ability to secure and maintain housing.

This submission addresses the terms of reference of the inquiry in addressing some of the social, economic and policy factors that impact on homelessness and identifying policy responses that have a bearing on delivering services to people experiencing homelessness in Victoria.

Summary of recommendations

1. The Victorian Government provide ongoing long-term funding for the MHLC and Bolton Clarke Homeless Persons Program Health Justice Partnership.
2. The role of legal services in supporting housing security should be recognised by the Victorian Government and should be funded appropriately. Funding should be directed to specialist tenancy services as well as services that specialise in working with specific client groups including Aboriginal and Torres Strait Islander people, people with mental illness and other disabilities and victims of family violence.
3. The Victorian Government should commit to a formal policy of no exits into homelessness for people with mental illness who are discharged from institutional care.
4. Funding for social housing should be significantly increased.
5. Social housing workers should be provided with mental health training.
6. Social housing authorities should be required to review their policies relating to anti-social behaviour.
7. A review into the effectiveness of the regulation of private rooming houses should be conducted.
8. Intensive, wrap-around, post-release support should be provided for all prisoners providing case management for the range of supports needed for people re-entering the community including housing.

About the Mental Health Legal Centre

Established in 1989, the MHLC has worked on behalf of consumers of mental health services since inception and that focus remains. MHLC provides critical services to vulnerable Victorians in times of crisis. Through a network of interconnected services the MHLC is able to support diverse groups of clients navigating legal and social problems. MHLC consumers often move between the services and many of the lawyers are able to provide services across a number of areas enabling continuity of service.

The services of the MHLC are broken down into a number of specific areas and these are all separate access points for consumers. MHLC consumers often move between the services and many of the lawyers are able to provide services across a number of areas enabling continuity of service. Our different programs are set out below.

Day Service

Our telephone lines are open from Tuesday to Friday 9am-5pm. Our highly experienced and well-trained administrators answer our calls and provide support and information to anyone who calls. As we are a generalist service we are often the last port of call for people who have been endlessly referred on throughout the system. We take the time to speak to people and identify their needs and endeavour to provide warm referrals and realistic information. Our administrators refer clients to our night service or individual MHLC programs where appropriate and can also utilise our social worker. We currently receive over 5000 calls per year.

Many of the calls we receive relate to requests to provide representation at upcoming Mental Health Tribunal (MHT) hearings. Representation is provided through our lawyers and a network of over 50 pro bono lawyers who work with us. We train and support all of our pro bono lawyers.

Night Service

People who call during the day seeking legal advice are referred to our telephone night service (unless the matter is urgent). The night service is staffed by an administrator, an experienced community lawyer and up to 12 pro bono lawyers and law students. The service runs every Tuesday and Thursday evening. We receive calls from people who are inpatients across the state. We operate a 1800 number for people outside the metro area. From these calls we are also able to provide ongoing case work for a limited number of clients across a number of different areas of law. One of the areas we seek to assist is minor criminal matters where a person will struggle to represent themselves but legal aid is unavailable.

Advance Statements Project

The MHLC has spent over 12 years campaigning for and promoting advance statements which were introduced in the Mental Health Act 2014. We were concerned that the Department of Health and Human Services were not funding practical supports for people to prepare advance statements and sought philanthropic backing to support this critical

service. The MHLC ensured that the outputs and outcomes were fully evaluated and continues to provide evidence of the importance of advance statements.

Bolton Clarke Homeless Persons Project

The MHLC has worked with the team of dedicated nurses at Bolton Clarke for the past four years building a Health Justice Partnership. This fully evaluated project has high satisfaction ratings from clients and our partner nurses. With clinics in Frankston and Glenroy working alongside nursing teams funded through the Rough Sleepers Initiative, we can provide meaningful legal support for people with complex mental health needs and insecure housing.

This service also combines an embedded education component which enables clinical staff to easily identify legal issues and make effective referrals.

Inside Access Project

The MHLC provides a unique service to women prisoners at the Dame Phyllis Frost Centre (DPFC). The project continues to evolve to meet the needs of a changing prison population and we have developed education sessions and clinic-based legal and social work services to provide holistic services to women in prison. The team consists of a general lawyer and co-ordinator, a child protection lawyer, a family violence and victims of crime lawyer, a specialist fines lawyer and a social worker. This unique suite of services is possible due to funding from the Department of Corrections, the Attorney General and philanthropic organisations.

At Ravenhall Correctional Centre we also provide a generalist lawyer delivering a legal clinic along with education services and a fines clinic. This work is funded by GEO. This service has been online for 2 years and has expanded to meet the growing demands within the prison.

We have recently developed two pilot projects with GEO supporting people transitioning out of Ravenhall and in the early stages post release.

MHLC and Bolton Clarke Homeless Persons Program Health Justice Partnership

Our health justice partnership focusses on people experiencing, or at risk of, homelessness. The MHLC worked in partnership with the Bolton Clarke HPP nurses to develop a project to address the legal needs of patients. The nurses recognised that legal issues were having a significant impact on the mental and physical health of their patients.

The lawyers in the team partner with the nurses to provide assertive outreach services to some of the most vulnerable members of our community. These include people who are street homeless, living in crisis accommodation or in rooming houses and caravan parks. It also includes people at risk of homelessness and those who are newly placed in housing. An important aspect of the program is that the lawyers meet the clients where they are rather than expecting them to access formal appointments and centre-based services. The clients already have a relationship of trust with their nurses and MHLC can build on that

relationship to quickly establish rapport and identify how to most effectively assist clients. The nurses facilitate contact with the client, in many cases attend client interviews, prepare support letters and help the lawyer to link into other service providers if needed.

The lawyers assist with a broad range of legal issues and endeavour to address multiple issues for a client rather than having strict guidelines for assistance. The main areas of law are fines, debt, housing, access to health services, minor criminal matters not covered by legal aid, social security, Mental Health Tribunal hearings, family violence and crimes compensation.

The lawyers provide regular education sessions to the nursing team. The education topics are selected in consultation with the nurses. The sessions are practical in nature and highly interactive. The sessions help the nurses to recognise when a client has a legal issue so that prompt referrals can be made and the nurses can focus on providing clinical care and other supports.

An independent evaluator was appointed at the commencement of the project and has been key to ensuring that the project is effective, responsive and constantly improving. The independent evaluation also allows us to clearly see the evidence of impact. We have been able to demonstrate that the project has had an impact not just on our client's legal issues but also on their health and wellbeing.

Since the project began in 2016 it has assisted more than 332 clients with 526 legal matters. A large number of clients (30%) completed evaluation forms giving a clear insight into their experience of the service. Client satisfaction ratings are high (90%) and 95% of clients said that they would use the service again. 85.7% of clients reported that using the legal team had an impact on their wellbeing including less worry, sleeping better and improved mental health. The nurses also rate the program highly and 75% of them had referred clients to the lawyers. Nurses referring to the project had a 94% satisfaction score.

The project was funded for 4 years by the Legal Services Board and Commission. This funding was due to cease at the end of 2019, but we were able to secure an additional 12 months of funding through the Legal Services Board and Commission. This funding ends at the end of 2020. Without sustainable government funding this service will be unable to continue and our clients, who simply do not access other legal services, will return to a situation where their legal needs are not met.

Recommendation 1: The Victorian Government provide ongoing long-term funding for the MHLC and Bolton Clarke Homeless Persons Program Health Justice Partnership.

The project also demonstrates the need for innovative, outreach based, integrated service delivery models to effectively deliver services to the most complex individuals within our community. The expansion of models such as this will improve people's mental health and have genuine social and economic benefits.

Role of legal services

Although it is often overlooked and misunderstood, legal services can play a vitally important role in integrated service delivery. People experiencing homelessness will often have a variety of legal issues. Legal problems can also exacerbate a person's health issues due to the enormous stress they cause.

Integrated legal service delivery models have been established to address these issues. Our health justice partnership with the Bolton Clarke Homeless Persons Program (HPP) is an established and proven example of this.

Housing providers sometimes find it challenging to deal with people who experience mental illness. The MHLC regularly acts for people facing eviction for being dangerous or disruptive or who have been targeted by neighbours through intervention orders or body corporate processes. In many cases we are able to work with housing providers and housing support services to maintain people's housing. This work is vitally important because our clients simply do not have other housing options. They struggle to find alternative housing and are at serious risk of homelessness.

Due to sustained funding cuts to specialist tenancy services, most people facing eviction in these situations are unable to access legal representation and are forced to navigate the process on their own. Our health justice partnership fills this gap for some of the most vulnerable individuals.

Case study

Liam had a long history of depression and a number of serious health conditions that had an impact on his cognitive function. He lived in a community housing property that contained a mix of community housing tenants and private renters. Liam's housing had been stable for 4 years, he received a range of supports at his home including home care and nursing visits. Liam started to have some issues with a government agency that were causing him a lot of frustration. On two occasions he came home from dealing with these issues in an angry state and damaged a neighbour's property. The community housing organisation issued him with an immediate notice to vacate for danger.

Liam was referred to the MHLC by his outreach nurse at Bolton Clarke who had been working with him for many years. Liam was difficult to get a hold of by phone and our lawyer left many messages for him. We were able to work with his nursing team to contact him when they were conducting a home visit. Our lawyer liaised with Liam's nurse, his GP and his support worker to prepare for the eviction hearing and opened up discussions with the housing provider. We represented Liam at his tribunal hearing and his nurse and support worker attended with him.

The Tribunal accepted that Liam's actions were out of character and that he did not present an ongoing danger to other tenants. As a result of a multi-disciplinary team working together he avoided the devastating consequences of immediate homelessness.

Liam was also charged by the police in relation to the incidents. He had no criminal record and our lawyer was also able to represent him at court where he was granted diversion.

Recommendation 2: The role of legal services in supporting housing security should be recognised by the Victorian Government and should be funded appropriately. Funding should be directed to specialist tenancy services as well as services that specialise in working with specific client groups including Aboriginal and Torres Strait Islander people, people with mental illness and other disabilities and victims of family violence.

Integrated approach

The lack of integration between health care and our social support system has a significant impact on homelessness in Victoria. An integrated system would ensure that individuals receive timely treatment and appropriate psycho-social supports, while also being able to access and maintain stable housing, obtain appropriate income support and participate as fully as possible in society.

Many people that experience homelessness also interact with the mental health system. At present the mental health system has a limited ability to build connections with the broader health and social service delivery system.

Some of the consequences of this lack of integration that we see at the Mental Health Legal Centre are:

- people discharged from inpatient treatment to street homelessness or precarious housing situations;
- people losing their housing during inpatient stays and in many cases losing their possessions and even pets because there are minimal supports to address these issues;
- clinically unnecessary inpatient stays because appropriate arrangements (including housing) are not in place that would allow timely discharge with non-clinical supports;
- non-government funded services filling the service delivery gaps.

The social service delivery system is itself highly fragmented and very difficult for individuals to navigate without support. For some of our clients the NDIS has provided an effective way of both navigating their support needs (through funded care coordination) and obtaining them (through funding for individual services). For those unable to access the NDIS or those who do not have adequate packages the system is becoming increasingly more difficult to navigate.

At the MHLC we are seeing an ever-increasing number of clients who have fallen through the gaps. They are in desperate need of co-ordinated support but do not fit within the criteria for particular programs. As a service that is generalist in nature and one that receives limited government funding we are often a last port of call for people who have

been on the referral roundabout. We endeavour to always have our phones answered by one of our highly skilled administration team who can provide a listening ear and a meaningful response. Our social worker (who is funded by RMIT and whose primary role is supervising social work students) regularly finds herself taking on a case coordination role for individuals who have no other options and for whom there are no appropriate referral pathways. Similarly, the Bolton Clarke outreach nurses provide a range of non-clinical supports to their clients because of the lack of other options.

Inpatient treatment and homelessness

Hospitalisation can have a detrimental impact on many aspects of a person's life, including their housing. People already living in insecure housing on admission may find that they have been evicted (legally or otherwise) while they have been in hospital. It is not uncommon for mental health patients to be discharged to homelessness with this situation continuing until their condition deteriorates to the point of crisis again and they are re-admitted. Pressures on inpatient beds means that people are often discharged as soon as they are no longer acutely unwell and so there is never an opportunity to embed longer term recovery and sustained periods of wellness.

This cycle of hospitalisation and homelessness has an enormous cost to the individual, the community and the health system.

We support the draft recommendation from the Productivity Commission that all states should commit to a formal policy of "no exits into homelessness for people with mental illness who are discharged from institutional care, including hospitals and prisons".¹

Recommendation 3: The Victorian Government should commit to a formal policy of no exits into homelessness for people with mental illness who are discharged from institutional care.

Social housing

More funding for social housing options is essential. Community based services (while sometimes struggling with residents with serious mental illnesses) tend to provide higher quality housing with better protections for residents and tenants. They also offer an opportunity for integrated service provision that can support people to maintain housing and improve their health over the long term.

Social housing provides an important safety net for people at risk of homelessness. At times however social housing providers show a lack of understanding of complex mental illness. We regularly act for clients who have been given notices to vacate for behaviours that are intrinsically linked to their mental illness and which could have been addressed in a constructive manner. Eviction should be a last resort, initiated only when other avenues to resolve issues have been exhausted.

¹ Productivity Commission, *Mental Health - Draft Report 2019*, 76

We support the recommendations made by the Productivity Commission around mental health training for social housing workers and for social housing authorities to review their policies relating to anti-social behaviour.

Recommendation 4: Funding for social housing should be significantly increased.

Recommendation 5: Social housing workers should be provided with mental health training.

Recommendation 6: Social housing authorities should be required to review their policies relating to anti-social behaviour.

Private rooming houses

Many vulnerable individuals experiencing mental illness and other issues find themselves in private rooming house accommodation. This is often expensive, unsafe and run by unaccountable, private operators. In Victoria, a handful of operators working through constantly shifting shell companies, control a large share of the rooming house market. Their activities distort the market and they receive significant public funds through crisis housing services and residents paying rent directly from their Centrelink payments through Centrepay. Due to a major shortage of short-term or crisis housing, housing services feel forced to continue to use these providers even though many of our clients would actually be safer on the streets. While some services have indicated they will stop using these providers, at present there is such enormous demand for housing that they continue to operate.

Recommendation 7: A review into the effectiveness of the regulation of private rooming houses should be conducted.

Case study

Jim was living on the streets when he was placed in a private rooming house by a crisis accommodation service who paid his rent for 2 weeks. The door to his room did not close or lock properly. The rooming house operator said this would be fixed but it never was. At the end of two weeks Jim was admitted to hospital. He needed to have surgery. While in hospital he received a text message from the rooming house operator telling him that all his possessions had been put in storage and he would have to pay the fees for this. When Jim was out of hospital he tried to get in touch with rooming house operator. They never called him back. All of his possessions were gone including personal papers and a new television.

Jim was referred to us by his Bolton Clarke nurse. We helped him to apply for compensation for the illegal disposal of his goods. The rooming house operator did not attend but Jim was awarded compensation. Despite numerous attempts to recover the amount ordered, Jim never received his money. The company dissolved and the director continued operations under a new entity.

The individuals behind the company continue to operate numerous rooming houses throughout Melbourne.

Imprisonment and homelessness

Many people who are imprisoned come from a situation of unstable housing. Even if a person does have housing, imprisonment is very disruptive and it is often impossible to maintain housing while inside. The AIHW recorded that in 2018 33% of prison entrants said that they were homeless in the 4 weeks before prison and more than half of prisoners (54%) expected to be homeless on release (AIHW 2018).

Periods of imprisonment have a significant impact on an individual's ability to maintain housing. In Victoria, the Department of Health and Human Services will place a hold on a person's public housing tenancy and significantly subsidise the rent for people imprisoned for 6 months or less. People on longer sentences or those not in public housing, have no similar protection.

Case study

Jamie was in community housing when she was taken into custody unexpectedly. She was not granted bail. She lost her housing and all of her personal property was destroyed because it was deemed to be of insufficient value to justify storage costs. The property was of enormous value to her personally and represented everything she owned. She was extremely upset. When she was due to be released, she had nothing. She had to buy new clothes and household goods to re-establish herself.

Housing services within prison are limited and many individuals leave prison without a place to live. Housing support services are offered in the later stages of a person's sentence, meaning that they miss the opportunity to be placed on public housing waitlists early. If a person is homeless on release, they are given access to 3 nights of accommodation in a motel or similar. The three nights may not be at the same place location. Better housing support upon release would improve their ability to transition back into society, stabilise living arrangements, seek training or employment and importantly avoid being pulled back into offending.

Recommendation 8: Intensive, wrap-around, post-release support should be provided for all prisoners providing case management for the range of supports needed for people re-entering the community including housing.