Parliamentary Inquiry into Homelessness in Victoria

Formal Submission - March 2020

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Sacred Heart Mission acknowledges the people of the Kulin Nations as the Traditional Owners of the land on which we operate. We commit to providing accessible and culturally appropriate services to Aboriginal and Torres Strait Islander people.

Contents

1. Executive Summary

SHM applauds the Legislative Council Legal and Social Issues Committee on the undertaking of the Parliamentary Inquiry into Homelessness in Victoria.

Sacred Heart Mission (SHM) is a community service organisation based in Melbourne with a long history of assisting people experiencing homelessness and social exclusion. We work with some of the hardest to reach people in our community, those whose experience of trauma starts from a young age and continues throughout their adult lives.

We urge the Victorian Government to reorient the current homelessness policy and funding agreements and create a reform environment that leads to the establishment of tailored, flexible and responsive services that prevent and end a person's homelessness.

Homelessness is a complex issue and affects people across all age brackets within society. For many, is not the result of an isolated life shock, but rather as a result of entrenched disadvantage and poverty.

Prevention of homelessness does not mean no one may ever find themselves without a home; what it means is that when life shock episodes do occur, they are swiftly dealt with and the person can access housing, support and get back on their feet.

This inquiry, as well as the Royal Commission into Victoria's Mental Health System, the Commonwealth Royal Commission into Aged Care, Quality and Safety and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability are significant opportunities to reframe the mental health, aged care and disability systems to be more flexible and responsive to people experiencing homelessness.

SHM urges the government to consider the recommendations for these inquiries holistically to provide considered human services systems reform. This is essential to break the cycle of reliance on the crisis-orientated system, on emergency hospital presentations and contact with the police and the justice system.

We also need significant investment in the infrastructure that is social housing. Without it, the homelessness crisis will escalate, and never be solved.

2. Recommendations

Recommendation 1: That government reforms existing homelessness support funding, to enable homelessness support providers to have greater flexibility to provide the right intensity and length of support to respond to the continuum of homelessness experiences.

This approach recognises the timeframes required to engage, build trust and rapport, find housing, sustain housing and end their experience of homelessness for good. This reform must incorporate a housing supply strategy alongside the flexible and tailored support.

Recommendation 2: That investment is made into integrated service delivery, and place-based service hubs to ensure that people experiencing homelessness can access holistic support services across wide geographic areas.

Recommendation 3: That government invests in the development of mechanisms to share client information across a variety of service sectors, in order to provide effective, timely and holistic responses whilst maintaining privacy.

Recommendation 4: That government invests in social housing, as well as other solutions such as co-investment approaches, and works in partnership with the Community Housing and Homelessness Providers.

Recommendation 5: That government considers head leasing solutions as an additional strategy to boost the availability of affordable housing in the short term, until a long-term social housing supply can be created.

The advantage of this type of model is that the housing itself already exists and does not require a long lead time while properties are built, or existing public housing is redeveloped.

Recommendation 6: That collaborative work is done to prevent homelessness, by breaking the cycle of family violence, poverty and disadvantage, investing in families and young people, recognising that these factors often lead to homelessness.

Recommendation 7: Investment in more assertive outreach and engagement programs, in a variety of geographic areas, to ensure that people who experience multiple housing breakdowns, long-term disadvantage and poverty can access appropriate support to sustain permanent housing.

3. About Sacred Heart Mission

Sacred Heart Mission (SHM) has been delivering services and programs for people experiencing long-term disadvantage and exclusion for over 37 years. SHM is committed to programs that build people's strengths, capabilities and confidence to participate fully in community life.

Today we are one of Victoria's leading agencies working with people who are experiencing deep, persistent disadvantage and social exclusion, particularly people experiencing long term homelessness.

SHM's Service Model emphasises the development of innovative programs that facilitate social and economic participation so that individuals can develop independence and ultimately achieve their potential.

A persistent, patient and proactive approach is the cornerstone of SHM's practice expertise. SHM has further developed this approach to incorporate a therapeutic practice framework. In this framework, we acknowledge underlying trauma effectively building relationships with people who are excluded from mainstream and specialist services and isolated from the broader community, building social connections away from the homeless subculture.

SHM provides a broad range of services to adults. These fall into three main areas:

Engagement Hubs: Sacred Heart Central and the Women's House provide a safe space that is welcoming and supportive. The engagement hubs provide access to the necessities of life - healthy food, a shower, laundry facilities and medical assistance through our GP clinic. The hubs also provide pathways to our case management services (see below) and referrals to specialist services.

Individualised Planned Support: Case Management services are provided at Sacred Heart Central, Women's House, Homefront (crisis accommodation for women) and through the Wellbeing and Activities Program.

Intensive Case Management is provided through the Women's House, GreenLight Supportive Housing Program (up to a year of flexible support for people who have recently experienced homelessness and now have housing) and the Journey to Social Inclusion (J2SI) program (3 years of intensive support and rapid housing for people experiencing chronic homelessness).

These case management responses are outcomes-focused and tailored to the individual, aiming to address crises and improve safety and wellbeing.

Ongoing Support: Specialist service responses for vulnerable members of the community, many of whom require a high level of support for an indefinite period. This includes:

- Sacred Heart Local, in-home support delivering Commonwealth-funded aged care services, and NDIS supports to approximately 170 clients.
- the Rooming House Plus Program, self-contained and long-term supported accommodation for 67 single adults with on-site support services available.

- Bethlehem Community, medium to long-term independent accommodation and 24-hour support for 10 women, including case management support and social inclusion activities. Staff provide outreach support to 17 women in community housing, as well as to former residents now in private rental.
- Sacred Heart Community, a home for 97 people with histories of homelessness, mental illness and disadvantage who require 24-hour care and support as they age.

Embedded in SHM's model of service delivery are rapid housing principles; a recovery-oriented approach to ending homelessness that centres on quickly moving people experiencing homelessness into permanent housing. It is accompanied by the provision of tailored and individualised supports.

4. Homelessness in Victoria and Australia

Homelessness has reached crisis point in Australia, with over 116,000 Australians and over 24,000 Victorians experiencing homelessness on any given night (ABS 2018).

The number of people at risk of homelessness or in need of support is even higher. Over 290,000 Australians and almost 113,000 Victorians sought support from a specialist homelessness service in 2018/19 (AIHW 2019).

These numbers have continued to grow year on year. ABS data and the AIHW Specialist Homelessness Services Collection indicate that:

- 14% increase in people experiencing homelessness in the five years to 2016
- 18% rise in people seeking support from homelessness services in the five years to 2018, and
- 31% increase to 24,000 of people seeking help each year while sleeping rough in the five years to 2018

At the same time, while the number of Victorians affected by homelessness continues to rise at a critical rate, we are also seeing social housing availability falling.

In the last four years, the number of social housing units has fallen by 200, while the waiting list has risen from 34,600 applications to 38,800. The number of people on the public housing waiting list has also been growing by about 500 a month. There are now about 82,000 people, including 25,000 children, on the list – up from about 60,000 and 20,000 respectively in 2014.

For people experiencing homelessness, three clear issues impact our ability to provide the right level of support that leads to a stable housing outcome and an exit from homelessness:

1. Funding and contracting constraints mean we cannot work with the majority of people that come to our service for the required time and intensity to ensure their goals are met and sustained.

2. The human services systems for people experiencing homelessness are not well integrated to provide holistic, person-centred care and support and help people to exit homelessness. This includes both State and Commonwealth funded services.

3. Demand for housing and support outstrips the supply of both housing and available support services

It is profoundly evident that the current system is not working. A lack of housing availability and the traditional support structures of the homelessness service system offering short-term, standardised support responses, is not adequate.

Homelessness is a complex, multi-layered issue that requires an integrated housing and support solution to tackle this crisis affecting so many Victorians.

SHM proposes a solution that integrates housing and support, which is described below, including recommendations to boost the supply of social housing both in the short and long-term.

This submission describes our experiences in providing homelessness services, how we arrived at solutions; and recommendations to improve service integration for people experiencing homelessness, particularly at the point of engagement.

We also recognise that there are many complex structural factors that contribute to homelessness, disadvantage and poverty. It is important that the Government considers how best to address these structural factors as part of the solution to homelessness.

5. What does homelessness look like at SHM?

A wide range of people present to SHM's Engagement Hubs each year, with a range of support needs along a spectrum of complexity; from being at risk of homelessness or first time homeless, to prolonged and repeated experiences of primary homelessness.

The most common presenting reasons for seeking support were financial difficulties, housing crisis and homelessness.

In 2017-2018, 878 people sought support through our engagement hubs. They had the following characteristics:

- 36% reported having a mental health issue
- 19% had been homeless for over a year and 22% could not remember when they last had a permanent address
- 31% were sleeping rough on presentation
- 57% identified as male
- 10% identified as Aboriginal or Torres Strait Islander

- 50% were aged between 35 and 54
- 16% were from a culturally and linguistically diverse background

Over the last 15 years, we have seen some change in the demographics of our clients attending the Engagement Hubs.

Comparing client surveys completed in 2006, 2008 and 2010, we are seeing increasing proportions of female clients. In 2006, our Engagement Hub data showed that 72% of our clients were male and 27% female, in comparison to 57% male and 43% female in 2018.

We have also seen an increase in clients identifying as Aboriginal or Torres Strait Islander, 5% in 2006, compared to 10% in 2018; and from culturally and linguistically diverse backgrounds, 9% in 2006, compared to 16% in 2018.

However, the age profile of our clients has remained relatively stable, with the average age hovering around 45 years over that time.

5.1 Scale of homelessness and presentations without housing

We estimate 7,000 people attend SHM's engagement hubs every year. Most are experiencing homelessness or at risk of homelessness. Our engagement hubs operate 365 days a year, allowing us a unique opportunity to assertively engage this community, by building trust and a relationship with the people who visit, that will result in a pathway to individualised support.

Between 750 and 900 people engage with our crisis and transitional homelessness support services through our engagement hubs each year. Most of this support is for six or thirteen weeks to obtain and sustain housing, which is not long enough for many of the people who visit us to achieve their goal to exit homelessness.

SHM supplements government funding with resources from our own revenue generated through fundraising and our opportunity shops to meet the demand at our engagement hubs, and to provide pathways into formalised supports.

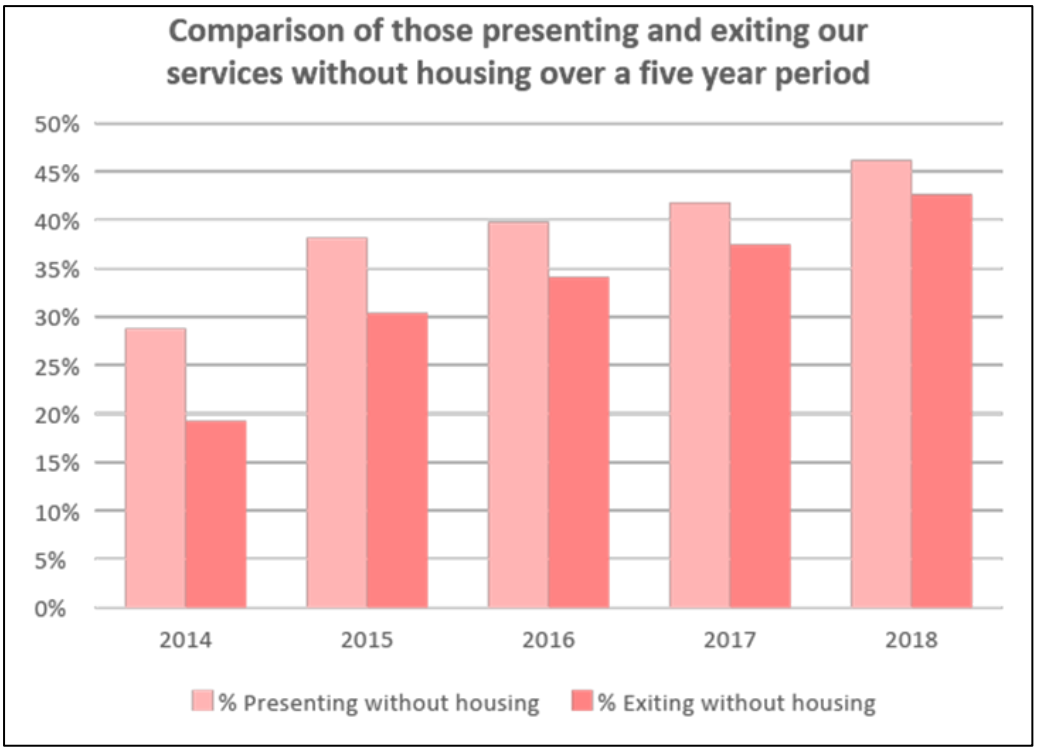
In the last five years, we have seen an increase in the complexity of the presenting needs of our clients', as demonstrated by the increasing average number of support periods provided per person; from 1.4 to 1.7 over a five-year period. Approximately 30% of clients require at least two support periods, with some clients receiving five or more support periods over 12-month period.

There are two factors that we see as key contributors to the increased complexity. Firstly, rising numbers of clients who present to our engagement hubs with mental health concerns, up to 36% in 2018, with a further 51% unclear regarding their mental health status.

Second, increasing numbers of people present without housing, rising from 29% to 46% in the last five years (Figure 1).

We have also seen increasing numbers of people who are at risk of losing their housing and need support to prevent them from falling into homelessness.

Figure 1: Clients presenting and exiting SHM services without housing



The difference in housing outcomes for people who arrive at SHM services with and without housing is quite stark. Of those presenting at our services with housing at risk (54%), SHM successfully supported 96% to sustain their housing. However, of those without housing (46%), only 11% were housed at the end of their support.

In five years, the number of people exiting our services without a housing outcome has increased from 19% to 43%. This includes those exiting into emergency accommodation, hotels, improvised dwellings, vehicles and rough sleeping. These outcomes reflect the decreasing supply of social housing available in Melbourne.

Homelessness Australia recently highlighted the number of people seeking assistance from homelessness services over the past six years has increased by 75%. This far outstrips the growth in numbers of people receiving Newstart over the same period (28%).

This highlights that people who are accessing our services are a broader group than those who are experiencing primary homelessness. Many are housed but experience other difficulties; or are at risk of losing their tenancies that have led them to seek support from specialist homelessness services.

5.2. Complexity of clients' needs

SHM is seeing an increasing complexity in our clients' needs, due to their experiences of trauma, mental illness, alcohol and drug issues and complex health conditions.

5.2.1 Mental illness and trauma

In particular, we have seen increasing numbers of support periods being provided to people who are experiencing mental illness. The number of clients who present with mental health concerns to our engagement hubs has risen to 36% in 2018, with a further 51% unclear regarding their mental health status.

This indicates that the mental health support provided by the primary health care system is insufficient, unaffordable, or a combination of the two; and as a result, people do not receive support, or an accurate diagnosis prior to being in crisis. SHM found that many of our clients have received a series of misdiagnoses, which hampered their recovery.

Between 91% to 100% of people experiencing homelessness have experienced at least one major trauma in their lives. In comparison, only 57% of the general population have experienced at least one major trauma in their lives (O'Donnell, Varker & Phelps 2012).

Homelessness, exposure to trauma and mental illness are intrinsically linked. Trauma can be both a cause and consequence of homelessness. Trauma can have long-lasting effects on all aspects of someone's life, including how someone thinks, feels and behaves. Trauma increases the chance of anxiety, depression, substance misuse, employment problems and suicide.

Most people who experience homelessness also experience at least one psychiatric disorder, and the prevalence of these disorders is much higher than in the broader community (O'Donnell, Varker & Phelps 2012). Mental illness can be a result of experiencing homelessness, due to the repeated exposure to trauma and how trauma impacts on an individual's health and wellbeing.

People we see at SHM are often not treated by the mental health system until they are visually unwell, at serious risk of self-harm, or harm to others. From there, the road of recovery is often long, and complex given their exposure to trauma and experience of social exclusion.

It is therefore crucial to prevent homelessness; or reduce its' length and severity to ensure individuals do not suffer repeated exposure to trauma, and increased risk of mental health issues developing as a result of the experience of homelessness.

5.2.2 Alcohol and other drug issues

Problematic alcohol and drug use can be both a cause and a consequence of mental illness. Alcohol and other drugs are frequently linked to trauma and can be an outlet to manage the impact of trauma.

However, people may be denied access to mental health services or a mental health assessment if they are not drug-free. In addition, individuals are often excluded from accessing drug and alcohol and/or mental health services until they are housed.

For people experiencing homelessness with mental illness and problematic drug and alcohol use, the rapid housing principles that underpin our service model are vital and are not

contingent on people being engaged in treatment or support in order to be eligible for housing.

The social housing waitlist in Victoria is extensive, and many people 'bounce' between various types of homelessness – rough sleeping, couch surfing, transitional housing and crisis accommodation.

These factors increase their vulnerability and expose them to to further trauma. Furthermore, their mental health and substance use issues are not addressed, and their experience of homelessness is prolonged and repeated.

5.2.3 Complex health conditions

Many of our clients experience long-term and repeated periods of homelessness, which leads to significant health vulnerabilities, chronic conditions and disabilities, due to a lack of intervention or mismanagement over an extensive period (such as diabetes, heart problems, and liver disease caused by long-term alcohol misuse).

Years of isolation, rough sleeping and tenuous accommodation can make it difficult for people to trust professional staff. The longer a person has been stuck in cycles of homelessness, the more complex it is to end their homelessness.

We know people with histories of being homeless can live independently with assistance to sustain their home, but for this to occur, there must be appropriate, rapid access to affordable and safe housing.

Unfortunately, this is frequently not the reality, with growing waiting lists for social housing and lack of affordable supply in the private rental market, people are languishing, stuck in the homelessness experience.

As a result, many people, particularly people without a partner, are forced into sub-standard boarding or rooming houses and other insecure or inappropriate housing options that do not meet their needs and do more harm to their already complex lives.

6. Continuum of Care

Most of the Homelessness Government funding received by SHM enables provision of six and thirteen weeks of support to obtain and sustain housing, which is insufficient for many of our clients. More recently we have commenced delivery of programs which provided or up to 1 year (GreenLight) or 3 years (J2SI) of support for a limited number of clients.

Given the limitations with short periods of support, many of our clients receive more than one support period in a year, making it difficult to work towards longer term goals and a sustained exit from homelessness.

As a result, SHM proposes reforming the existing funding structure to enable homelessness support providers to have greater flexibility in providing the intensity and length of support required for clients based on their levels of complexity and need. We propose that a

homelessness support should be considered under a continuum of care model, where every client who presents to a service receives the right level and length of support, as well as long term housing matched to their needs.

This reform would allow organisations to continue to provide support to clients once they have obtained housing, and successfully sustain their housing. This requires an increased supply of social housing to ensure housing outcomes are possible.

This would enable clients experiencing the full spectrum of homelessness to be supported, from intervention to prevent first time homelessness, providing stable housing as quickly as possible to those experiencing homelessness, through to support to sustain housing for those who may have experienced prolonged and repeated episodes of homelessness. Critically the model incorporates interaction with other services, including universal and specialist health and human services.

Specifically, this would achieve the following outcomes:

- People who seek support from specialist homelessness services are supported to find housing, sustain housing and achieve goals across key outcome areas of housing sustainability, health and wellbeing, social inclusion, economic participation and independence. They are able to access the right level of support, which can be dialled up and down for their individual needs in any one year.

- People are rapidly assisted into a permanent housing

- People who are at risk of losing their housing are supported to retain their housing and stay out of homelessness

- People across the full spectrum of homelessness are supported to stay out of the cycle of homelessness for good.

- People's use of the crisis and emergency service system is reduced, and costs are avoided for government. Cost reductions have been demonstrated in the health and justice service systems from people moving from homelessness to stable housing.

This model extends response to ending homelessness by:

- Offering people, the flexibility of support required to meet their individual needs; and,

- Matching that support with a safe and secure housing solution that is appropriate to their needs.

- The support model working together with a dedicated housing supply strategy to complement the existing housing options in the sector.

At SHM, every contact with someone is important, targeting people arriving at our engagement hubs and engaging assertively with them means that people who are hard to reach are worked with directly and purposefully, to ensure tangible outcomes are met.

6.1 The importance of assertive engagement and flexible support

Of the people presenting at our Engagement Hub, those for whom the current, standardised support periods of six or thirteen weeks are insufficient had the following characteristics:

- Chronic mental illness
- Long-term housing instability, transience and homelessness
- Poor physical health, including premature ageing and lower life expectancy
- Physical and intellectual disabilities, including acquired brain injury
- Psychosocial disabilities (mental health conditions)
- Poor literacy and numeracy skills
- Childhood abuse or neglect
- Problematic drug or alcohol use
- Social isolation and disconnection from the human service support system, resulting in significant barriers for accessing mainstream and specialist homelessness services
- Frequently a victim of crime, violence (including family violence), standover and exploitation.

For many, the Engagement Hubs are the only service they access, with many reporting that they do not trust the service system. Support staff at the Hubs aim to support people to overcome feelings of distrust and unease developed as a result of discrimination experienced at mainstream services.

For people who have experienced long-term disadvantage, engagement can take months (or even years) to achieve and requires an assertive and tailored approach. Once people have built trust with our staff, engagement with case management support is possible, and ideally with the right level of resourcing we can work with people to improve their housing, mental and physical health, independence and social and economic participation.

At present, the homelessness service system is not well resourced or flexible enough to accommodate a tailored continuum of care approach.

The lack of resources and flexibility, coupled with waitlists for specialised support, limited resources and limited housing options, means that the service system is not responsive.

If someone manages to attend a service, and then cannot readily access the support that is appropriate for their needs, the person will often continue to ‘bounce’ around the service system, until they are in crisis and come to the attention of police, ambulance or the courts.

Due to the complexity of the support needs and circumstances of many of our clients, such as mental health issues or extreme social isolation, they may find it difficult to attend most service providers to seek support or attend scheduled appointments.

Our Engagement Hubs enable clients to build relationships with staff before engaging in case management is more successful in sustaining the clients' engagement and achieving positive outcomes.

In order to build on our current work, more funding is required to meet demand, alongside moving existing funding to flexible model that is not constrained by episodes of support of six or thirteen weeks.

The Engagement Hubs create pathways into SHM's longer-term wrap around support services with integrated housing solutions - the Greenlight Supportive Housing and J2SI Programs. These programs assist clients to sustain housing and achieve outcomes by providing support for longer duration. However, they are limited by their contracted target numbers (228 and 180 respectively) and fixed term intervention period (twelve months and three years respectively).

While not all clients need the duration and intensity of a J2SI or Greenlight response; a six or thirteen week of support period is often insufficient. What is required is responsive system with the flexibility at the point the person connects with a service so that assessment of need can be undertaken and a tailored response offered that provides a response across a continuum of care, ranging from six weeks up to three years of support. Critically a tailored and rapid housing solution must also be available, as discussed above.

Recommendation 1: That government reform existing homelessness support funding, to enable homelessness support providers to have greater flexibility to provide the right intensity and length of support to respond to the continuum of homelessness experiences.

This recognises the timeframes required to engage, build trust and rapport, find housing, sustain housing and end their experience of homelessness for good. This reform must incorporate a housing supply strategy alongside the flexible and tailored support.

7. Place-based and virtual service hubs for service integration

Many people experiencing homelessness find they need to jump through a series of hoops to prove eligibility to access services. This can be extremely re-traumatising for clients, who have already overcome significant barriers to engage with one part of the system.

Furthermore, because services are not well integrated, many people are misdirected to several different services before receiving help or told different things due to limited communication and collaboration between providers. This experience can be disempowering and can very easily turn someone away from the system altogether, leaving them without viable options to getting help when they need it.

A challenge is that both the Commonwealth and the Victorian governments fund the services people experiencing homelessness are likely to access. This leads to siloes in service delivery and different eligibility criteria for specific programs, and government systems that are unable to communicate with each other.

Clients often struggle to navigate who they need speak to for certain types of assistance, and what they are eligible for, meaning many people miss out and experience significant frustration in navigating the system. Examples include housing services, income support, employment services, primary care, disability, mental health, alcohol and other drug services, justice etc. Local governments are also important in informing service provision, as they clearly see the effects of homelessness within their communities.

A solution to this issue is the development of a truly integrated service system, where individuals can access or receive referrals to the multiple services they need, in a geographical or virtual service hub. These service hubs should be place-based, meaning that they are safe, familiar and geographically relevant for people who are likely to use them, with good public transport accessibility and within reasonable travelling distance.

They also need to be flexible and able to work across local government areas and regions, recognising the transience of the population experiencing homelessness. An example is SHM's Women's House, that provides an integrated service delivery approach for these women including gateways to external health support.

Case Study: Women's House, HOPS and other local service providers

Women's House (WH) provides a gender specific response to people identifying as women who are experiencing homelessness or at risk of homelessness due to the experience of poverty, trauma, family and other violence, mental illness or substance use.

WH has several formal and informal 'in-reach' partnerships that enable it to provide supported referrals to specialist services when assessed as appropriate. These include:

- Homeless Outreach Psychiatric Service (HOPS) through Alfred Health
- Windana Drug & Alcohol Recovery
- Star Health
- Bolton Clark

Each fortnight, representatives of these organisations meet with the team at WH for a specialist services meeting. This is an opportunity for secondary consultation and case coordination, including the development of shared response plans, whilst maintaining confidentiality. The HOPS relationship with WH effectively facilitates timely and collaborative health interventions for mental health issues being experienced by attendees of WH.

The Department of Health and Human Services supported SHM and HOPS to establish a joint mental health response within a community setting. The purpose is for a specialist mental health team to provide an early intervention treatment response to predominantly homeless persons who present to SHM with mental illness or related conditions. In conjunction with SHM's assertive engagement model, the on-site mental health response increases opportunities for immediate and long-term interventions. The partnership has been in existence since 2008 and is governed by a Memorandum of Understanding (MOU).

Another consideration is a ‘virtual hub’, where client data can be shared across services in such a way that prevents clients from needed to retell their stories. It is important to balance this need with maintaining and respecting clients’ privacy; and ensure that this data is stored securely. Improvements in service integration would improve outcomes for clients and reduce the burden on clients to retell their stories, reducing the risk of re-traumatisation.

For this level of service integration to be a reality, all levels of government need to work in partnership and with service providers to ensure that bureaucracy and red tape do not prevent people experiencing homelessness and disadvantage from getting the support they need to exit homelessness.

Recommendation 2: That investment is made into integrated service delivery, and place-based service hubs to ensure that people experiencing homelessness can access holistic support services across wide geographic areas.

Recommendation 3: That Government invests in the development of mechanisms to share client information across a variety of service sectors, in order to provide effective, timely and holistic responses whilst maintaining privacy.

8. Investment in housing supply

Crucially, a continuum of care model must incorporate housing supply by optimising several housing solutions.

It is well established that homelessness in Australia is increasing and will continue to do so without significant investment in social and affordable housing nation-wide to stop the flow into homelessness and to get people out of homelessness.

The government must invest in social housing, alongside other solutions such as co-investment approaches that bring together State Government subsidies, low cost debt through the Commonwealth Government, investors and philanthropy to work in partnership with the Community Housing and Homelessness Providers.

The housing market, both for purchasers and renters is becoming increasingly unaffordable, with increasing proportions of over-indebted households; as well as slow wage growth (ABS 2019; Department of Treasury 2017). In these types of circumstances, there is greater risk of people experiencing financial difficulty, and more potential for homelessness to occur.

At SHM, it is clear that a lack of investment in social housing for many decades, and complex pathways for community members to navigate between various systems – such as mental health, justice, hospitals and income support - mean that people are falling through the gaps into homelessness.

Much of the existing public housing stock is poorly maintained and in disrepair, poorly ventilated and insulated, often unsafe and no longer fit for purpose.

SHM staff highlight that in some cases they are required to visit clients who live in social housing in pairs due to safety concerns, including those related to the interactions between other residents, or in the vicinity of buildings.

Not all areas are unsafe; some residents of public and community housing mention the positive sense of communities that are formed in their neighbourhoods. However, for others they can be extremely unsafe places to live, and everyone deserves to feel safe in their own home.

We consider that public housing is a form of social infrastructure that should be viewed as essential in the same way that public transport, roads, schools, hospitals and other forms of infrastructure are considered essential and worthy of long-term and considered investment.

Investment by the State Government into varied types of social housing that are appropriate for people with different needs – singles, couples, families with children, older people, people with disabilities and so on are essential in reducing homelessness and inequality.

We acknowledge the current initiatives by the Victorian Government to increase the supply of social housing through the Social Housing Growth Fund (SHGF), the Public Housing Renewal Program and the Rough Sleeper Action Plan.

However, these initiatives will not be sufficient to meet the current demand for social housing in Victoria, let alone the projected demand. We also note that many of these initiatives provide for both social and affordable housing. While it is important to increase the supply of both social and affordable housing, for SHM and our clients experiencing homelessness, the need is for increased supply of social housing.

However, social housing is not the only solution to the severe affordable housing shortfall that exists. SHM has had a positive experience with using head leased properties as part of the J2SI Social Impact Investment (SII), providing access to rapid housing alongside support.

Whilst head leasing is an effective solution for providing immediate access to 'social' housing, it is not a long-term solution, as the rental will return to market at the end of the contracted period. Despite this, head leasing is a useful tool while other approaches are undertaken to increase the supply of permanent social housing. Given the current shortfall in social housing, it is evident that a variety of options must be considered to boost the housing supply in Victoria and meet projected demand.

Recommendation 4: That government invest in social housing, as well as other solutions such as co-investment approaches to work in partnership with the Community Housing and Homelessness Providers.

Recommendation 5: That government considers head leasing solutions as an additional strategy to boost the availability of affordable housing in the short term, until a long-term social housing supply can be created. The advantage of this type of model is that the housing itself already exists, rather than a long lead time while properties are built, or existing public housing is redeveloped.

9. Prevention of homelessness

As the research on trauma indicates, people experiencing homelessness have higher rates of exposure to trauma in childhood, in comparison to the general population (O'Donnell, Varker & Phelps 2012). For example, almost all participants in SHM's J2SI pilot program (87%) had experienced childhood trauma in one form or another, and the average age which they first experienced a traumatic event was just under 13 years of age (Johnson et al. 2011).

By investing in the future of children, young people and their families and preventing exposure to trauma, it is likely that we can stop the flow-on effect of homelessness into adulthood and throughout the life course. Examples of where clear improvements are needed to reduce disadvantage are:

- Family violence prevention and support services
- Child protection and foster care
- Mental health and alcohol and drug services
- A rehabilitative justice system
- More affordable early childhood education and care
- The State education system and support to keep young people at school
- Support for jobseekers experiencing disadvantage
- Boosting the availability of low-skilled roles
- Working with the Commonwealth to raise levels of income support

Prevention of homelessness is essential to ensure that the current generation of children and young people experiencing disadvantage do not become trapped in the cycle of poverty that often leads to homelessness, as well as further experiences of trauma.

The experience of SHM staff member Julie* is an example of the lifelong impacts on individuals when effective prevention does not occur, as is the case for many of our clients.

Julie, Peer Settlement Support Worker, GreenLight:*

Julie's homelessness started at a very young age. Her mother fled with her as small child to a women's refuge to escape violence perpetuated by her father. This was a very distressing and scary time. In Julie's teenage years her mother lost her job and developed severe mental health issues which she managed by using alcohol and drugs. Julie's mother became unsafe to live with and meant she ended up becoming homeless.

Julie sought help, particularly for her mental health, but found it very hard to be understood and was refused service or not referred on to appropriate services. Eventually, Julie found some support through community mental health services, engaging in therapy and working hard to improve her everyday functioning and self-esteem. She was able to engage in higher education, undertaking a degree in social work. However, she found it difficult to find affordable and long-term accommodation while studying and lived in two different temporary housing settings during this time and experienced a period of living in sublets.

Julie has now graduated and is now a Peer Settlement Support Worker in the GreenLight program. This role allows her to use her lived experience of homelessness and mental health to support client's settlement into long term housing.

Although SHM works primarily with adults, we know that for many of our clients, their experiences of trauma and disadvantage in their early lives has contributed to difficulties faced later in life.

Stories like Julie's are preventable with earlier intervention and better support. No one should experience violence in their home or be faced with homelessness by leaving an unsafe environment; or not be able to access services and supports they need to improve their wellbeing.

We urge Parliament to consider homelessness from a preventative lens, and work collaboratively with all government departments, including the Commonwealth, community service organisations, businesses and philanthropists to address homelessness before it occurs; or at first presentation to limit exposure to the trauma associated with homelessness.

Recommendation 6: That collaborative work is done to prevent homelessness, by breaking the cycle of family violence, poverty and disadvantage, investing in families and young people, recognising that these factors often lead to homelessness.

10. Temporary accommodation and rough sleeping

In the inner city and suburban areas of Melbourne, we have seen a significant reduction in temporary accommodation and rooming houses, which has led to an increase in rough sleeping. In the City of Port Phillip, where SHM is primarily based, the loss of several private and community managed rooming houses, (largely driven by gentrification) poses a significant challenge in primary homelessness.

The closure of the Gatwick Hotel in 2017 made news headlines. Though the Gatwick had a notorious reputation, it provided accommodation for large numbers of people who were unable to access other housing, many on a long-term basis. Officially, the Gatwick had 66 rooms, but in reality, housed up to 100 people in quarters not fit-for-purpose, such as the laundry and hallways.

The City of Port Phillip estimates that at least 300 rooming house beds have been lost in the St Kilda area since 2017. Though such rooming houses are known to be squalid, cramped and unsafe, they served a purpose for people who had no other option and preferred them to rough sleeping.

In 2017, SHM received funding through the Victorian Government's Rough Sleeper Action Plan to respond to the increased prevalence of people sleeping rough in St Kilda, particularly on or near our Engagement Hubs on Grey Street and Robe Street, St Kilda. In partnership

with Launch Housing, we developed the St Kilda Intensive Outreach Team (SKIOT), a skilled assertive outreach and engagement program.

SKIOT provided support to 91 individuals over two years, above the contracted target of 64 clients. These clients faced complex situations, with several experiencing at least four housing breakdowns while being supported by SKIOT, and many requiring ongoing assistance to sustain their permanent housing. At the end of the program, 53 people were housed. Of the remaining clients, 35 remained homeless, one client was incarcerated and two are deceased. SKIOT client Tony* is an example of a client with complex needs, who experienced a positive outcome through the program.

Case Study – Tony:*

Tony, 48, was housed by SKIOT for the first time since he was fifteen. With a history of complex trauma, service mistrust and a lengthy history of significant substance use, Tony had been sleeping rough and couch surfing since he was a boy. He developed cancer in his late forties and through the collaborative efforts of SKIOT and a flexible response from Sacred Heart Community, he was able to move into his own room in our supportive accommodation facility and receive palliative care. The process took significant support and advocacy with the hospital system, along with high levels of worker persistence to build and maintain trust. Only an assertive engagement model, with a low case load and a flexible aged care response made this nuanced work and housing outcome possible near the end of Tony's life.

Ten of the SKIOT clients continue to be supported by our J2SI and GreenLight programs. Managers of these programs report that without the support and engagement built through SKIOT program, these clients would not have been ready to participate in intensive support offered through GreenLight or J2SI.

An element of SKIOT's success is its ability to be flexible and assertively refer clients into other specialist services.

Recommendation 7: Investment in more assertive outreach and engagement programs, in a variety of geographic areas, to ensure that people who experience multiple housing breakdowns, long-term disadvantage and poverty can access appropriate support to sustain permanent housing.

12. References

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*Note – all names changed for privacy reasons.