NATIONAL PARTNERSHIP AGREEMENT ON HOMELESSNESS

Annual Report 2009-10
Victoria
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1. Introduction and summary of achievements

Victoria’s response to addressing homelessness has built on the directions established through the 2002 Victorian Homelessness Strategy, and in particular services funded in 2008-09 include the Integrated Family Violence response and Creating Connections for young people and Opening Doors. In addition services have been expanded to provide psychosocial support packages for people with a mental illness who are experiencing homelessness and to support people whose tenancies are at risk in social housing.

The National Partnership Agreement – Homelessness (NPA – H) initiatives build on these reforms to further enhance responses and implement new initiatives for clients with multiple and complex needs, to move people from street to home, to address family homelessness and assist children who are homeless, to further enhance access to education, training and employment for young people and to enhance services to assist women and children who are experiencing family violence to remain safely in the home.

Summary of achievements

All the NPA-H initiatives commenced implementation during the 2009-10 financial year. The reform and expansion of the youth homelessness services is well underway and increased numbers of young people with complex needs are now being assisted.

Various family violence initiatives have been expanded; this includes support for women and children to remain in the family home and case management responses to men who use violence. All regional Integrated Family Violence partnership organisations are now providing an enhanced after hours service.

Housing and Community Building are now working more closely with allied services and other parts of Government, including mental health providers and prisons. The NPA- H is facilitating further reform to how we respond to homelessness and more importantly how we can intervene earlier to reduce its impact. These lessons are also informing the development of Homelessness 2020. H2020 will strengthen our approach to prevention and early intervention representing whole of government actions to addressing homelessness.

2. Details of activities under the IP, against performance information.

2.1 State Matching Funding 2008-09 Budget

Integrated Family Violence

The 2008-09 package builds on the substantial work undertaken in partnership with the Indigenous community by providing an important initial investment in the implementation of the long term plan to address Indigenous family violence. Through the Indigenous Family Violence Partnership Forum the Government has developed a 10 Year Plan Strong Culture, Strong Peoples, Strong Families to address Indigenous family violence in response to the Victorian Indigenous Family Violence Taskforce Report (2003).

To further strengthen the Victorian Government’s significant investment in reducing family violence, the 2008 Budget allocated additional effort to:
  - increase support for women and children at highest risk, including support for Indigenous workforce development and cultural awareness training; and
  - increase accountability through improved system responses to men who use violence.

Services responding to women and children experiencing family violence have increased their connections and referral pathways with police, are providing enhanced after-hours services,
are assisting women to remain in the family home and are assisting women to access court proceedings. The number of support periods for women and children experiencing family violence has increased from 11,000 episodes of support in 2000-01 to over 16,000 in 2008-09. In the same period the number of family violence incidents, per annum, recorded by police have risen from 21,600 in 2000-01 to over 32,000 in 2008-09.

Services have been funded in each Department of Human Services region to provide case management for Indigenous women experiencing family violence. DHS is an active partner in the Indigenous Partnership to respond to Indigenous family violence and services are increasing their responses to Indigenous families experiencing family violence.

Case management responses to men who use violence commenced in 2008-09 with five agencies responding to Indigenous men and four mainstream agencies providing assistance. Data for 2009-10 indicates that 118 men have been assisted against a target of 108. Agencies are receiving referrals from police for 54% of the clients, self referrals for 14% of clients and referrals from other community agencies for 21% of clients with the remaining clients referred from within the agency. Case goals were met or partially met for 51% of clients. Services also reported that the service always considered the safety of women and children as a prime focus of the services delivery, assisted women with issues such as changing locks if required and notified women if they had any safety concerns.

Support for Vulnerable Tenancies in Social Housing

Support is being provided to tenants with multiple & complex needs so that tenancies may be sustained to prevent homelessness.

The Support for High Risk Tenancies program assisted approximately 300 tenants throughout 2009-10 (to prevent people with high and complex support needs living in social housing from being evicted).

A review of the High-Risk Tenancies Strategic program found that high-risk tenancies were largely known to, and in many cases receiving services from, a range of DHS programs, but this provision was not coordinated and planned. This was a concern as people in high-risk tenancies frequently have a multiplicity of inter-dependent issues that require a coordinated response, across services, to be successful.

In response to the project's findings regional coordinator positions were established in each region to provide secondary consultation, identification and involvement of required services and case conference organisation for clients:

- That have not been responding to multiple intervention attempts
- For whom the referring program is having extraordinary difficulty accessing required interventions.
- Who have exhausted many of the common interventions for their presenting behaviours or circumstances and for whom the service system has experienced ongoing difficulty with engagement including assertive outreach.

Opening Doors

The Opening Doors initiative is improving access and pathways to homelessness and housing services and:

- reducing the requirement for people who are homeless to undergo multiple assessments;
- helping to ensure they get assistance that is appropriate to their needs; and in turn
- helping to reduce the likelihood of people revisiting the homelessness system at a later stage.

Led by DHS Regions, groups of homelessness services have formed Local Area Service Networks, pooling their resources of housing, support and brokerage and have established
clear homelessness access points out of existing services. These access points undertake initial assessment and referral, as well as short-term service responses, for all the service providers in the local area. The access points follow clear and consistent assessment practices, referral pathways and protocols and use resource registers that provide real-time information about the availability of local housing, support and brokerage resources.

The networks can also include allied services such as mental health, drug and alcohol, youth and family violence services, as well as long-term community housing providers and public housing. Hence the access points can provide access to the range of services a person experiencing homelessness might require. The programs also provide Housing Establishment Funds (HEF) to assist people to access and remain in private rental, to access emergency accommodation and to purchase essential goods.

During 2009-10 the Local Area Services Networks assessment and planning programs assisted 55,958 clients through 159,392 contacts. Over 33,340 assists were provided to access social housing including 16,766 to access short term housing, 3,300 for transitional housing, 3,710 to access public housing, 6,483 to access private rental, and 3,080 to access other social housing.

The majority of clients were seeking assistance because of financial difficulty (18%), eviction (10.7%) and family and relationship breakdown (8.3%). A further 5.8% were itinerant, 4.2% recent arrivals to the area, or had budgeting problems (4%).

HEF was provided to 29,045 clients with 43.7% or 12,686 clients assisted with emergency accommodation. Over 42% or 13,898 people were assisted to access or maintain private rental with rent in advance or rent in arrears they by preventing them from becoming homeless. Twenty three clients were assisted with private rental brokerage and 8% of clients were assisted with the purchase of whitegoods, furniture storage, transport and retrieval of personal belongings.

Mental Health Reform in Victoria – Psychosocial packages for the chronically homeless

Funding was committed in 2008-09 to reduce the level of homelessness among people with severe and enduring mental health problems, including those exiting residential care. Clients receive individual psychosocial outreach packages to ensure they have access to the right support and stable accommodation to prevent them from reaching a crisis point.

This service is building stronger links between specialist homelessness and housing services and the mental health system. The funding is enabling different levels of support to be provided based on assessed need and be targeted at developing appropriate support models for adults and young people with serious mental illness exiting correctional facilities, mental health treatment facilities and homelessness services. This initiative also complements Victoria’s mental health strategy – Because Mental Health Matters.

2.2 Implementation Plan for the National Partnership on Homelessness

Specific initiatives that are being delivered by Victoria under the Homelessness NP are detailed below, and listed against the key NP performance indicators in the table attached.

**Assertive Outreach**

The Victorian Government recognises that the experience of homelessness can become deeply entrenched, requiring intensive and long term support coupled with accommodation. Assertive outreach services targeting single people and couples including those who are sleeping rough and who reside in rooming houses have been implemented. Assistance is being provided to move those experiencing chronic homelessness into stable long term housing.

A new service has been established in the inner Melbourne area and is being delivered by a partnership of HomeGround Services and Salvation Army, St Kilda Crisis Services and Royal District Nursing Services. The program has begun making contact with clients and forming
partnership with other Salvation Army inner city services providing meals and other support to the same client group.

Assertive outreach for clients with high and complex needs has been provided during 2009-10 through a state wide program that has recently been evaluated. Over 100 clients per annum have been assisted through this program with an average length of support of seven months. Clients were recorded as having very high needs including housing (100%), financial difficulties (98%), access to social supports and services (98%), mental health issues (92%), exposure to the effects of violence (87%) health needs (85%), alcohol and other drug use (70%) and behaviour which is challenging to others (69%).

Despite the level of disengagement from these clients and the challenging behaviours they exhibited, workers were still able to effectively work with these clients to linking them to appropriate services and address their multiple needs. The range of assistance provided by the program addresses more areas, is a broader and more holistic ‘hands-on’ service that can be delivered through standard homeless support.

Key issues were able to be addressed to a great extent or a very great extent for 40% to 55% of clients for housing stability, safety and security, health, mental health, access to services, and self care and well being. Challenging behaviours were addressed for 34% of clients and drug and alcohol issues were addressed for 22% of clients.

Client interviews were undertake with 37 clients. Thirty two of the 37 clients spoke about their complex needs including homelessness, severe mental illness, drug and alcohol use and intellectual disability.

Client comments include "I was living in a park. I have schizophrenia and I was having delusions and I didn’t want to live in a boarding house. It was rough, I lived in the park for about a year, in the end police came and took me to hospital.”

"I’ve been on the drugs since I was 11. I’ve got depression and tried to hang myself (in Jail). I haven’t been back to emergency all year. That’s a record.”

Assistance from the workers was highly valued by people with comments such as 'she got me to hospital or I would have died. Sometime she brought a nurse to see me.’

“What I really found is that it is hard to get help from services yourself, you really need someone to come and speak with you. Not speak for you, but help you work out what to say.’

Overall the project is assisting up to 100 clients each year to address and resolve their issues including homelessness.

**Family Violence**

Family violence initiatives funded under the Homelessness NP are building on the whole-of-government *Integrated Response to Family Violence* to further diversify the approach to family violence, create greater safety for women and children; increase the accountability of men who use violence and ultimately prevent family violence before it occurs.

The recent introduction of the *Family Violence Protection Act 2008* in Victoria provides greater protection for women and children escaping family violence to remain safely in the family home. An initiative using brokerage funds is supporting women to do this by addressing practical requirements such as changing locks. If more women are able to utilise protection under the Act, less will need to seek refuge in crisis accommodation. This approach also provides increased stability for women and children by reducing the need to change schools or employment.

The Victoria Police respond to more family violence calls after hours than at any other time. Currently there is insufficient after hours support to cope with this demand. Funding has been provided to increase the levels of after hours face-to-face support to women and children. This will reduce the impact of trauma experienced and will lessen the likelihood of homelessness.
This increase in services is being complemented by an increase in case management for men who use violence.

**Support for women and children to remain safely in the family home**

Funding under the Homelessness NP has been used to increase the support available to enable more women and children to (where appropriate) stay safely in the family home. The increase in resources allows women to work through the available responses and explore options for development of a safety plan.

The responses provide case management support to women who have been referred by police, courts and other services following a family violence incident.

A program that has been operating in Hume Region augments support services to women and children who have experienced family violence and have had an intervention order with exclusion provisions issued. The B Safe program provides women with safety alarms that operate through the telephone line and also have a mobile unit. Women can activate the system to a security company who will then call police. The units are also able to record what is happening during any incident. Since 2007 the program has enabled 68 women and 135 children to remain safely in their homes. Women report that the B Safe initiative improves their feeling of safety and allows them to participate in community activities. Comments such as ‘Knowing if he came that the police wouldn’t be far behind I do feel safer’, ‘I feel safer to go outside my home for work.’ And ‘Knowing I can push a button and someone will be there and the police will attend’ were common.

**Support for Indigenous Women and Children**

The Victorian Ministerial Taskforce to address violence against Indigenous women and children and the Victorian Government’s responses *Strong Culture, Strong People, Strong Families* have identified the need for enhanced service response to Indigenous women and children experiencing family violence.

Under the Homelessness NP Facility based responses for Indigenous women and children are being developed in the Gippsland and Loddon Mallee Regions. Both locations have a high Indigenous population. *Strong Culture, Strong Peoples, Strong Families: Towards a safer future for indigenous families and communities 10 year plan* was released in June 2008. This plan includes identification of the need for specific responses to protect Indigenous women from family violence. Funding and support for Indigenous women and children has been increased in all DHS regions with eleven organisations providing assistance for up to 100 Indigenous women and children. Interim services are operating in Loddon Mallee and Gippsland while work to develop the service facilities is underway. A site has been purchased in Loddon Mallee and plans for the building are ready to be submitted to council. A site is under consideration in Gippsland region.

**Face-to-face support after hours**

Through the additional funding under the Homelessness NP, Victoria is increasing the capacity of the Integrated Response to Family Violence, by providing greater face-to-face support to women and children after hours following an incident attended by Victoria Police. The integrated family violence response has identified the need to focus on appropriate service responses for women with high needs. Fourteen agencies have received funding to provide enhanced afterhours support for up to 500 women and children experiencing family violence. Police refer women and children to services either through the 24/7 telephone crisis service and/or fax information through to their local service providers if they have assessed the women and children are in immediate need of support when they attend incidents afterhours.
**Young People**

Funding under the Homelessness NP is assisting Victoria to reform the youth homelessness service system to focus on early intervention; shifting the traditional crisis response to a more holistic approach incorporating the short and longer term psychological, emotional, health and social needs of young people. Integrating youth homelessness services with other early intervention programs and youth initiatives is an important part of these reforms.

Changes to the youth homelessness service response include new services that link young people more effectively to family and community, returning young people home and providing the required time and space for families to address concerns. Further to this reengagement in community life, school, training and work are key outcome areas.

The focus of reform sits within the following program delivery areas that are funded under the Homelessness NP:

**Strengthening Youth Crisis Responses**

The reform, restructure and expansion of the youth homelessness service system builds on Victoria’s Youth Homelessness Action Plans 1 and 2 to give youth refuges a new and enhanced role in improving outcomes for young people who are homeless. These service reforms support a whole of Government response to the engagement and support for homeless young people and allow youth refuges to work more effectively in the prevention of young people ‘at risk’, of transitioning from youth homelessness to adult homelessness. Additionally, these reforms allow for greater support of young people with complex needs and challenging behaviour.

The new funding augments existing funding to youth refuges in two phases:

Through phase 1, all DHS funded youth refuge facilities have received an increase to their funding base. This funding is supporting the effective running of crisis facilities and is providing youth refuges with brokerage funds to enhance homelessness support responses.

In phase 2, H&CB will resource a new model of service delivery for eight youth refuges in Victoria.

This response will be available across each region to improve outcomes for young people who are homeless as follows:

- Young people who are homeless will be supported and guided by specialist support teams to address their psychological wellbeing, health and social needs. Young people will receive a structured and holistic support package that draws on practice in other service systems and responds to the crisis and trauma associated with homelessness. These responses are usually described as therapeutic responses.
- Young people who are homeless or at risk of homelessness will be supported to reconcile with their families and return home where it is safe to do so.
- When young people leave a youth refuge they will receive follow up support that assists them to make connections in their local community and to make a successful transition to more independent living.
- Young people who are sleeping rough or who have nowhere safe to live will receive an assessment of their needs and a place at a youth refuge as part of a longer term approach to addressing their housing and support needs.

The enhanced youth refuge models will deliver more intensive support when it is needed, tailored to the individual needs of young people and will facilitate links to appropriate mental health, drug and alcohol supports and employment, education and training opportunities. This approach will minimise the likelihood of repeat homelessness and break the chain of disadvantage and homelessness.
All 20 youth refuges in Victoria have received additional brokerage funding through phase 1 of the refuge reform process, commencing in November 2009. All youth refuges are undertaking enhanced outcomes monitoring and reporting to demonstrate the impact of the new funding and the first reports will be available in late October 2010.

Two new enhanced refuge models are in place in the Eastern metro and Southern metro regions. These new models commenced in March 2010. These two enhanced models will provide at least 344 episodes of support to young people who are in crisis each year.

**Young People Leaving Care - Early intervention housing support**

Funding under the Homelessness NP has allowed Victoria to build upon current service delivery, by providing an increased proactive and intensive response for young people leaving care particularly during the transition years. The initiative will see young people engaged in case managed support earlier to ensure a successful transition from care to sustainable accommodation and independence.

In addition to the new response, the development and implementation of the initiative will incorporate a review and enhancement to the existing partnership between Housing & Community Building and Child Youth & Families Division of the Department of Human Services.

The initiative will assist in reducing the proportion of young people who leave care and experience homelessness.

The first phase of funding for this new initiative was distributed through DHS Regions in March 2010 and additional staff have now been employed to deliver housing support to at least 20 young people in the first three months of the new service.

**Dual Diagnosis Workers for Young People**

Within the youth homelessness population there are a growing number of young people who have particular, significant and complex needs that can only be met through a well planned and coordinated multi disciplined response. Funding under the Homelessness NPA has provided Victoria with additional resources to improve our joined up response to young people with complex needs.

Housing & Community Building is working in partnership with the Department of Health, Mental Health & Drugs Division, to establish dedicated youth homelessness Dual Diagnosis response embedded within the youth homelessness service system of each region.

These dedicated roles are working in partnership with the youth homelessness sector to provide:

- Specialist case management support
- Better managed responses to episodes of substance and/or mental health related crisis
- Better coordinated access and responses between homelessness and clinical mental health and/or alcohol and drug services
- Support and enhance sector capacity in responding & managing complex issues within the youth homelessness service sector.

The initiative will assist young people to access and maintain housing while addressing their mental health, substance use and other issues.

Funding for this program was transferred to the Department of Health in March 2010. Recruitment of specialist dual diagnosis practitioners has commenced with five practitioners now in post and delivering services. Recruitments for the remaining four posts is underway. Mental Health will deliver the first set of reporting data in October 2010.
Family Reconciliation - Support for young people

Newly funded family reconciliation services aim to divert young people from the homelessness service system re-establishing links with family/support networks (where appropriate) are now operational. Support is complemented with brokerage funds to assist in the reconciliation process.

All new funding has now been allocated to DHS Regions and additional staff are delivering the enhanced family reconciliation services.

Youth Foyer-like models of housing and support

Up to three new foyer-like models of housing and support are being established in regional and outer metropolitan Victoria. Additional outreach support will also be provided to young people in the surrounding area.

The Foyer-like model of accommodation and support assists young people by integrating:

- Safe, secure and affordable accommodation
- Personal support services, including mentoring
- Reconnection to learning and skills development
- Work experience and access to jobs that are sustainable.

Two sites have been purchased, (Ballarat and Warrnambool) and construction is underway. Advertised submissions processes have been undertaken in these two DHS Regions and a partnership of qualified and experienced agencies has been appointed to run two of the three Foyer-like models. Both partnerships have commenced service development work in advance of the new facilities being completed and handed over. A third site is being sought.

The two sites are centrally located and close to public transport, schools, TAFE colleges, training centres, work experience and jobs. They also incorporate facilities that may be used by the general public, such as training facilities. This will help to build links between the Foyer and the local community.

The new Foyer-like models will provide integrated support and tenancy management to young people, with a focus on engagement and development of the skills required to manage an independent tenancy. Support and tenancy management agencies with experience of working with young people who are homeless and strong links with local communities will be invited to submit proposals to provide these integrated services.

Additional outreach support is also being provided to young people in metropolitan Melbourne through the Foyer-like model. In the first half of 2010, outreach services have been successful in linking 14 young people into accredited training courses, including 6 into Cert I accredited training courses and 1 into a Cert III course. Outreach services have also worked with a further 57 young people through open access training programs.

Building the capacity and responsiveness of mainstream services

Funding has been provided to enhance service provision across mainstream providers and homelessness services. The Homelessness 2020 Strategy has recently been launched, and will develop a number of demonstration projects that will improve mainstream services response to homelessness.

Support Exiting Prison

Funding under the Homelessness NP has enhanced the services provided to those exiting prison. The Department of Justice (DOJ) and the Department of Human Services, Housing and Community Building Division has provided three housing support workers (including one Indigenous specific housing support worker) who are located at the major prisons. This response will build on existing service provision and is linked with the projected growth in adult prisons and increased prison exits. It is targeted at locations where there is no current housing
assistance available. These workers will augment the existing case managed housing support delivered in Victorian prisons and ensure greater coverage across the state.

The housing support workers are providing prior release and post release support to secure appropriate housing and support services to prevent exits from prison into homelessness.

**Psychosocial support packages**
Housing and Community Building and Mental Health and Drugs division of the Department of Health are delivering intensive psychosocial support packages targeted to clients with multiple and highly complex needs who are exiting forensic and bed based clinical rehabilitation services.

The intensive psychosocial support packages are providing people with enduring mental illness and psychiatric disability with an integrated, holistic response aimed at achieving symptom stability, improved social inclusion and recovery over the longer term. This is a new and innovative program and most services are in an establishment or expansion phase and therefore not operating at capacity. Funding which includes funding under the homelessness NP had been used to assist approximately 20 clients in 2009-10.

This initiative will deliver sustained outcomes in a number of critical life domains including improved mental and physical health, reduction in substance misuse, reduced engagement with the corrections system, long term housing security, improved social engagement and employment. Achieving outcomes across these life domains will build the ‘platform for recovery’ necessary to reduce the impact of this cohort across multiple service systems.

The service model includes provision of flexible brokerage funds to address pressing issues and assist clients to establish and maintain successful tenancies across a range of tenures.

**Children and Families**
Evidence clearly articulates that early interventions that respond to the needs of children and families significantly increase the likelihood of them overcoming personal and systemic barriers to reach their full potential. Specialist children’s workers have not previously had a strong presence in the Victorian homelessness service system. Working across the homelessness and education sectors, the Victorian Government has developed and implemented targeted initiatives with a particular focus on financial assistance for families and keeping children engaged in school. In addition, services to assist families to relocate from sub standard rooming houses into affordable housing has assisted 109 families including 256 children over a three month period.

**Specialist support for children**
Children who are at risk of homelessness or become homeless are at greater risk of losing contact with schools, Maternal and Child Health and other allied health services and of entering into a cycle of repeat homelessness over their lifetime.

In 2007-08 there were 21,400 accompanying children assisted in Supported Accommodation Assistance Program (SAAP) services. The percentage of families with children as a proportion of the total for each reason given for seeking assistance included family violence (69%), financial difficulty (37%) and eviction (46%).

Many children suffer grief and loss as a result of the reason for becoming homeless and the aftermath of becoming homeless. They need to understand why they are no longer seeing their friends and/or family members. They need assistance to work through the trauma of family breakdown and to re-establish links with school and other services.

In collaboration with the Child, Youth and Families Division a new model of service delivery has been developed with a focus on engagement in education and early childhood development. This service has commenced in four DHS regions and is targeted to accompanying children.
Legal services
Funding under the Homelessness NP has provided for an increase in resources to assist people who are homeless or at risk of homelessness with their legal issues. Case management support services commenced in December 2009 and are providing legal assistance for Indigenous women to access courts.

Supportive Housing
Sites are being considered for two intensive support and response services that will be established to help individuals and families access and sustain accommodation in the outer metropolitan growth areas. This will support people and families to continue to live locally and retain their social, health, schooling and work connections.

Each service will include a response and support facility accompanied by ten long term supportive housing properties in nearby locations. The response and support facility will accommodate up to ten people at any one time for accommodation, case managed support and access to a range of services such as Centrelink, legal assistance, health services and other life skills programs.

While the sites are being developed interim outreach services are being delivered in four DHS regions.

Sustaining Tenancies
Support to maintain tenancies
Developed to prevent the reoccurrence of homelessness, the Social Housing Advocacy and Support Program (SHASP), a highly successful approach that supports ‘at risk’ social housing tenants to prevent housing breakdown has been expanded under the homelessness NP to take a more proactive approach.

Under the National Partnership Agreement on Homelessness the approach will enable a greater number of new social housing tenants exiting the homelessness service system to be supported in establishing their tenancy successfully particularly for the first six months of their long-term tenancy. Around 2,800 people enter the social housing system each year from the homelessness service system, through Victoria’s public housing segmented waiting list.

The transition period as people exit the homelessness service system into social housing is often a time of great stress and change and is particularly challenging for those with complex needs. An enhanced approach is providing support to establish and stabilise a tenancy in long term housing and linking those with complex needs to services to manage and improve their health.

Support provided includes linking tenants to appropriate services that are able to address their support needs such as community health centres, Home and Community Care services and identification of the most appropriate housing options.

Quality Services
Victoria is investing in workforce development to support homelessness services to deal with the increase in complexity and the support needs of people who are homeless or at risk of homelessness. To date, funding upgrades have been implemented to provide management positions for all youth and women’s refuge services.

Funding will provide for advanced practitioners in each region to work with people who are homeless and have high complex needs.

Victoria has released A Better Place Victorian Homelessness 2020 Strategy on 23 September 2010. This strategy will implement flagship projects addressing different life stages for people who are homeless. These projects will explore different ways that government, the community sector, business and philanthropy can work together. The Strategy supports a whole of
government approach to addressing homelessness with a focus on prevention and early intervention.

**Targeting responses for high needs clients**
As part of homelessness NP, funding has been targeted to improve responses to clients at risk of falling into and staying homeless, for example, people with a mental illness and people exiting prison or interacting with the court system.

A cross-government approach is assisting people exiting the mental health and justice system to sustain housing with intensive effort to link people into psychosocial and clinical outreach, personal support, and employment, education opportunities. Housing and Community Building will be working closely with the Mental Health and Drugs Division and the Department of Justice to maximise outcomes and reduce exits to homelessness from these settings. Additional housing referral positions were funded at Victorian prisons. All prisons now have access to a housing support worker to link people who will be homeless on exit to the housing pathways initiative and/or assist people with access to a range of accommodation options on discharge.

**Support for families at risk of homelessness.**
The Counting the Homeless 2006 report indicates that the number of families experiencing homelessness has risen from 22,944 in 2001 to 26,790 in 2006. Families become homeless because of a housing crisis and family violence.

New support services assisting families to prevent or resolve homelessness have commenced across all DHS regions. These services are linking families with community services and assisting them to secure long term accommodation options including Public Housing, Community Housing and Private Rental.

Additional funding has been provided by the Victorian Government to assist families who are living in sub standard rooming houses to access serviced apartments and interim and long term accommodation. Many organisations delivering this support have combined the responses to assist a broad number of families to access social housing and private rental accommodation. Fifty four families and 122 children have been assisted to exit rooming houses and a further 100 families have been assisted to access other housing. An example of these responses:

A couple with two children who have been living in transitional housing were moving to private rental; however the family had a range of ongoing support needs. Support was provided for nine months to address family issues, maintain the tenancy post transfer and link the children into school.

**Court Integrated Service Program (CISP)**
CISP is an early intervention approach which is targeted towards reducing homelessness. It targets people assessed at moderate to high risk of future offending with multiple contributing needs, including addiction, mental health and disability.

CISP is providing interventions to stabilise people with multiple and complex needs appearing at court by facilitating optimal pre-sentencing outcomes and to reduce re-offending rates.

CISP features:
- a centralised screening and assessment process with all referral directed to one service point;
- targeted intervention, matching the level of intervention to client risk of re-offending;
- priority access to treatment and support services;
- case management; and
- comprehensive data collection.
Accommodation and housing support for CISP is provided through the Justice Housing Support Program (JHSP). The JHSP is a collaborative project between the Homelessness Assistance Unit of the Office of Housing, Magistrates Court Victoria and the Neighbourhood Justice Centre. In 2009-10 JHSP component of CISP

- received 642 referrals
- made 52 housing applications
- housed 51 clients in THM properties.
- provided case management to 64 clients.

*A Place to Call Home*

A Place to Call Home (APTCH) commenced in July 2008, with funding across Australia of up to $150 million from the Commonwealth and contributions from States and Territories.

Victoria will provide at least 118 properties under this initiative. Fifty units have been provided for in the new Supportive Housing facility in Elizabeth Street, on top of the 38 stand alone properties that have been delivered to date. In addition Victoria has allocated 39 of the Nation Building Jobs Plan properties to the APTCH initiative.

Support to maintain these tenancies have been allocated through the NPA-H funding. Some families housed during 2008-09 in the first round of properties are ready to transfer to Public Housing with support extending for up to two months post transfer.
### 2.3 Targets and results in 2009-10:

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Family Violence – Support for women and children to remain safely in the family home.  
Family Violence – Support for women and children.  
Family Violence – Face to Face support after hours. | 80              | 200                    |
| Increase in the number of people exiting care and custodial settings into secure and affordable housing. | Young People Leaving Care  
Young People Dual Diagnosis workers  
Building the capacity and responsiveness of mainstream services  
Support exiting prison  
Psychosocial support packages | 700             | 700                    |
| Reduce the number of people exiting social housing and private rental into homelessness | Support to maintain tenancies | 300             | 350                    |
| The proportion of people experiencing repeat periods of homelessness | Supportive Housing, mental health tenancies, young people re-engaging with family | 500             | 500                    |
| Number of young people (12-18 years) who are homeless or at risk of homelessness who are re-engaged with family, school and work. | Family Reconciliations – support for young people 12-18 years  
Youth Foyer | 300             | 250                    |
<p>| Number of children (under 12 years) who are homeless or at risk of homelessness who are provided with additional support to maintain contact | Children Specialist support and engagement with education |</p>
<table>
<thead>
<tr>
<th>Number of families who are homeless or at risk of homelessness who receive financial advice, counselling and/or case management</th>
<th>Support for families</th>
<th>300</th>
<th>300</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people who are homeless or at risk of homelessness who are provided with legal services</td>
<td>CISP Legal assistance for Indigenous women</td>
<td>100</td>
<td>150</td>
</tr>
<tr>
<td>Clients assisted</td>
<td></td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>APTCH Proposal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds</td>
<td>$0.9 allocated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Properties</td>
<td>19</td>
<td>130</td>
<td></td>
</tr>
</tbody>
</table>

The number of assists reported for 2009-10 are assessments based on report backs provided by agencies delivering initiatives funded under the Homelessness NPA. Enhanced reporting arrangements have been put in place for the 2010-11 collection.
2.4 Barriers, challenges, opportunities, highlights.

Challenges

Implementation of the NPA-H initiatives has been a major undertaking for Departmental staff at the central and regional level and for the organisations delivering the programs. Victoria has undertaken major reform over the last six years with the implementation of the new responses to young people and the Integrated Family Violence reform. Agencies have again been asked to respond to over twenty new initiatives, and expand both staffing and services delivery.

Recruitment of staff has in some instances proven difficult with positions required to be advertised a number of times to attract staff with suitable experience and qualifications. Many agencies have recruited existing staff into more senior positions to undertake the new roles and recruited to general positions.

Opportunities

The NPA-H has broadened the partnership opportunities of working across service responses such as extending support into legal services for women experiencing family violence, the provision of dual diagnosis workers to address the complex needs of some young people, assistance for people with mental health problems to access housing in the community, temporary transitions for those leaving community care units or secure care units, working with Child Youth and Family services linking young people back with family members, assisting young people leaving care and addressing the needs of children who are experiencing homelessness and family violence.

These partnerships have formed the foundation for the development and implementation of the Homelessness 2020 Strategy.

Highlights

Highlights of the service responses implemented in 2009-10 include working with the Indigenous communities in Loddon Mallee and Gippsland to implement new services facilities for Indigenous women experiencing family violence. The community participation in the planning and design stages for the Loddon Mallee facility, the planning and development of artwork for the facility and the involvement of the wider service sector has been inspirational.

Another significant highlight for 2009-10 in Victoria was the opening of the Elizabeth Street Common Ground Development in August. This development was the first of its kind in Victoria to provide housing for low-income earners and those at risk of long-term homelessness, with ongoing support under the one roof. The project has also showcased the importance of partnerships in addressing homelessness.

This development is well located in the centre of Melbourne, and is now assisting over 60 people who have experienced chronic homelessness and have complex needs. Tenants have been provided with fully furnished apartments with onsite support and other activities available in the building.

3. Key Priorities for 2010-11

Key priorities include consolidation of the initiatives implemented in 2009-10. It was a significant challenge to get all of the new initiatives up and running. Now that this has occurred the priority for 2010-11 is to embed the new service delivery approaches and ensure that they
are effective in preventing and addressing homelessness. The evaluation framework for these projects will be strengthened in 2010-11.

Implementation of the new data system for specialist homeless services will also be a challenge for 2010-2011. Ensuring agencies are on board and prepared for the new data collection will take significant work from both government and the sector. Improvements in the way we measure outcomes will also be a priority once the new collection is established.

Opening the youth foyer in Ballarat is a key priority for the 2010-11 year. The opening is scheduled for January 2011 and will deliver a key partnership approach to addressing and preventing youth homelessness. The facility will have 17 units in total for young people, three studio - short stay units, ten one bedroom units and four two bedroom units. This project will also link with Children, Youth and Families to support children leaving care.

The implementation of Homelessness 2020 will be a key priority for 2010-11. Efforts that strengthen the Whole of Government commitment to addressing homelessness will allow us to more effectively deliver on the NPA – H priorities.
4. Case studies

Integrated family violence

Case Study 1: ‘ROSANNA’

Introduction
Rosanna is a 43 year-old woman, with a 12 year-old son who has been in the permanent care of his maternal grandmother since he was 3 years old. Rosanna was hospitalised for major heart surgery, a consequence of ongoing and severe alcohol and drug use.
Rosanna had been with her current partner for 5 years, and throughout that time she experienced regular family violence and sexual abuse. She identified the violence as constituting social and financial control, emotional abuse, and extreme sexual abuse. Rosanna also disclosed that in a previous relationship with the father of her son, she had also suffered from extreme violence and abuse, which ended only when her then-husband died of a drug overdose. Rosanna commenced her new relationship within a week of her husband’s death.
Over the last 25 years Rosanna has stayed sporadically with her mother, as respite from violent relationships and drug use, and on exiting from prison.

Service History
Rosanna was referred to the Family Violence Service through a social worker at the local Hospital, after she revealed that she wanted to end her relationship with her current partner. This involved Rosanna having to move out of his house, and establishing her own accommodation.

Reason for Referral into ICM
Upon assessment, it was clear that Rosanna was at a high level of risk from her current partner, had experienced frequent and severe violence for the last 25 years of her life from 2 consecutive partners, had complex alcohol, drug, and mental health issues, and has had protective concerns for her child. Moreover, Rosanna’s general health was at serious risk.

ICM Response
Rosanna was immediately picked up in the ICM program, and she was offered a transitional property through the Family Violence Service. However, due to her health issues, she accepted an offer to live with her mother until she had recovered from surgery.
Following assessment, the case worker initiated a safety plan with Rosanna, who subsequently left her ex-partner. Rosanna signed on to a treatment plan, which outlined her goals, and the intervention of the ICM program. Aspects of this plan included the provision of intense family violence counselling; ongoing intervention around her safety and monitoring her relationship with her ex-partner; ongoing support around drug use and harm minimisation; support with mental health issues; strengthening Rosanna’s relationship with her family and her son; and making connections with social networks and educational groups.

Partnership/links With Other Providers
Rosanna was referred to CASA, which provides specialist family violence and sexual assault counselling. After attending the first session, Rosanna felt that the support from the ICM program was adequate at this time, and she did not take up the referral to CASA.

ICM Direct Service Provision
At the time of writing, Rosanna had been an ICM client for 3 months, receiving ongoing phone support, and face-to-face visits each 2 or 3 weeks. The case-worker visits usually last between one and a half and two hours, and involve intensive counselling. In addition, Rosanna has also
started with an educational group at the Family Violence Service, which requires weekly participation.

The majority of the intervention with Rosanna is around her relationship with her ex-partner, and her general safety and well being.

**Challenges for Rosanna**

The biggest challenge for Rosanna and her family has been her ongoing relationship with her ex-partner, and her inability to fully end the relationship. In addition, the severity and extent of violence Rosanna has experienced has had a major effect on her physical and psychological recovery.

**Client Outcomes**

Rosanna engaged well in the ICM program and was open to receiving intensive support. Her goals were clearly stated at the initial stage of case management, and some have been achieved. Rosanna has been able to improve her health and has successfully recovered from her open heart surgery. She stopped using heroin, however she uses cannabis about twice a month. Rosanna has also strengthened her relationship with her son and her mother and they have both stated that they have seen a dramatic change in her life. Overall, Rosanna has become a lot stronger and has developed new strategies in dealing with her relationship with her ex-partner.

However, it is an ongoing struggle for Rosanna to break away from the violence and abuse of her previous relationship. Rosanna now has some control around the cycle of abuse and has became stronger and gained much awareness in her situation, but she still feels ‘trapped’ in the relationship, and has felt unable to fully end the relationship.

**Outlook for Rosanna post ICM Involvement**

Rosanna's ambition for her life is to be free of drugs, alcohol and violence. Rosanna would like to eventually have her own property, where she can live with her son. Rosanna is looking forward to re-claiming her life again and experiencing things which she has never had the chance to do before (for example, paying her own car registration, go for walks by herself, taking her son shopping). Rosanna realises that she has to change her life dramatically and start looking after her health and well-being or her health will deteriorate again, with potentially life threatening implications.

**Summary comments**

It is expected that Rosanna will remain with the service for at least another 6 months.

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**Case Study 2: ‘JANETTE’**

**Introduction**

Janette is a 35 year-old woman. She has three children, two of whom are in the permanent care of her mother, with the other in her care.

**Service History**

Janette was initially referred to the Family Violence Service by a Community Health Service. Janette had two previous support periods with the Family Violence Service, from November – December 2005, and January - June 2006. Janette did not engage during the first support period, and the second support period was closed when she returned to her violent partner and disengaged from the service. Reconciliation with her partner was very brief, and support recommenced in July 2006 for a further six months. Janette’s third child was born early in the third support period.

**ICM Response**
A case plan was developed by the case worker and Janette, and included: work to address family violence, including applying for an Intervention Order, and access to family violence counselling; assistance to secure safe housing, initially in a rooming house, then transitional housing, while an Office of Housing Segment One priority housing application was developed, submitted, and approved; engagement with ante-natal care and the enhanced Maternal and Child Health Nursing Program; referral to drug and alcohol counselling to maintain abstinence, as a condition of access to her children; support to maintain engagement with her General Practitioner and to establish a medication regime for mental health issues; advocacy regarding access to her two children in permanent care; advocacy and support to enable her third child to remain in her care; referral to a family support service in her new area, and support to engage with the service; support to re-establish her relationship with her grandparents and to support some contact with her mother; establishing a direct payment plan for rent and utilities bills; and access to material aid.

**Partnership/links With Other Providers**

Support and links with a range of other services were required to achieve the case plan goals outlined above. The ICM case-worker attended initial meetings with the Enhanced Maternal and Child Health Nursing Program. Significant time was spent advocating for a response from other services, particularly Child Protection. With non-SAAP services, an initial referral was made, and support was provided to Janette to attend initial appointments until engagement was established.

**ICM Direct Service Provision**

ICM support was time intensive, particularly during the lead up to the birth of Janette’s third child. Janette was seen face to face at least twice a week throughout the six-month support period, with additional phone contact as required. Additional activities included transporting Janette to appointments to facilitate her access to services, and to assist with engagement.

**Outlook for Janette post ICM Involvement**

At the time of closure Janette was living with her youngest child in an Office of Housing unit, and was linked to a local family support service and the Enhanced Maternal and Child Health Nursing Program. DHS Child Protection remained involved with the family, and Janette was complying with the requirements relating to her Supervision Order. Janette was seeing a local doctor, and taking medication for depression. She was no longer in contact with her ex partner, and was having regular access to her two older children who are in her mother’s care. Janette had also re-established contact with her grandparents, who are a good support to her.