Submission to Executive Officer
Family and Community Development Committee
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*Inquiry into the Adequacy and Future Directions of Public Housing in Victoria.*

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CONTEXT
Royal District Nursing Service (RDNS) is the largest provider of home nursing and healthcare services in Australia. Approximately 80 percent of RDNS’ clients are aged over 65 years. However RDNS provides care for all age groups, including children with chronic health conditions. We offer a wide range of general and specialist services including aged care, medication management, wound care, continence and diabetes management, HIV/AIDS care and support, palliative care, stomal therapy, post acute care, haemophilia management, cystic fibrosis care, health care to people who are homeless, social work and physiotherapy.

The RDNS Homeless Persons Program (HPP) is a service specifically focused on providing a primary healthcare response to people experiencing, or at risk of, homelessness. RDNS HPP has provided an assertive primary health care response to the Melbourne homeless community for 30 years. The key service strategies that underpin the success of the program are assertive outreach and co-locating staff with a broad range of other services.

RDNS HPP employs 34 Community Nurses and 1 Support Worker who offer direct care to homeless and at risk people. The core function of RDNS HPP is to assertively establish contact with people who are experiencing or are at risk of homelessness.

Clients of the RDNS Homeless Persons Program exhibit high levels of illness, and many co-morbid conditions. Homeless people have high levels of psychosis and depression and many experience a substance use issue, an intellectual disability, Acquired Brain Injury or a physical disability.

Housing and health
Housing has a range of impacts on health. Housing insecurity, unaffordability, overcrowding and inadequate housing are associated with poor health (Waters, 2001; Howden-Chapman, 2004; Australian Housing and Urban Research Institute, 2007b in VicHealth 2008)

Many RDNS HPP clients cannot access secure housing and are forced into rough sleeping or other marginal, insecure and unsafe shelter. Being homeless and unable to access public housing can lead to physical and mental health issues or an exacerbation of current illnesses.

How has the priority allocation system impacted on public housing need of people at risk of or experiencing homelessness?
Due the long wait list for Segment 1 applications, there is a backlog of clients into Transitional Housing. For many clients, inadequate private accommodation is the only option. Many rooming houses, hotels and caravan parks have inadequate facilities, are dangerous and exacerbate illness.

The allocation system appears to have a number of punitive rules. Having accommodation in a rooming house is not considered adequate to warrant a
segment 1 application. If a client is offered a “hard to let” property and they decline the offer due to safety or health concerns, their housing application is put to the bottom of the list.

Are there ways in which this could be improved to better address the needs of the homeless?

Rooming houses should form part of the criteria to apply for segment 1 housing.

Clients should not be penalised for declining an offer of a “hard to let” property if it affects their health and/or safety.

The system for client to apply for re-location due to safety concerns needs to be easier.

What are some of the barriers for people with mental illness, substance abuse issues and/or disability in accessing appropriate public housing? How could these issues be better addressed?

The process and paperwork involved in applying for public housing for these clients is a barrier to access. Many clients have low concentration levels, poor literacy skills and may be physically unwell and experiencing withdrawal. It is impossible for many clients to fill in the required paperwork and substantiate their situation. Most housing services will not assist with this task so some HPP nurses spend significant time assisting clients to gather documentation and fill in the paperwork. It is not time efficient or effective to have highly skilled specialist nurses doing this paper work but it is done because of serious concerns about client health.

_Housing services need administrative workers to assist clients to collate information and fill in the required paperwork._

Another barrier to access for this client group is the time frame available to accept a property when offered. HPP clients are often transient – this is the nature of homelessness. It may take HPP staff a week or so to find the client and make contact. However, it seems that if a client does not accept an offer within a short timeframe the offer is withdrawn.

_The time given to confirm acceptance of a property needs to be extended, especially when the person is experiencing primary homelessness/sleeping rough._

Reference: