Submission to the

Inquiry into Homelessness in Victoria

June 2020

RE: Submission to Inquiry into Homelessness in Victoria

Dear Committee Members,

Thank you for the opportunity to provide a submission to the Inquiry into Homelessness in Victoria.

Star Health believes that this Inquiry provides a unique opportunity to consider the many factors impacting on homelessness in Victoria which need to be urgently addressed, and to reshape policy and program responses to better support people experiencing homelessness.

Star Health is a major provider of primary health and community services across the inner and middle south of Melbourne. We offer a variety of services including in the areas of: homelessness, mental health, alcohol and other drugs, GP, dental, allied health, Indigenous health, and family violence.

Star Health has a strong focus on social justice, and specialist expertise in engaging high risk and hard to reach populations, including those experiencing homelessness. We also engage in community building and health promotion activities to build the health and wellbeing of our local communities.

Please find attached our submission to the Inquiry, which has been developed in consultation with our staff.

If any aspect of this submission requires clarification, please contact me at the Star Health office on (03) 9525 1300.

Yours sincerely,

Kent Burgess

Acting Chief Executive Officer

Star Health

Introduction

Star Health is a leading not-for-profit provider of primary health and community services in the inner south of Melbourne and surrounds. Operating from a social model of health, we provide a comprehensive range of holistic, wrap-around services including GP, dental, allied health, mental health, alcohol and other drugs, Indigenous health, aged care, homelessness and family violence. In working towards our vision of *Health and wellbeing for all*, Star Health has a strong focus on social justice, and specialist expertise in engaging, supporting and advocating for our most vulnerable community members, including those experiencing homelessness. We also engage in community building and health promotion activities to build the health and wellbeing of our local communities.

Star Health is one of the state-wide network of community health services registered under the *Health Services Act (1988).* This network of community health providers covering the entire state deliver a comprehensive range of health programs in partnership with local communities. Community health services such as Star Health are a key part of the health system.

Star Health recognises that homelessness is a very significant issue and is on the increase in the local communities that we serve, including in the City of Port Phillip and the City of Stonnington. It is seen more overtly now on our streets. People experiencing homelessness may appear more acutely mentally unwell or substance affected, and their behaviour and psychological issues may be evident in a public setting. This can cause distress to those experiencing homelessness; it can also be unsettling for others witnessing it in the community.

This submission outlines Star Health's response to the Terms of Reference for the Inquiry, based on available evidence and observations of staff who work with people experiencing homelessness in our local communities, and provides recommendations for the Committee's consideration.

Terms of Reference item 1: Provide an independent analysis of the changing scale and nature of homelessness across Victoria

Star Health staff have observed a substantial increase in the number of people sleeping rough or experiencing homelessness on the streets within their catchments, with significant mental health, drug and alcohol issues; these factors can contribute to this population also displaying serious anti-social behaviour. Star Health opened a new site on Fitzroy street in early 2019. Staff there experience frequent stark reminders of homelessness, often on their doorstep.

There is a hidden secondary type of homelessness which is often forgotten. This relates to the many disadvantaged people who have no option but to utilise temporary housing facilities, including rooming and boarding houses. Whilst there are many community rooming houses which are well managed and regulated by their overarching organisations, some private ones are not. Despite significant regulatory improvements some residents of private rooming and boarding houses report that this type of accommodation can be dangerous and dirty which can cause further distress and be harmful to their mental health.[1]

Despite this, as rooming and boarding houses are often one of the few temporary housing options for disadvantaged people, they are still needed. The ongoing gentrification and development of suburbs is causing rooming house and crisis accommodation closures and forcing more people into homelessness. Closures in St Kilda alone over the past 12 months include the Claire Castle Hotel and rooming houses in Barkly Street, and the Beach House in Little Grey Street. In response to closures, local service providers – including Star Health - have worked collaboratively in an attempt to try and provide some temporary shelter for these residents. But as already identified, options are limited and becoming more so. This increase in workload has seen Star Health staff feeling at times overwhelmed by the scale of the problem. In addition, there is an increase in private landlords overcrowding tenants in inappropriate share conditions to take advantage of the lack of housing options.

Star Health has also seen an increase in the number of clients who have been homeless for longer periods of time, due to the lack of affordable public and private housing in the area. Newstart is an inadequate income for these types of clients. Accommodation costs alone take a large portion of this income and little remains to cover items such as food, medication, medical needs, transport, clothing.

The inability to gain access to safe housing, within a reasonable time frame, has resulted in clients having to 'couch surf,' sleep in cars, sleep rough on the streets, or become residents in private hotels/motels and caravan parks. The longer the time spent in these temporary locations, the more disaffected clients become. This then impacts on a client's motivation to engage with homelessness services. They see support as futile.

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[1] Goodman, R., Nelson, A., Dalton, T., Cigdem, M., Gabriel, M. and Jacobs, K., 2013, *The experience of marginal rental housing in Australia*, AHURI Final Report No.210. Melbourne: Australian Housing and Urban Research Institute, p 25, <https://www.ahuri.edu.au/__data/assets/pdf_file/0018/2196/AHURI_Final_Report_No210_The-experience-of-marginal-rental-housing-in-Australia.pdf>

<u>Recommendations</u>

1.1 Community outreach/assertive case management – Mechanisms such as 'community outreach' and 'assertive case management' are incredibly important. They help in identifying our local homeless population, building relationships with this target group and linking them to appropriate services and supports, that may otherwise not be possible. Services such as these should be expended.

1.2 Regulation and monitoring of rooming houses – Improved regulation and monitoring of conditions and safety of all rooming houses and boarding/share environments is required to protect those who rely on this form of accommodation.

1.3 Crisis accommodation – Greater funding of crisis accommodation to ensure that those in need can access their basic human right to shelter.

<u>Terms of Reference Item 2</u>: Investigate the many social, economic and policy factors that impact on homelessness

SOCIAL

It is a well-known fact that many of those experiencing homelessness also experience other issues including: poverty, mental health issues, substance abuse and addiction. They may also work in street-based sex work or be escaping family violence. Some have also experienced incarceration. These factors can create a poverty cycle, where those experiencing homelessness become disenfranchised due to an absence of hope.

The connection between poverty and mental illness is acknowledged by the World Health Organisation[2], as well as research that indicates that among the poorest one-fifth of Australians, 1 in 4 people have psychological distress at a high/very-high level, compared to about 1 in 20 people in the richest one-fifth of Australians.[3] Importantly, poverty can be a cause of, or a result of, poor mental health.[4]

Research has demonstrated that trauma rewires the brain[5]. This makes it difficult for many suffering from homelessness to adapt quickly and make well informed decisions. Many of those experiencing homelessness are not employment ready or unable to independently find work due to the trauma they have experienced, often needing the support of caseworkers.

Access to secure safe housing, including for people who have experienced trauma and have mental illness, is a basic human right. Without suitable accommodation other issues that impact people experiencing homelessness cannot be addressed and supported. Services cannot be wrapped around them if they lack stable and secure housing. Star Health is also aware that some women have had no choice in having to return to violent domestic situations due to the limited number of safe houses available (or other suitable options).

Many unwell homeless clients have hospitalization episodes usually related to the need for crisis psychological and medical assessment. This offers an ideal opportunity for services to collaborate and wrap community and

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[2] World Health Organisation 2014, *Social Determinants of Mental Health,* retrieved 20 June 2019, p.8, <https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf;jsessionid=2FE04F59C886736CB34C04C7446B1014?sequence=1> p.8

[3] Isaacs, A, Enticott, J, Meadows, G, Inder, B, 2018, 'Lower Income Levels in Australia Are Strongly Associated With Elevated Psychological Distress: Implications for Healthcare and Other Policy Areas', *Front Psychiatry*, vol.9, p.536, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6213368/>
[4] Murali, V, & Oyebode, F 2004. 'Poverty, social inequality and mental health', *Advances in Psychiatric Treatment,* vol.10, no.3, pp.216-224, <https://www.cambridge.org/core/journals/advances-in-psychiatric-treatment/article/poverty-social-inequality-and-mental-health/39E6EB94B44818EDE417F181AC300DA4>

[5] Mike McRae, Science Alert: Scientists have discovered how traumatic experiences actually rewire the brain, 8 February 2018, <https://www.sciencealert.com/hippocampus-inhibition-pathways-prefrontal-cortex-post-traumatic-stress-disorder-relapses>

acute services around these people and provide ongoing support. However, they are often discharged back into homelessness, or to rooming houses with little communication to a community health service who may already be involved with a client. This is a missed valuable opportunity to improve the continuity of care of this population.

ECONOMIC

Today's economic uncertainty, which has caused employment insecurity, means there are even fewer employment options for those who: have experienced severe trauma, or suffer with debilitating mental health conditions; or lack life experiences due to a number of possible circumstances, which is the case for many people experiencing homelessness.

There is a pattern whereby welfare services are limited in their ability to fully assist clients experiencing crisis who have become homeless, simply because there is an inadequate supply of housing. Without a residential address, it is impossible to fully establish all the services a person needs as there is quite simply nowhere to send a service to.

There is evidence that hospital admissions for mental health can be substantially reduced when housing is coupled with support, such as case management.[6] The provision of appropriate supportive housing can be expensive up front, but Star Health's experience working with people experiencing homelessness (with nomination rights to several housing units) is that those clients who move to those units, with continued support mental health specialists, do stabilise and go on to live productive lives. This reduces their need for service provision from Star Health and the broader service system. Many of them manage their health and wellbeing for years (or indefinitely) without significant support from the system.

POLICY

Newstart is not enough. The reality is Australia's Newstart allowance of $559 a fortnight, and the Youth Allowance of $462 a fortnight creates poverty. For those fortunate enough to receive a disability support pension income of $850 a fortnight, poverty is less of an issue.

Whilst there are some rooming houses which are well managed and regulated by their overarching organisations, some appear not to be not. Undesirable living conditions have been encountered by Star Health staff. The poverty cycle continues for many tenants as numerous unscrupulous proprietors get away with illegal activity and are not adequately regulated or monitored by the authorities. Clients sleeping rough frequently inform Star Health they feel safer out on the streets than in rooming houses.

For older people the My Aged Care (MAC) portal is an obstacle; it is a complex and confusing access point for service provision particularly for this client group. If you are over 50 years old and homeless or Aboriginal and Torres Strait Islander, you may not have access to a phone, let alone a computer for website service requests. The MAC portal is not the right fit for this client group who require easier avenues to services and an intensive case management model to assist them to transfer into other referred programs with ease and most importantly flexibility.

There is no a quick fix once support is engaged. It takes time for staff to develop a rapport with their clients. It can often be hard to locate them due to the lack of reliable and affordable accommodation. There needs to be better coordination of services so that different services can work together to support clients.

The State Government has invested in Rough Sleeping Initiatives (RSI) to support hotspots of rough sleeping which have been welcomed and critical. However, there remains a significant gap between what the RSIs offer and what Clinical Mental Health Services (including their Homeless Psychiatric Teams) provide in terms of assertive outreach and ongoing case management and psychosocial support. RSIs do not have the professional mental health expertise and Clinical Services do not have the ongoing assertive engagement capacity. Assertive Mental Health Outreach with professional mental health staff using a psychosocial case

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[6] Australian Housing and Urban Research Institute 2016, *What are the health, social and economic benefits of providing public housing and support to formerly homeless people?*, p.13, <https://www.ahuri.edu.au/research/final-reports/265>

management model of low threshold engagement is urgently required to work with those experiencing mental illness and chronic primary and secondary homelessness.

Recommendations

2.1 A commitment to Housing First principles – Safe, appropriate and affordable housing is crucial to health and wellbeing, including mental wellbeing.[1] Housing First recognises housing is a precondition for mental health care, and indeed, as a necessary component of that healthcare.

2.2 Maintaining a broad range of housing options – Ceasing the of closure of rooming houses, Supported Residential Services and private hotels and investing in new housing with support models.

2.3 Improved regulation of rooming houses – Increased resources into investigation is urgently needed into the commonly reported unscrupulous behaviour of proprietors in unregulated (and some registered) rooming houses.

2.4 Victorian Government needs to advocate for changes or alternatives to My Aged care to improve access to aged care services for those experiencing homelessness or those at risk of homelessness.

2.5 Mental health Assertive outreach workers – Urgent need for experienced mental health specific outreach workers.

2.6 Increased investment in homelessness staffing levels – Increased demand on homeless services has equated to strained staff capacity. Staff feel unable to meet the complex needs associated with an increase in homelessness. We need more staff to meet client demand.

2.7 Victorian Government continue to advocate for an increase in the Newstart allowance.

Terms of Reference Item 3: Identify policies and practices from all levels of government that have a bearing on delivering services to the homeless

Should a person who is experiencing homelessness be housed and deemed eligible for a Home Care Package (HCP), it is often required at a level 3 or 4 due to their complex issues. Level 1 or 2 is usually insufficient. Many clients are waiting for a HCP level 3 or 4 for well over 12 months on the new national system. They require intensive case management support in the meantime to help keep their housing, lifestyle, health and welfare managed. Therefore, more case management programs and/or community health nursing programs for this gap is urgently required as a referral pathway in order to maintain a consistent level of service to these clients.

People within the Star Health's target population who are eligible for NDIS require an intensive case management framework to support them to obtain and maintain NDIS services. The option of NDIS "service coordination" is very challenging and not clearly aligned with our client needs. Very often this cohort of clients, who are deemed eligible, have serious mental health issues and/or acquired brain injuries. They are unable to understand the NDIS premise, cope with navigating its system, its costing structure and general complexity without ongoing case management support. Intensive case management programs and/or flexible community health nursing and allied health programs, which could step into this role, deserve the same recognition and fee payment structure to support these types of people under NDIS as other services already approved under this new national program. If these programs were available this would provide excellent referral pathways for our clients. Although NDIS could well benefit this group, it is unlikely to succeed with this population without the correct supports in place to make it work.

<u>Recommendations</u>

3.1 Home Care Packages -Intensive case management support for people waiting for higher level Home Care Packages.

3.2 Support to access and navigate client-directed services such as NDIS – such as intensive case management programs and/or flexible community health nursing programs. NDIS service coordination as currently defined and funded is not sufficient for this cohort.

3.2 Employment support programs need to be overhauled. People can't access these due to eligibility and navigation issues.