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Promotion of Conferences, Events and Publications

Organisations are invited to have their promotional flyers included in the monthly mailout of Parity. Rates: $90 National distribution, $70 Statewide distribution only.

Write for Parity!

Contributions to Parity are welcome. Each issue of Parity has a central focus or theme. However, prospective contributors should not feel restricted by this as Parity seeks to discuss the whole range of issues connected with homelessness and the provision of housing and services to people who are homeless. Where necessary, contributions will be edited. Where possible this will be done in consultation with the contributor.

CHP Website, eNews and Social Media

www.chp.org.au/services/parity-magazine/

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Proposed 2018 Parity Publications Schedule

NB: Please note that this may be subject to change. Please check out the CHP website: www.chp.org.au for updates.

February:  Responding to Homelessness in Queensland
March:  The Future of Women’s Refuges
April:  Youth Homelessness edition: Responding to High and Complex Needs
May:  Revisiting Rough Sleeping
June:  Older People Experiencing Homelessness: What Models of Housing and Support Work Best?
July:  At the Coalface: Issues in Homelessness Sector Workforce Development
August:  Issues of Substance: Substance Abuse and Homelessness
September:  "Marginal Housing: Where to From Here?" joint edition with the AH
October:  Mental Health, Housing and Homelessness
November:  Responding to Homelessness in the ACT (TBC)
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The views and opinions expressed in Parity are not necessarily those of CHP.

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Welcome to this the Victorian Homelessness Conference edition of Parity.

The 2017 Victorian Homelessness Conference was held over two days in September with over 60 speakers and presenters, over 400 attendees and countless passionate discussions about solutions to the challenges faced each day in service delivery.

For me, the conference generated several take home messages:

1. Housing is at the heart of solutions needed to end homelessness

Inability to access safe, appropriate and affordable housing drives homelessness, and prevents people from exiting homelessness. Living in substandard, unsafe, unaffordable or overcrowded accommodation creates and perpetuates both physical and mental ill health.

We heard this from Professor Eoin O’Sullivan, who relayed both Finland’s success in successfully housing people who are chronically homeless, and Ireland’s failure to end homelessness, because the program of delivering new social housing was ended. We heard this message also from local service delivery experts, and from presenters with a lived experience of homelessness.

2. Effective support is a critical component of many people’s path out of homelessness

Presenters across the program spoke to different dimensions of support needed for people facing imminent homelessness, or who are already homeless. We heard:

• of the support needed to connect people experiencing homelessness with the NDIS (that support is currently unfunded)
• the specialised support needed to prevent at-risk tenancies failing, including at times the need for lawyers to be involved
• from people with a lived experience about the support needed when and after people are housed following an experience of homelessness, and how this is often when support ends
• of the intensive work needed to support people out of periods of chronic homelessness, which often needs to be ongoing
• about the support (and housing) that young people leaving out of home care need to both avoid and stay out of homelessness, and
• about the importance of support to connect to culture and community for Aboriginal Victorians.

3. Practice that aims to connect with vulnerable young people can be deepened when we step out of the box

Presenters talked to some innovative approaches that aim to engage young people including through:

• music therapy
• animal assisted therapy,
• tailor made learning environments, and
• through engaging young people when still in education, rather than waiting until they arrive at homelessness entry points.

These and many other learnings are the real ‘product’ of the conference. It demonstrates the benefit and value of having an open forum where all participants can access new resources as well as question, discuss and interrogate the policy and practice of presenters.

This conference edition of Parity aims to provide a permanent record of the conference. It also enables all those unable to attend the conference, both here in Victoria as well as interstate, to benefit from the collective wisdom that so many brought to the work of the conference.

I would also like to take this opportunity to acknowledge and thank our Policy and Communications Manager, Kate Colvin, for all her work in the development and organisation of the conference program.

Acknowledgements

The Council to Homeless Persons would like to thank all conference speakers and presenters and all those that have contributed to this edition of Parity.

We would also like to acknowledge and thank the edition sponsors VincentCare Victoria, Uniting and Launch Housing

Finally, our conference was made possible thanks to the sponsorship support and assistance provided by the Department of Health and Human Services, Melbourne City Mission, the City of Melbourne, and the HomeStretch campaign; our Consumer Award Sponsor, Rotary Club of Melbourne, and our exhibitors Infoxchange and Nous.
The Council to Homeless Persons would like to acknowledge the work and contribution of Theresa Swanborough to the response to homelessness upon the announcement of her retirement.

Theresa has been with the RDNS Homeless Persons Program for more than 25 years.

The program now renamed Bolton Clarke, has been at the forefront of delivering health care to people experiencing homeless since its establishment in 1977.

In her role as Manager, Theresa has overseen the growth of the Homeless Persons Program from a small team of dedicated nurses working in the inner city to a team of more than 30 working across the greater Melbourne metropolitan area. The program is highly regarded and its nurses respected and known for their flexible service responses.

Theresa is well known for her fierce advocacy and absolute focus on the health needs of people experiencing homelessness and has fought to get their health on the policy agenda.

In 2002, Theresa received an Order of Australia Medal for her work both as a nurse and as a homelessness advocate.

Theresa's has had a long and productive relationship with CHP where she has been an employee, a Board member on multiple occasions, Board Chair and a member of the CHP Finance Committee.

CHP would like to thank Theresa for her contribution to the work of CHP and most importantly to improving the health services response to homelessness. We wish her a long and happy retirement.
Ending Homelessness in New Zealand: Housing First Research Programme

Jenny Ombler, Polly Atatoa-Carr, Julie Nelson, Philippa Howden-Chapman, Keri Lawson Te-Aho, Paikea Fariu-Ariki, Hera Cook, Clare Aspinall, Brodie Fraser, Carole McMinn, Renee Frances Shum and Nevil Pierse

The Ending Homelessness in New Zealand: Housing First research programme is a five-year research partnership between He Kainga Oranga at the University of Otago Wellington, the National Institute for Demographic and Economic Analysis at the University of Waikato, and The People’s Project. The Ministry of Business, Innovation and Employment funded this work under their contestable research funding.

The primary purpose of the research is to look at the provision of Housing First in New Zealand, to consider how the model fits into the unique New Zealand context, and to evaluate the outcomes and life courses for people who have been housed in Hamilton by The People’s Project. The research team are also actively working with the Housing First community of practice, and other interested parties and stakeholders including government agencies. This is to help ensure that the implementation of Housing First is fully evaluated, and that the benefits and challenges of Housing First are properly understood within the wider housing and social welfare contexts of New Zealand.

Māori, Pacific people, and migrants are more likely to be homeless than Pākehā. A national housing shortage, and booming housing market, has helped to drive up homelessness through a hyper-competitive and expensive rental market, a lack of healthy affordable housing, and a market response that favours larger more expensive new homes as well as land-banking.

New Zealand lacks a national housing strategy. It is in this context that the Housing First research programme is looking at one particular response to the more intensive end of housing need.

The Housing First research programme has five main research strands: an Integrated Data Infrastructure evaluation of The People’s Project clients; The Treaty of Waitangi and Housing First; evaluation of the risk factors for homelessness and experiences of the homeless in The People’s Project in Hamilton; Takatāpui/Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTIQ) and homelessness; and implementation in Wellington.

On top of this, we believe that an effective social welfare system should work for our most vulnerable, so that homelessness is no longer something that people in our society should face, and that those who are in supported housing have access to effective and coordinated wraparound services and compassionate welfare support. The rights, dignity, and autonomy of all, including our most vulnerable members of society, should be central to these pursuits.

Homelessness in New Zealand has risen in recent years. In 2013, one in 100 New Zealanders were homeless, an increase from one in 120 in 2006, and one in 130 in 2001. The most visible homeless are those who are sleeping rough. In 2013, these people numbered 4,197 according to census figures. The overall homeless population also includes those who are less visible, staying in places such as marae, refuges, emergency accommodation, boarding houses, or as temporary residents in severely crowded private dwellings. The total number of people who were severely housing deprived on the night of the 2013 census was 41,207.
Two strands of our research are considering how Housing First fits into the New Zealand context. First, Keri Lawson-Te Aho at the University of Otago Wellington is leading work on The Treaty of Waitangi, Whānau Ora, and Housing First. The Housing First model originated in the United States, and has been implemented in North America, Europe and Australia.6

Across these programmes, the most extensive consideration of the experience of indigenous people and communities is in Edmonton, Alberta.7 This example highlights some of the structural and cultural challenges of delivering a Western-originating governmental programme to indigenous people, who in many contexts, including Canada and New Zealand, are over-represented in homelessness numbers.

However, the New Zealand context provides the principles framework of The Treaty of Waitangi, and the existing concept and programme of Whānau Ora. It is essential that any homelessness intervention is well-integrated with the Treaty, and with the principles of Whānau Ora, to ensure effective and ethical delivery to, and by, Māori. We have developed a framework called Whare Ōranga, with Paikea Fariu-Ariki, which outlines the connections between the principles of Housing First, The Treaty of Waitangi, and Whānau Ora.

Crucially, self-determination is central to all three, though the Housing First focus on individual self-determination should be integrated where appropriate with a more collective whānau, hapū, and iwi-centred understanding of self-determination. The Hamilton experience of Housing First in The People’s Project demonstrates that an understanding of holistic well-being, and a collective approach to addressing the needs of homeless is critical, particularly because of the recent increase in whanau homelessness.8

Takatāpui/LGBTIQ homeless may have particular requirements and service connections that we do not currently understand well. Dr Hera Cook, at the University of Otago, with PhD student Brodie Fraser, is looking at the experience of homelessness for takatāpui and LGBTIQ people in New Zealand. Pilot interviews have already been done, and further in-depth participatory interviews will follow, as well as connection with services that are specifically for takatāpui and LGBTIQ people. In some places overseas, LGBTIQ people who are experiencing homelessness encounter difficulty in accessing certain services, differently to the challenges faced by non-LGBTIQ people. International evidence suggests that LGBTIQ have a much higher rate of homelessness.9, 10, 11, 12 Not enough is known about the challenges faced by takatāpui/LGBTIQ people in New Zealand, and their particular experiences of homelessness. This research will help to fill that gap.

The Integrated Data Infrastructure (IDI) and Waikato research strands are focused on the experiences of people who have been housed by The People’s Project in Hamilton. The People’s Project has pioneered the Housing First model in New Zealand, and has achieved considerable success.13 The purpose of these two research strands is to better understand the life courses of the clients of The People’s Project, as well as the impact of the housing and wraparound services provided by The People’s Project. This Waikato strand is being led by Associate Professor Polly Atatoa-Carr, working closely with Julie Nelson and other members of The People’s Project.

Quantitative assessment of risk factors for homelessness, and characteristics of the Hamilton homeless population will be conducted along with interviews with whānau who have been successfully housed by The
People's Project. This will to gain an understanding of their experience of being homeless and supported by Housing First, as well as opportunities for early intervention and prevention.

The IDI strand is being led by Dr Nevil Pierse at the University of Otago. The IDI is housed at Statistics NZ, and links unique identifiers with government administrative data. Using the IDI, Dr Pierse will be able to look at outcomes for people two years and five years after they have been housed. Government administrative data includes health, corrections, police, and welfare/IRD.

Overseas evidence on Housing First has shown significant reductions in emergency room visits, hospitalisations, reduced interactions with police (both as offender and as victim), and in some cases increased income. 14, 15, 16, 17, 18, 19, 20

By looking at these data, it will be possible to show what kind of impact Housing First has had on public spending, but more importantly, the impact on the lives and wellbeing of the people who have been housed.

The final strand, on implementation in Wellington, is designed to examine the transferability of Housing First between different New Zealand cities. Since we wrote our research proposal, the Auckland Housing First collective has begun, and the Downtown Community Ministry in Wellington has partnered with the Wellington City Council on a harm minimisation approach to Housing First.21 The 2017 Budget also committed funding for an extension of Housing First nationwide,22 committing to funding programmes in Auckland, Tauranga, Wellington and Christchurch.23

The research team is closely following these developments, and will approach this final strand of work lead by the sector and government on how best to examine the transferability of Housing First between different centres and contexts. Clare Aspinall is a PhD student with the University of Otago, who is looking at the transfer and evolution of Housing First within a New Zealand context overall, and her work will form an essential component of this research. The primary aim of this strand is to support increased provision of Housing First, for the people who need it.

The research team are enthusiastic about working with community partners, and welcome chances to meet with, hear from, and advise where appropriate. Underlying our research work is an ethos that aims to improve the lives of people who are vulnerable, and to reduce inequities. We believe that New Zealand has a strong and committed community sector, which is currently working hard to improve the lives of people who are experiencing homelessness. Our research should work in support of these common aims and values. We also are committed to informing effective, evidence-based policy at the local and central government levels.

*NB: This was intended for publication in the October ‘Responding to Homelessness in Aotearoa New Zealand’ edition of Parity.

Endnotes


2. ibid.

3. ibid.


The 2017 Victorian Homelessness Conference

Conference Overview

Damien Patterson, Policy and Advocacy Officer

Victorian Homelessness Conference 2017 — what we learned

Council to Homeless Persons was proud to present the Victorian Homelessness Conference 2017, themed Talking Solutions. With more than 60 speakers and more than 400 participants, it was our biggest state conference yet.

Attended by sector workers, public servants, academics and people with lived experience, the conference was an opportunity for the sector to come together and consider the future of homelessness practice in Victoria. It grappled with some of the most important issues currently facing Specialist Homelessness Services, aiming to promote strategies to end homelessness and empower services to put those strategies into action.

The Victorian Homelessness Conference 2017 ran in conjunction with the Melbourne City Mission Family Reconciliation Mediation Program (FRMP) conference, resulting in a dedicated youth practitioners’ stream that provided a valuable focus on emergent practices in youth homelessness.

The Conference was opened by Martin Foley, Minister for Housing, Aging and Disability, who spoke about the unprecedented level of homelessness Victoria is experiencing, and detailed the Victorian Government’s financial investments to date in ending homelessness. He spoke to the Homes for Victorians package (announced in February) including $800 million direct investment in ending homelessness, as well as $2.1 billion in financial mechanisms to support the delivery of new social housing. He also spoke to what we can expect from the Government’s Rough Sleeping Taskforce, including early intervention responses, permanent housing with support, and the creation of multidisciplinary teams to support people experiencing homelessness.

Our keynote speaker Professor Eoin O’Sullivan, editor of the European Journal of Homelessness, and Head of School, School of Social Work and Social Policy, Trinity College Dublin, presented Putting the home into ending homelessness — the evidence from Europe. This paper provided a detailed comparative analysis between three European jurisdictions that each committed to reducing homelessness but took very different paths: Finland, Denmark and Ireland.

Despite a large increase in funding for homelessness services, Ireland actually saw increased homelessness. Professor O’Sullivan explained that due to conditions on Ireland’s Euro Bank bailout, it stopped investing in social housing, and instead put funding into private rental subsidies and crisis accommodation.

Denmark mandated that its well-stocked social housing program (21 per cent of Danish housing is social housing) should provide priority access to people experiencing homelessness. This worked for a time, but when social security payments to young people were cut (by a different government department) youth homelessness skyrocketed, ultimately negating advances in net homelessness that had been achieved.

The success story was Finland, which built thousands of units of social housing for people experiencing homelessness, including a mix of independent and supported housing. With 81 per cent housing
sustainment, Finnish shelters became vacant, and were ultimately converted into permanent housing options. Without any further expenditure, homelessness in Finland fell to one third of previous numbers.

Professor O’Sullivan’s prescription for Victoria was that we too can cut homelessness by focusing investment on delivering a flow of permanent housing for people who are homeless; and he warned against the high cost and poor outcomes of crisis and other temporary housing options.

Next up, a panel session interrogated the question: The NDIS — is it working for people experiencing homelessness? Mark Rosser, Director, Scheme Strategies at the NDIA, provided frank advice on barriers that people experiencing homelessness are currently finding to their participation in the NDIS. As the NDIA undergoes a retrofit to meet the needs of people with psychosocial disabilities, it is important that the NDIA is aware of ways in which the system is failing to meet the needs of people experiencing homelessness, particularly as they develop a ‘hard to reach strategy’ to ensure more engagement by people experiencing homelessness.

Dr Anita Morris, Family Violence Principal Practitioner, Department of Health and Human Services, presented on Trauma and adolescent family violence: Delivering better homelessness responses. Dr Morris spoke on the link between adverse childhood experiences, early trauma, and young people perpetrating violence in the home. The fear of justice system responses to an adolescent’s violence means that in many homes the violence is allowed to escalate to the point where somebody is seriously injured before help is sought. Dr Morris challenged the audience to imagine a system where the safety and wellbeing of the young person is the primary focus when responding to adolescent violence.

In his second presentation, Professor O’Sullivan moved to another live issue with which the Victorian sector is currently grappling — the needs of young people in out of home care, and aftercare arrangements. Resolving homelessness for young care leavers — Ireland’s success provided a history of Ireland’s chequered past in residential care for young people.

Professor O’Sullivan recommended a move from long-term residential care to foster care arrangements, and the need to continue to support young people even when they leave out of home care.

The session Aboriginal homelessness: strengthening cultural responses/ improving outcomes was facilitated by Dan Laws, Victorian Indigenous Statewide Homelessness Network Coordinator based at Ngwala Willumbong. There was a strong focus on improving cultural responses, with panelists advising that Aboriginal service users achieve better outcomes as a result of strengthening their connection with culture and country. Dan’s take home message for the conference; Aboriginal controlled organisations should receive dedicated funding, rather than having to access the resources of others.

The message from the session surprised many; that the moment you are rehoused can be your lowest point, as the trauma of your experience sets in. For many people, this is the point at which supports are withdrawn. The panelists advocated for a community visitor program comprising people who had previously experienced homelessness to help the newly rehoused to find their feet.

The conference ended on a lighter note with The Great Debate — Transitional housing: does it still have an important role in addressing homelessness? Two teams discussed this very live issue in our sector with humour and insight. The affirmative team argued that for many people a supported transitional period is exactly what is required, and highlighted the innovative ways in which some transitional housing programs are run. The negative team argued that with so few positive exits available to people who have experienced homelessness, the insecurity of a transitional tenancy merely prolongs the experience of homelessness.

Many of the presentations to the Victorian Homelessness Conference are now online. You can find out more at chp.org.au/news-and-events/conference list.
Council to Homeless Persons was proud to present the Victorian Homelessness Achievement Awards, celebrating the exceptional efforts of workers, consumers and organisations within the specialist homelessness service system.

The 2017 Victorian Homelessness Achievement Awards were our most competitive yet. The Awards celebrate those who have made a standout contribution to ending homelessness, and have been nominated by their peers as deserving recognition.

The awards were an opportunity to applaud the work of the entire sector. The homelessness sector is full of people who demonstrate leadership, who innovate every day to get outcomes for their clients, and whose dedication to the most vulnerable is more than a job; it is founded on a genuine desire to help people.

The Award recipients were:

**Excellence in ending homelessness — children and families**

*Sidney Myer Haven — Haven; Home, Safe*

The Sidney Myer Haven in Bendigo provides extensive wraparound support for young mums. Across the spectrum, the program is achieving extremely high rates of engagement and successful outcomes for highly vulnerable young people and their kids.

**Excellence in ending homelessness — young people**

*Next Steps — Jesuit Social Services*

Next Steps provides intensive case management to young people aged 16 to 24 years who have been involved with the justice system and are experiencing, or at risk of homelessness. Next Steps works with this highly vulnerable cohort to reduce homelessness and reduce re-offending.
Excellence in ending homelessness — adults

Justice Connect Homeless Law

Justice Connect Homeless Law is the leader in the legal assistance sector in developing innovative models and new partnerships to meet the legal and non-legal needs of people experiencing homelessness. They are renowned for providing leadership in advocacy around the laws and regulations impacting those experiencing homelessness.

Excellence in ending homelessness — diverse groups (two winners)

Alsorts — Family Access Network

Alsorts is a statewide response to same sex attracted, transgender and intersex young people experiencing homelessness. As well as providing housing, support and referrals for same sex attracted, transgender and intersex young people, Family Access Network provide leadership to the sector in supporting this client group, and support a research agenda to develop a greater understanding of homeless same sex attracted, transgender and intersex young people.

Housing for the Aged Action Group (HAAG)

In 2015 HAAG commenced a partnership with the Ethnic Communities Council of Victoria targeting community education to older people from CALD communities. As a result of this the number of people housed by HAAG from CALD communities increased 200% and now make up 50% of HAAG clients. Critical to this success was working alongside the communities they sought to engage.

Leading practitioner award

Adam Liversage — Uniting Ballarat

Adam is the assertive outreach worker at Uniting Ballarat. Adam has shown what can be achieved when the sector works together with a common goal to provide housing and support to some of our most vulnerable community members. Adam has worked with the local council to dissuade them from move-on laws, and with local businesses to de-escalate their concerns about local rough sleepers.

Consumer achievement award

Erika Lodge — Nominated by VincentCare Victoria

Erika Lodge is being nominated for her extensive commitment to supporting people experiencing homelessness over the last ten years. She spreads awareness of homelessness and its causes through public speaking events, school groups and tours, and media opportunities including the nationally televised ABC You Can’t Ask That series. She also exemplifies peer support volunteering at a breakfast program, and as a welcome volunteer at an access point. She sits on a number of consumer representation committees.

The Beth Thomson lifetime achievement award

Celia Adams — BeyondHousing

Celia has been involved in the housing and homelessness sector for 17 years, and is currently CEO at BeyondHousing. Her tenure as CEO is marked by instituting significant reforms focused on the rights of the client. She is a widely respected advocate for the needs of those experiencing homelessness, and is described as never losing sight of her aim of improving the provision of social housing for those who need it.

The nominees were:

Excellence in ending homelessness — children and families

This award recognises individuals, programs, organisations or partnerships that have made an outstanding contribution to preventing or ending homelessness in Victoria for children and families.

City Gate Apartment Project — Port Phillip Housing Association and Launch Housing

The closure of the City Gate Apartment complex saw Launch Housing faced with losing a primary crisis accommodation site. They teamed up with Port Phillip Housing Association and the Victorian Government to buy the complex and provide intensive supports to young mums.

Hazel Hams Homes — Anchor Inc.

Hazel Hams Homes is a life-changing place for at-risk pregnant and parenting young women and their children. Hazel Hams Homes has been recognised by the Centre for Excellence in Child and Family Welfare as a new and innovative service delivery framework.

Excellence in ending homelessness — young people

This award recognises individuals, programs, organisations or partnerships that have made an outstanding contribution to preventing or ending homelessness in Victoria for young people.

ENGAGE philanthropy program — Give Where You Live Foundation and Barwon Child, Youth and Family Association

The ENGAGE program educates and empowers young people aged 15 to 25 years in the Geelong region to effect positive change, by identifying youth issues that are important to them. In 2016 the group directed their funding to combat the effects of youth homelessness.

Kids Under Cover

Since 1989 Kids Under Cover has provided young people at risk of homelessness the foundations to strengthen their connection to family, community, and education. Their studio program provides secure and stable accommodation for young people at risk of homelessness.

Lighthouse Foundation

Lighthouse Foundation has helped over 800 homeless young people aged 15 to 22 years to permanently end the cycle of homelessness. Young people who have been homeless come into one of the Lighthouse homes, and from that secure, supported base, re-engage with education, develop confidence and life skills and reconnect with the community.

Mentoring Program — Ladder

The official charity of the AFL and the AFL Players Association, Ladder helps young people aged 16 to 25 years break the cycle of homelessness, through coaching services, specialist development programs, education and employment support, health and wellbeing programs, and a mentoring program.

St John of God Horizon House — St John of God Social Outreach

Horizon house is a three tier residential program for vulnerable young people aged 16 to 22 years who are currently experiencing, or at risk of, homelessness. The program focuses on early intervention and prevention through long-term, individualised support.
Youth Refuge Model — Melbourne City Mission
In collaboration with Melbourne City Mission’s access point, the four youth refuges provide specialised and responsive accommodation and support, as well as a gateway to the service system, to the most vulnerable young people in Victoria. They do not exclude young people, because of any challenging behaviours or the complexity of their needs.

Excellence in ending homelessness — adults
This award recognises individuals, programs, organisations or partnerships that have made an outstanding contribution to preventing or ending homelessness in Victoria for adults.

Catherine Dyer — Tenants Victoria
(formerly Tenants Union of Victoria)
Catherine Dyer is the Rooming House Outreach Worker, working alongside the Legal Service within the Tenants Victoria. In her role Catherine reaches the most vulnerable and disadvantaged people in private rental — low income residents in private rooming houses or living in caravan parks.

Celia Adams — BeyondHousing
Celia Adams is the CEO of BeyondHousing, a regional community housing provider and homelessness agency. Celia is a true advocate and role models the importance of valuing people, their unique stories, and community. Under her leadership BeyondHouse have an incredible 98% consumer satisfaction rating.

Justice Connect Homeless Law
Justice Connect Homeless Law is the leader in the legal assistance sector in developing innovative models and new partnerships to meet the legal and non-legal needs of people experiencing homelessness. They are renowned for providing leadership in advocacy around the laws and regulations impacting those experiencing homelessness.

McAuley Community Services for Women
McAuley Community Services for Women provide Victoria’s first purpose-built accommodation and support hub for women who are homeless. McAuley credits their exceptional outcomes to the high value they place on residents, combined with the suite of life skills programs and a focus on co-design.

Quin House — VincentCare
Quin House is a supported accommodation program providing a 12-week integrated counselling, peer support and residential program for men experiencing homelessness and substance dependency. Their community re-integration model includes reconnection with family, the community and other supports.

Rosebud Rooming House Project — SalvoCare Eastern
The Rosebud Rooming House Project provides outreach into rooming houses, supporting residents to access community services, address their health issues, gain employment and volunteer. It has achieved outstanding housing and wellbeing outcomes, and clients say the program makes them feel they are part of a community that cares.

Excellence in ending homelessness — diverse groups
This award recognises individuals, programs, organisations or partnerships that have made an outstanding contribution to preventing or ending homelessness in Victoria for diverse communities.

A range of communities are over-represented in homelessness, and this award seeks to recognise those achieving excellence in ending homelessness for these client groups. This might include excellence in addressing homelessness for people who identify as LGBTQI, people who are culturally or linguistically diverse, Aboriginal or Torres Strait Islander people, or older people.

Karen Anderson — Wathaurong Aboriginal Co-operative
Karen is recognised for her dedication to ending homelessness in the Wathaurong and Gulidjan communities. Karen’s commitment to grassroots engagement, her tireless spirit, humility, devotion to honouring her word, client centered practice, dedication to policy and practice development, thorough knowledge of the sector, leadership within her team, work ethic, and willingness to roll up her sleeves have resulted in her nomination for this award.

Leading practitioner award
This award recognises leading practitioners in the homelessness sector who go the extra mile and keep consumers at the centre of their practice. The following outstanding nominees are passionate advocates for consumers and work with consumers to create individualised responses, rather than requiring individuals to fit available response offerings.

Catherine Dyer — Tenants Victoria
Catherine is the rooming house outreach worker at Tenants Victoria. Rooming house residents are unlikely to access mainstream advice services. Catherine supports them with legal and tenancy issues, as well as links to services. Catherine’s work has led to higher standards in many rooming houses across the region.

Cathy Moore — St Vincent’s Hospital Melbourne
Cathy is the cottage liaison nurse at St Vincent’s Hospital Melbourne. Cathy provides care for residents with significant health needs, who also experience homelessness, or who are facing other challenges prior to admission or on leaving hospital. Cathy works hard to make the program accessible to patients to prevent homelessness and achieve the best discharge outcomes.

Jean Phillips — Peninsula Health
Jean established the Mobile Integrated Health program at Peninsula Health in 2001. The program provides health and support outreach to those in marginal housing or homelessness. Under Jean’s leadership the program now consists of 12 staff working across nine different streams. She has made strong contributions to practice leadership, academia, and policy development.
Michelle Skog — Sacred Heart Mission
Michelle is the Women’s Housing & Complex Needs Intensive Case Manager at Sacred Heart Mission. Michelle started with Sacred Heart Mission in 2012 in administration where she overhauled facility maintenance, improved rent and refund systems, increased occupancy rates, amongst other things. As a case manager, Michelle is renowned for supporting those who have the most complex needs and are the most difficult to engage.

Suzanne Marriner — Launch Housing
Suzanne has the immense honour of being nominated for the Leading Practitioner award by one of her clients. Over four years Suzanne has been a much needed source of stability, and is appreciated for her wide ranging support, from housing, to court dates, to lonely Christmases, Suzanne is renowned for genuinely caring for her clients and is a greatly appreciated.

Consumer achievement award
This award recognises individuals who have experienced homelessness and made an outstanding contribution to improving the lives of others experiencing homelessness in Victoria. The consumer achievement award is sponsored by the Rotary Club of Melbourne.

Abukar Ali — Nominated by Centre for Multicultural Youth
Abukar is a remarkable young man. He works as a youth facilitator, supports a younger brother (both are orphaned), studies to become a police officer, and volunteers with the Centre for Multicultural Youth’s Shout Out program to share his story of homelessness. He is a peer educator for other young people, a spokesperson to media, and a constant advocate within CMY.

Annie Bracey — Nominated by Launch Housing
Annie is the Chair of the Launch Housing Lived Experience Advisory Group. She sets the group agenda, and runs the meetings. She is an advocate to Government including City of Melbourne, Moreland City Council and Transport Victoria, as well as businesses including Wilson Security, and within Launch Housing both through the LEAG and the board’s services sub-committee.

Emma Bohmer — Nominated by Launch Housing
Emma is a passionate proponent of consumer engagement. Emma has participated in staff interview panels and contributed to the development of tender documents to Government to include peer support workers. She also provides peer support in the health sector. She has provided training to security staff, and advocated for a wider rollout of consumer involvement within Launch Housing.

Graham Townsend — Nominated by Sacred Heart Mission
Graham acts as a spokesperson for the residents of his home, and a conduit between them and Sacred Heart Mission. He serves an important community development function in the home, and is active as both a media spokesperson for Sacred Heart Mission, and supporting their work lobbying Government. These roles are not formal, but signify the huge esteem in which he is held.

Helen Matthews — Nominated by Launch Housing
Helen volunteers heavily as a consumer advocate. She helps education the community through the media and public speaking. She contributes to Launch Housing’s submissions to government, including in responses to rough sleeping, and rooming house reform. She has provided consumer perspectives to the Self Help Addiction Resource Centre, and participated in the ‘Policy Shop’ podcast.

Jacqui Gibson — Nominated by Launch Housing
Jacqui is a prolific consumer advocate. She works with almost a dozen homelessness, health and community services committees. Jacqui leverages these opportunities into significant policy and practice changes, and helps to set their strategic directions. She also supervises volunteers, advocates on their behalf, and volunteers her own time. Her work is notable for its breadth and complexity, and the outcomes that she achieves.

Marcus Findlay — Nominated by Launch Housing
Marcus has a longstanding commitment to volunteering with Launch Housing, and prior to that, with HomeGround. He is currently the first ever Meet and Greet Officer at the Collingwood IAP. Marcus was instrumental in the development of the Launch Housing Service Philosophy which emphasises the expert role that consumers have in their own lives and respect for their rights, aspirations and potential. He recently provided information on the state of rooming houses for the rough sleeping situation appraisal.

Sam Bushby — Nominated by Barwon Child, Youth and Family
Sam is a young man who left home at 14, experienced many forms of youth homelessness, and is now a lead tenant. Sam has been extraordinary successful in achieving his goals, while also speaking out to educate the community. Sam writes songs with the aim of reducing the stigma of homelessness in the community, and performs them for large audiences. Sam is known for his bravery, and for his pride in his work.

Sim Crawford — Nominated by Launch Housing
Sim is a member of Launch Housing Lived Experience Advisory Group. He plays an important role reviewing Launch’s information and brochures for consumers, providing constructive feedback and advice on communicating to this audience. He has trained public transport Authorised Officers, and provided input to the City of Melbourne proposed ‘rough sleeping ban’ bylaw proposal to highlight how it would negatively affect rough sleepers.

Steve Bryant — Nominated by Launch Housing
Steve contributes to the community’s understanding of homelessness by running education and awareness sessions. A highlight was when he spoke with Occupational Therapy students at LaTrobe University, describing his significant experience of homelessness and how OT’s helped him through periods he was housed. He further provides significant feedback to Launch’s internal systems.

Suzanne Fagan — Nominated by: Launch Housing
Suzanne has only recently begun using her experience to improve service offerings, but her first forays have seen her in front of some very important audiences. She has spoken at a statewide library network meeting about the importance of library spaces to those experiencing homelessness, and has fed into the consultation for the City of Melbourne’s proposed ‘rough sleeping ban’ bylaw, and about her experience of rooming houses to the rough sleeping situation appraisal.
Beth Thomson Lifetime Achievement Award

This award category recognises sector leaders with passion for creating exceptional responses to homelessness which is matched by dedication to those served. Over the course of their careers, these leaders have shown commitment and leadership in providing effective and empowering responses to homelessness in Victoria.

This Award is named in honour of Beth Thomson, who worked in the community sector for more than 30 years. Beth’s work provided vital services for a range of highly vulnerable groups including young women with borderline personality disorders, people with HIV AIDS and young people experiencing homelessness. Beth served as the CEO of Wombat Housing & Support Services from 1995 to 2008.

Beth was an inspirational leader in the broader homelessness service sector where she was well known and respected by her peers as well as in government departments.

In particular, Beth is remembered for treating people with dignity and respect, and for her warmth and humour. The Beth Thomson Lifetime Achievement Award seeks to recognise these qualities.

Alistar Baker — Grampians Community Health

Alistar has worked in homelessness in Victoria’s Grampians region for 19 years. Alistair is known for his dedication to the most vulnerable clients, his willingness to break the mould, and his passionate tutelage of staff. He has been integral to the development of services and processes throughout the Grampians region.

Jean Phillips — Peninsula Health

Jean established the Mobile Integrated Health program at Peninsula Health in 2001. The program provides health and support outreach to those in marginal housing or homelessness. Under Jean’s leadership the program now consists of 12 staff working across nine different streams. She has made strong contributions to practice leadership, academia, and policy development.

Jo Swift — Kids Under Cover

Jo Swift joined Kids Under Cover 15 years ago, and in 2017 celebrates 10 years as CEO. Under her leadership, Kids Under Cover has seen significant growth and is now a recognised leader in preventing homelessness for young people. Under Jo’s leadership, Kids Under Cover delivers innovative service responses, creative funding solutions, and ensuring that young people are given every opportunity to remain connected to family, community, and education.

Left to Right: Jenny Smith (Council to Homeless Persons), Celia Adams (BeyondHousing), Sami Shah (Comedian, journalist, MC)
To begin, I would like to acknowledge the first peoples and traditional owners of this land, the people of the Kulin Nation.

I pay my respects to their Elders past and present, and to all Elders from other communities who may be here today, representatives of the world’s longest continuing culture.

There are many friends in the audience — can I take this opportunity to acknowledge —

Jenny Smith, CEO, Council to Homeless Persons
John Blewonski, Chair, Council to Homeless Persons
Professor Eoin O’Sullivan, Trinity College Dublin
Dr Guy Johnson, Inaugural Professor of Homelessness, RMIT

I am pleased to be attending this bi-annual conference once again.

The past year has been unprecedented for high profile, often negative media coverage of homelessness, in particular those sleeping rough in the centre of Melbourne.

We have seen successive front pages featuring the most vulnerable and disadvantaged members of our Victorian community.

We have seen the tale of multiple cities — with some communities expressing a willingness to support/do their bit for homeless people — just not in their town — and we’ve seen suburbs put their hands up and say — what can I do and how can I help.

We have also seen a flagship program on SBS, whereby a privileged few spent time walking in the shoes of homeless Victorians in order to confront their own preconceptions and prejudices about homelessness as a ‘lifestyle choice’.

I am always for healthy debate — but this has often been a conversation full of myths and misconceptions about the reasons for and responses to homelessness. However it is simply not good enough to say ‘it’s complex’ or ‘it’s their own fault’.

I want to take this opportunity to thank Professor Eoin O’Sullivan the conferences keynote speaker — who has been doing a range of media this week — where he tells the success stories of countries like Finland — who worked out the solutions to homelessness are not that complex — but it starts with housing first.

And I think we are starting to move in the right direction — and we’re moving because we (being Government) know we can’t tackle this challenge alone — we must partner with the sector and those affected, to try and shift the dial on this national problem — but one for which a solution must be found, through a continual dedication to innovation, evidence based approaches and outcomes for people.

That partnership is starting to show some life changing results.

But the work doesn’t stop.

We’ve put a record investment on the table — $800 million and $2.1 billion in financial backing — with a lot of that money already out the door — or beginning to roll.

With a big challenge, it’s about how we ensure we get the best use of taxpayers dollar — by being able to help more people.

Our flagship statement of affordability, access and choice is Homes for Victorians.

In terms of improving housing services for Victorians in need, Homes for Victorians encompassed a diverse range of initiatives within the:

• $152 million Family Violence Housing Blitz
• $109 million homelessness investment package incorporating $10 million Towards Home rough sleeping package
• Increasing and renewing social housing stock.

Through programs such as Accommodation for the Homeless, Private Rental Access Program, the Rapid Housing Assistance Program and the Community Rooming House Upgrades Program we are sharply focused on expanding capacity, increasing access and improving amenity of housing options across a diverse range of tenures.

This is driving capital and support responses across public and social housing, community rooming houses, crisis supported accommodation, and the private rental market.

The Towards Home initiative in response to the rough sleeping crisis that was all too visible since early in 2016. Towards Home provides for:
1. Prioritised access to 40 transitional housing units for people sleeping rough.

2. 30 modular relocatable homes on public land in five locations across metropolitan Melbourne — through this process we are looking to connect former rough sleepers with areas of familiarity to provide them with the social and family connections important to getting people back on their feet.

3. 40 individualised two year packages for personal and tenancy support.

One of our leaders in helping vulnerable people — Tony Nicholson of the Brotherhood of St Laurence, was appointed to lead the development of a rough sleeping strategy, who is due to report to me on this strategy in October this year.

We will see residents moving in to our modular home site in Preston in the coming weeks — whilst other sites have seen plenty of discussion.

We’ve seen global examples but the way to deal with homelessness is housing — and we all have a role to play to providing housing.

We make no apology for looking outside the square to house Victorians in need — and during those few days of debate — there were two things that restored my faith in humanity:

- The same week one of our newspapers was outraged over our proposal to house five people on vacant land in one of our affluent suburbs — we held an information session for another site in another suburb where we had only two people show up — both asking how they could provide support — some could say it is the tale of two cities.
- As some of the opponents to this proposal called talkback radio — the public response to their outrage didn’t emulate this opposition — it was people recognising that we need to do more — that we have a responsibility — and that we can’t assume the sky is about to fall in by giving a homeless person a house.

We know that people experiencing homelessness just want to get on with their lives and to lead happy and productive lives like everyone else — and we’d expect communities to welcome this.

Victoria, like the rest of the nation, has experienced unprecedented levels of housing stress and homelessness — the path forward to end this crisis is to provide a range of housing options, including ordinary homes in ordinary communities and the support to deal with the past or current trauma in people’s lives.

We make no apology for asking everyone to play their part and we will continue to look to those innovative solutions to house more Victorians.

Some of those next steps are coming out of the work that Tony Nicholson is leading — he has done a lot of work — with many of you — and will soon provide recommendations to Government on a rough sleeping strategy.

From his initial work — there are some key themes that are emerging:

1. The need to intervene earlier and more rapidly to reduce the risk of people becoming homeless and sleeping rough.

   We know that rough sleeping in regional areas can often be a hidden problem — particularly in suburban and regional areas — with people sleeping in cars, sheds, shacks or garages.

   What we also know is that if we don’t intervene early, that many rough sleepers from regional areas may drift into metropolitan areas for support.

2. Establish dedicated pathways to permanent housing for people sleeping rough and who are at risk of homelessness, and provide ongoing support tailored to their individual needs and circumstances.

   We have long learnt that it’s not enough to provide someone with a home, turn on the TV and say see you later without providing them the ongoing support that can help them get back on their feet and maintain that home.

3. Take a multi-disciplinary approach to ensure vulnerable individuals with multiple and complex issues receive more effective and timely support; and

4. Coordinate effort to ensure a consistent and appropriate response to rough sleeping at both a local and state-wide level.

This is about how we bring the voluntary and philanthropic sector along with us, whilst recognising that there is an incumbency on us all to maintain a professional approach that has accountability, boundaries and standards of conduct.

I want to say thank you again to Tony and everyone who has fed into this process — we look forward to receiving the recommendations and we will come back to you with our response — also bearing in mind how we can build on the lessons learned from coordination efforts in the central business district.

With over 35,000 people on the waiting list — we know we have a long way to go. That number is still high — because we know of the damage that has been caused and the dispiriting neglect this issue has faced. Even today we are still seeing proposals from the Commonwealth that might feed the news cycle — but beyond that — only leave people at risk of spiralling in to greatest homelessness.

We should also spare a thought for our friend Brendan Nottle from the Salvation Army who is putting his legs on the line to walk to Canberra for a national plan — a much needed plan.

We will continue to call on the Prime Minister to come to the table, to show leadership to commit to a long-term plan — not just to deal with homelessness but the contributing factors that cause homelessness.

Can I thank you again for your combined efforts, and I’m happy to take a few questions.

Spoken at Melbourne Town Hall
13/9/2017
Keynote Plenary Address

Ending Homelessness in Ireland, Denmark and Finland?

Professor Eoin O’Sullivan, Trinity College Dublin, Ireland

In most European states, as well as in Australia, homelessness is on the increase. It is also at stubbornly high levels in North America. This is despite virtually all European and North American states having devised strategies in recent years that promise to end long-term homelessness and the need to sleep rough. Somewhat paradoxically, as the numbers of homeless people are rising in many countries, provinces, and regions, or are at best remaining stable, there is greater optimism than ever before that homelessness can be ended.

In a review of over 60 plans and strategies in North America, Europe and Australia that aim to end homelessness, it was noted that while there was little consistency in how ending homelessness was operationalised, the majority had a broadly ‘functional zero’ definition. That is a definition that does not seek to completely eliminate homelessness, an ‘absolute zero approach’, but rather aims to ensure ‘there are enough services, housing and shelter beds for those who need it. In this approach, emergency shelters are meant to be temporary and the goal is permanent housing’.¹

A key reason for the optimism that homelessness can be ended is that our knowledge of what works in preventing and ending homelessness had improved significantly over the past decade. Until relatively recently, managing homelessness via the provision of various shelter-type services was the dominant national and local policy response in Europe and North America. Those provided with shelter services were then prepared for housing through a series of self-improving measures such as ensuring sobriety and abstinence from drugs. This model, often referred to as the Housing Ready approach, is gradually being replaced by a model where homeless people are providing with Housing First in the form of Permanent Supportive Housing, and any addiction, mental health or other disability is resolved via the provision of floating support services.

Methodologically robust evidence has demonstrated the success of these rapid-rehousing programs when people are threatened with homelessness, and of Housing First programs that consistently show high rates of housing retention for formerly long-term dual diagnosed homeless people.² Our knowledge of the costs of maintaining people in homelessness, via the provision of congregate emergency and temporary accommodation demonstrate that is both fiscally responsible and ethically justifiable to provide evidence based housing responses to homelessness, with support where necessary, based on the financial costs to the Exchequer, and damage to the capabilities and productivity of individuals, if their homelessness is not ended.³

The Experience in Ireland, Finland and Denmark

In 2008, the Finnish, Danish and Irish Governments set in train strategic plans to reduce and eliminate long-term homelessness by 2016. In the case of Finland, the 2008 strategy had the goal of halving long-term homelessness by 2011, while a second strategy in 2012 aimed to eliminate long-term homelessness by 2015. A further third strategy, covering from 2016–19 has a focus on prevention, but also on building new dwellings. The target is to build or allocate 3,500 dwellings over the period for people that are homeless or at risk of becoming homeless.⁴

All three strategies adopted key elements of the Housing First approach, albeit with a distinctive Finnish flavour.⁵ Following the first national homelessness count that took place in 2007, Denmark adopted its national homelessness strategy in 2008, with a programme period from 2009 to 2013, succeeded by a follow-up programme from 2014 to 2016. A key element of the program was developing and testing evidence
based floating support methods (Assertive Community Treatment, Intensive Case Management and Critical Time Intervention) in municipal social services, with funding provided from the central government.

In Ireland, an early adopter of homeless strategies commencing in 2000, a comprehensive strategy was published in 2008, entitled The Way Home, that aimed to ensure that by 2010 ‘long-term homelessness and the need for people to sleep rough will be eliminated throughout Ireland.’ This strategy implicitly adopted a housing-led approach to ending homelessness, and a review and restatement of the strategy in 2013 explicitly adopted a housing led approach.6 Thus, the three countries adopted ambitious targets to end homelessness and revisited and refined their strategies every couple of years.

Outcomes
As is well documented, comparative work on extent of homelessness is beset with definitional issues.7,8 To assess the outcomes of the three strategies, data on those living rough, in emergency accommodation and accommodation for the homeless are presented for the three countries. These are the first three categories in ETHOS, which is the European Typology of Homelessness and Housing Exclusion which was developed as a means of allowing meaningful comparative analysis on the extent of homelessness across different jurisdictions.

At the end of 2016, the Finnish Strategy had largely met its objectives, with just over 1,200 individuals sleeping rough or living in emergency accommodation and institutions (of whom 40 per cent were long-term), down from nearly 3,200 in 2008 (these figures exclude the 5,000 individuals temporarily living with friends and relatives).9 In contrast, in Ireland the numbers of households sleeping rough and in emergency accommodation at the end of 2016 was at an all-time high, with over 4,500 adults in emergency accommodation or sleeping rough — by October 2017 this figure had increased to approximately 5,500.10 In Denmark, the number of homeless households in shelters or insecure accommodation or sleeping rough (excluding staying with family and friends) increased modestly from 3,300 in 2009 to over 3,700 in 2017.11 These outcomes are highlighted in Chart 1. In all three countries, homelessness is strongly concentrated in the capital cities of Helsinki, Dublin and Copenhagen as shown in Chart 2.

Variations in Outcomes
Given that all three countries adopted a housing-led approach to ending homelessness, albeit with some variation, why are such stark variations evident? The simplest answer is the supply of affordable housing. In the case of Finland, the Y-Foundation — an independent housing provider funded by both governmental and non-governmental sources was crucial to purchasing and building housing for homeless people — between 2008 and 2015, approximately 6,000 new dwellings were constructed.
acquired or allocated for homeless households. This allowed shelters to be replaced with permanent supported housing, either in the form of congregate Housing First in converted shelters or in scattered site units — to date the housing retention rate is 82 per cent.

The current strategy (2016–2020) aims to provide a further 3,500 units of housing for the homeless. In contrast in Ireland, due to the constraints imposed as part of the bail-out conditions by the troika of the International Monetary Fund, European Central Bank and the European Commission, the provision of new social housing came to a virtual standstill with new completions declining from just under 7,000 units in 2008 to 664 units in 2016. Rapidly rising rents in the private rented sector, particularly in Dublin from mid-2013, and landlords selling their properties, in the absence of social housing, resulted in the rapid increase in homelessness shown in Chart 1.

The contrast between Ireland and Finland can be seen starkly in Chart 3, where in Helsinki the provision of social housing for homeless households and the refurbishment and conversion of emergency shelter accommodation to secure permanent housing resulted in a decline in shelter beds from just over 2,000 in 1985, to 52 by 2017. In Dublin, the absence of supply in public housing and unaffordability in the private rented sector has resulted in an increase in shelter beds from under 1,000 in 1985 to over 2,000 in 2017. In the first half of 2017, €45 million was expended on private emergency accommodation and supported temporary accommodation in Dublin.

In the case of Denmark, shortage of housing supply, particularly in the bigger cities and a substantial increase in 18 to 24 year olds largely explain why no reduction was evident despite the adoption of a relatively high-fidelity Housing First approach and a substantial budget of €67 million to implement the strategy.

Conclusion

This brief analysis of the experience of three small countries in Europe attempting to end homelessness suggests a number of policy lessons for other jurisdictions.

First, a dedicated stream of permanent supported housing is essential to ending homelessness, particularly chronic homelessness.

Second, mixed economy of accommodation types and programs is essential to ending homelessness, with both congregate and scattered site Housing First, and public and private accommodation utilised to meet the needs of homeless households.

Third, however, particular priority should be given to exchequer funded social housing, with municipal and non-government-organisation providers, as it allows for greater certainty and reliability in allocating homeless households permanent supported housing than private rented housing.

Fourth, strong social safety nets are essential in preventing underlying and more immediate reasons for homelessness.

Finally, the limited supply of social housing and affordable private rented housing in Helsinki, Copenhagen and Dublin explains the failure to realise the ambition to end long-term homelessness in Finland and Denmark and the soaring homeless population in Ireland.

Endnotes

This conference presentation was prepared as part of a broader panel discussion and focuses on the challenges of people who are homeless in accessing the National Disability Insurance Scheme (NDIS).

The content here is drawn from a paper prepared for the Council to Homeless Persons (CHP) during 2016 that explored the potential impact of the NDIS on people who were homeless and the homelessness support sector. The paper is available on the CHP website. The paper was largely theoretical but drew on the productivity commission’s work about who would meet access requirements and the experiences of the pilot sites of Barwon and the Hunter in New South Wales. Since then our understanding of the issues has been informed by the experience of services in North Eastern Melbourne.

The paper, and subsequent discussions, have identified a number of key but linked challenges for the Specialist Homelessness Services (SHS) client group. However, at the core of the challenges is a scheme design that (perhaps not surprisingly) reflects the needs, capacity and expectations of the mainstream population. It is yet to really adapt or respond to meet the needs of people who do not have advocates or family members, who are not stably housed, or have complex needs due to their economic and social marginalisation. While the NDIS documentation recognises that there are hard to reach and hard to engage groups, homelessness is not specifically identified.

Choice and Control
An overarching issue is how choice and control is being conceptualised in practice — and what it means for those who choose to not participate — not because they do not need or want support but because they do not have the capacity, inclination, confidence, knowledge or support.

Choice and control is one of the three pillars of the National Disability Insurance Act. Participation is appropriately totally voluntary, however, this has been interpreted to mean that a participant has to explicitly and actively agree to be part of the scheme before any support can be provided. However, we know that psychosocial disability impacts on ability to make decisions, think clearly and manage the social and emotional aspects of life — which in turn makes it difficult to initiate and seek access to services. Social and economic marginalisation, complex needs, histories of trauma and poor experiences with health and community services can also significant impact on someone’s inclination and capacity to engage.

The approach contrasts to that of homelessness services who use a range of evidence based practices such as assertive outreach, continuity of care, relationship based work, and persistence to engage those who first say ‘no’ and/or would otherwise remain disengaged. Initial contact and engagement is generally characterised by the offering of support and assistance without formal assessment or application processes.

Linked to this, is that people need to know about the scheme and recognise its potential to them. All SHSs have clients who will not identify as having a disability, may not consider or want to acknowledge that they have a disability, may not see or experience their disability as permanent, or see that the NDIS has supports that would be valuable to them. It suggests a need for more promotion work — both within the SHS sector and directly to people who are homeless.

Processes Aren’t Always ‘Homelessness’ Friendly
Many of the processes are not particularly ‘homelessness’ friendly and can make engaging with the scheme (should one be willing and able to) difficult. Examples have included the phone based access request process which requires the client to give their verbal consent to the National Disability Insurance Agency (NDIA) to initiate the process, (that is, to get the paperwork to make a request) — effectively creating a
barrier for someone who may be reluctant to explore the opportunity or for whom it is difficult to keep appointments or who is unwilling to wait with their worker while on hold; and a reliance on the mail for communication creating difficulties for those who are itinerant or do not have a safe and secure mail box — let alone if they have poor literacy, mistrust or have a lack of interest in official looking documentation.

Access Requests can be Difficult to Make

The preparation of an access request in itself is complex and time consuming and services are reporting that their clients need assistance. However, there are a number of barriers to getting such assistance including:

- Significant time commitment to collect and present evidence regarding diagnosis, permanency of disability and functional limitations requiring support. Services report it takes between ten and 20 hours to support the client to get the form completed and assist them through planning (not including engagement time).
- Getting assessments and/or linking people with General Practitioners (GPs) for a diagnosis. If there is no existing relationship, GPs are more likely to base decisions on how a person presents rather than their history, and often need guidance regarding what information to provide. There are long waits for neuro-psych assessments (that is, 12 plus months); and mental health assessments can also be difficult to obtain if not a current clinical mental health client.
- People moving on due to the long wait times between making a request, being accepted and planning. This means workers lose touch with someone or they give up. Some people are also reluctant to present as permanently disabled.

Of particular concern is that there are few options (and no funded options) for people who are not in receipt of an existing support package/part of the system who want to or should test their eligibility. Most services are not in a position to support someone through the process that they are not already working with and/or with whom they do not have a long-term relationship.

Initially, there were concerns about people not being assessed as meeting access requirements when it was expected that they would. While, not completely resolved, it does appear that this is improving and services also report that the NDIA resources to assist people better understand how to explain functional psychosocial disability has been of great value.

Planning as a Separate Function

The sector remains concerned about the planning process, which is often with someone they have never met before and is usually a one off (although it can occur over more than one session). Concerns include that without adequate engagement and trust, clients may be unwilling to participate or to disclose their needs and issues — and that this will be compounded by the deficit approach to assessment and that some clients will have difficulties in prioritising and articulating life goals and needs, when basic needs such as housing and personal safety may not have been met.

The client also needs to be well enough to participate and not be under the influence of alcohol and drugs which can lead to delays in planning (and therefore access to support).

What we do know is that services are reporting an improvement in the planning in North Eastern Melbourne due to the flexibility being shown by the Local Area Coordinators including meeting people where they live or at services and planning being inclusive of the support worker.

A gap in planning still appears to exist in relation to people with complex needs or issues, issues that are not necessarily due to a functional limitation or require close coordination with mainstream supports — the planning is still too narrow to support the comprehensive and joined up planning required to properly address individual needs. Housing and support is one area which comes to mind.

Finding a Support Service

The final and emerging challenge is in finding a service or support that meets the needs and/or is willing to work with the SHS client group. Concerns include whether the market is willing and/or has the flexibility to support people who are not in stable housing or do not have a dwelling — including managing potential occupational health and safety types of risks; or is able to work with people whose needs are complex due to their homelessness and other social or economic factors rather than functional limitations due to disability.

There are also concerns about whether the expected high level of casualisation in the workforce is likely to make it more difficult to develop a trusting relationship between client and worker, thus reducing the suitability of the service to this client group and if services will be able to take on the (financial) risk associated with working with a group of people who may not always be punctual in appointment keeping.

The service market is undeveloped in any case, which will be contributing to the above issues. However, the knowledge and understanding from both participants and service providers as to what the support opportunities might be is also underdeveloped. We need to start asking questions such as what does capacity building around personal care or daily living skills look like for someone who is also homeless?

Conclusion

While there is great potential in the NDIS for people who are homeless, at the moment there are still a number of systemic design issues which make access and participation difficult. An under-developed market and a lack of practical supports to assist people into the scheme are further impediments.

The NDIS is continually evolving and is responding to issues as they arise. Recent work on the NDIS pathways and projects looking at hard to reach, hard to engage groups demonstrate a commitment to improve accessibility. We are hopeful that overtime this also includes a specific response to the particular needs and issues experienced by people who are homeless.

Endnote

1. Wait times had been up to an hour but apparently have now reduced significantly.
The NDIS and the Homelessness Sector: When a person is homeless everything is just harder

Mirella Rao, Coordinator, Flexible Outreach Support Service, Launch Housing

Defunding of Community Mental Health Support Service

The ending of the Mental Health Community Support Services (MHCSS) has been significant. The recovery model of care in the community mental health sector is under challenge as funds divert from community mental health to the National Disability Insurance Scheme (NDIS). They are not the same thing. People recovering from the psychiatric episode are often not disabled, they are not part of the same continuum.

What Does Best Practice Look Like?

Homelessness is not a condition. It is consequence of number of factors for people who are disadvantaged economically, socially and politically. We know is that being homeless is a traumatic experience. We know that it needs a model of care that supports people who are distressed due to their social and life circumstances. At times, we do not know what a person really needs until they are in safe and stable housing. People may not need mental health support. They may not need the NDIS. However, this can only be determined down the track, when a clearer body of evidence emerges.

Workers in the homelessness sector ask questions to get the information they need. For example, if I get this person through the NDIS assessment process, will it be worth it for the person? Will it change their lives or should I just wait until they have some stability? Homelessness adds an extra layer of complexity and trauma for the individual involved. The question then becomes; will this type of support make a difference? Or will the housing provided be sufficiently transformative to create hope and stability, a sense of there being a future and sense that the individual has some control over their own lives?

When applying through the NDIS processes, a person’s poor mental health is often perpetuated by the poor housing options available. We know that this often hampers the process of recovery. The worker in collaboration with the individual, needs to decide whether the stigma of being labeled as a person with a disability that it is permanent and enduring, especially with a mental health disability, does more harm than good?

Every day, workers are faced with these and many other decisions. How do you work alongside a human being in a manner that is dignified, empowering and collaborative when faced with a system that uses a deficit model? A system that asks; not who you are, but rather, what are your flaws and what is wrong with you?

Concerns with the Model

Faced with a barrage of complex issues, the homelessness worker and the individual client may also be faced with the experience of further rejection and marginalisation. The worker and the client will need to manage this. There is no clear information provided about the variations and the employment structure for workers in the NDIS system. For example, there are issues about pay rates and the position of professional workers. Is it fair to expect this group of NDIS workers to understand how to work with people who use adaptive patterns of behavior due to their trauma and abuse? Where is the mitigation of risk for both the workers and the client group? There are rare but real cases of NDIS workers in rural areas dropping people off at an emergency department because they know that they cannot provide the level of care that is needed.

Australia Leading the Way

However, Australia has decided to adopt an insurance scheme to provide people with disabilities services for the rest of their lives. Putting this in place says a lot about the nation that can do this — it says that people with disabilities matter. This is a significant policy change and it is a good change. While the NDIS will have some initial problems in its set up and it is not the answer to everyone’s prayers, nothing ever is. However, people in the scheme are listening and are adapting their assessment processes to help people who need advocates or who are homeless. Unfortunately, the opposite is also true — people are being denied a service because of a lack of safe secure housing and services are not available to everyone that needs them.

The NDIS as a scheme is still evolving and there are still many issues about accessibility. There is still a significant impact from the winding down of the MHCSS and the homelessness sector is in a unique place of intersection that requires collaborative work in a systemic way. The homelessness sector can provide leadership on collaboration in order to better the life for those who seek housing support with dignity, empowerment and compassion.
All those working in the homelessness sector will now that there is an ever increasing demand for their services and that there is an insufficient supply of housing available to meet that demand.

My aim is to talk about what Launch Housing is attempting to do about this situation and how we are trying to improve our service responses.

At Launch Housing there are several entry points for those seeking homelessness assistance. 
- Collingwood in the inner-north 
- St Kilda in the inner-south 
- Cheltenham in the middle-south

There is also the Rough Sleepers Initiative in the Melbourne central business district and inner suburbs which operates as an outreach entry point.

In 2015–2016 Launch Housing assisted over 18,000 people. This means that we have a lot of information and data on the provision of homelessness and housing assistance, information and data that may help identify ways in better meeting ‘impossible demand’.

While it may seem that the clients of our services are representative of a homogenous group of people, our data and research indicates that this is not the case at all.

We see: 
- Aboriginal and Torres Strait Islander peoples 
- women and children exiting family violence 
- young people exiting care 
- newly arrived migrants, refugees and asylum seekers 
- people struggling with unemployment or under-employment 
- people living in poverty.

Despite this diversity, all these groups of people have one thing in common; the need for access to affordable housing. In addition, more and more people are seeking affordable housing as they are increasingly excluded from home ownership and the private rental market.

According to our data 8,740 people received service at our Entry Points in 2011–12.

Here is what happened over the next five years in terms of people coming back for assistance because they had not obtained what they needed: NB: this was prior to the Rough Sleeping Initiative (see Figure 1). That is, 34 per cent returned the following year and 23 per cent, 18 per cent and 17 per cent in the following years.

What we can take out of this is that roughly seven out of ten people managed to get something sorted through accessing our Entry Points and/or through a combination of this and their own resources of knowledge and connection.

So where did these clients exit to over these five years (see Figure 2)?
Notwithstanding that nearly seven out of every ten people only needed one period of assistance from an Entry Point, these figures also demonstrate that there is a group of people whose needs persist and were not being met through the assistance provided through the Entry Points in that period.

To work out a bit more of what is going on, we are able to draw on a large body of data; essentially the 80,000 plus people represented by the client data records from both Hanover, HomeGround and Launch Housing since 1997.

From this we can see some of the patterns of frequency and how ‘light’ or how ‘heavy’ the service interventions appear to be.

Launch Housing Data: Service Frequency

One of the important things that this

Each dot = individual client for 15 years from 2000 ~ 80,000 people

The larger the dot the more service contacts.

Overall

280 people have > 90 case notes (0.35%)
4,000 (5%) btw 30 – 90
75,000 have < 10

represents is that we needed to improve on the type of triage that we are already doing at Entry Points to better tailor the responses.

When Opening Doors was introduced it went some way towards systematising the way we assess people at point of entry. However, demand for services remained at a very high level. While it was a breakthrough in having one uniform approach to accessing services across Victoria, it became clear that it was high time that we went a little deeper and gave our workforce a better set of tools to work with that group of people mentioned earlier — that group whose needs are not being met — that ‘tough end’ group of clients.

The conclusion that we, and indeed many others both here in Australia and overseas, came up with was to make use of the VI-SPDAT.

So what is the VI-SPDAT?
The VI-SPDAT: Vulnerability Index-Service Prioritisation Decision Assessment Tool

It is a screening questionnaire that takes about 8 minutes.

It supports worker decision making about who needs:
  a) very little intervention,
  b) rapid rehousing or
c) supportive housing.

It should be noted here that the Vulnerability Index has been used since 2010 in screening for the Street to Home program and that it really focusses on the health needs of those experiencing chronic homelessness.

VI-SPDAT is a broader screening tool that workers can use as part of their first contact and assessment.

Importantly, VI-SPDAT does not have to be used to assess all clients at all times. Some clients can be assisted into housing and hence not become part of the homelessness system.

Basically we believe VI-SPDAT has some clear benefits to clients:
  • getting directed to the right resources sooner
  • having workers being consistent
  • being able to obtain intensive resources for the highest complexity situations.
  • having workers alert to a range of factors that impact on getting and keeping housing.

Results So Far

The lower the score from the VI-SPDAT questions indicates the lesser the intervention required. The higher the score, the greater the need for holistic services and supported housing (see Figure 4).

VI-SPDAT also has clear organisational benefits:
  • It is contributes to the coherence of our service offer — who goes into what sort of accommodation, who into what sort of case management, etc.
  • Allows us to understand housing and service need at an organisation-wide scale.
  For example, how many households with Family Violence need social housing as compared to private rental brokerage?

However, and most importantly, the client benefits from this approach by directing them to the right sorts of services and resources as soon as possible.

It enables workers to be consistent in their approach to assessments.

This is important as we always need to keep working towards fairness in terms of getting access to our systems of housing and support.

It enables directing the highest level of resources to those with the highest level of complexity and to the people in greatest need.

It enables workers to identify all the major factors that will impact on gaining and keeping housing by going beyond the normal type of housing questions to include all the major domains affecting a clients’ health and well-being.

Eventually, its operation will enable us to better understand housing and service need at an organisational scale that will enable services to go to government with the appropriate and relevant information they need to make better funding decisions.

Figure 4: Launch Housing VI SPDAT Assessments by Acuity
Established in 2001, Justice Connect Homeless Law (Homeless Law) is a specialist legal service for people who are experiencing or at risk of homelessness. In partnership with eight member law firms, we run seven clinics each week at homelessness, health and community services. We work closely with pro bono lawyers to provide approximately 450 clients with legal representation each year. In the 2016–2017 financial year, Homeless Law opened 304 tenancy matters and prevented the eviction of 121 clients and their families through legal representation and social work support.

We have drawn on the insights and evidence from this direct casework to identify four top tips to sustain tenancies.

1. The role for specialist legal assistance

It is important to talk about housing as a legal need and eviction as a legal process. At the same time, ongoing legal representation may not be available, or necessary for every tenancy problem. So when is it time to call the lawyers and what type of help is needed?

The process of eviction begins with the service of a Notice to Vacate (NTV). Under the Residential Tenancies Act 1997 (Vic) (RTA) the NTV must be legally valid; it must contain certain information; state the relevant reason and give the minimum statutory timeframe. If these requirements are not met, the notice has no effect. Legal advice at this early stage can mean the difference between tenants leaving before they have to, or when they are not legally required to.

Ongoing legal representation may add the most value where tenancy issues are legally complex or have an ‘at fault’ component; evictions for illegal use, for danger or for breach of compliance orders; or in cases that seem ‘unwinnable’ where tenants have large amounts of arrears, where tenants have received ‘no reason’ notices in social housing or owe debts to the Office of Housing.

Specialist legal assistance does not guarantee success for every client, but if accessed in time, robust legal advocacy can play a critical role in eviction prevention.

2. Dream teams: collaborating to sustain tenancies

The Women’s Homelessness Prevention Project (WHPP) is a project of Justice Connect Homeless Law. Commencing in 2013, the WHPP is a holistic, integrated model of providing legal services that focuses on preventing homelessness through addressing both legal and non-legal issues. It keeps women and children in housing through a combination of legal representation and social work support.

This case study provides a sense of how the WHPP works in practice.

Case Study — Roxanne

Roxanne is a 49-year old single mother living in public housing with her ten year old son. When she came to Homeless Law, she was in rental arrears of over $9,000.

Last year, Roxanne’s adult daughter was also living at the property and working, so the rent went up. The daughter then lost her job but Office of Housing did not decrease the rent. Roxanne fell into arrears around this time. At the Victorian Civil and Administrative Tribunal (VCAT) Roxanne was confused about where to meet her Social Housing Advocacy and Support Program (SHASP) worker, missed her hearing and a possession order was made.

An Office of Housing worker attended her house and indicated that she would be evicted unless she paid $1,000 on the spot and signed up to an agreement to pay an additional $1,000 each month. English is Roxanne’s second language and her income is a single parenting payment. Desperate to stay in her housing, Roxanne signed a repayment agreement she didn’t understand and couldn’t afford. Her SHASP worker called Homeless Law.

The pro bono lawyers lodged a review application and the social worker supported Roxanne to complete a new rental rebate so the household income could be accurately assessed. This reduced the arrears to just over $7,000.

The social worker worked with Roxanne to prepare a budget and identify a more manageable repayment amount.

The pro bono lawyers represented Roxanne at VCAT when the hearing was relisted and a new payment plan was ordered allowing Roxanne to pay off her arrears at $49 per fortnight.

With the support of the lawyers, social worker and SHASP Roxanne and her son were able to stay in their home.

Roxanne’s story highlights the benefits of lawyers and support workers teaming up. The lawyers were able to provide the tenant with initial advice on her rights and obligations and commence negotiation with the Office of Housing while preparing to
represent her at the VCAT hearing. In addition, Homeless Law’s social worker was able to support the client to gather important documentation and target the underlying factors (incorrect rental rebate) contributing to the legal issue (eviction for rental arrears).

With legal representation and non-legal support, tenants can be supported to access brokerage to contribute a lump sum towards a payment plan or to clean up their property; access Centrelink; set up Centrepay; and link in with health, family violence, mental health or other services.

Social work support is often invaluable in supporting clients attending VCAT, particularly for people who might find that process especially challenging because of previously negative experiences at court or VCAT, cultural factors, mental health concerns or disabilities. That extra support frees lawyers up to focus on the task at hand — obtaining the best legal outcome.

3. Working with landlords to sustain tenancies and avoid tenants being evicted into homelessness

At the heart of negotiations about housing and evictions should be a recognition that evictions into homelessness should be a last resort and that, often, the concerns and challenges of both parties can be addressed without eviction.

A common example is the entry into a payment plan when a tenant has missed their rent. Given that it is costly for both landlords and tenants to go ahead with evictions, a payment plan that sees the landlord recoup their rent and the tenant sustain their housing can be win-win.

As this case study shows, where the concerns of the landlord are related to complaints from the neighbours, options other than eviction can still — and should still — be contemplated.

Case Study — Stephanie

Stephanie is a mum to two young boys and an adult daughter with a baby of her own on the way. Stephanie’s 11-year-old, Noah had been diagnosed with ADHD and a mild intellectual disability. A neighbour at their public housing property had made continual complaints to the Office of Housing about Noah and sought an intervention order against him. The Office of Housing then obtained a compliance order against Stephanie ordering her to control Noah’s behaviour. Stephanie had requested a transfer to a different property but this hadn’t happened.

When Stephanie contacted Homeless Law, she had been visited by police who told her they would be back on Friday to evict her and her family. Stephanie knew she’d missed a hearing but thought it was related to some maintenance and had been told she didn’t need to go. She wasn’t aware a possession order had been made until the police came knocking. Homeless Law pro bono lawyers acted quickly to get the warrant stayed and a new hearing for Stephanie.

Homeless Law lawyers gathered supporting letters from Noah’s paediatrician and school social worker...
highlighting how important safe and secure housing is to Noah’s mental health and continued progress. They negotiated with Office of Housing, strongly advocating for them to reconsider if their policies had been followed and their responsibilities under the Charter of Human Rights and Responsibilities Act 2006 (Vic) (Charter) complied with.

At the VCAT hearing, an adjournment was made by consent, agreeing that Stephanie and her family would vacate their property and the Office of Housing would allocate them a new property in a new neighbourhood.

Instead of being evicted into homelessness, which was imminent when she contacted Homeless Law, Stephanie and her children were able to set up a new home with a fresh start.

Stephanie’s situation was not working for anyone. Relationships between neighbours had broken down, Stephanie and her family were unhappy, no one wanted things to stay the way they were. The Office of Housing staff felt obliged to take action, and they did so by commencing proceedings to evict the family.

Once eviction proceedings are commenced, the possible outcomes seem straightforward; the tenant is either evicted, or they are not. But, problems with a tenancy needn’t always lead to a punitive process in which vulnerable tenants are made homeless.

Creative solutions like a transfer to a new property are, of course, more available in social housing, but even in private rental there are alternatives to evicting tenants into homelessness. We often hear tenants say ‘I know I need to leave, but I just need more time’. Sometimes a couple of extra weeks until their new place is available, or they can save up some cash, means they can transition into new accommodation without experiencing a period of homelessness. It can mean the tenant is able to move their belongings and clean the property before the tenancy ends, avoiding unnecessary inconvenience to the landlord and a compensation claim or listing on the tenancy database for the tenant.

4. Housing as a Human Right — Negotiating with public and social housing landlords

While in Stephanie’s case the lawyers worked with the Office of Housing towards a mutually beneficial outcome, they were also at all times unwavering in their stance that it was unacceptable to evict a family based on the behaviour of a child with special needs.

Public and social housing landlords have obligations to all tenants, so it is important to know the frameworks they’re operating in and using to balance competing obligations.

The Office of Housing’s internal policies and operational guidelines are available online. Advocates should consider which policies and operational guidelines apply to the tenant’s situation and if the Office of Housing has followed the prescribed processes, for example, by considering the tenant’s circumstances and alternatives to eviction.

Although VCAT cannot consider the human rights compatibility of a social landlord’s decision-making in relation to the eviction (this must be done by the Supreme Court), the Office of Housing is required to give proper consideration to a tenant’s human rights under the Charter and to comply with their own operational guidelines and policies, prior to issuing a Notice to Vacate, seeking a Possession Order or purchasing a warrant.

Community housing landlords are also covered by the Charter.

So how does this apply in practice? Consider the tenant’s circumstances — are they experiencing hardship? Are they at risk of homelessness? In light of those circumstances, what Charter rights are engaged? Section 17 provides for the protection of families and children; Section 13 affords the right not to have his or her home arbitrarily interfered with. Section 7 acts as a mechanism for balancing the competing obligations of social landlords (including, for example, the safety or comfort of other tenants and reliance on rent revenue) by providing that any limitation on the relevant rights must be demonstrably justified and the least restrictive alternative reasonably available.

It is important to note in this context that the Charter does not prohibit evictions. It does not, for example, prevent social landlords from evicting in the event of ongoing risks to safety or long-term failure to pay rent with no proposal for addressing the arrears. It does, however, act as a check and balance to ensure that viable alternatives to eviction have been genuinely contemplated so that evictions from social housing — which in the current climate inevitably lead to homelessness — only occur as a last resort.

Conclusion

In a tough housing environment — including a lack of affordable housing options, soaring waiting lists for social housing, and homelessness services that are overwhelmed with demand — we need to work together to keep people in housing and to make evictions into homelessness a last resort.

These tips are just four ideas for ways we can work together — across services, legal advocates and landlords — to do what we can to avoid preventable evictions into homelessness and the personal and social hardship these evictions bring with them.

If you or a client are at risk of eviction into homelessness and would like to enquire about getting legal help, call Homeless Law on 1800 606 313.

Endnotes

3. Director of Housing v Sudi (2011) VSCA 266
4. Burgess v Director of Housing (2014) VSC 648
5. Goode v Common Equity Housing Limited (Human Rights) (2016) VCAT 93
What is clear, and has been established in scholarship on youth homelessness for some time, is that homelessness and its causes are complex and multi-faceted¹ relating to the structural, familial and personal impediments that contribute to young people’s marginalisation.² However, we also know that, both in Australia and internationally, family conflict and breakdown is one of the most significant factors in young people becoming homeless, a group which accounts for about one quarter of the total homeless population in Australia.³

While family conflict is an everyday experience for most families, for some young people conflict has major ramifications. Among young people accessing Melbourne City Mission’s (MCM) Detour ‘early intervention’ homelessness program, 37.7 per cent identified family breakdown as the main reason for seeking support (source: SHIP 2012–17). Adolescents often experience homelessness due to high levels of family conflict, limited family support, or low family cohesion,⁴ and young people who experience home relationships characterised by conflict, abuse and neglect are at increased risk of homelessness.⁵

Further, multiple studies have found that both young people experiencing homelessness and their parents experience low levels of warmth and supportiveness, and high levels of rejection, conflict, and family violence.⁶ Other research has identified high levels of family conflict and poor family cohesion among young people experiencing homelessness.⁷

Family conflict often emerges in early childhood⁸ and has been found to have direct and numerous negative impacts on young people experiencing homelessness. Where family is not a major form of social support,¹⁰ young people may not develop the necessary skills to develop into self-sufficient adults, and at the same time be at increased risk of long-term homelessness.¹¹ Family conflict itself is linked to a range of individual-level issues including; parent re-partnering, domestic and family violence, alcohol and drug use, relationship breakdown, as well as systematic abuse and neglect.¹² Despite this research, there is limited understanding of how ‘family conflict’ is defined, experienced and conceptualised by young people experiencing homelessness, and the dynamics, interactions, characteristics and mechanisms of conflict between young people and their parents and guardians before and after young people become homeless. While the relationship between family conflict and youth homelessness is strong, it is clear that home and family situations and relationships are crucial to understanding how and why young people enter homelessness, and how policy and practice can respond to these scenarios.

Within this context, our research set out to better understand the nature, experiences and impact of family conflict for young people experiencing homelessness. We conducted seven focus groups, including three groups of young people experiencing, experienced, or at risk of homelessness, three groups of parents of young people with experience of family conflict; and one group of MCM staff working with young people and families experiencing conflict or homelessness.

Participants included 21 young people aged 16 to 24 years, eight parent/guardians, and ten staff from MCM, including managers, case workers, social workers and youth workers. Participants expressed in detail their understandings and experiences of family conflict, providing in-depth interpretations and accounts of family conflict as it applied both in their own lives and others.

Emerging from participants accounts of family conflict was a distinction between ‘overt and situational’ and ‘latent and ongoing’ forms of family conflict common to experiences for families with young people who had been, or were at risk of, homelessness. The definitions broaden understandings of family conflict and can be utilised in practice to provide a name and lens to view and understand family conflict that is not otherwise recognised or explicitly identifiable. This is valuable particularly for young people and parents who struggle to identify and define their experiences of family conflict in all of their forms, and can find it hard to justify or identify their feeling of being unsafe, unwanted and uncomfortable.

How is Family Conflict Experienced and Understood?

Overt and situational family conflict ‘Overt and situational’ family conflict refers to expressive and demonstrable actions and behaviours that are antagonistic in nature. They are ‘overt’ in that they are explicit forms of conflict, largely identifiable as conflict, have an immediate impact on participants, and are often based on the ‘situational’ context in which they occur. This type of family conflict typically comprised verbal conflict, in the form of arguments, aggression,
criticism and negativity, as well as violence in its various iterations.

Verbal conflict included arguments, insults, strong criticism and various other forms of negative communication, and was a frequent experience of family conflict. One young person described the context of an experience of verbal conflict, also revealing the situationally based nature of the conflict:

‘…when I came back down to Melbourne he [father] was just like you f**ked up up there and all that crap, that’s why you’re back here…’

— Young Person (YP)

One parent described an incident of verbal aggression with her teenage daughter that she thought of as a core experience of family conflict.

‘…she’d turn around and say I wish you weren’t my mother. I wish you weren’t my mother. I wish you were dead. I hope you get hit by a bus and things like that.’

— Parent (P)

For most participants, it was the hurtful intention of verbal forms of conflict which was most significant in relation to forms of family conflict. The content of verbal conflict reflected broader conflict between parents and young people relating to their behaviours, parental expectations and assumptions, as well as general negative dispositions and parental hostility towards them. This is highlighted in an exchange between participants:

‘[t] was just like on the day where I didn’t go to work because I was sick, I had gastro or something, like I was throwing up. I told my mum that and she’s just like you’re just hung over, like always.’

Violence often went hand in hand with other forms of verbal conflict. This is because family conflict, in its various forms, could quickly escalate into violence, typically between young people and their parents.

Violence was primarily viewed by participants as an extension of family conflict as well as part of disciplinary practices. Violence represents the acute and more extreme version of overt conflict that is also typically based on specific situations and contexts. The following young person explained the typical relationship between family conflict and family violence.

‘When I have conflicts with my family… they’d rise up to violence. My mum would start yelling and then my brother and sister would get involved. Then because I didn’t fight, they’d beat up on me until I fought back.’

— (YP)

Latent and ongoing family conflict

The insights provided by participants in this research, particularly by young people, suggest that family conflict relates to far more than the ‘overt and situational’ forms of conflict discussed above. We describe these feelings and experiences as ‘latent and ongoing’ conflict; a state of conflict that has not developed or manifested into the overt and more identifiable forms of conflict that are ongoing in nature.

‘Latent and ongoing’ family conflict is accumulated, unresolved and often ongoing conflict underscoring family life. It is frequently experienced in discreet and unapparent forms of family functioning, feelings and generalised atmosphere of family life, often not yet manifested into ‘overt and situational’ forms of conflict.

A common form of ‘latent and ongoing’ conflict relates to the various forms of negativity that pervade family life that feels inescapable and has a pervasive and strong negative impact on wellbeing. The following young person described this form of family conflict that they experienced prior to becoming homeless.

‘So that’s what conflict is, pretty much; just not being able to escape that constant atmospheric negativity that just has an impact on how you feel as a person. [It] just drives you mental because it just makes you think that the world is just nothing but a place of crap, pretty much.’

— (YP)

Another major form of ‘latent’ family conflict involves the ongoing experiences and accumulation of unresolved tension and conflict among family members. The accumulation of this tension results in
‘Overt and situational’ conflict
Experienced as:
• Verbal aggression
• Violence
• Arguments, disagreements, criticism, general negative communication
• Passive aggression or negative body language

‘Latent and ongoing’ conflict
Experienced as:
• Accumulation of unresolved tension and conflict
• Ongoing family atmosphere of mistrust, hostility, negativity or tension
• Feeling unsafe or uncomfortable
• Common distrust between family members
• Absence of warmth, care and consideration in family life

The participants relates to overarching and ongoing conflict expressed by young people reflected feelings of safety and comfort in the family home. Young people reflected that their feelings of safety and comfort in the family home.

A further crucial element of ‘latent and ongoing’ conflict expressed by participants relates to overarching feelings of safety and comfort in the family home. Young people reflected that their feelings of safety and general discomfort were important indicators of family conflict.

‘Yeah. It’s not big enough — it’s not like she’s coming and punching me in the face. I can’t really go and say that. It’s not like she’s screaming and calling me bad names. It’s very subtle things that… together, it’s a really big deal.’

— (YP)

We also found that the manifestation of ‘overt’ and ‘latent’ forms of conflict often rely on each other. ‘Overt and situational’ conflict frequently occurred within ‘latent and ongoing’ family conflict environments, often a presentation or symbol of deeper tension and disharmony that was frequently ubiquitous and unresolved in families, laying underneath family dynamics, atmospheres and functioning.

However, environments of ‘latent’ conflict were also a product of unresolved ‘overt’ conflict, established out of repetitive and consistent events of overt conflict.

These insights represent the frequently conceptually invisible, yet experientially potent manifestations of family conflict, based on participants lived experience of conflict that led to homelessness. It is hoped that these can have important implications for policy and practice with families and young people to intervene and respond to family conflict, and in turn reduce youth homelessness.

* Steven Roche and Justin Barker, with Paul Turton from Melbourne City Mission, presented this research at the Victorian Homelessness Conference in September, 2017. The broader research project investigated the relationship between family conflict and youth homelessness that was commissioned by Melbourne City Mission. The full report will be available in December, 2017.

Endnotes
1. Barker J 2016, Chapter 26, Conceptualisations of youth homelessness and the role of the family, in; A Furlong (ed), Routledge Handbook of Youth and Young Adulthood (2nd ed), Routledge, London.

Understanding the Multiple Experiences of Family Conflict for Practice
While these types of family conflict are experienced to different degrees and in different combinations, they draw attention to the diverse experiences and impact of family conflict, as well as highlight the relationships between forms of family conflict. The contributions from participants confirm that while incidents of overt conflict are a difficult experience, the family environment and atmosphere between outbursts of conflict are just as difficult to negotiate.

A constant family disposition of strain and related behaviours, reinforced by constituent events of overt conflict, resulting in higher levels of conflict.

‘I think the normal feelings, like you don’t exactly feel safe at home or you don’t feel comfortable there, or you just — just the general discomfort.’

— (YP)
Concurrent Session: Getting Young People Engaged

Housing Isn’t Everything: Music Therapy in Youth Homelessness

Asami Koike, Music Therapist, Melbourne City Mission Frontyard Youth Services*

Every week, 19-year old Matt trudges down the steps to the Frontyard music room and spends an hour learning his favourite hip hop songs on piano. Matt doesn’t say much. Some days his fingers move swiftly over the keys, other days, he holds his head in frustration. After six months of working individually with the music therapist, Matt begins to open up about his long history of substance abuse and intergenerational mental health issues and how these issues create a barrier to him completing school. He explains that playing piano is the only activity that is enjoyable, relaxing and most importantly, occupies his attention enough so that he does not engage in drug taking behaviour. Matt loves hip hop music but has no interest in becoming a performer. Instead, piano is Matt’s health resource to help him recover from substance addiction and in doing so, keep him on track with his goal to complete Year 12 and attend university.

Music’s Role in Young People’s Lives

It is well known that young people are often passionate about their music and that they use music as a tool to explore and define their identities. Young people often immerse themselves in the cultures of the music they love, and associate with other young people and social groups who share the same taste in music, which further supports the development of their identities. Because of this important connection between music and identity, young people are often quick to highlight the many ways in which they use music to manage their mental health and wellbeing. Music is highly relevant in the lives of young people and their relationship to music can be utilised by youth services to not only engage young people, but to help them strengthen their sense of selves and improve their pre-existing coping mechanisms.

The relationship between young people, music and how they identify themselves, is important to note as a defining aspect of adolescence and early adulthood is the formation of...
identity. However, when a crisis such as homelessness occurs during this period of time, young people are susceptible to adopting a ‘homelessness’ or ‘negative’ identity that disconnects them from experiences like music that help to shape their sense of selves.

This negative identity formation has been found to lead to long-term and entrenched homelessness that greatly reduces a young person’s quality of life and capacity to shift out of the homelessness cycle. Youth homelessness services must look beyond pure housing outcomes and support young people in maintaining positive identities through tools such as music, to eradicate long-term and entrenched homelessness.

Registered music therapists are board certified and abide by a code of ethics.

Frontyard’s music therapy program is trauma-informed and the overarching goals for the program are:
- for young people to experience emotional respite
- for young people to engage in healthy and positive social connection
- for young people to strengthen their positive identities
- and to strengthen young people’s engagement with other programs based at Frontyard Youth Services.

Young people can choose to engage in either individual or group sessions and these activities are delivered with a strong focus on ‘participation’, not ‘performance’ to align with trauma-informed practice. The scope of the program ranges from sensory regulation for young people experiencing immediate crisis and acute symptoms such as distress or anxiety, to longer term, regular therapeutic engagement where young people work on deeper emotional expression and explore themes such as self-worth.

Endnotes
Introduction
In 1970, a review of residential care in Ireland highlighted the many deficiencies in the system, and recommended the abandonment of the 19th century institutional model of reformatory and industrial schools. The review specifically noted that aftercare was non-existent in Ireland, and that it should form an integral part of the child welfare system. It took until 1991 before a legislative entitlement to aftercare was provided via the Child Care Act, 1991. However, for many, the provisions of the Act provided an implicit entitlement and there were concerns that the provision of aftercare varied by administrative area, and in September 2017, legislation was enacted to strengthen the entitlement to aftercare in Ireland by explicitly outlining the aftercare entitlements. This brief article will outline the path to the provision of an explicit entitlement to aftercare in Ireland.

Alternative Care in Ireland
From the foundation of the Irish State in the early 1920s, the numbers of children in alternative care, particularly residential care, were relatively high. As can be seen in figure 1, from the mid-1950s, the numbers in alternative care dropped rapidly and by the end of the 1960s, there were just over 1,200 children in foster care and approximately 2,000 in various forms of residential care. From the late 1980s, the numbers in substitute care began to rise again, with just over 6,000 children now in substitute care, but what is notable is that the majority of children are now in foster care rather than residential care.

While the overall numbers of children in care have increased, per 10,000 of population (see figure 2), the numbers of children in care have declined slightly in recent years. The most striking feature of the graph is the shift in the role of residential care from a position of dominance in the provision of alternative child care in Ireland to now being a residualised and specialised service.

The Emergence of Youth Homelessness and the Child Care Act, 1991
With the gradual demise of reformatory industrial schools from the early 1960s, a number of voluntary agencies began providing various alternative residential services, in addition to aftercare for those children leaving the schools, usually in the form of hostel type services (for further details, see O’Sullivan and Mayock, 2008). From the mid-1970s, an increasing number of research projects and service providers were highlighting, inter alia: the increase in youth homelessness (under 18 year olds), particularly in Dublin; the lack of an appropriate response, and the absence of services for 16 to 17 year olds, and the links between leaving care and subsequent homelessness (see for example, Kennedy, 1987; O’Sullivan, 1995; Kelleher, 2004).

However, it was not until the passing of the Child Care Act, 1991, that a specific statutory provision for homeless children in Ireland was legislated for. The Act defined a child as someone up to the age of 18 and placed a clear obligation on the Health Boards (who had responsibility for the provision of child welfare services), via Section 5 of the Act, to provide accommodation for homeless children, and via section 45 to provide aftercare services. Due to organisational and funding obstacles, the Act was implemented over a five-year period. In relation to youth homelessness and the entitlement to aftercare, a number of difficulties quickly emerged. In terms of youth homelessness, different
interpretations of what constituted reasonable accommodation materialised, and in relation to aftercare; an emerging view based on the experience of young people leaving care, was aftercare was seen as discretionary, as the Act did not provide an explicit right to aftercare. A Youth Homelessness Strategy, published by the Department of Health and Children in 2001, noted that links between leaving care and subsequent homelessness, and recommended that each Health Board devise a ‘comprehensive strategy for aftercare’ with an emphasis on ensuring that those leaving care did not become homeless.

Commission to Inquire into Child Abuse (2009)

Significant momentum to address these issues emerged after the publication of the five-volume Commission to Inquire into Child Abuse in 2009, following a ten-year inquiry into abuse in the aforementioned reformatory and industrial schools. One of the recommendations of the inquiry was that ‘Aftercare services should be provided to give young adults a support structure they can rely on. In a similar way to families, child care services should continue contact with young people after they have left care as minors.’ Very quickly after the publication of the Commission’s reports, an implementation plan was published by the Office of the Minister for Children and Youth Affairs (OMCYA) which contained 99 actions to inter alia: address the effects of past abuse; develop and strengthen national child care policy and evaluate its implementation; strengthen the regulation and inspection function; improve the organisation and delivery of children’s services and give greater effect to the voice of the child.

In relation to aftercare, a number of specific actions were outlined which set out that: the Health Service Executive (HSE) will ensure the provision of aftercare services for children leaving care in all instances where the professional judgement of the allocated social worker determines it is required; that the HSE and the Department of the Environment, Heritage and Local Government will review the approach to prioritising identified ‘at risk’ young people leaving care and requiring local authority housing; that the HSE will ensure that care plans include aftercare planning for all young people of 16 years and older; that the HSE will ensure that aftercare planning identifies key workers in other health services to which a young person is referred, for example, disability and mental health services and the OMCYA, in conjunction with the HSE, will consider how best to provide necessary once-off supports for care leavers to gain practical lifelong skills.

A number of months later the Minister for Children issued a directive with regards to S.45 of the Child Care Act, 1991:

‘I understand that there may be a view within the HSE that the provision of such services is discretionary, and the evidence is that such an approach is being adopted within some areas of the HSE. However, my Office has clear legal advice to the effect that this provision places a statutory duty on the HSE to form a view in relation to each person leaving care as to whether there is a “need for assistance” and if it forms such a view to provide services in accordance with the section and subject to resources.’

The Minister directed that the HSE formulate and implement appropriate administrative policies, procedures and guidance, and that the approach should be in accordance with the recommendations of the Commission to Inquire into Child Abuse.

In April 2001, the Health Service Executive published the Leaving Care and Aftercare Services: National Policy and Procedure Document which aimed at ‘delivering and implementing a leaving and aftercare service for young people which is responsive and relevant to each young person’s circumstances’.

Review of the Youth Homelessness Strategy (2013)

Overall, the Youth Homelessness Strategy was felt to have made a significant contribution to addressing the problem of youth homelessness, as it was defined in the strategy, and at the extreme end has helped ensure that children sleeping rough on the streets is very rare. The review concluded that the number of children who were homeless or at risk of homelessness declined significantly
over the course of the strategy. However, in relation to aftercare, the report noted that while much progress had been achieved, ‘it was felt by many stakeholders that there had been, or still was, inconsistency in provision across the country, with inadequate resources to achieve consistent provision.’ It also highlighted the need for statutory aftercare provision to be widened to include children not only in care but accommodated under Section 5 of the Child Care Act 1991.

**Child Care (Amendment) Act, 2015**

In November 2013, the Government approved a proposal to amend the Child Care Act, 1991 to strengthen the legislative provision for aftercare. The amending legislation, the Child Care (Amendment) Act, 2015 imposed a statutory duty on the Child and Family Agency to prepare an aftercare plan for an eligible child or eligible adult. The purpose of this was to create an explicit, as opposed to implicit, statement of the Agency’s duty to satisfy itself as to the child’s or adult’s need for assistance by preparing a plan that identifies those needs for aftercare supports and came into effect on 1st September 2017. Prior to the legislative amendment, a number of other measures were put in place to strengthen the provision of aftercare including standardised aftercare allowances. In particular, in October 2014 a protocol for meeting the housing and support needs of young people leaving care was agreed between the housing authorities and child welfare authorities that outlined the practical steps involved in assessing a young person leaving State care and managing that person’s accommodation and support needs. As figure 3 demonstrates, there was a substantial uptake in aftercare services over the past seven years.

**Conclusion**

At this juncture it is not possible to determine if the legislative amendments to the Child Care Act, 1991 will achieve the desired outcome of ensuring that all young people leaving care are provided with the appropriate aftercare services. However, the substantial improvements in the provision of aftercare services over the past decade gives grounds for optimism. Both the enhanced provision of aftercare and broader progressive changes in the child welfare system for young people has resulted in a dramatic decline in unaccompanied children and young people in emergency accommodation and no unaccompanied children and young people sleeping rough, compared to 25 years ago.

It was a long journey, effectively from 1970 to 2017 to have an explicit right to aftercare on a uniform basis in Ireland. Research and advocacy played a key role, but the key accelerator in the process towards an explicit right to aftercare was the recommendation in the Commission to Inquire into Child Abuse (2009) and the subsequent implementation report.

**Endnotes**

Resolving Homelessness for Young Care Leavers

Paul McDonald, Chair, Home Stretch

Ireland has undertaken great positive steps to reduce homelessness over the last 25 years. The first of these was the Child Care Act, 1991 (which put in place a statutory right to services for homeless young people, including limited aftercare).

The second move was through the Child Care (Amendment) Act 2015 (which provides an enhanced statutory right to aftercare), a combination of statutory entitlements and strategic focus on prevention. As a result homelessness amongst young people (under the age of 18) has substantially declined.

Professor Eoin O’Sullivan presented on the lessons and learnings of the Irish experience — with a particular focus on the last part of the lengthy process to end youth homelessness, the provision of an enhanced statutory right to aftercare.

This legislative reform has played a key role in reducing homelessness for young people leaving care by providing them with ‘aftercare’ support.

Australia, on the other hand, currently has no legislative policy in place to allow care leavers the option to remain in state care past 18 years.

Under current Victorian policy, an estimated 806 young people have their custody or guardianship order expire each year before they turn 18 years.1 Whilst the State Government fund a range of ‘leaving care’ or post care support programs, they are broadly considered to be discretionary, insufficient and unsustainable for 16 or 17 year olds with a care history being established into ongoing independent living.

The consequence of the current ‘leaving care’ age is that many of these young people suffer poor transitions to adulthood and poor overall life outcomes. Research studies indicate that this cohort struggle with life’s demands when their care placement is terminated at 18 years. An Australian study found that half of those who are required to exit their care placement end up homeless, in prison, unemployed or with a new parent within the first 12 months.2 In addition the latest Swinburne University national study of 400 homeless young people surveyed found that 63 per cent had recently been exited from care.

Aisha Rizvanovic, a 19-year-old woman with a state care experience, said:

‘Being in care is traumatic and the extra years would really help with the road to recovery…and stability is key for transitioning from care.’

Internationally, other governments have realised that there are costly social and economic consequences if care continues to be terminated at 18 years. As a result the United Kingdom (UK) extended foster care placements until the age of 21 and has already begun looking at extending residential care placements. Furthermore, the United States (US) has extended care to the age of 21 and at the time of writing more than 30 states have provided young people the option to remain in care until 21 years of age. Both the UK and the US have benefited from a range of direct outcomes when care is extended, with homelessness rates halved and education participation rates doubled for this cohort in both countries.

Deloitte Access Economics found that by continuing care to 21 years in Australia, governments would receive an average of $2.13 return for every dollar invested. Further social benefits include:

• homelessness for this cohort would be halved, from 39 per cent down to 19.5 per cent
• educations participation would increase from 3.6 per cent to nine per cent;
• hospitalisation would decrease from 29.2 per cent to 19.2 per cent
• arrests would decrease from 16.3 per cent to 10.4 per cent
• alcohol and drug dependence would decrease from 15.8 per cent to 2.5 per cent.

There are also benefits across a number of other domains; including improved mental health, and physical health outcomes; reduced intergenerational disadvantage; and an increase in social connectedness.

The Home Stretch Campaign calls for this crucial reform in Australia. We are seeking all state and territory governments to provide an option, whereby the provision of care can be extended to any young person needing or seeking this, until 21 years, much like what is happening in any other family setting in Australia and care settings internationally. We believe that giving young people in state care the extended care option, will provide them with the platform to make the right start in life and enjoy a better long-term life outcome.

If you would like more information on the campaign and to sign up please visit thehomestretch.org.au.

Endnotes
The views of people with a lived experience of homelessness and resettlement are at the centre of this discussion. The panel consisted of four current members and one graduate of the Council to Homeless Persons Peer Education and Support Program (PESP); Christine Thirkell, Jody Letts, Jason Russell, Trevor Brown and Allan Martin.

Emma Ladd, General Manager of Quality and Service Development at Wellways Australia, followed the panel discussion.

As we all know, it is the job of the specialist homelessness services to support people without a home into a permanent place to live. This is not an easy job. When we are able to achieve this, we celebrate a win, end the provision of support and move on to the next person in line.

PESP members have spoken about the struggle of resettlement or a long-time. For this reason, we decided to further investigate the issue. With the support of the Lord Mayor’s Charitable Foundation and Ivanhoe Grammar, CHP convened a pre-conference workshop where the experiences and views of a broad range of people with a lived experience of homelessness could be explored in a safe and supportive environment.

The workshop brought together members of:
- CHP’s Peer Education Support Program (PESP)
- Melbourne City Mission’s Frontyard Youth Action Committee (FYAC)
- Launch Housing’s Lived Experience Advisory Group (LEAG).

The first question we put to consumers was:

How did you feel when you moved into your permanent home after homelessness?

These were some of their responses:
- total exhaustion
- shit — loneliness
- basically on your own
- insecurity
- isolation
- food stress
- difficulty transitioning into a new community
- things from the past are brought to the surface
- being frantic to feeling empty
- from surviving to feeling lonely
- overwhelming — been homeless for so long, learn to be a ‘person’ again, have responsibilities, become independent again.

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- overwhelming — been homeless for so long, learn to be a ‘person’ again, have responsibilities, become independent again.
Consumers reported experiencing significant post-housing trauma.

The panel members next discussed their experiences of resettlement and shared the tools they used to make it work.

Jody was living in a transitional property, which was not appropriate for her disability. This made life difficult and created barriers to moving forward. The house did not feel like home and it wasn’t a home. Jody knew it was a temporary solution and didn’t know where she would eventually call home. Now Jody has a home she owns, into which she has resettled.

Jody

Question: Jody, when you moved into your house, what did you do to make it feel like home?

I have undertaken works to modify my property to suit my disability so that I can be independent. I put in a walk in wardrobe and drawers, replacing cupboards in the kitchen.

My personal items all have a specific place, right where I need them.

These modifications have reduced my pain levels and anxiety because I am in control of my own environment and can do things for myself, without support, so I don’t feel helpless in my own home. The modified space has increasingly developed into something that is personalised and has given me a sense of ownership that makes my house feel like a home and a safe space.

Jason

When Jason came to Melbourne from New South Wales he was sleeping rough. He was completely separated from his family and community.

Through word of mouth, Jason found about a local meal service, which he then went to on a regular basis.

Question: Jason, very soon after coming to Melbourne you began volunteering at the meals service you were accessing. Even after being housed through Streets to Home, you continue to do this as well as volunteering with PESP.

Why is volunteering important to you and how has it played a part in your housing success?

If it hadn’t been for St Marks and Streets to Home, I wouldn’t have a home today.

Volunteering helped me to stabilise and then I could turn my place into a home. The balance of volunteering with St Marks and having a good rapport with my diligent caseworker from Streets to Home played a critical role in getting a place to live and turning it into a home.

Volunteering gave me self-respect and purpose, which helped to retrain my mindset. This helped me to move forward and led to settling into my home.

Question: A new place means bills to pay and debts that can come up. Did you have any issues with this?

After spending years on the streets, I lost the ability to maintain a property, let alone a home. I had no idea what bills were. It had been over a decade since I’d seen one.

I had a discussion with my worker about what to do about my bills. She advised me to use Centrepay and helped me work out how much to pay and explained how variations on bills worked.

Christine

Christine says she lost her sense of pride, self-esteem and confidence through her experience of homelessness. Both her physical and mental wellbeing were compromised and she knew she could not continue with her career in teaching.

Question: Christine, what helped you to start repairing your health and wellbeing?

It became evident to me that I needed to seek counselling to talk about what I was going through and how I felt.

I also realised I had to find a new career path that would best suit my situation.

I always found art to be a useful therapeutic tool for me so I completed an Art Therapy course that not only enabled me to deal with the time I was without a home, it also built up my confidence and self-esteem. I took on a job as a lifestyle co-ordinator and began playing in a community band. The job ended up having a hectic and heavy workload though, which wasn’t good for me.

Question: What should workers consider to support people out of homelessness and transition to a stable home?

It is important for people who have been without a home and out of work to be encouraged to really consider what they are capable of doing, taking into consideration their health and other commitments, to avoid burning out. I’d also recommend counselling.

Trevor

Trevor lived out of his van for six long years. His pathway out of homelessness was through the rental market, sharing a house.

Question: Trevor, all you owned was in your van. When you moved into your rental property, it must have been sparse in your room. How did you deal with this?

I started out with just a mattress and it was depressing.

I went out and bought shelves before anything else. I needed something with height in my room, something that wouldn’t fit in the van, that I hadn’t been able to have for six years. This also provided a visual balance, vertical to horizontal, which makes me more comfortable.

Question: What should workers consider to support people out of homelessness and transition to a stable home?

While experiencing homelessness and even now, I still go to the Ozanam Community Centre. It was one of the few places I felt accepted and not judged while living out of my van. It has become an essential part of my sense of community.
Another factor is that my landlord and I have a good relationship, he was upfront about the future of the property. I knew he planned to bulldoze the property in 10 to 15 years but in the meantime, my housemates and I could make it home. Despite the plan to bulldoze, repairs have been carried out when needed.

Rent barely went up in the four years I have lived there.

Having a home base makes a huge difference. It has provided me with the opportunity to engage in education. I now enjoy studying and producing films about homelessness. This gives me something to look forward to.

Allan
Prior to homelessness, Allan found himself moving from place to place in cheap accommodation because he didn’t know where he wanted to live. He then experienced homelessness, and was provided rooming house accommodation in the city before moving into the public housing that remains his home today.

Question: Allan, when you first moved in to what is now your home, what was your sense of the space? Did it feel like home?

When I first moved into my new home, I experienced loneliness while I got everything in its place — ‘mise en place’. I was given this vacant space between these walls and there was nothing in there, other than a donated bed and a camp table. Entering a new place without any connection, like a radio, TV or Internet, these days leaves you with a triple sense of isolation.

In my own mind, furnishing the house seemed insurmountable. When you have a full cupboard, its easy to replace one item at a time, as needed. To fill a cupboard completely from empty seemed financially insurmountable. There are so many costs to consider, they are competing interests. What I did was to buy one item from my Centrelink payment each fortnight, until I had a fully functional and comfortable home.

This is advice I pass on to other people, as I do with how to get here and there.

Question: How important is community?

Being a part of a community where everyone is aware of everyone else and of their wellbeing is important. It is something that develops in a community over a long period of time, its not something that can be manufactured. The shortcoming of that is that as everyone gets older they become more aware of the pitfalls of becoming involved in the lives of their neighbours.

Participants at the pre-conference workshop discussed how they made a home post-homelessness:
- make friends
- get everything in its place — ‘mise en place’
- creating routines
- learning who you are with a home
- reclaiming your space
- owning the place
- decorating
- sourcing own furniture
- inviting friends over
- fill the house with what you love.

We also asked what they would have liked support with to aid their transition into their new home:
- information on free community and health services
- support services in the local area
- recommendations for primary and high schools in the area
- Myki pass for a week
- a map of the area
- places to buy food
- close bulk billing doctors and health services
- public transport timetables.

Community Visitors or Peer Support Program
People do not always remain secure when housed; they can fall back into homelessness. Yet once the homelessness sector is able to provide housing, support usually ends. Loneliness, isolation and a lack of support can be contributing factors to recurring homelessness.

At CHP, we have been discussing an idea that may help address this issue. That is, trialling a Community Visitors or Peer Support Program for those who have moved into housing after experiencing homelessness. These programs have been successful in other sectors and there is potential to run them successfully in our sector too.

We need to ask whether people who have experienced homelessness and are newly transitioned into a property would benefit from a program that can link them in with a regular visitor, someone who has experienced the transition from homelessness to housing.

We could provide company, conversation, information about the community and peer support.

When the panel speak about things they have put into place that helped their resettlement, they shared ideas that could be valuable for other people to hear about when they are transitioning into a new home post homelessness.

We asked panel members their thoughts on a peer support model:

Trevor
Loneliness and isolation are definitely an issue. Many of the people accessing food vans and meal services are there for the interaction with kind people who don’t judge them, others go to get out of their house and have an easy conversation. A visitors program could provide this interaction and conversation for people.

Jody
A Community Visitor Program is a fantastic idea to help people settle into their new home environment.

I felt disoriented in my new environment. I had to find my own way around a new area. This would have been much easier with someone who already knew the area.

A community visitor could have helped me to make links with my new community and talked to me about what is available and how to access what I needed.

When I first moved into my new home, I experienced loneliness and isolation. A visitor could have
broken up the time in the day and given me something to look forward to. If a visitor can offer new ideas and motivation, the results would be positive.

Ideally, visitors would have a lived experience so they understand the complexity of homelessness and the challenges of establishing a home.

**Jason**

Having a program that recruits volunteers to help someone who has moved into a property after being without a home could help people find their footing. The visitor could show them where to get a good cuppa and where to get support in their new neighbourhood. It would be valuable for the visitor to have lived experience of being housed after homelessness.

**Christine**

A community volunteer could learn about the newly housed persons’ wants and needs. It would be great to then discover what the person might enjoy doing by exploring community events or activities.

The program would allow for open discussion around issues that the newly housed person may have and then the visitor/volunteer can discover what is available in the community or local area, such as doctors, community groups and health programs. People could spend time shopping, attending appointments or even just sharing time with each other going for coffees, chatting about things, visiting galleries or seeing movies. This could reframe the outlook of someone who was recently provided housing.

This could be a great check in service to make sure everything is alright.

**Allan**

I agree with this idea because when you are homeless, you are displaced from your own community. When you get housed, you are further displaced. You might become homeless in Werribee and end up in Epping. You are more than likely thrown in with a group of people you’ve never met before, who all have their own challenges, whatever they may be. There’s a book called A Stranger in a Strange Land and that’s what you become.

From my point of view, the system has changed a lot in the last 20 years. When I was housed in a supported rooming house, it was in the city and close to services. Entering a 14-room rooming house was challenging enough. Thankfully, I had a connection with the Ozanam Community Centre. I had a sense of belonging.

Today, people are housed in privately operated rooming houses, which are far flung across the suburbs and they have no support network and no services. This leaves people lost in suburbia and left to their own devices. You try to fit in with your new community with new people, who are often addressing their own personal demons with alcohol or drugs. This has a corruptive influence on someone who may not have been suffering addiction.

I had the help of one friend, though I refused any financial help. He was the one social connection I had since before I became homeless. That connection made all the difference.

I think it’s very important that when services house people, there is a complimentary follow up from the service to settle them into their community.

The visitors would have to complete a Working With Children and police check. The people who pass these checks would still be untrained in homelessness so would bring their own biases to the role, without understanding the huge negative impact they could have on an individual. So, it would come down to having an integral home visitors service, which would become a real support service.

If you can overcome the negatives, firstly you would need to have it funded then each of these workers need to have an understanding of the geographical area where people are being housed. They would need to know where buses, shops, doctors and general community centres are located. Where people are truly challenged, either physically or intellectually, or have mental health issues, they will need more support. The problem is services are stretched because of the sheer number of people accessing them. If this is done properly, it could be highly successful at helping people maintain the housing provided to them by the homelessness services rather than cycling in and out of housing.

Participants in the pre-conference consumer workshop on Peer Support in the Homelessness sector made similar comments, saying peer support:

- breaks down the shame, not scared to ask for what you need
- someone who understands you, you don’t have to explain yourself
- assistance to gain back your confidence and have a voice again
- facilitate a safe space
- anticipate what you need because they have been there — you don’t know what you don’t know
- someone to check in with who you relate to
- stops isolation
- gets you out of the house
- assisting to re-engage in the community.

The findings from the panel and the workshop were clear; people want peer support to assist their resettlement.

Emma Ladd, General Manager of Quality and Service Development at Wellways Australia presented on their peer support model. Emma discussed why peer support is needed, the effectiveness of the model, benefit to services, consumers and community. Emma ended the presentation with advice on implementing peer support models.
Concurrent Session: Ending Rough Sleeping and Chronic Homelessness; Practice Evolution

Melbourne Street 2 Home: A Housing First Model

Theresa Swanborough, Manager, Bolton Clarke* Homeless Persons Program

The National Partnership Agreement on Homelessness (NPAH) that followed the 2008 *The Road Home: A National approach to reducing homelessness* White Paper identified Street 2 Home (S2H) ‘as its principal programmatic response to ending rough sleeping’. This saw a range of S2H programs implemented across Australia including the Melbourne S2H (MS2H) program that was funded in 2009.

My presentation will not focus on why we have not been able to end rough sleeping in inner urban Melbourne — I have left that to others who will articulate the drivers and system failures that are leading to an ever-increasing number of people sleeping rough.

My plan is to offer an overview of MS2H, its key components and focus on what we have been able to offer to those we work with. I also want to provide some key observations on the work of the program.

First, some background. In 2009, a consortium made up of HomeGround, (the predecessor to Launch Housing, Salvation Army Adult Services, the Salvation Army Crisis Service and the Royal District Nursing Service (RDNS) Homeless Persons Program, was funded to deliver a S2H response in Melbourne.

HomeGround, and then Launch Housing, took the lead responsibility as the fund holder and played a leadership role in the development of the program. In undertaking this role, Launch Housing has been inclusive of consortium partners and the broader service system. In other words, implementing MS2H has been a collaborative endeavour.

My initial reactions to MS2H took the form of a number of questions:
• What does an American model have to teach us about homelessness?
• What exactly is meant by ‘a registry process’ that will see us out on the streets at 3.00am in the morning, waking people up in order to implement a survey — and while we are at it, are we really going to ask if we can take their photo?

At the time, the S2H model challenged many of us. It asked us to set aside the belief that we knew all the answers to homelessness, and be open and willing to consider a new approach.

Using a House First approach S2H also challenged the ideas and notions, held by many, that people experiencing homelessness needed to be ‘housing ready’. That is, that some people experiencing homelessness needed to acknowledge they required treatment, and that they engage in treatment, whether it is for drug and alcohol, and/or mental health issues, before being offered permanent housing.

Importantly S2H has a well-documented evidence base and a set of operational principles and processes. In addition, MS2H has been formally evaluated by RMIT academics and researchers, Guy Johnson and Chris Chamberlain.

The MS2H model has three key components:

Firstly, MS2H seeks to work with those most entrenched within rough sleeping.
This required that we implemented a process that would enable us to identify who was sleeping rough in our catchment area. In order to do this, a formal intake process was set up. This is known as Registry Week, which did in fact see us going out at 3.00 am in order to make contact with people who were sleeping on the street. Eighty volunteers and 19 agencies where involved in doing this work. Registry Week also increased the understanding of, and ownership of, MS2H, by a large number of people.
Secondly, MS2H seeks to work with those most at risk. Identifying risk requires an assessment of need. The Vulnerability Index was used in order to make this assessment.

The Vulnerability Index is a tool that uses a health lens to identify those most at risk of dying without a targeted intervention. Typically rough sleepers are high users of Emergency and Accident Departments, services that are provided at a high cost and with little sustainability in terms of health outcomes. As the time rough sleepers spend on the streets increases, so does the severity of their ill-health.

Within the Vulnerability Index there are eight key factors that are scored. These are:
- more than six months on the streets and at least one of the following features of tri-morbidity
  (mental health, serious medical condition and substance abuse)
- more than three hospitalisations or Emergency Room (ER) visits over a year
- more than three ER visits in the past three months
- 60 years of age or older
- HIV-AIDs
- kidney disease
- liver disease
- cold weather injuries.

I have come to the conclusion that the introduction of the Vulnerability Index has brought about a significant change in the homeless sector’s understanding of the impact that homelessness can have on a person’s health.

Thirdly, MS2H seeks to target those people who are least likely to access and maintain housing. A housing history often indicates that some people have spent years cycling through rough sleeping, crisis accommodation, caravan parks and private rooming houses. In the end, many of the people caught in this cycle have become trapped within rough sleeping.

Many MS2H participants have been banned from a range of services. This results in them having an ever-decreasing range of housing and support options. They are often labelled as being ‘too difficult to work with’ and not willing to engage in a ‘case management framework’.

Needless to say, obtaining housing, which was not separately funded and tied to MS2H, has presented the biggest barrier to implementing a Housing First model. Typically people have had to wait six to nine months to be housed.

While obtaining housing is the main objective of MS2H, so is offering appropriate practical, purposeful, person-centred support both pre and post-housing. In a practical sense, this means standing with and beside people, and if at all possible, doing what the person wants (that is, if it is legal and ethical).

The integration of community nurses into MS2H enabled health assessment, treatment at point of contact and a bridge into mainstream health services. Supporting people to go to a dentist, optometrist, and to engage and understand their treatment options has brought about immediate outcomes for participants, outcomes that keep them engaged with the program while permanent housing is sourced.

While post-housing support is an integral part of the MS2H model, there is nevertheless debate about how long support should be offered and provided. While notionally the support period is a year, for some it may well need to be longer.

Practice and experience has demonstrated that at times, program participants may need re-engage with MS2H.

Some Key Observations
- MS2H is not a stand-alone response to rough sleeping. It is a strategy that targets one segment of the rough sleeper population; those most vulnerable.
- The introduction of the Rough Sleeper Initiative (which was funded separately in 2015) has enabled us to offer a broader service response to the rough sleeper population in the Melbourne central business district (CBD). This has in turn helped us to address our ethical dilemma about meeting the needs of people who did not qualify for a MS2H response. The Rough Sleeper Initiative has also supported targeting a service response to specific need. Three separate segments have been identified:
  - those recently homeless who are sleeping rough
  - those persistently homeless who have intermittent rough sleeping
  - those who are chronically homeless who are rough sleeping.

- It also needs to be acknowledged that prior to these new service initiatives, there were and continued to be a range of services in inner-urban Melbourne that interact with rough sleepers. For example, in 2015 the Council to Homeless Persons was funded by Melbourne City Council and Lord Mayors Charitable Fund to undertake a service co-ordination project with the key organisations that interact with rough sleepers in the central business district.
  - Running across these three segments identified above is a need to establish a ‘live register’ of rough sleepers that would enable program workers to assertively engage with, and seek to triage, rough sleepers into the most appropriate part of the service system based on an assessment of their need.
  - Currently one of the biggest service gaps is the lack of a ‘maintenance and support service’ for people under 55. It also remains unclear what the role of the NDIS will have in responding to rough sleepers with a disability.

Conclusion
There has been much that has been learnt over the last eight years in assertively seeking to work ‘purposefully’ with people who are rough sleeping.

One of the key things we know is that rough sleeping is not just limited to capital cities.

I remain hopeful that a process can be put in place that supports and enables a sharing of service information, models and process that is effective and that can be fast tracked into a state-wide response to rough sleeping.

* Formally the RDNS Homeless Persons Program
Redesigning Crisis Accommodation

Jane Barnes, General Manager, The Salvation Army, Adult Services Network

The Need for Change
Crisis Supported Accommodation Services have for many years been the backbone of the response to single adult men’s homelessness in the inner metropolitan area of Melbourne. The last time a major overhaul of these services was undertaken was in the 1990s and the service model now seems tired and ineffective, and no longer enables us to respond constructively and flexibly to complex and changing client needs.

There is little doubt that the mismatch between client needs and the Government’s commissioning framework has a direct impact on client experiences and outcomes. A recent report on client experiences at Flagstaff, Ozanam House and Launch Southbank by The Australian Centre for Social Innovation concluded that for some, chronic homelessness develops despite — and potentially because of — repeated, ineffective interactions with services.¹

In other words, these services are contributing to the churn of people through the system rather than providing a response that works toward ending homelessness.

There is much evidence to support the value of the Housing First approach particularly when working with people who are experiencing chronic homelessness. There is also growing evidence from programs such as Melbourne Street to Home of the vital role that supported residential services can play for some people who have experienced not only chronic homelessness, but also extreme isolation and disengagement from community and trauma. Unfortunately, with the current design of the service model, the benefits of residential stays are all too often not realised. This is primarily because of two factors; firstly the difficulty in accessing the services and secondly, that once in the service, the stays need to be relatively short-term.

The Redesign Challenge
Last year The Salvation Army commenced a major review and service redesign process at two of our homeless residential programs — Flagstaff Crisis Accommodation (located in West Melbourne) and The Open Door (located in North Melbourne). Our aim is to design a service that is responsive to people’s needs, that creates community and sits within the Housing First approach. We also want to firmly embed ourselves as part of a systems response that is inclusive of all the significant parties including primary and specialist health services, housing providers, prisons, statutory care providers, employment providers and others.

Through this process, we identified opportunities to significantly redesign our approach to homelessness service provision to create a supported pathway into permanent housing, particularly for long-term rough sleepers and those who are experiencing chronic homelessness who have high and complex needs.

The following principles will guide our service model development:

- homelessness is primarily a structural issue
- every client is unique — we engage holistically and flexibly
- many clients have experienced trauma — recovery is important
- achieving meaningful outcomes is more important than maximising throughput
- every client has strengths — we build on these
- we form a community of support characterised by genuine acceptance, compassion and care
- achieving lasting change for clients requires us to work together.

The Model: A Summary
At the core of the model is a flexible pool of case management support that engages clients over time, whatever their circumstances and wherever they may be living — on the streets, in rooming houses, or in institutions such as health or corrections. It will not be dependent on people residing in a congregate facility. This case management will provide longitudinal engagement and coordination that facilitates housing and support outcomes. Engagement and support will be able to commence prior to entry and continue after exit from these facilities.

Combined with this, will be a set of associated programs and services working in an integrated manner within the residential facilities that assist to build strengths, address issues and achieve goals. These include specialist health, mental
health and alcohol and other drug (AOD) programs; vocational programs; therapeutic recreation, cultural and living skills development programs; programs developing emotional regulation and coping strategies; chaplaincy; and referral connections with a wide range of other community service programs. These programs again will be accessible to clients wherever they are living, and over time will focus on enabling clients to connect to supports in the communities in which they are housed.

In the new model, the residential facilities will provide an essential resource that is used alongside longitudinal case management support. The facilities will help to meet people’s basic needs, provide timely access to needed supports, and provide an experience of home. Programs will be delivered in the context of a community of support in which each client, staff member and partner agency has a role to play. Clients will be active participants and contributors to, the residential communities rather than passive recipients of services.

There will be also a strong emphasis on peer support, with formal peer support roles embedded within the facility support team, as well as less formal roles and processes that build clients’ capacity to support each other.

Trauma informed care will underpin the service model informing all aspects of accommodation and support provision. We recognise that many clients have experienced profound trauma through childhood events, life circumstances and the experience of homelessness.

**Outcomes Focussed**

We recognise that clients are diverse and that their needs and goals are equally diverse. There is no ‘one size fits all’ outcome toward which service delivery is directed. However, there are four common streams of outcomes which are of importance to many clients:

- **Housing:** Homelessness is first and foremost a housing issue. The programs provide shelter in the short-term and work towards clients accessing and sustaining safe, suitable long-term housing. The type of housing that will be suitable can vary widely depending on the client’s needs and preferences.
- **Independence:** The programs build the capacity of clients to care for self, to access the supports they need and to live sustainably in the community.
- **Participation:** Many clients have a strong interest in connecting with and participating in the community, including through employment. The program will help clients to build capabilities and overcome barriers to social inclusion and participation.
- **Health and wellbeing:** Many clients experience a range of mental and physical health issues, including the negative impacts of AOD use. Many experience high levels of stress, anxiety and hopelessness. The programs support clients to access the care they need to address health issues, build self-esteem, and a sense of capability and meaning that contribute to resilience.

The journey to stable housing and personal recovery for people who have experienced chronic homelessness can take years. However, the evidence is clear that a systems approach, that provides a variety of support options within a housing first framework, can and does work.

**Length of Stay**

As indicated previously, commissioning frameworks have to date been built on length of stay. Under the new model, timeframes for residential stays will be negotiated with each person and it is expected that there will be a mix of lengths of accommodation. The underlying principle is that accommodation will be provided while it is assisting clients to progress towards the key outcome areas. If a stay in a residential facility is making little difference to achievement of outcomes or is leading to a worsening of a client’s situation, then we will seek to move the client into other forms of accommodation. It needs to be made clear that the purpose of a residential stay is to work towards an exit into sustainable housing and to achieve other outcomes, rather than to provide ongoing accommodation.

We recognise that for some clients, shorter stays (and the knowledge that they will need to leave earlier) can lead to higher motivation and better outcomes than indefinite stays which can lead to a tendency to create ‘case drift’. For people with higher needs or complexity for whom the residential setting is working well, a stay of six to nine months will not be unusual. A few clients may stay 12 months or longer where this is important to provide a stable, inclusive environment whilst working towards achieving housing options that are appropriate and sustainable.

Endnote

Concurrent Session: Reform Reform Reform: What has Changed and What Remains to be Resolved?

Victorian Homelessness and Housing Reform: Launch Sites; The Experience So Far

Lisa Morgan, Gippsland Homelessness Network Coordinator

How We Have Made it to the Launch Sites
Consultations with Victoria’s community sector highlighted the need for an integrated service system that provides a holistic response to vulnerable Victorians, when and how they need it.

The Victorian Homelessness and Housing reform was announced in late 2015 with this in mind. The reforms are built on the foundation that ‘everyone deserves the stability and security of a safe place to call home’. There is an expectation that with ‘ideas and energy’ from the sector and its consumers, the ‘fragmented and disconnected system’ can be improved to keep up with increasing demand and ensure choice and dignity in our service provision.

In April 2016, three Launch Sites were chosen to test this reform. The Launch Sites are Brimbank/Melton in the west and Hume/Moreland in the north, with both offering a metropolitan perspective. The third, Inner-Gippsland, the only rural site, will also be a test site for a Support and Safety Hub as a part of the implementation of the Family Violence Royal Commission Recommendations.

The Structure
The Homelessness and Housing reform provides an opportunity to do things differently. The governance structure of the Launch Sites, and their aligned activities, allow for the design of policies and working processes that keep in mind local circumstances and service user experiences.

Specialist Homelessness Services (SHS) and social housing providers working together in this reform allow for a fullsone approach to securing safe and sustainable housing and support. The Launch Sites are working closely with other housing reform initiatives including the Victorian Housing Register implementation.

The oversight provided by the Senior Leadership Group enabled the development of consistent launch site framework. This group brought together senior SHS, Department of Health and Human Services (DHHS) and peak body representatives. The work of this group is focussed on the outcomes and the potential statewide application of the findings from the Launch Sites.

At all three Launch Sites, area implementation groups are now well-established that allow for the authorisation of the work undertaken at each site. All sites have now established working groups that are focussed on the service elements and practice they have identified as a priority.

Early Signs of Positive Change
Launch Sites have built on the collaborative relationships that already exist in their Local Area Service Networks (LASN). In line with the trends and gaps identified in each area, Launch Sites have also extended representation to include housing providers and other allied services. This is particularly true for Inner Gippsland, where multiple reforms are occurring. Inner Gippsland has a unique opportunity to test the integration of these reforms.

The natural intersection is clear and mirrors the existing not-for-profit service structure in Gippsland. Many of the managers participating in Inner Gippsland’s Area Implementation Group (AIG) have responsibility for more than just homelessness programs, often holding portfolio’s that include family violence and vulnerable children. Many representatives of the launch site are also members of the governance structures for family violence and vulnerable children reforms.

This has been challenging in terms of time management. As a result, the Family Violence Regional Integration Coordinator, Family Safety Victoria, Children’s Resource Coordinator and Principal Project Officer (PPO) for the Child Youth Area Partnership (CYAP) received early invites to join the AIG and subsequent working groups. This broader service collaboration is encouraging integration in the design of tools. We anticipate this will strengthen the foundations for testing in Inner-Gippsland. However, this has highlighted the importance of reducing duplication of effort wherever possible.

The availability and flexible use of funds to secure private rental has created stronger, and in some cases, new relationships between SHS and the private rental market. In December 2016, the Private Rental Assistance Program (PRAP) was implemented across all 17 local areas, including a private rental broker in each of these areas. At the same time, Launch Sites received additional funds to trial landlord incentives. PRAP and landlord incentives have allowed SHS to intervene before crisis point is reached and in many cases has prevented evictions. There has been increased housing choice for some consumers, including those who have chosen to move from social housing into private rental as it better suits their needs. We envisage that the sustaining of PRAP will decrease demand on crisis responses, emergency accommodation and transitional housing.
Brimbank/ Melton have made significant progress with their landlord incentives. They have developed their pipeline project. The project uses landlord incentives for property works on ‘hard to let properties’ with consumer access incentives, to secure reasonable and sustainable housing in their local area. This is a welcome opportunity for partnership between SHSs and real estate agents.

The early intervention success in PRAP and landlord incentives has now been extended to include additional staffing. A brief Intervention Worker and an Enhanced Housing Worker, were allocated to each Launch Site in July 2017. We anticipate that the brief intervention role will assist PRAP clients and the Enhanced Housing Worker will be tasked with assisting those recently released from prison to secure safe and secure housing.

The homelessness and housing reforms aim to create new approaches to service provision through co-design. Consumer advisors have been integral in state-wide and local design and testing. Their input has ensured design is ‘needs driven’ and that the models developed include visible and sustainable change. This is the strength of co-design in this reform. The inclusion of operational managers and direct service delivery staff in Launch Site Working Groups has also aided the commitment to co-design. We anticipate this will lead to greater success in testing and evaluation.

From the outset, the framework and structure for Launch Sites identified a need to ‘end rather than manage homelessness’ that cannot be achieved without genuine consumer participation and broader stakeholder involvement. This involvement is enabled through the membership and focus of each of the Launch Site Working Groups.

Each Launch Site has a number of Working Groups and tests running simultaneously. The priorities identified for each of the Working Groups have been set by the area implementation groups and vary slightly, for each area.

We anticipate that the variety of Working Groups across Launch Sites will offer many opportunities to test change. Testing of each design will occur through 100-day sprints, with review and refinement informing the next round of 100-day sprints. The outcomes and evidence of each test will be considered in developing the next service design element.

All three Launch Sites have an assessment working group, currently designing sprint tests unique to their local area. There are consistent parameters in each of these groups around improving the experience for service users and integration with allied services. However, each site has approached this task differently.

What We Anticipate Will be Different
Launch Sites are moving between testing and design, for a number of service elements in their local areas. However, while early indications are positive, we anticipate that change will be more visible within the next six to 12 months.

We expect to see greater consumer choice in housing across all areas including private rental and social housing. Client support is the next service element to be tackled in Launch Sites and we anticipate this will be challenging. However, with a more fulsome assessment, we hope to see the tailoring of support type and duration to each individual’s circumstances.

Launch Sites still have a lot of work to do and consideration needs to be given to what will be scalable and sustainable, for the other 13 local areas across Victoria.

As we continue this work, we need to ensure that while we mitigate risk, we also remain brave and respond to the diversity of our communities by offering choice and dignity.
Concurrent Session: Exploring the Use of Animal Assisted Interventions with Homeless Young People
‘Happiness is hugging a therapy dog’: Exploring the Use of Animal Assisted Interventions with Youth Experiencing Homelessness

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Abstract
Finding effective ways to support young people experiencing homelessness is important. This project was designed to examine the influence of animal assisted activities at a Melbourne youth service working with young people who are experiencing homelessness, at risk of homelessness, or are disengaged. This article presents the preliminary evaluation findings. The program involved over 170 young people participating in weekly animal assisted activities. It appears feasible to incorporate animal assisted activities in homeless services, with these activities playing a key role in the lives of clients, particularly related to their sense of wellbeing and connectedness.

Introduction
Homelessness among young people is a multifaceted and significant social problem. It is estimated over 26,000 Australian youth (12 to 24 years) experienced homelessness in 2011.1 Young people experiencing homelessness are one of the most vulnerable groups in society, with many having experienced trauma and maltreatment in their familial environment. For these young people, the experiences of physical and sexual violence and victimisation while homeless are commonplace.2,3 Finding effective ways to support young people experiencing homelessness and address related health and social problems is an important social and economic priority and is critical for informing prevention strategies.

Pets have a significant role in families and child and adolescent development.4,5 Against a background of activities and interventions designed to address a range of social and psychological problems, there has been an increasing focus on the relationship between humans and animals, particularly using animal-assisted interventions (AAI). AAIs are formal and informal activities and interventions which are underpinned by the inclusion of animals6-7 and are shown to have benefits for clients in relation to emotional distress, social relationships and coping skills.8

Despite many of this group of young people not owning their own pets, there is evidence to suggest that animals still play an important part in the lives of people experiencing homelessness, and may elicit the importance of welfare and safety. Specifically, for vulnerable groups (including young people experiencing homelessness), AAIs have showed benefits through the development of trusting and positive relationships (between the client and the animal) associated with decreased confrontational and negative behaviours and increased personal and social skills.9,10 The use of canines in AAIs has been shown to have benefits for clients in relation to self-esteem, emotional distress, social relationships and coping skills.11,12 The positive value of including animals in homeless services has been recommended.13

Animal Assisted Activities at Frontyard Youth Services
Frontyard Youth Services, established in 1989, is one of Victoria’s largest integrated services assisting young people 12 to 25 years who are experiencing homelessness, at risk of homelessness, or are disengaged. Located in Melbourne’s central business district, Frontyard provides integrated services, through co-located agencies, attending to the physical, social and emotional needs of young people. Annually Frontyard services see over 2,000 young people face-to-face, and an additional 11,000 through their telephone service.14 Frontyard assists young people in areas including: case management, housing, finance, life skills, health, mental health, dual diagnosis, legal, family reconciliation, parenting, education and employment.

Given the potential of AAIs to mitigate against the challenges faced by young people at risk of, or experiencing, homelessness, Frontyard Youth Services engaged Lead the Way™ Psychology and Animal-Assisted Therapy (LTW) to deliver a three-month pilot Animal Assisted Intervention. LTW provides high quality clinical services, and professional training in the theory and practice of delivering animal assisted interventions. The Frontyard Program consisted of 12 weekly animal-assisted activity sessions of three-hours duration with two therapy dogs. Each session was facilitated by a registered psychologist, with support given by Frontyard staff. Clients were offered opportunities to take part in some semi-structured activities, including trick training with the therapy dogs (for example, shaking hands, going through tunnels), or simply relax with the therapy dogs. The pilot program was evaluated using various assessment tools, including attendance and retention records, qualitative interviews and session observations by Frontyard staff.

‘I feel happy, relaxed and in control when I am in the Program…’ — The influence of Animal Assisted Activities

Over 170 young people participated in the Program, with almost 50 per cent engaging in at least four sessions. Figure 1 (overleaf) presents some images from Program sessions. Young people often described how participating in the Program affected their sense of wellbeing.
For instance, ‘The dogs make me feel happy, alive and they brighten up my Wednesdays…The dogs give me a break from my problems…I smile when I am around them and my smile is genuine…I usually put on a smile but it is a front…It masks my problems, the drugs, the family situation…I don’t have many friends left, four of my friends were killed in a car accident all at once…my smile is real when I am in the basement with the dogs’.

Another participant expressed a similar experience, ‘The dogs have assisted me in feeling happy from 12.30 to 3.30 because I don’t think about anything else but how I am going to get another hug from Opal’.

Another commonly described experience was clients’ perceptions of improving their social skills and connectedness with peers. For example, ‘The dogs keep my paranoia and anxiety at bay and because of the dogs I am more social’. Clients feeling safe, relaxed and valued were prominent themes that emerged in discussions around interacting with the therapy dogs. For instance, ‘I feel safe, one of the reasons I keep coming back to the Program. The dogs make me feel safe and calm’. Clients also recollected their sense of relaxation and calm; ‘I knew after each session I attended that I will walk out of Frontyard much happier than I arrived…The dogs have been calming and relaxing’ and ‘The dogs pick up on my emotions and they make me feel calmer…They feel like a warm water bottle’.

Concluding Remarks and the Way Forward
To date, the animal assisted activities at Frontyard have played a key role in the lives of clients, particularly related to their sense of wellbeing and connectedness. This is likely to have resulted through the development of trusting and positive relationships between clients and the therapy dogs. Following the completion of the pilot program Frontyard has recently begun Phase 2 of the program. Phase 2 will continue through to the end of 2017 and will also be evaluated. Most importantly, the knowledge gained through the evaluation will aid in building understanding of the use of therapy dogs and animal assisted activities in service settings designed to assist vulnerable and marginalised young people, including those who are experiencing homelessness.

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Modified sections of this paper appear in the media article ‘The power of puppies for troubled youth’ published by the Westpac Bicentennial Foundation and Westpac WIRE. The authors express their appreciation and thanks to Frontyard clients for their valuable contribution to the project. Appreciation and gratitude is further extended to Ms Elani Schmidt from LTW Psychology and Animal-Assisted Therapy and the staff at Frontyard Youth Services and Melbourne City Mission for their assistance in facilitating the Programs’ implementation. Gratitude is also expressed to Hannah Purdy from Melbourne City Mission for her assistance with this paper.

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Endnotes
8. ibid.
9. ibid.
Concurrent Session: Learning and Employment: Making the Link for Young People at Risk of Homelessness

The Geelong Project: ‘Collective Impact’ — A New Paradigm

Associate Professor David MacKenzie, Swinburne University

The Need for Reform: A Geelong Perspective

The problems in Geelong are much the same as in many communities. Too many young people experience homelessness due to family dysfunction and family conflict. In Geelong, between 200 and 250 school aged adolescents sought help for homelessness issues every year and some 900 teenagers and young adults (up to the age of 25 years) experienced homelessness. Most of these young people entering the Specialist Homelessness Services (SHS) system were not engaged in education, training or employment. Only a tiny number (two per cent) ever returned home after accessing short-term accommodation in the homelessness service system.

Too many young Australians leave school early and early school leavers comprise a significant disadvantaged cohort within the Australian population. The Barwon Region is on the low-end side for educational outcomes, and in 2012–13, youth unemployment was more than 30 per cent. Every year, some 200 to 250 young people leave Geelong schools early. The current youth service system is biased heavily towards crisis intervention with its activities and services delivered strictly within departmental silos.

As in many communities, young people tend to find the service system rather confusing and complicated. Young people with

<table>
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<tr>
<th>Table 1: Collective Impact</th>
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<td>Five Key Elements of Collective Impact</td>
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<tr>
<th>Key Element</th>
<th>Meaning</th>
<th>TGP Operationalisation</th>
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<tr>
<td>Common Agenda</td>
<td>All participants have a shared vision for change including a common understanding of the problem and a joint approach to its solution through agreed upon actions.</td>
<td>The Geelong Project has an identifiable brand which is its public representation of the collaboration and the reformed integrated support system for vulnerable youth and families in Geelong.</td>
</tr>
<tr>
<td>Shared Measurement</td>
<td>Data collection and measurement of outcomes consistently across all participants to ensure efforts remain aligned and participants hold each other accountable.</td>
<td>Partners share data and results. Australian Index of Adolescent Development (AIAD) indicators identify risk levels and measure outcomes longitudinally; data matching between school student data and Barwon, Child, Youth and Family (BCYF) client data together with AIAD.</td>
</tr>
<tr>
<td>Mutually Reinforcing Activities</td>
<td>The activities of participants may be different while still being tightly coordinated through a mutually agreed common plan of action.</td>
<td>Intake team; Regular TGP Operations Meetings of school staff and TGP Youth and Community Workers. Shared communications about TGP amongst partners.</td>
</tr>
<tr>
<td>Continuous Communication</td>
<td>Consistent and open communication amongst participants to build trust, assure mutual objectives and build common motivation.</td>
<td>Collective governance through TGP Executive Governance Group. Project owned by collaborative partners. Open dialogue amongst TGP partners.</td>
</tr>
<tr>
<td>Backbone Support</td>
<td>A skilled staff and organisational form to build and manage the entire collective impact initiative by coordinating the participant organisations and activities.</td>
<td>A TGP Project Coordinator and administrative support including funding of data collection, analysis and formative real-time evaluation.</td>
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N.B. Table based on the five key elements identified by Kania and Kramer 2013.
more complex issues may find themselves dealing with more than one worker, involved with several programs, and referred from one place to another in order to get the help they need. How can communities develop the capacity to improve school and education outcomes, reduce anti-social behaviour and offending and prevent and reduce homeless as well as other adverse outcomes for young people within such a siloed system? The outcomes from this current system are not as good as they should be or could be.

What is the Geelong Project Model?
The Geelong Project (TGP) or ‘community of schools and youth services’ (COSS) model of early intervention is an exemplar of what is being described as ‘collective impact’, in which a community’s support resources work collaboratively to a common vision and practice framework using the same data measurement tools (place-based, data informed practice with a strong measurement of outcomes regime).

The concept of collective impact conjoins two concepts not previously intimately connected — community development (collective) and a strong focus on outcomes (impact). As happens, various claimants have popped up talking ‘collective impact’, and saying they have been doing collective impact all along. If only that were true. However, the five key elements of Kania and Kramer’s concept of collective impact are a strict regime that relatively few projects or initiatives have managed to achieve. Collective impact generally has a place-based scope, and without exception, emphasises a deeply collaborative approach to whatever issue is the focus for change.

The Victorian Policy Context
The Geelong Project model references several key Victorian Government policy commitments. For example, the Education State agenda under ‘breaking the link’; the 2016 Department of Health and Human services (DHHS) Roadmap to Reform under ‘intervening early and focusing on improved locally based community services’; the five key principles of the 2008 Victorian Vulnerable Youth Framework developed under the previous Labor Government; the Youth Justice policy of intervening earlier with families to achieve prevention and diversion, and lastly, the emphasis in the Victorian Homelessness Action Plan 2011–2015 to investigate ‘models that focus specifically on early intervention and prevention’.

TGP holds that all interventions and programs for vulnerable and disadvantaged young people should be connected with education, vocational training and/or employment pathways. It is widely appreciated that the current programs in the Department of Education and Training and DHHS do not achieve that combined objective effectively. Calling for more and better coordination, as has been done so many times in the past, is not the solution. As demonstrated by TPG, a shift to place-based ‘collective impact’ approach offers real promise, but requires reform and challenges the entrenched professional cultures and practices of teachers, school staff and social and community workers.
The Geelong Project: Key Service Delivery Characteristics

The Geelong Project model deploys a range of innovations, some in line with departmental thinking but others reaching ahead of current policy thinking. The model incorporates the following:

Population screening for risk using a series of indicators on an Australian Index of Adolescent Development (AIAD) survey instrument combined with local information from schools and a brief screening/engagement interview — this methodology allows risk to be rigorously assessed and a pre-crisis response delivered. The same indicators provide a basis for monitoring change and measuring against the key outcome areas.

Collaborative referral decision-making by the school and early intervention workers through a single point of entry — in-school welfare staff work in a formal cross-sectoral collaboration with external early intervention youth and family workers — to support the entire identified at-risk cohort but dynamically and efficiently over time. The idea of an extended cross-sectoral workforce is innovative and the longitudinal cohort approach is in contrast with the dominant practices of crisis programs.

A flexible and responsive practice framework with three levels of response: ‘active monitoring’, ‘short term support’, and ‘wrap around’ support for complex cases — student and family support based on expressed need varies from one point in time to another and the capacity of the TGP early intervention platform to operate flexibly is a key to achieving efficiencies.

Youth-focused and family-centred support for vulnerable families and young people — family dysfunction is a precursor to many adverse outcomes for young people meaning that working with a young person must involve working with family members. School personnel cannot undertake the full range of family support interventions and are only mandated to provide support while young people are school students. The TGP youth and family workers provide support for the young person (and their family) while a student or beyond school.

Robust outcomes measurement, monitoring and evaluation — as an embodied component of the model informing practice decision-making as well as client outcomes according to the TGP program logic. The AIAD identifies risk but also provides a set of tools for monitoring individuals, the entire at-risk cohort as well as trends affecting the school population.

Outcomes

The Geelong Project has focused on changing how vulnerable young people and their families can be reached prior to the outbreak of crises. The two key outcome areas that have been the focus of reform in Geelong are:

a) the prevention of youth homelessness and
b) the improvement in educational outcomes for the most disadvantaged youth.

Prevention and early intervention was highlighted in the 2008 White Paper, The Road Home, but little has been achieved since. Likewise, the idea of engaging mainstream agencies in the national effort to reduce homelessness was argued in the White Paper but again left woefully under-developed.

Preventing Youth Homelessness

The measure of this outcome is the number of young people fronting up...
to the Specialist Homelessness Services (SHS) entry point seeking assistance. The Geelong Project program logic objective is to reduce the number presenting at the entry point. Historically the baseline for adolescents entering the homelessness system in Geelong was an average of 230 per year, a baseline held for at least the decade from 2002–2013.

In 2013, The Geelong Project intervention commenced along with some important changes in the practices of the key support agency and the model continued despite loss of Stage 2 IAP funding in 2014. By 2015–2016, there is evidently a new lower baseline of about 132 per year and by the end of 2017, this will be a three-year new baseline. The outcome is a 40 per cent reduction in the number of adolescents in Geelong entering the homelessness system. According to research, this involves a major saving in health and justice costs. Early intervention saves money.

Improving Educational Outcomes
Since a basic proposition of the COSS model is that early intervention prior to crises is possible and the way of reducing adverse outcomes due to family dysfunction and conflict. Early school leaving is one major issue. Another is poor educational achievement in secondary school, often compared with other countries using PISA scores.

While family factors contribute a major amount to educational disadvantage, along with addressing family issues through early intervention, there are many ways that schools can improve educational support to disadvantaged students.

The outcome measure for early school leaving is the number of young people who leave schools early — that is, before successfully completing Year 12 — and who do not transfer to another secondary school, do not move overseas or interstate, enrol in a TAFE program, are accepted into an apprenticeship/traineeship or employed full-time. The TGP program logic has a core objective of reducing early school leaving.

There is an historical baseline for adolescents entering leaving school early in Geelong — between 200 and 250 per year on average. The TGP intervention started in 2013 and has continued on the basis of local reform of the work done by various workers at Barwon, Child, Youth and Family (BCYF).

There are two measures demonstrating an effect. The first is that in 2013, there were about 200 students in the three schools indicating a high level of disengagement from school, but by 2016, this cohort had been reduced by 50 per cent to 100, suggesting a positive change underway. Early school leaving is one hard measure of improved educational outcomes.

In 2013, more students were leaving the three pilot schools than the other nine state secondary schools. In 2016, that situation had been reversed. From 2013 to 2016, there has been a 20 per cent decrease in the number of young people leaving school early. Overall, in Geelong, early school leaving has remained much the same with a range 200 to 250.

Looking to the Future
The Geelong Project model demonstrates how a reformed place-based community service system can achieve unprecedented outcomes through proactive pre-crisis family interventions. Not an add-on program concept, the COSS model provides a template for engaging in some serious system reform to achieve significantly better outcomes for the most vulnerable young people and their families. But, can governments overcome the entrenched departmental silos in which program are currently structured? Can schools and community agencies adjust their practices to work under a more collaborative, cross-sectoral strategy?

We can do better!

Endnotes
What I Have Learnt About Youth Homelessness by Building a School for Young People at Risk of, or Experiencing Homelessness

Dave Wells, Principal, The Hester Hornbrook Academy*

Principal of The Hester Hornbrook Academy Dave Wells reflects on the development and growth of the Hester Hornbrook Academy from 2012 to today, with 164 students in eight classrooms across five campuses; and shares his learnings about responding to youth homelessness.

Melbourne City Mission has a long history in the youth homelessness space. We are well known for engaging young people early, providing continued support, and for Frontyard Youth Services’ innovative youth supports and programs. We are also well known for partnerships and advocacy on behalf of homeless young people, and are well aware of the critical interface between education and youth homelessness.

Over the past six years we have been running our own education programs, initially as a community education provider, developing into a registered training organisation (RTO) and now, an independent school The Hester Hornbrook Academy (The Academy). Our aim has always been to look beyond the mainstream or ordinary models the sector only, in an effort to target young people experiencing homelessness and those who had some really complex reasons why they could not attend a mainstream school. We set up a single classroom for 20 students with a teacher and a youth worker and ten brand new Mac computers in one of our youth refuges, co-located with Victoria’s first youth foyer model. And in a few weeks it was full.

The following year we set up another classroom at Frontyard. The year after, another in the West and within two weeks of advertising the opening of the class, we were full and had a waitlist long enough to fill another full class… so we rented additional space in the Visy Hub in Sunshine and opened an additional classroom.

Pretty quickly we identified that one of the essential components of the model’s success was that each classroom was concurrently managed by both an educator and a youth worker. This approach truly values the education element of the program in equal partnership with the wellbeing element of the program, meaning authority and decision making is shared. Together the educator and the class youth worker share authority and model what it is to engage in a professional relationship, to work together and to treat people respectfully.

We wanted to shift the power dynamic one-step further and invite students into the relational context and to fully participate in it. The young people themselves share the authority and decision making with the staff. The result is no ordinary school, rather it is an extraordinary wellbeing, teaching and learning context.

I want to share three key things we have learned about responding to youth homelessness, through the journey of creating The Academy.

1. We do not have to resolve homelessness, and all the other complex issues a young person may be facing in order to refer that young person into school. Nor do they have to have it all resolved in order for that young person to engage in school. We just need a different type of school, with a different type of educator and a youth worker who gets it.

This is perhaps a difficult challenge for some in the youth homelessness sector. I regularly hear people from across the sector say: ‘you can’t refer [young person] into a school because they have x, y and z going on’.

The Journey
When we started talking about providing an accredited education program for young people experiencing homelessness, we explored various concepts for what our offering could look like. At one end of the spectrum was a vision of a large school with hundreds of young people experiencing homelessness coming and engaging in innovative and supportive education at Frontyard Youth Services in the heart of Melbourne. At the other end of the scale was a non-school type concept where no-one came to a set school building; rather, education was delivered in small groups or one-on-one sessions with a youth worker as a tutor, complementing a team of educators.

We settled on a balance between the two. One required a context that was too restrictive for disengaged young people to engage with due to the discipline and controls associated with a large group of students in one place, the other, without a school community would have no context for students to connect and engage with, and no teaching and learning heart.

We began accepting referrals from youth workers and the community sector only, in an effort to target young people experiencing homelessness and those who had some really complex reasons why they could not attend a mainstream school. We set up a single classroom for 20 students with a teacher and a youth worker and ten brand new Mac computers in one of our youth refuges, co-located with Victoria’s first youth foyer model. And in a few weeks it was full.

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Very rarely do I believe this statement. For the vast majority of young people, being able to access a daily education program is a part of the stabilising process, a part of settling and working through life’s challenges, and importantly, it is also normalising for a young person at risk of or experiencing homelessness. As we well know, one of the key contributors to the dislocation of young people is the feeling of being an outsider, or being different. Just like every other young person, being treated with respect and being heard, having a place, having a purpose are important to the young people we work with. At its most simple, this can mean having something to do each day. In that regard education enrolment and engagement is a normalising element in young people’s lives.

2. Education is a relational exercise and takes time; it needs a context and a community. For this cohort a safe and trusted community is essential.

While this point may seem obvious, youth workers and educators often have different approaches to relating with young people. For teachers in mainstream schools, a student is a vessel that you fill up with enough information and knowledge that they can pass or succeed. For youth workers, young people are usually something you draw information and stories out of. One puts in — the other draws out. Both require relationship. In order for education to be effective a certain level of relationship and trust is required, at their best both education and wellbeing staff treat a student as a human being first and not as a ‘subject of my work’.

To build this trust takes time. Remember we are talking about young people that come with a range of complexity and mostly with a distrust of the system, schools, teachers, youth workers organisations etc. At the beginning, they may only come a day a week, and that is okay. It is okay because it is the very beginning of a journey — one that for many will take three years to get to a point before they are ready to move on. For some it is a year before any real productivity starts to take place, but eventually as they connect to the community a conversation will take place that they are interested in, and then one they participate in, and before too long one they are leading in; at that point learning starts to accelerate.

3. We can enhance service models with endless supply if we tie the funding to universal services funding… that is funding that any person can and does access.

This is a lesson we are still learning. Our previous funding model was tied to a model state government had designed for ‘alternative education’, and for ‘kids who are disengaged’, as opposed to a model for all students. Now we are established as an independent school, our funding model is the same as any other private schools with the same federal government base rate, plus some loadings for students with disability, Indigenous students, and students with social emotional difficulties just as any other independent school gets. There is no maximum number of enrolments; there is no group that we have to target as is the case in narrowly targeted community services contracts and significantly, there is increased per student funding. We receive more funding by using the mainstream model that combines both federal and state government funding, than we ever got under the state government’s community education funding model.

Compared to the numbers in school, the number of young people experiencing homelessness is tiny. Not only that, but no-one is going to change the new funding model in any really significant detrimental way because it is the model that funds all our kids schooling. Also, no-one is ever going to say ‘okay, you have to stop taking referrals now because you have reached your contracted amount’; and no-one is going to say ‘you have funding for x number of students while you know that there are x plus 100 that you want you to work with’. There is no limit to the number of students we are allowed to enrol. The numbers of students enrolled in school across Australia are so massive that we are never going to make a dint in it. Even if we enrolled every young person experiencing homelessness in Melbourne, (which I hope to do one day along with the Brotherhood of St Laurence, Berry Street, and several others setting up similar schools) no one is ever going to say ‘you are taking too much out of the education budget by educating these young people’.

The flip side is we must maintain a quality of education program and record keeping equal to that of any education organisation. We must never compromise on the quality of education; every student that gets a certificate form us, every student that graduates, must have done the work to earn it… and for some that takes a long time. But for us, this is okay because we do not depend on ATAR scores and NAPLAN results or large parent contributions for our enrolments and sustainability. There are enough young people disengaged from education and with complexity in their lives that we do not have a question about potential enrolments. Rather our question is: can we scale to support the young people who really need it?

In 2017 we have expanding into a new, co-located site in Prahran and are always looking further afield at developing new spaces and new programs to ensure all children and young people get access to quality education, because for better or worse that is one of the key ways we will judge people for many years to come.

* This article is informed by Dave Well’s presentation with David McKenzie at the 2017 CHP Conference session: Learning and employment — making the link for young people at risk of homelessness

Dave Wells is the General Manager of Early Years Education and Employment services at Melbourne City Mission, where he has led the development of education programs over the last six years. With the successful registration of the independent school Dave is also now the Principal of Hester Hornbrook Academy.
For the affirmative:

Mark Smoljo
Tenancy and Property, Community Housing Industry Association Victoria

I will argue that it most certainly does.

I will:
• define the topic
• look at particular groups that transitional housing works well for
• underline the importance of the intensive tenancy management that comes with transitional housing in Victoria
• describe the expertise that has been built up by transitional housing managers in dealing with hard-to-house people
• ask the question ‘What if the transitional housing program ceased to exist tomorrow?’

In addressing this question we will be limiting the discussion to transitional housing as it operates in Victoria, that is, a housing program that provides accommodation for six months to two years and features intensive tenancy management during that period. We are defining ‘homelessness’ as not having a safe and secure place to live.

Note that the question asks whether transitional housing has ‘an important role in addressing homelessness’, not in solving the problem of homelessness. To do that the government would have to acknowledge the fact that Victoria has too many people and not enough affordable housing. We are all in awe of the successes in Finland we have heard about at this conference, but the key thing their government did was build 6,000 new dwellings! This is the real solution to the problem of homelessness — not debating which program is the best way of dealing with a totally inadequate supply of affordable housing.

Note also that the question asks whether transitional housing has ‘a role’ not ‘the only role’ in addressing homelessness. Transitional housing is one of a number of strategies that should be used to address the problem. Transitional housing ‘addresses’ the problem by initially providing housing for a homeless person or household, and then setting them on a path to more secure housing in the future.

Transitional housing works particularly well for particular groups — people fleeing family violence, people coming straight from prison, and young people are three examples.

A woman fleeing family violence can use time in transitional housing to restabilise her household and to settle legal matters relating to her finances and life decisions. In many cases it is much better to have this interim period rather than committing to long-term housing. After the transitional term most families will be able to move on to private rental in the right area.
People coming straight from prison need to get back on their feet, and to re-establish family, work and finances. Time and again we hear examples of people coming from prison and trying to re-start their lives but ‘messing up’ with neighbours, breaching parole conditions, dealing with people who are after them for debts. Long-term housing is not a good place from which to deal with this. The flexibility of transitional housing is much more appropriate in these cases.

Young people, whether out of home or leaving care, need to learn how to manage a tenancy and pay bills. They also need a rental history so that they can apply for private rental in the future. A stay in transitional housing is an ideal way of doing this. The aim is for them to move on to private rental — lifelong public housing is certainly not the appropriate solution for this group.

It is important to emphasise the value of the intensive tenancy management that comes with transitional housing in Victoria. In the current transitional housing program, tenancy workers have a lower tenancy to worker ratio. This means they have time to help people learn to manage a tenancy. This is sometimes criticised as ‘housing on trainer wheels’. My response is that it is often totally necessary. To support this I will read part of a recent interview we did with a transitional housing worker:

‘For a lot of the people we work with, they haven’t had the opportunity to have their own private safe place before. If you never had your own place, and you have always lived in dysfunctional arrangements, then signing the lease and getting the keys can be a very symbolic moment for tenants. These aren’t just keys, this is an opportunity, this is your own safe place to be able to get stable and get back on top of things.

Sometimes in the early stages of tenancies, some of the issues we have are simply around the fact that nobody told them that this is how to use a gas stove, nobody told them they can’t have three-hour long showers. They have never had a shower in their own place because they have never had their own place before.’

A number of British and European studies have found that a period of transitional housing before moving into long-term housing greatly improved the chances of the long-term tenancy being successful. For instance Crane, Warnes and Coward found that ‘stays in the pre-resettlement accommodation of two to three years associated with the highest rate of tenancy sustainment, while stays of less than six months had poorer outcomes and resulted in a higher rate of returns to homelessness.’

Discussions with our members running community-managed boarding houses indicated that those new residents coming from transitional housing had a much better rate of sustaining successful residencies than those coming directly from homelessness.

We also have to look at the expertise that the transitional housing sector has built up in:

- working with difficult people to establish tenancies
- working with support organisations
- dealing with neighbours (who often have poor attitudes towards community housing tenants.)

If the transitional housing program was abandoned then much of this expertise would be lost and the remainder would be diluted as workers become just another tenancy manager running higher tenancy numbers in the long-term housing system.

Lastly I would like to pose the question ‘What would happen if we converted all the transitional housing in Victoria to long-term housing tomorrow?’ The first thing to realise is that not one extra person would be housed because it would not create one extra dwelling.

What it would create is huge blockages — the most desperate and disadvantaged people in the state would be waiting a year to get into housing. There would also be a disconnection created between support organisations and housing programs. Therapeutic programs, such as mental health and drugs and alcohol, would have nowhere to readily house the people they work with.

Transitional Housing certainly does still have an important role to play in addressing homelessness into the future — it is not the only answer, but nevertheless, it is a very important one.

Endnote


For the affirmative:

Mark Dixon
General Manager, Homelessness Services, UnitingCare Harrison

I have worked in different parts of the homelessness sector for over 25 years, — in the pre-Transitional Housing days when the properties were called Crisis Accommodation Properties/Program (CAP) properties. I was involved in the first Transition Housing tenders in 1997; managed a Transitional Housing service and crisis accommodation services; a Transitional Homelessness support program and worked in a local Office of Housing office. Clearly, I believe that Transition Housing still has an important role in the services that are continuing to address homelessness each day.

However, I agree with the ‘no camp’ in this debate that after 25 years, it is time for a review, a refresh and a reinvigoration of purpose for the Transitional Housing programs to lead us into the next 25 years.

In the last 25 years about 3,600 properties have housed and supported tens of thousands of vulnerable families, singles youth, adults and couples. This is a great success. From the published Department of Health and Human Services (DHHS) Summary of Housing Assistance Programs from 2004, until the last Summary in 2012, the Transitional Housing Program accommodated and supported over 64,424 ‘high need’ and ‘high support’ households and individuals.
The Transitional Housing Program was set up to provide safe secure, affordable and supported housing that is managed by a benevolent landlord for those most at risk in our homelessness communities. Transitional Housing was set up to transition clients into longer-term housing that became homes. It was never set up as the ‘end of the journey’ for our clients. The model was set up as supported housing. It is this that makes Transitional Housing Programs the bedrock of our homelessness services. And this bedrock is made up of dedicated tenancy workers working with housing support workers.

The Transitional Housing Program is innovative and highly flexible to the needs of various existing and emerging homeless clients groups. For example, there are: Transitional Housing general stock; youth /adults share; family violence; crisis refuge linked joined-up initiatives; Youth Rehabilitation, Supportive Housing for families; Young People that Really Count; Alcohol and Drug Adult; Alcohol and Drug Youth; Better Pathways; Corrections; Courts Integration; Credit /bails; Forensics Housing; Leaving Care; Mental Health Housing; Neighbourhood Justice; Refuge Minors; Youth Justices; Child protection and importantly the successful A Place To Call Home (APTCH) properties.

We often hear of the issues, but very rarely the thousands of great client/ tenant outcomes from Transitional Housing each year across the state. For example, a family escaping family violence from across two states; the four young people sharing their first home with a lead tenant mentor; a young women leaving the care of DHHS as she turns 18; a couple who were sleeping in a Bus Shelter, and a traumatised refugee family from Iran and young siblings who have tragically lost their only parent and ended up living in a rooming house. These are but a few of the thousands of stories shared with homeless workers and Transitional Housing tenancy managers each year.

One of the biggest issues raised is the low vacancy rates and perceived lack of flow through the Transitional Housing services system that aims to have tenancy turn over’s every 12 months but with some families waiting three years for offers into public housing. However, through-put issues are the same throughout the whole homelessness service system, and is something that impacts on refugees, crisis accommodation and Open Door services. The lack of affordable private rental, social and public housing options are structural issues outside the remit of Transitional Housing.

The danger of this debate is the ‘blame game’. If we blame the Transitional Housing Management (THM), then we will need to do the same for refugees, crisis accommodation and Open Door services. They are not the problem, but rather a part of the solution to the problem of homelessness. They are like the triage services in hospitals that deal with the symptoms of an epidemic. Transitional Housing deals with the symptoms of homelessness, not the causal factors in society.

However, I want to turn this important and timely debate from a potential ‘win-lose’ to a ‘win-win’ that will grow this important homelessness program as a for another 25 years of service to the community and seed a new Housing First program in Victoria.

Abraham Maslow conceptualised the Housing First model in 1943 with his hierarchy of psychological needs models, which links housing with wrap around supports to assist client’s journey to self-actualisation. This is what we have based our housing and support plans on. But the No argument reminds me of Samuel Beckett’s Waiting for Godot. Like others I have been waiting for Godot to address homelessness for 26 years! But I have realised that Godot is already here and has always been here with us — we just couldn’t see him. More housing alone will not address homelessness — but more housing with linked wrap around support will.

The ‘No Camp’ talk about these new international Housing First models that will address homelessness so that Transitional Housing is no longer needed. No one is suggesting that we should just turn the current 3,600 THM stock into long-term housing. This is a great option for those clients currently in Transitional Housing. But what would be the knock on impact on the Open Door, refuge and crisis accommodation services and more importantly the new clients coming to their doors each day afterwards seeking assistance? According to the DHHS Annual Report in the last financial year 8,937 clients/ families were accommodated in THM and crisis accommodation services. Or to put this another way, potentially 200,756 clients experiencing housing crisis over the next 25 years. There is fortunately substantial growth coming in through the social housing stock being provided through the Victorian Government Social Housing Pipeline projects. But this will take years to come on-line to meet the community demand for housing.

Housing First models are housing for life, so they do not turn over like Transitional Housing. So how could we turn Transitional Housing into Housing First models without turning clients away from our homelessness services if we cannot replace this housing stock loss? How can we increase flow, by increasing the numbers of Transitional Housing properties? Transitional Housing properties are either owned or leased by the State Government. If we doubled the current pool of 7,000 THM properties across the state, the impact on the homelessness services would be great. More housing with tailored support like Transitional Housing provides will address more homelessness and the log-jams in the Open Door services. The initial loss in Public Housing Rental General Stock (RGS) stock would be addressed by the growth in new pipe-line stock.

I agree with the ‘No Camp’ that making clients living in Transitional Housing move to secure long-term housing is counter-productive, especially when clients with the support of homelessness support staff have spent years linking into local support and community networks. Why do we make clients move properties in order get a new long-term lease when we already have a successful program called APTCH where tenants do not have to move, but are offered a new long-term public housing lease in place after 12 months? Then the next vacant RGS in the region is just swapped into a replacement Transitional Housing.
property ready to house new clients in need with homelessness support staff available to support them. And so the cycle begins again.

Another way to use the Transitional Housing resources more effectively, so more clients have the same opportunity, is to introduce into the Victorian Housing Register the NSW Expected Wait Time Bands. Transitional Housing tenants would then be able to choose faster moving wait time band areas. Currently clients choose bands with no real-time information on stock numbers or turn over times so can be waiting for years for bands where there are only a handful of suitable properties. This way, clients can make better informed choices and score long-term housing quicker.

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<tr>
<td>Blue</td>
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<tr>
<td>Grey</td>
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<tr>
<td>Red</td>
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<tr>
<td>Charcoal</td>
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Finally, at the start of each day hundreds of homelessness staff across Victoria, open the DHHS resources register hoping there will be an Transitional Housing vacancy into which they can nominate their homeless clients. What will they, the Open Door and family violence services do if there is no more Transitional Housing? However, and on the other hand, if there are more Transitional Housing properties and increased flow through the system into APTCH, what impact would this have on the Open Doors, family violence services, homelessness workers and the clients they passionately advocate for each day.

Imagine.

For the negative:
Lucy Adams
Manager and Principal Lawyer, Homeless Law

Good afternoon everyone.
Congratulations on securing your spot at this ‘exclusive’ debate. There were a lot of people on the list — about 35,000 we think.

We know you have been waiting a while to get in, and times have not been easy waiting out there on the streets of Melbourne but you are here now. Settle in and enjoy.

I do just want to let you know at the outset, some of you have got a notice on your tables. You might have to leave part way through. You might not, but you might. However, do not let this detract you from your enjoyment, just try to relax and enjoy the ride.

And with that, slightly flippant example, we see the absurdity of transitional housing.

Transitional housing purports to give people a passage out of homelessness, but simultaneously it sends the message: ‘you are not here to stay’.

A Rebuttal of the Affirmative Case

We have heard from the other side of this debate that people need a ‘practice run’ at housing. They need training wheels before they qualify for the real McCoy.

Some have made the argument that many people are just not ‘housing ready’ and transitional housing is part of the process to get them to this stage of readiness.

However, what is not clear is how giving people a greater sense of insecurity, precariousness and vulnerability plays any role in improving their ‘housing readiness’. This notion of being on trial; on probation, or not quite worthy of normal housing just yet, deals yet another blow to people who have already born their fair share of life’s body slams.

Moreover, it is not clear what evidence there is to back up the idea that this ‘warm up housing’ gets people ready for the main event. By way of evidence to the contrary, we have flown in an international homelessness expert and keynote speaker Professor Eoin O’Sullivan, who, yesterday, helpfully dismantled the ‘affirmative’ team’s argument when explaining the key ingredients to Finland’s impressive progress in tackling homelessness.

Professor O’Sullivan explained on ABC Radio the secrets to Finland’s success. He said:

‘Finland… identified housing as the solution to homelessness …They move people directly to housing, ‘rather than what the majority of countries (that is, what we do), which is a model that puts people in emergency accommodation first, then they graduate to transitional accommodation and, through a
In addition to an esteemed international professor, we have also got sufficient evidence to indicate transitional housing does not work. For example, a glance at Homeless Law's books show that in the last year alone, we worked with 23 people facing eviction from transitional housing. Some six of these evictions were related to conduct and four for rent arrears — although we are promised that the built in support will help with that — and ten — almost 50 per cent — were evicted for no reason or because their fixed-term had ended.

If this model was working — if it was doing what it promised to do in any way; if it was supporting people to exit homelessness into long-term housing — this would not be happening. We would not see 23 people who have battled homelessness and crisis facing imminent eviction right back into it.

In short, transitional housing is not a model that works for anyone. It makes us all do things we do not want to do:
- it makes tenants leave their homes
- it makes workers scramble to find long-term housing, which is too frequently worse than that the person is currently in; or it is completely unattainable
- it makes landlords evict people for no reason, or for a reason they do not believe in
- and it makes government throw money at a model that has been proven not to work.

It is, without a doubt, an absurd way of managing housing aimed at ending homelessness.

Unfortunately, though, that is not the end of the woes for transitional housing.

Not only does transitional housing hold people back from moving ahead with their lives while they ostensibly get ‘housing ready’ — not only does it keep people in a holding pattern of uncertainty — it is also a huge distraction. It sends us on a detour away from our real aim of ending homelessness.

Transitional housing implies people are homeless because of their own personal dysfunction and once they are ‘ready’, and they have been sufficiently persistent, they will be able to move into longer-term housing.

Of course the glaring problem with this theory is the well-known reality that there is simply no long-term housing available for people to move into.

Just as there are about 35,000 people waiting to get into this debate, coincidentally, there are also 35,000 people waiting to get into public housing in Victoria. If we are looking to the private market, times will be tough. We do not need to tell any of you that the median weekly rent in Metropolitan Melbourne is $400 a week. The maths is not great if you are single and your weekly income is about $250 a week.

We also know that we need 1,800 units of social housing per year just to maintain a measly 3.5 per cent of housing as social housing.

We cannot persist with creating short-term options. Transitional housing succeeds in making homelessness less visible. It moves people out of crisis and off the streets, but it does not address homelessness. It just hides it.

Transitional housing has no role to play in addressing homelessness. We need to stand up for what we know works. And we know that this is long-term housing with appropriate supports.

It’s time we gave transitional housing a ‘notice to vacate’.

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