

## Inquiry into Homelessness in Victoria

Ms Holly Marchioni

**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::**

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

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

Working in Homelessness services , Academic & research , Concerned citizen

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

Youth Complex needs

### YOUR SUBMISSION

**Submission:**

A Submission to the Inquiry into Homelessness in Victoria.

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Providing housing stability to young people experiencing homelessness with complex needs and complex mental illness.

Government: This submission is directed to the Victorian State Government to the Minister of Housing of Victoria, Richard Wynne, as he is responsible for the office of housing at a State level.

Summary: The existing Victorian homelessness sector does not adequately support the needs of young people (aged 16-25 years) experiencing homelessness and mental illness. Research states that the prevalence of mental illness is at least 3 to 4 times higher in young people experiencing homelessness, compared to people in stable housing. The Victorian Government has a responsibility to take immediate action to prevent young people from experiencing further trauma and disadvantage due to the lack of stable housing.

Response: I am advocating for young people with the belief that safe housing is a fundamental human right for all people including people with mental illness; to amplify young people's voices and influence policy change to meet the needs of service users. I will respond to the terms of reference and give an independent analysis of the practices of delivering services to young homeless people with complex mental illness and complex needs.

Recommendation: Invest in implementing the Housing First for Youth ('HF4Y') model. The model works by providing young people with a safe home to gradually improve their living situation, without compliance with health treatment or substance abstinence. It is promoted as a cost-effective approach to generate positive client outcomes, as evidence shows that it reduces institutional care costs by providing stable housing to target entrenched homeless youth who have complex mental health and complex needs.

Costings/Resourcing and Impact:

Resources for Housing First for Youth would involve an investment into an increase of additional housing stock available and innovation of existing stock. The cost of this recommendation is to invest in young people's futures, it has been claimed that significant costs offsets, combined with their benefits for participants, means that this approach is a more effective allocation of resources than traditional services.

Also, staff training for ongoing training and professional development would be essential to help people take advantage of the available housing.

## Key Terms/Acronyms:

Complex needs is a broadly defined term. It includes people with multiple needs with high levels of health, welfare, and other community-based services including individuals who experience various combinations of:

- mental illness
- intellectual disability
- acquired brain injury
- physical disability
- behavioural difficulties
- homelessness
- social isolation
- family dysfunction
- problematic drug and/or alcohol use.”<sup>1</sup>

While complex mental illness is defined as the co-occurrence of one or more mental illnesses with significant or persistent mental health challenges that compromise insight into illness or motivation

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Who you are:

I write this submission in my final year of becoming a qualified and accredited Social Worker and from my professional experience in the youth homelessness sector as a youth refuge worker in the context of crisis accommodation. The program provides support and intensive case management to 9 young people aged 16-24-year-old experiencing homelessness.

This experience has highlighted the link between homelessness and mental illness, more specifically it has highlighted the significant systemic barriers that impact the daily lives and further disadvantages young people.

I am advocating for young people experiencing homelessness and mental illness with my aim to amplify young peoples’ voices and influence positive policy change by upholding fundamental human

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<sup>1</sup> Hamilton, M. (2010). People with Complex Needs and the Criminal Justice System. *Current Issues in Criminal Justice: Beyond Prison: Women, Incarceration, and Justice?*, 22(2), 307– 324. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/10345329.2010.12035888>

<sup>2</sup> Knightbridge, S. M., King, R., & Rolfe, T. J. (2006). Using Participatory Action Research in a Community-Based Initiative Addressing Complex Mental Health Needs. *Australian and New Zealand Journal of Psychiatry*, 40(4), 325–332.

<sup>3</sup> The General Assembly United Nations. (1948). Universal Declaration of Human Rights.

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for treatment.

rights.

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## Background and Issues:

The cause and effect of homelessness and mental illness are highly contested, however, evidence

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shows homelessness can exacerbate and contribute to the onset of mental illness. The existing Victorian homelessness sector does not adequately support the needs of young people experiencing

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homelessness with complex mental illness. Australian young people are experiencing high levels of mental illness; however, they have low rates of service engagement with services created to support

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them. This low engagement can be a result of the existing service models not adequately meeting the needs of service users. Research states that the prevalence of mental illness is at least 3 to 4 times

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higher in young people experiencing homelessness compared to people in stable housing.

Barriers to accessing mental health services for homeless youth

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This submission will examine the relationship between homelessness and mental illness by exploring the barriers that exist for young people (aged 16-25 years) in Victoria experiencing homelessness or who are at risk of experiencing homelessness. It will highlight the gaps in practice, identify the lack of capacity of the current system, and make recommendations.

These matters require immediate action to prevent young people from slipping through service gaps, often leading to further trauma and disadvantage. In addition, this issue needs to be taken seriously

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as suicide remains the leading cause of death for Australians aged between 15 and 25 years old.

During my experience within youth refuge crisis accommodation, it has become evident that there are a variety of barriers to mental health services across Melbourne.

This can be understood by three levels of analysis; systemic barriers; service models and provisions; and individual barriers. Overcoming these barriers can be challenging for young people and I have witnessed the direct impact of this disadvantage on their daily lives. It is paramount that we act now to invest in young peoples' future outcomes to be included in society.

I endorse the research conducted by the Australian Housing and Urban Research Institute as it outlines the current structural barriers: 9

4 Orygen. (2020). Inquiry into Homelessness in Victoria: Orygen Submission. Melbourne Victoria. 5

Orygen. (2020). Inquiry into Homelessness in Victoria: Orygen Submission. Melbourne Victoria.

6 Patulny, R. et al. (2013) 'Are we reaching them yet? Service access patterns among attendees at the headspace youth mental health initiative', *Child and Adolescent Mental Health*, 18(2), pp. 95–102. doi: 10.1111/j.1475-3588.2012.00662.x.

7 Shelton, K, Taylor, P., Bonner, A., & Van Den Bree, M. (2009). Risk Factors for Homelessness: Evidence From a Population-Based Study. *Psychiatric Services*, 4(6), 465–472.

8 Lifeline. (2020). Statistics on Suicide in Australia. Retrieved June 1, 2020, from

<https://www.lifeline.org.au/about-lifeline/lifeline-information/statistics-on-suicide-in-australia> 9 Black, C.,

& Gronda, H. (2011). Evidence for improving access to homelessness services. Australian Housing and Urban Research Institute, (July).

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- Lack of available stable, safe and affordable housing (medium to long term)
- Lack of affordable supported housing options for people with mental illness
- Inconsistent eligibility for participation often requiring the client to 'fit' with the service

The barriers of service models and provisions include:

- Long wait times for access to primary services (Headspace and Orygen) and due to the transient nature of homelessness young people moving on before engagement is established

- Appointment only service, rather than a drop-in service or limited outreach services available The individual's barriers include (but are not limited to):

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- Geographic location catchments, for example, young people who move out of service catchments due to homelessness
- Too many steps in seeking help, for example, young people required to attend general practitioner (GP) to justify access to subsidised mental health care (Better Access Scheme)<sup>10</sup>
- Lack of permanent address making it difficult to access services
- Lack of identification and other documentation including their own Medicare card
- Lack of phone or contact number making it difficult to retain contact with service
- Difficulty in commitments to appointments due to daily complex mental illness and complex needs
- Lack of money/resources for transport to attend appointments
- Daily priorities of mental health competing with housing and food
- Lack of communication skills to advise services of the situation (including self-confidence and influence of stigma)

<sup>10</sup> Australian Government: Department of Health. (n.d.). Better Access to Psychiatrists, Psychologists, and General Practitioners through the MBS (Better Access) initiative: Facts sheet for Patients.

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Policy Proposal:

Recommendation- 'Housing First for Youth' Approach

The current housing system is fragmented and not effective as outlined above, however, the Inquiry into Homelessness Victoria is an opportunity for a redesign with evidence-based practices. The primary policy recommendation in this submission supports the call from Orygen Youth Mental Health to implement 'Housing First' programs to target homelessness that will have an impact on young  
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HF4Y is an evidence-based approach that targets entrenched homeless people who have complex mental health and complex needs. The HF4Y model is based on the belief that safe housing is a fundamental human right for all people, including people with mental illness. The model works to firstly provide a safe home for clients to gradually improve their living situation, without compliance  
people.  
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must adapt to clients' needs and cannot be defined by conditions such as participation in the HF4Y originated from the 'Housing First' model for adults with further development in Canada, and across Europe, however, HF4Y was adapted to be youth focused. It identified the key principles:  
with health treatment or substance abstinence.

In addition, unlike other housing programs, HF4Y It differs from other models such as 'treatment first', which provides temporary housing  
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while receiving treatment for mental illness and substance use.  
program.  
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1. A right to housing with no preconditions
2. Youth choice, youth voice, and self-determination
3. Positive youth development and wellness orientation
4. Individualised, client-driven supports with no time limits  
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5. Social inclusion and community integration.

These principles differ from adult programs as they nurture, promote positive youth development, and act as the systemic response of unconditional acceptance and care of family systems.

11 Orygen. (2020). Inquiry into Homelessness in Victoria: Orygen Submission. Melbourne Victoria.

12 Szeintuch, S. (2011). The Pathways Housing First (PHF) Model. *Journal of Social Work Practice in the Addictions*, 11(4), 408–409. <https://doi.org/10.1080/1533256X.2011.622713>

13 Gaetz, S. (2017). This is Housing First for Youth: A Program Model Guide. Retrieved from <http://www.homelesshub.ca/sites/default/files/COH-AWH-HF4Y.pdf>

14 Tsemberis, S. (2011). Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction Manual. *European Journal of Homelessness*, 5(2), 235–240. 15 Gaetz, S. (2017). This is Housing First for Youth: A Program Model Guide. Retrieved from

<http://www.homelesshub.ca/sites/default/files/COH-AWH-HF4Y.pdf>  
5

HF4Y is proposed to address access to mental health services for young people experiencing homelessness. It would provide a long term space to establish residence and connect with community treatment services including regular local doctors, eliminate service provisions of geographic catchments, eliminate requirements of an address to access services, and reject all ideas of eligibility requirements for young people to 'fit' with housing services.

Victoria has initiated the implementation of the HF4Y model with youth-focused programs, such as Youth Foyer, designed to provide medium to long term housing to young people engaged in education  
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illness and provides an integrated approach with mental illness recovery and housing. Although

these programs support many young people, they have preconditions and eligibility criteria. In my experience of referring young people to program, eligibility includes having an insight into mental illness diagnosis to be 'recovery ready' to be considered 'appropriate for the program'. Recovery (ready) oriented is defined by a 'recovery-oriented practice framework' as a reduction or cessation of symptoms and is not concerned with 'achieving' a state of recovery with treatment of 18

and employment.

future private rental goals. Secondly, mental health support accommodation is a short to medium transitional housing that is based on a recovery model for young people diagnosed with a mental illness. It provides a transitional housing pathway to gain independent living skills for mental illness.

It is submitted that the eligibility for such programs are impractical because of the inherent barriers they create for complex and vulnerable young people. In practice, often young people in crisis accommodation are yet to gain insight into their mental illness due to the complex needs of housing and social stressors. An example of these complexities is Rebecca's case study (below) of a young person's experience within the current system. Rebecca's case study has been deidentified and all key information has been protected to ensure the privacy of the client and is based on my experience in the field.

Rebecca's Case Study

It is, therefore, a unique journey and cannot be standardised within a service context.

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Rebecca is a young client who was in a youth homelessness refuge for over 9 months, with numerous hospitalisations due to health and behavioural decline in association with anorexia nervosa. She has a diagnosis of Borderline Personality Disorders (BPD) and was described as presenting with complex 16 Melbourne City Mission. (2020). Accommodation: Youth Foyers. Retrieved June 7, 2020, from <https://www.mcm.org.au/homelessness/accommodation>

17 Neami National. (2020). Residential mental health: Housing and homelessness. Retrieved June 4, 2020, from <https://www.neaminational.org.au/our-services/residential-mental-health/> 18 Victorian State Government- Department of Health. (2011). Framework for Recovery-Oriented Practice. Melbourne, Australia.

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mental illness with complex needs. Rebecca reported experiencing family violence and found herself homeless due to family breakdown.

The housing pathways included numerous referrals to mental health supported accommodation, however, Rebecca's referrals were declined due to not being considered 'recover-ready'. She was considered to have minimal insight into her eating disorder, therefore, being classed as 'high-risk' by the service provider. Also, her eating disorder and mental health diagnosis often required dichotomous treatment and as a result, created a barrier to her accessing any appropriate support for either.

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These shortfalls need to be addressed by providing safe housing with an increased housing supply with the HF4Y approach of no preconditions to ensure young people are not slipping through the gaps of mainstream mental health services and are given the basic human need of a safe home.

Resourcing:

Resources for HF4Y recommendations would involve an investment to increase housing supply and innovation of existing supply. Increasing innovation of existing housing supply would include exploring new partnerships within the communities to develop effective housing solutions, this includes private 19

sectors and working with organisations that may not have been involved previously.

HF4Y is

promoted as a cost-effective approach to generate positive client outcomes. Evidence shows that it reduces institutional care costs, however, there is an opportunity for a full cost-effective analysis to

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however, this model is set up ultimately to collaborate with existing structural systems such as  
be conducted.

I acknowledge the HF4Y model has been criticised for requiring ample resources,  
healthcare, community treatment, and existing mental health services.

Also, the need for ongoing  
training for staff to ensure effective case management demands with trauma-informed care, harm  
reduction, and motivational interviewing; with the ongoing professional development in

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supervision.

Although there is an increase of an initial investment to implement the HF4Y, it has been  
determined that significant cost offsets, combined with the benefits for participants, means that this  
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approach is a more effective allocation of resources than traditional services.

19 The Australian Industry Group. (2016). *Joining Forces : Innovation Success Through Partnerships.*

20 Johnson, G., Parkinson, S., & Parsell, C. (2012). *Policy shift or program drift? Implementing Housing  
First in Australia.* Melbourne, Victoria, Australia.

21 Tsemberis, S. (2011). *Housing First: The Pathways Model to End Homelessness for People with Mental  
Illness and Addiction Manual.* *European Journal of Homelessness*, 5(2), 235–240.

22 Gaetz, S. (2017). *This is Housing First for Youth: A Program Model Guide.* Page 33 Retrieved from  
<http://www.homelesshub.ca/sites/default/files/COH-AWH-HF4Y.pdf>

23 Ly, A., & Latimer, E. (2015). *Housing first impact on costs and associated cost offsets: A review of the  
literature.* *Canadian Journal of Psychiatry*, 60(11), 475–487. <https://doi.org/10.1177/070674371506001103>

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Impact:

A rising amount of research demonstrates the apparent influence of housing instability on an individual's  
mental illness; it is at least 3 to 4 times higher among individuals experiencing

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In my experience in crisis accommodation, young people are often limited by appropriate medium to long  
term housing options to leave the refuge, as a result, young people are often required to 'fit' with services.  
Crisis refuges act as the systems catchment of young people who have slipped through the gaps in the  
system, for example, Rebecca's experience of her eating disorder and mental health diagnosis (BPD) often  
required opposing treatment that created a barrier to her accessing any appropriate support needs; between  
the emergency department and specialist mental health services. Complex needs and complex mental illness  
cases like this often result in lengthy (up to 9-12 months) stays in crisis accommodation for programs  
designed for 6-8 week stays. This directly impacts the endless waitlist of young people experiencing  
homelessness daily.

Implementation and Evaluation:

The implementation and evaluation of the HF4Y framework will be critical to ensure it remains an  
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homelessness when compared to people in stable housing.

can improve overall wellness. According to the 2016 Census, on any given night there are an estimated  
6,000 young homeless Victorians, which is not inclusive of young people's couch surfing' or not  
wanting to disclose that they are unable to return home.

homelessness cannot be determined, as no data is available to determine the amount it is underestimated by.

The extent of the impact would be far more than the recorded 6,000 young homeless Victorians each night  
and demonstrates that youth homelessness is more prominent than the data shows.

effective evidence-based model.

model: the collaboration of mental health services with the housing sector; development of research;  
comprehensive data collection; and evaluation of the model. An essential part of the model is to enable a  
network of stakeholders, communities, and governments to come together to design a new solution that can

be flexible to support young peoples' changing needs. The development of research and data collection would need to be collected across sectors to assure the program is successful,

Therefore, providing a safe stable home

As a result, the full extent of youth

This includes a clear plan of application of key principles of the

24 Shelton KH, Taylor PJ, Bonner A, van den Bree M. Risk factors for homelessness: Evidence from a population-based study. *Psychiatric Services*. 2009;60(4):465-72.

25 Australian Bureau of Statistics. (2016). *Census of Population and Housing: Estimating homelessness* Victoria. Canberra, Australia.

26 Gaetz, S. (2017). *This is Housing First for Youth: A Program Model Guide*. Page 30. Retrieved from <http://www.homelesshub.ca/sites/default/files/COH-AWH-HF4Y.pdf>

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including the requirement of improving information sharing between services, for example mental health and housing sector.

The HF4Y program outcomes are important to measure to ensure it remains an evidence-based

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Conclusion:

This submission concludes the response to the issue of homelessness on account that safe housing is model.

centred service delivery (refer to appendix 1 – HF4Y Program outcomes). It is important to note the model differs from adult models as it considers youth development stages. This evaluation model provides a starting point for measuring program outcomes.

Clear program outcomes must link to the objectives of the program and be guided by a client-

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adequately support the needs of young people (aged 16-25 years) experiencing homelessness with

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a fundamental human right for all people.

The existing Victorian homelessness sector does not

complex needs and complex mental illness.

immediate action. I urge you to consider my recommendation to provide stable housing for young people to gradually improve their living situation, without compliance with health treatment or substance abstinence.

The Victorian Government has a responsibility to take

27 Gaetz, S. (2017). *This is Housing First for Youth: A Program Model Guide*. Retrieved from

<http://www.homelesshub.ca/sites/default/files/COH-AWH-HF4Y.pdf>

28 The General Assembly United Nations. (1948). *Universal Declaration of Human Rights*.

29 Orygen. (2020). *Inquiry into Homelessness in Victoria: Orygen Submission*. Melbourne Victoria.

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Appendix 1 – Housing First for Youth30

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30 Gaetz, S. (2017). *This is Housing First for Youth: A Program Model Guide*. Page 30 Retrieved from

<http://www.homelesshub.ca/sites/default/files/COH-AWH-HF4Y.pdf>

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- [8] Lifeline. (2020). Statistics on Suicide in Australia. Retrieved June 1, 2020, from <https://www.lifeline.org.au/about-lifeline/lifeline-information/statistics-on-suicide-in-australia>
- [9] Black, C., & Gronda, H. (2011). Evidence for improving access to homelessness services. Australian Housing and Urban Research Institute, (July).
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- [24] Shelton KH, Taylor PJ, Bonner A, van den Bree M. Risk factors for homelessness: Evidence from a population-based study. *Psychiatric Services*. 2009;60(4):465-72.
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- [26] Gaetz, S. (2017). This is Housing First for Youth: A Program Model Guide. Page 30. Retrieved from <http://www.homelesshub.ca/sites/default/files/COH-AWH-HF4Y.pdf>
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**Do you have any additional comments or suggestions?:**

I urge you to consider my recommendation to provide stable housing for young people to gradually improve their living situation for the investment in young people's futures.

**FILE ATTACHMENTS**

**File1:** [5ee30dd5f3eea-Submission to the Inquiry into Homelessness in Victoria. Holly Marchioni. V.pdf](#)

**File2:** [5ee30dd600f15-Submission to the Inquiry into Homelessness in Victoria. Holly Marchioni. V.pdf](#)

**File3:** [5ee30dd60196b-Submission to the Inquiry into Homelessness in Victoria. Holly Marchioni. V.pdf](#)

**Signature:**

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