

## Inquiry into Homelessness in Victoria

Ms Rhianna Perkin

**Organisation Name:**EACH

**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::**

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

**Are there any additional themes we should consider?**

Young people and intervening early

### YOUR SUBMISSION

**Submission:**

**Do you have any additional comments or suggestions?:**

### FILE ATTACHMENTS

**File1:** [5e6f136aaac64-Homelessness Inquiry Submission 2020.docx](#)

**File2:**

**File3:**

**Signature:**

Rhianna Perkin

## Submission to the Inquiry into Homelessness in Victoria March 2020

We would like to thank you for the opportunity to provide the following submission to the Inquiry into Homelessness in Victoria. EACH, along with EACH Housing Ltd, is pleased to see this opportunity to look at and provide feedback on the changing scale and nature of homelessness in the State, and the many factors that impact on it. We are hopeful about the report and any recommendations that will come from the Committee and the opportunity to bring about systemic change that may improve the experience for Victorians who experience or are at risk of experiencing homelessness.

As a community health organisation, we provide an integrated range of health, disability, counselling and community mental health services across Australia. Our services are underpinned by the social model of health and, as such, we recognise that health and wellbeing is significantly and negatively affected by factors such as unemployment, homelessness, financial difficulties, significant life transitions, social exclusion and addiction so we offer a wide range of supports to assist members of our community to lead happier, healthier lives.

As part of our strong organisational commitment to a co-design approach, we have spent time discussing this inquiry with our Consumer, Carer and Community Advisory Committee, workers from the industry and organisational leaders, and decided to focus on three key priority areas that we for consideration: the lack of housing options and exit pathways; the impact of funding changes to Mental Health and Disability service sectors; and, the need for increased cross-sector collaboration and integration to improve the health and wellbeing of those who experience homelessness.

### **The lack of housing options and exit pathways**

The factors which predispose people to the likelihood of homelessness or the risk of becoming so based on our experience and service data include poverty, family violence, mental health issues, disability, drug and alcohol problems, and many other factors increasing individual and family vulnerability. Further, as private rental costs increase in line with the housing market, individuals who have previously not been at risk of homelessness, are more at risk and likely to experience housing instability.

For those who access the service system, the limited options, particularly within their local areas where their existing networks of supports (formal and informal) are, present increasing challenges. Individuals are forced to decide between staying connected to their support network or moving out of the area in order to accessing accommodation options that may only be temporary. Where a pathway to temporary or transitional accommodation is found, the pathways out of these services and into longer-term accommodation and out of homelessness continues to create challenges as the system becomes back-logged.

As a provider of three Federal-funded early intervention programs address homelessness for young people, as well as the lead agency of four headspace centres, EACH is particularly aware of the needs of young people who are at risk of or already experiencing homelessness. Emergency

and transitional accommodation options for young people are particularly limited and often require young people to move out of the area where many of their support networks, both formal and informal, are located. This could mean that young people are having to travel much longer distances on public transport in order to remain engaged with education or employment. Further, some young people who are engaged with mental health, alcohol and other drug counselling, or other wellbeing services, may be forced to transition these supports in order to continue to receive them close to their new (and often temporary) “home”. This creates an extremely difficult and risky time where support may not overlap, gaps may occur, and disengagement becomes common when young people are forced to start again with the new support network.

### **The impact of funding changes to Mental Health and Disability services**

For decades, the separation of housing and support (mental health and disability) philosophy has been well accepted and evolved to practical protocol agreements outlining the roles and responsibilities of housing agencies and support agencies. The collaboration worked because of the need of the housing agency to ensure support was readily on hand from the support agency and for the support agency, the right to nominate its client for a vacancy when it occurred. The support agency would have a meaningful and successful housing outcome for the client, the foundation for the delivery of supports in a stable environment and also eliminate the exhaustive work of continued search for housing.

For long-term tenancies, the housing agencies had a prevention of tenancy loss strategy by the way of an established relationship where it could call upon the support agency when an episodic issue occurred requiring support intervention. Further, the model allowed for clients to be well and recognised this by the client being discharged from community outreach support. This was possible as the housing agency could always call upon the support agency to assist the client in being reconnected with support services if required. This was a fundamental backbone of the success of the model.

This support model has been significantly impacted by the changes to the mental health and disability sectors that has seen block-funding models replaced by individual support package models such as NDIS. Although there are billable line items under NDIS for living arrangements, life choices and financial support, customers and service providers are still unable to ensure adequate supports are in place to ensure an individual’s housing and health and wellbeing needs are met. Local Area Coordinators may not realise the need for a customer’s plan to include support for their housing situation; time flexibility of support workers is limited by scheduling, cost and package restrictions; there is sometimes no consistency of support worker who understands the complex needs; and, there is little time for service networking, relationship building and collaborative partnerships to develop when funding is driven by time spent directly with customers.

Where multiple tenancy arrangements are in place and conflict arises between tenants that threatens to destabilize their housing situation and escalate their mental health needs, individualized packages of support allow limited flexibility to intervene early and stabilize the housing situation. Historically, these types of flexible supports have been offered to housing and

homelessness services to build capacity within the service, whilst also engaging or re-engaging consumers who may only require time-limited support to re-stabilise their circumstances. The need for collaborative, flexible, co-located mental health, homelessness and alcohol and drug services is ever growing and requires consideration of integrated service and funding models.

### **The need for increased cross-sector collaboration and integration**

EACH currently offers outreach immunisation clinics and other primary health services to shelters and emergency accommodation services in the Eastern Region of Melbourne, as well as to a number of known rough sleeping areas. Our data indicates that newly arrived migrants and refugees are particularly over-represented in these groups. This becomes increasingly complex when individuals have been in Australia for just over the time period where they are eligible for newly arrived and refugee health services, and yet their need for health and housing service support remains high. As per our above recommendation, we believe that increased mechanisms and funding support for primary health services in-reaching, co-locating and even integrating with emergency, transitional and public housing services and “hotspots” would provide enormous value in meeting the health and wellbeing needs of those accessing or coming into contact with these services.

A recent report by The Kings Fund in the United Kingdom is aligned with this thinking and may provide some useful recommendations ([Delivering health and care for people who sleep rough: going above and beyond](#)).

### **Summary**

We are pleased to see that the Committee is taking such a broad review of the issue of homelessness in Victoria. We look forward to seeing the final report and the opportunity for change that we are hopeful it will bring.

Peter Ruzyla  
EACH CEO