

Report to Steering Committee

City of Yarra

Homelessness Services Study

Final Report (consolidated)

April 2003

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Consolidated reports

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Glossary

ASHS	Argyle Street Housing Service
CHOPS	Clarendon Homelessness Outreach Psychiatric Service
DHS	Department of Human Services
DHS	Department of Human Services
HACC	Home and Community Care
HEF	Housing Establishment Fund
HIR	Housing Information and Referral (Worker)
JPET	Job Placement and Training
MYSS	Melbourne Youth Support Service
NDCA	National Data Collection Agency
NMR	Northern Metropolitan Region
NYCH	North Yarra Community Health
OoH	Office of Housing
PDSS	Psychiatric and Disability Support Services
SAAP	Supported Accommodation Assistance Program
THM	Transitional Housing Manager
THM	Transitional Housing manager
VHS	Victorian Homelessness Strategy

Acknowledgements

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The consultants extend thanks to representatives of the organisations which formed the Steering Committee. These organisations included:

- City of Yarra – Chair Mark Daniels, and Sherri Bruinhout
- Department of Human Services Northern Metropolitan Region
- Argyle Housing Service
- Clarendon Homeless Outreach Psychiatric Services
- Coolibah Centre (Brotherhood of St Laurence)
- Good Shepherd
- Hanover Inner North
- North Yarra Community Health Service
- Outreach Victoria
- RDNS Homeless Persons Program
- SAAP Networker for Northern Region
- St Mary's House of Welcome
- St Vincent de Paul THM
- Turning Point
- Yarra Community Housing

Many people made significant contributions of time and input to the Project. This included meeting with the consultants, providing information, participating in data collection, attending workshops, and assisting with setting up focus groups. Their ongoing contribution over the life of the Project is greatly appreciated. We would also particularly like to thank the people who participated in the focus groups and who shared their stories.

Note

The project commenced late in 2001, with much of the project work being undertaken during 2002. Draft documentation was available for consideration by the Steering Committee over the Christmas New Year period (2002/2003).

During the life of the project there were a number of significant changes to the homelessness service system within and beyond the City of Yarra. These included the establishment of a new Yarra-specific THM, the progressing and implementation of aspects of the Victorian Homelessness Strategy and changes to the relationships between several important agencies. By the end of 2002, these and other initiatives had led to improvements in the homelessness service system in Yarra.

Sections A to F of the report were prepared sequentially, and while we have attempted to update information as the service system developed, we apologise if any parts of the earlier sections appear out of date.

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Executive summary

Background

The Homelessness Services Study for the City of Yarra identifies unmet need, examines options for an improved intake, assessment and referral system, and outlines a strategic plan for enhanced service provision for people experiencing and at risk of homelessness in the municipality. The Study was undertaken as a consultancy project, funded by the Department of Human Services, and managed by a Steering Committee comprising the City of Yarra and several key agencies. The City of Yarra provided project management.

The Study grew out of concerns by the City of Yarra and other key providers, that the response to people experiencing and at risk of homelessness was not adequate or appropriate to meet the levels and types of need, and the demand for services. Specific concerns included a lack of clear entry points, a service system which appeared complex and confusing to service users, an inadequate response to people in crisis, insufficiently streamlined assessment and referral processes, and poor collaboration and coordination between service providers. Some people were excluded from services and/or 'handballed' from one service to another. Others could not receive a response at all.

There was also a strongly held view that existing resources in Yarra are inadequate to meet the needs of people experiencing and at risk of homelessness. This relates to inadequate accommodation options (crisis and transitional), and insufficient support services (including staffing and brokerage) to meet the needs of all groups. There was also an awareness that existing resources were less than equitably distributed. Thus the Study focused on unmet needs, and enhancing the homelessness service system, through a range of initiatives, including enhanced assessment and referral.

The Study spanned much of 2002. During this time there were several key developments which impacted, and changed the landscape of the service system in Yarra. Some of these initiatives heralded the intention to address the original concerns of the Steering Committee. The most important initiative in this regard was the change in THM service provision. DHS OoH reconfigured THM boundaries, offering a separate, dedicated City of Yarra THM for tender. As a result the auspice agency responsible for provision of THM services in Yarra changed from St Vincent de Paul to Argyle Housing Service. Argyle Housing proposed an enhanced THM response which included a broad based assessment and referral role, crisis assistance, transitional supported accommodation, increased accessibility, and enhanced links and partnerships with key agencies. Importantly, the proposal included formal arrangements with Outreach Victoria, St Kilda Crisis Services, Yarra Community Housing, and Flagstaff Crisis Accommodation, with RMIT providing research assistance.

Also during 2002, Yarra Community Housing undertook a major review of its role as a provider under the Rooming House Program (RHP). Late in 2002, it

announced a proposed model of service provision which seeks to ensure that accommodation is of suitable quality and appropriate to need, and that a greater number of tenancies are long term, consistent with the aims of the RHP.

The Victorian Homelessness Strategy (VHS) was formally 'rolled out' in 2002. At the time of writing several important aspects of the VHS were being considered at a Regional level, with a view to implementation. The crisis protection framework (which covers the whole Northern Metropolitan Region) is particularly relevant for the City of Yarra Study. A VHS pilot project to prevent homelessness has also been implemented in Yarra. The pilot involves provision of outreach support to people with complex needs who are discharged from hospital. Increasingly the homeless service system in Yarra is being recognised as an integral part of the inner city system, and one of the VHS common assessment pilots may involve some Yarra services.

City of Yarra

The City of Yarra (population 65,000) is located to the immediate north of the Melbourne CBD, and forms the southern most area (and gateway) to the DHS Northern Metropolitan Region.¹ Compared to other municipalities, Yarra is one of the most disadvantaged socio-economically in Victoria. A higher proportion of people in Yarra are unemployed, in receipt of income support, and on low incomes, compared to other municipalities. Yarra also has a high proportion of people from non-English speaking backgrounds. Yarra also has a higher proportion of people who experience poor health, compared to other municipalities.

Importantly a high proportion of people live in insecure and marginal accommodation, for example rooming houses, and some forms of public housing (Yarra has the highest number of high rise estates of any municipality). The majority of people living in Yarra live in rental accommodation (70% compared to 30% for the rest of Melbourne) and many receive rental assistance.

Based on published data, it is estimated the homeless rate is about 180 people per 10,000, which is 5-6 times the rate in the Melbourne metropolitan area.² Yarra also has a high population density, resulting in relatively high levels of known demand for services in the local area.

Services in Yarra for people experiencing and at risk of homelessness

A number of services in Yarra specifically focus on people experiencing and at risk of homelessness. Some of the government funded services are summarised below.³

- Outreach Victoria provides outreach support to people with complex needs at risk of homelessness, and tenancy support to people living in public housing, and at risk of losing their accommodation (mainly Yarra)

¹ It also forms a funnel for people moving to the CBD from the Northern Metropolitan Region.

² Chamberlain C. and McKenzie D. (1999) 'Counting the Homeless'

³ For a full description of the service see Section B of the main report.

- ❑ Hanover Inner North provides outreach (emergency assistance, HIR) to people in Darebin, Yarra, and other parts of Melbourne CBD, who are experiencing and at risk of homelessness
- ❑ St Mary's House of Welcome provides day centre facilities, meals, counselling, support, recreation and other assistance, mainly to people living in low cost accommodation in or near the area, and/or experiencing and at risk of homelessness
- ❑ Coolibah Centre provides day centre facilities, including meals, recreation and activities, for older people (over 55), some of whom live in marginal accommodation
- ❑ RDNS Homeless Person's Program provides primary health care, assertive outreach, advice and referral to people experiencing and at risk of homelessness in Yarra, as well as secondary consultation to other providers, and advocacy. The RDNS HPP response in Yarra includes a dedicated women's and family worker
- ❑ North Yarra Community Health Service provides a range of allied health services including occupational therapy, physiotherapy, podiatry and dietetics as well as dental and GP services for people experiencing and at risk of homelessness. In addition, NYCH provides mental health outreach services, drug and alcohol support services, and participates in food services and Harmsworth Street outreach for people experiencing and at risk of homelessness
- ❑ Access Youth Support provides medium to long term housing and support for homeless young people aged 16-24, mainly in the cities of Yarra and Darebin
- ❑ Sandridge Program provides residential (24 hr) supported accommodation, and outreach support to young people 15-25, who are homeless and who have complex needs (NMR)
- ❑ The Salvation Army Tranmere Street is a youth (15-18) crisis refuge based in Yarra providing accommodation with support and counselling (Statewide)
- ❑ Good Shepherd provides a range of medium term supported accommodation for young people in the NMR
- ❑ Mary Anderson Lodge provides support crisis and transitional accommodation for women and women with children escaping domestic violence.

Many of these services have multiple sources of funds including SAAP, HACC, Psychiatric and Disability Support Services, Community Health and other funding. Many are also supported through donations, directly, and through auspice organisations, and through volunteer support. Some receive income through accommodation fees, meals and other services.

There are several other services for people experiencing and at risk of homelessness funded through SAAP, other program areas, or local churches and communities. These include (among others) Clarendon Homeless Outreach Psychiatric Service, Bethlehem Community, Flat Out, McCormack

House, George Wright Hostel, The Way Home for Men, Sisters of Compassion services for men and women, Young Women's Housing Shopfront, two JPET services (The Salvation Army Kia Kaha and the Brotherhood of St Laurence) and St Mark's Community Centre. A range of education, emergency relief, material aid, meals services and other services have also been developed to respond to need in Yarra.

Given the number of Yarra residents who are at risk of homelessness due to insecure/ inadequate housing, poor health, poverty and associated issues, outreach services, enhanced access to centred based services, and enhanced responsiveness by generalist and specialist services is essential. A number of the agencies listed above have responded by making their services more accessible, either through specific programs, or through assertive outreach. Thus, several of the above agencies provide an important early intervention role.

Of particular note are the health services which have established services specifically for people experiencing and at risk of homelessness. These services are often the first point of contact with the service system, for people at risk of homelessness. In addition to NYCH and RDNS HPP, St Vincent's Hospital has established the Francesca Healy Cottage, and an Acute Liaison Emergency Response Team.

The City of Yarra provides a range of generic youth, family support and aged care services, many of which provide essential support to people at risk of homelessness. The City of Yarra has also provided a focal point and provided leadership for a number of collaborative initiatives relevant to homelessness.

Who the Yarra service system serves

In reality, many Yarra based agencies provide services to people from the CBD, across the Northern Metropolitan Region, and Statewide. While the primary focus of the study is the City of Yarra, it is recognised that municipal boundaries are arbitrary. Many homelessness services located in the City of Yarra are statewide services, and there are several important services located in municipalities adjacent to Yarra (eg. Flagstaff, Ozanam, Merri Housing, Stopover), which provide services to people who live in, and move in and out of Yarra.

The role of the Yarra service system in relation to the broader homelessness service system may be viewed in different ways. Many services in Yarra may be characterised as inner urban, sharing a similar client group to homelessness services in and around the CBD. This is particularly so for single men experiencing and at risk of homelessness. However, unlike other inner urban/CBD areas, Yarra has no significant crisis supported accommodation services. For other target groups such as young people, women and women with children, and families, Yarra shares similar client groups to services in the wider metropolitan area. Geographically, Yarra forms a gateway between the Northern Metropolitan region and the CBD. However, as an inner urban/ CBD service system, it needs to have strong, functional links with all regions.

The implication is that services in Yarra need to develop stronger links and relationships with other services, both in inner urban and outer urban areas. These relationships need to be based on an accurate understanding of needs and common pathways of people experiencing and at risk of homelessness. These pathways differ between target groups.

As indicated, during the course of the study the THM structure changed, and a Yarra specific THM was established. This was a major initiative which reinforced Yarra as an inner city system, with a strong alignment with inner city services. Argyle Housing Service was the sister organisation to Argyle Street Housing in the inner south, and the establishment plan included links with a number of key inner city services including Flagstaff and St Kilda Crisis Services.

The scope of the current study did not provide for fuller exploration of the relationship of Yarra based services with services in adjacent regional areas. Nevertheless a number of important strategic relationships are identified, and the principle of coordination and linkages with regions holds true for Yarra, as for all inner city services and systems.

While Yarra may appear well resourced in some specific target group areas, these resources are not necessarily available to people in Yarra when they are needed. For example, it is estimated that only 30% of SAAP resources in Yarra based agencies are targeted to people in Yarra.⁴ In addition, some SAAP services in Yarra are specialist in nature, with narrowly defined target groups, and are often difficult to access by the broader target group.

As the THM responsible for the City of Yarra, Argyle Housing Services (AHS) manages approximately 92 transitional properties in Yarra. Nomination rights to these properties do not currently reflect the demographic need. One third of the allocated properties are supported by agencies located outside of Yarra, and one quarter of allocated properties are supported by youth specific agencies. There are relatively few properties available for families and single women, and limited capacity for support. Women's services often find it more difficult to support women in floating properties where they continually need to re-establish security arrangements and develop links with local community supports and services.

The DHS Northern Metropolitan THM restructure, while having some clear benefits, potentially limits AHS' flexibility in terms of available stock (type and number), and also means that non Yarra residents must be technically excluded. This heightens the need for an appropriate balance of THM stock which more adequately matches the needs of the Yarra community, and for support to be provided to people in these properties, ideally by agencies which have a Yarra specific focus. To some extent this could be addressed by broadening the pool of transitional housing, to all stock managed by AHS (Yarra) and Argyle Street Housing Service (Inner South),⁵ or indeed by increasing the level of THM stock in Yarra. Clearly a review of current allocations of nomination rights is also indicated.

⁴ See Part B, Section 2.3.1.

⁵ This may be addressed by a planned Inner Melbourne/ CBD initiative.

The mapping exercise (Part B) shows some important functional groupings of services in Yarra and the need for increased collaboration between services, especially given the relatively small geographical area in which a significant number of agencies operate. Some of the identified groups already work well together, for example health services, and outreach services. Other groupings, for example youth services, appear to have less well developed collaborative approaches. Enhancing collaboration requires a service system framework, a coordination strategy, leadership and a shared commitment to client outcomes. Additional resources will be required if this important service system enhancement is to be effectively achieved.

Unmet demand for accommodation and service gaps

Research undertaken during the Study indicates there are 15-20 households each day (mainly single people) contacting major agencies in the City of Yarra seeking assistance with crisis and medium term accommodation. After taking into account undercounting, the number of households is probably closer to 30-40. In addition to this 'expressed' demand, outreach workers report there are many people experiencing and at risk of homelessness (eg. people facing eviction, or doubling up) who do not contact services.

Of the people contacting agencies seeking crisis accommodation during the data collection period (5 weeks) only 25% obtained accommodation, mainly in motels, hotels, and rooming houses through the use of HEF. Some people who did not obtain crisis accommodation were referred out of Yarra to one of the night shelters, or in the case of young people, to Melbourne Youth Support Services.

For many people, the provision of crisis accommodation in motels and rooming houses using HEF is inappropriate, both due to the poor quality of the accommodation, and the lack of subsequent support to people who are provided with this form of accommodation.

Yarra Community Housing (YCH) was included in the unmet demand study as a de facto provider of crisis accommodation. The study showed that many people were seeking crisis accommodation, and that YCH has minimal vacancies compared to the number of people seeking accommodation. Rooming house type accommodation is generally not considered suitable for families, and in many instances is limited in its safety and suitability for women. Although people living in rooming houses can access a range of support services, there are no funded services specifically to support people who do obtain YCH accommodation. As a result, the tenure of tenancies in YCH is shorter than expected for rooming house tenancies, notwithstanding the efforts of YCH tenancy managers to assist residents to stabilise and maintain tenancies.

As part of its plans, YCH proposes an assessment process for prospective rooming house tenants, with follow up/ maintenance support to be available to tenants, and the use of up to 50 existing rooming house beds for crisis accommodation. Both proposals require further analysis and consolidation of models, but have the potential to significantly impact the service system for people experiencing and at risk of homelessness in Yarra.

There is also a significant unmet demand for medium and long term accommodation of appropriate quality in Yarra. The unmet demand study confirmed the important role of Yarra services in responding to people from both the CBD and from the Preston corridor. The profile of people seeking assistance (in terms of age, gender, reasons for seeking assistance, and form of current accommodation) is similar to the profile of people experiencing and at risk of homelessness across the CBD.⁶ The paucity of affordable and adequate accommodation options is clearly exacerbated by higher rents and by the ongoing closure of private rooming houses in recent years.

In addition to an inadequate crisis and housing response, the Yarra Project identified other major gaps. The primary focus of the unmet demand study was on housing and homelessness. Although the study did not measure unmet demand in all life domains or service need areas associated with or relevant to homelessness, qualitative input from a range of sources over the 12 months of the project confirmed that a number of priority areas need to be addressed. These include strengthened outreach services; increased coordination of outreach support services; enhanced primary and allied health care for early intervention and for people experiencing and at risk of homelessness; and increased drug and alcohol services.

Specific identified 'target group' gaps include improved culturally appropriate and safe services to women, women with children, families and youth; enhanced responses to people from culturally and linguistically diverse backgrounds and Indigenous people.

Assessment and referral in the City of Yarra

The Project examined, in some detail, people's access to services in Yarra through office based services, such as the THM and SAAP services; assertive outreach, assessment and referral processes; and the responsiveness of the service system. Effective engagement with people who are marginalised through homelessness and other risk factors is a key consideration for all services.

Following this examination, the Project found that the Yarra service system for people experiencing and at risk of homelessness would substantially benefit from an enhanced 'front door(s)' supported by improved assessment and referral practices and a 'menu' of coordinated short, medium and long term housing and support services.

Within this approach, all homelessness (and other) services would retain a capacity for direct access by clients, offering initial assessment, intake, etc. as appropriate. The designation of the better resourced, high profile 'front doors' is intended to clarify and consolidate the service system in Yarra to achieve improved access and more timely, comprehensive responses for clients at first point of contact.

The establishment of the AHS service is an important and constructive initiative consistent with this finding. As a Yarra wide THM, AHS provides a

⁶ Thomson Goodall Associates (1999) "Snapshot analysis of current demand (Project 1) Crisis Accommodation Service Improvement Initiatives", Inter Agency Working Party on Crisis Accommodation.

Yarra specific focus, with additional resources, as well key linkages to other agencies. As part of a larger organisation, and through formal collaborative arrangements with agencies beyond Yarra (eg. Flagstaff and St Kilda Crisis Services) AHS also links Yarra to the CBD, and areas south of the Yarra river.

The model aims to improve access to the service system, by providing a 'front door', which offers a holistic, needs based assessment, robust crisis response, transitional accommodation and coordination with other services. Constructive partnerships with other services is fundamental to the projected success of the model.

The model established by AHS during the Project includes:

- 2 (additional) crisis workers and flexible crisis support funds, funded by the Salvation Army St Kilda Crisis Service, based at AHS
- An extended hours response to people in Yarra (24 hour 7 day per week) provided by St Kilda Crisis Contact Centre; provision of non housing material aid including 'packages' of needs based practical assistance, and links to other crisis services
- Formal arrangements with Flagstaff, including priority entry into Flagstaff crisis accommodation, and opportunities for some Flagstaff residents to exit to transitional accommodation in Yarra
- improved outreach response (eg. to people accommodated through HEF) through collaboration with Outreach Victoria.

There is a clear intention by AHS to develop working partnerships with a range of other agencies. Examples include arrangements for access to HEF funds, outposting of AHS staff, and co-location by other services (permanent or sessional).

Given the relatively high proportion of people in Yarra living in public housing, rooming houses and private rental, doubling up, living in cars and intermittently on the streets, together with the relatively high levels of disability, poor health, and unemployment, it is critical for Yarra to also strengthen access to services through a robust assertive outreach system. Outreach Victoria, RDNS HPP and North Yarra Community Health provide significant potential entry points through assertive outreach, as do mental health outreach workers in CHOPS and NYCH. However there is an apparent need for increased outreach services overall, and improved coordination of all outreach, 'detached support' and office-based services. Strong linkages between AHS and outreach services would enhance the response to people experiencing and at risk of homelessness in Yarra.

Although initial impressions are that significant resources appear to be committed to SAAP youth services in Yarra, in reality there are very few 'generalist' support services in Yarra for homeless young people.⁷ Those that do exist lack the capacity to undertake assessment and referral for all young homeless people contacting the agency. While MYSS is a recognised 'entry

⁷ There are 4 EFT attached to Tranmere Street (youth refuge), and 7 EFT attached to Sandridge (specialist service)

point' for young people Statewide, and Yarra youth services frequently refer young homeless people there, feedback from the sector suggests that MYSS is limited in its capacity to adequately respond to the level of demand.

Women and women with children escaping domestic violence commonly access residential secure refuges through the Women's Domestic Violence Crisis Service (WDVCS). Other women source assistance through regional domestic violence outreach workers. Women with a history of violence, mental illness, substance abuse or challenging behaviour may be excluded from some refuges. The Salvation Army Mary Anderson Lodge, based in Yarra, is a Statewide service with the capacity to accommodate and work with women and women with children with a broad range of needs and behaviours. However, there are a number of women with and without accompanying children, who are experiencing homelessness as a result of domestic violence, and women who are homeless through other circumstances, who cannot obtain appropriate assistance in Yarra. This is a clear service gap. A similar gap exists for families.

There are other important services for people experiencing and at risk of homelessness in Yarra which do not necessarily provide formal assessment and referral as part of a 'service system'. Examples include the Home of Compassion (for Women), and the Home of Mercy (for men). People accommodated in these services may access other services through outreach workers (eg. RDNS HPP).

As indicated, Yarra Community Housing is a de facto provider of crisis accommodation to people experiencing and at risk of homelessness. It has historically operated an 'open door' policy and has no capacity to formally undertake assessment and referral, nor does it rely on referrals made by other agencies, to provide housing.

There are many generalist and specialist services which are often in contact with people experiencing and at risk of homelessness (eg. GPs, community health services, HACC, youth services, drug and alcohol services) which may not specifically assess for housing risk. Those that do however, such as NYCH, are clearly able to identify homelessness and housing risk, and liaise with other providers in the homelessness service system, as well as provide a range of essential services to people in a way which is flexible and appropriate.

The mapping exercise highlights the priority that must be given to effective assessment and referral in Yarra, and improved cooperation, coordination and partnerships between all homelessness agencies. This will be facilitated by agencies agreeing on principles underpinning assessment and referral practice; the use of recognised or common assessment tools; collaborative practices guided by protocols and other forms of agreement; co-case management and other approaches to working collaboratively.

Strategic directions and recommendations

The strategic directions identified in the report are based on a concept of a well resourced, holistic response to people experiencing and at risk of homelessness and crisis in Yarra. Strategic directions incorporate several key components. These include a commitment by key stakeholders to carry

forward and implement the proposed recommendations; the provision of a range of affordable housing and support options; clear accessible entry points to the service system; an adequately resourced and coordinated assertive outreach capacity; an overall coordination strategy including enhanced assessment and referral; a community development strategy; and a capacity to further research and analyse needs, and identify good practice models.

Recommendations covering each of these areas are listed below.

Implementation

It is recommended that:

- 3.1 A Yarra Housing and Homelessness (YHH) Network is formally convened and resourced, building on the current Steering Group for this Project.
- 3.2 The current Steering Group membership is expanded to include representation by youth services, women's services and other relevant stakeholders.
- 3.3 Leadership for progressing the conclusions and recommendations of this Project be provided by YHH Network, with full support and participation by the City of Yarra, and the Department of Human Services.
- 3.4 The Network establish several Working Groups to progress the implementation of the Strategic Plan.
- 3.5 Funding and/or resourcing be allocated to facilitate the implementation phase of the Strategic Plan for the first 18 months.
- 3.6 The YHH Network consider, and refine the proposed Yarra Strategic Plan as outlined in this report. This would include agreement on broad aims and components of an improved service system; implementation of principles and strategies; and development of a coordination plan.
- 3.7 The YHHN Steering Group develop a detailed work plan based on the outcomes of this Project. This plan would specify priorities, resource requirements, timelines and responsibilities
- 3.8 The YHH Network, in partnership with DHS OoH and the City of Yarra identify resource requirements to implement the Strategic Plan.
- 3.9 DHS includes the City of Yarra as an integral component of planning for the CBD/ Inner city Homelessness Strategy. This planning should take into account work undertaken in Yarra to date, and the Yarra Homelessness Strategic Plan. Resource implications arising from the Strategic Plan should be considered in this context.
- 3.10 The Yarra strategy to eliminate homelessness articulates with the DHS Northern Region Homelessness Plan, in order to avert 'drift' from the outer northern to inner city (Yarra); and to assist people approaching Yarra services to re-establish (pre-existing) links with outer Northern areas.

Housing plan

It is recommended that:

- 4.1 The YHH Network, in conjunction with DHS OoH, City of Yarra, Yarra Community Housing and other key stakeholders, develop an Affordable Housing Plan for the City of Yarra.

- 4.2 The Affordable Housing Plan incorporates an appropriate spread of affordable long-term, independent housing, based on current and projected need (demography, culture, trends).
- 4.3 OoH appoint a stock planner for the City of Yarra to contribute to the development of the affordable Housing Plan
- 4.4 The City of Yarra Affordable Housing Plan includes a strategy to replace rooming house stock in Yarra which has been closed in recent years, and which is planned, or likely to be closed. This would include a development program to provide replacement beds for anticipated closures.
- 4.5 The Plan identifies rooming houses which can be upgraded to avoid closure, with a strategy to secure commitment by the OoH to resource upgrades.
- 4.6 Any subsequent planned closures of rooming houses involving the City of Yarra are undertaken in a timely way, with a relocation plan for each resident in place; sufficient notice given and assistance and support with re-location provided to residents, including the provision of assigned support workers, and brokerage funds to facilitate relocation and settlement.
- 4.7 YCH is funded to develop and pilot a range of models for long term rooming house accommodation
- 4.8 YCH is funded to redevelop properties according to agreed models and standards
- 4.9 Assessment and support arrangements for residents of YCH (and other rooming house properties) are addressed (as discussed in Sections 5, 6 and 7 below)
- 4.10 The Yarra Strategic Plan include a crisis and transitional housing and support plan, with links to appropriate long term housing. This plan would be based on a review of the level of crisis and transitional stock, mix of allocation, and nomination rights in the City of Yarra.
- 4.11 A comprehensive audit and stock plan is conducted as part of the Yarra Housing Plan. The Plan would identify optimal crisis and transitional stock levels in Yarra; transitional stock appropriate for re-classification to long term stock;; and a strategy for replacement of re-classified transitional stock.
- 4.12 Provision of supported crisis accommodation for all target groups in Yarra is addressed, and that priority is given to ways of eliminating the use of HEF to place people in poor quality/ substandard accommodation.
- 4.13 A minimum of 50 dedicated crisis beds, to accommodate single adults and young people in Yarra, are developed. A feasibility study is required for the development of a 'hotel/motel' model.
- 4.14 Up to 10 OoH properties (2 and 3 br) are made available to provide crisis accommodation in Yarra for women and women and children and families. The YHHN should investigate the possibility of using hard to let, vacant OoH public high rise properties.
- 4.15 Consideration is given to YHH Network, OoH, City of Yarra, other government departments, and business partnerships, to develop increased affordable housing options in Yarra.
- 4.16 Links between Flagstaff Crisis Accommodation service and the Yarra Homelessness System continue to be strengthened and formalised, including:

- capacity for AHS to access (priority) crisis beds at Flagstaff
 - establishment of 10 additional properties (1-2 br flats) through AHS THM, to provide stock for transitional supported accommodation for men exiting Flagstaff who originated from Yarra (Northern Region)
 - earmarking 5-10 beds in YCH long term properties for men exiting Flagstaff directly to long term housing (with and without detached outreach support).
- 4.17 Links between the Yarra Homelessness System and crisis and transitional supported accommodation services in the inner city are strengthened and formalised. This requires AHS to approach appropriate services with a view to closer collaboration.

Service system development

It is recommended that:

- 5.1 AHS collect data and report on levels of demand and service system capacity
- 5.2 The youth network in Yarra is developed as a priority, and that AHS consider outpostting one or more workers to a SAAP youth service, to enable an HIR/holistic assessment and crisis response to young people in the area
- 5.3 Additional funding is sought for provision of detached outreach crisis support in Yarra for all target groups (1 additional EFT in the short term, a total of 3 additional 3 EFT in the longer term). Worker(s) could be based at AHS, or at a support agency, with referral protocols with AHS.
- 5.4 Two additional support workers for women and women with children in Yarra are funded, and that this funding is provided to an existing agency working effectively with this group (eg. RDNS HPP)
- 5.5 The crisis and transitional response to families in Yarra is strengthened through building on existing service system relationships; enhanced assessment and referral of families contacting services in Yarra; clearly designated 'front door(s)' and referral pathways for families (which support families to live in areas and types of accommodation to which they are accustomed); allocating at least two transitional properties for families.
- 5.6 SAAP services in Yarra negotiate 're-settlement' support as a key role, to assist people exiting crisis and transitional housing, into rooming houses, public and other housing. This role should be validated and reflected in Service Agreements and targets.
- 5.7 Assessments to ascertain support requirements for people entering rooming house accommodation are undertaken by existing homelessness agencies in Yarra, including AHS, transitional support providers, assertive outreach providers and specialist support providers
- 5.8 The assessing agency assumes responsibility to develop an ongoing support plan (as appropriate) and ensure ongoing support is provided, by either providing the support, arranging referral or fulfilling a coordination role.
- 5.9 Consideration is given to funding additional positions to support people to access and maintain rooming house accommodation. More research is required to ascertain the number of workers required and the most appropriate funding sources for this ongoing support role.
- 5.10 A multi-agency coordinated system is established for assessment of potential rooming house residents as per the redeveloped YCH model.

- 5.11 Strategies are developed to improve access to drug treatment services, and that additional funding for 1 EFT dual diagnosis worker dedicated to the homeless service system in Yarra is sought.
- 5.12 The role of primary health care services in Yarra in early identification, assessment and referral and coordination of homeless service responses in Yarra is affirmed and strengthened.
- 5.13 Current funding levels, programs and services in Day Centres in Yarra are maintained, and that funding is sought from HACC for additional identified programs
- 5.14 Day Centres actively participate in community development initiatives (see section)
- 5.15 Day Centres and relevant women's services actively support the investigation and development of a women's specific day centre in Yarra
- 5.16 Services for young people in Yarra experiencing and at risk of homelessness are enhanced through the provision of youth specific space(s) and developed through collaboration with education and employment services
- 5.17 Service requirements of people in Yarra from culturally and linguistically diverse backgrounds are researched as a priority
- 5.18 The Yarra Homelessness Strategy ensures that Aboriginal services in and around Yarra are included in planning and service coordination.

Streamlined service system

It is recommended that:

- 6.1 The Yarra homelessness service system comprise one adequately resourced key entry service, supported by formal links to subsidiary 'entry points'.
- 6.2 AHS is designated as the key, cross target entry point in Yarra.
- 6.3 Consideration is given to a select number of services being identified as subsidiary 'front door' services, with access to requisite resources. Resources include HEF, flexible brokerage funds, HIR staff. Working relationships with AHS will be based on clear principles, partnerships and protocols.
- 6.4 AHS provide a cross-target, generalist crisis as well as housing specific response to any person or household unit requesting such assistance. This includes (holistic) initial assessment to ensure appropriate referrals are made where service options exist, and/or development of creative packages of assistance in the absence of needed support services.
- 6.5 AHS develop and publicise key aspects of the service model and capabilities
- 6.6 AHS premises are upgraded and expanded to allow for co-location and sessional outposting of several related services (outreach workers, income support, legal aid, other)
- 6.7 All Yarra homelessness services either undertake a common initial assessment in response to requests for crisis assistance, or refer directly to AHS.
- 6.8 A common initial assessment approach is piloted in Yarra with all key homelessness services

- 6.9 Referral protocols and responsibilities for follow up are developed, implemented and monitored.
- 6.10 The crisis response to women and women with children is strengthened as a key priority in the Yarra homelessness strategy. An early priority is a strengthened assertive outreach response to women in Yarra, in collaboration with existing services.
- 6.11 A study is undertaken to establish the need for a women's space shopfront, and additional transitional support resources for women and women with children.
- 6.12 An enhanced crisis response for young people is resourced as part of the redeveloped service system. This includes outposting of AHS crisis/ HIR staff to one or more designated youth services in Yarra; access by this/these designated services to HEF and other flexible funds; protocols between the designated youth crisis response and AHS, and other relevant services

Outreach

It is recommended that:

- 7.1 A Yarra Outreach Services Network (as a sub group of the YHH Network) comprising all outreach services, is formally and regularly convened, strengthened and resourced.
- 7.2 The Outreach Services Network identify a range of outreach types/service models; target groups and areas; and collaborate in the development of a comprehensive Outreach Plan for Yarra. The Outreach Plan would be based on a review of all current outreach resources/ activities relevant to homelessness in Yarra, and identify additional resource requirements and roles. The Plan would give particular consideration to:
 - geographical coverage
 - target group coverage – young people, single adults, women and women with children, families, hidden homeless, health and specialist needs, appointment of drug and alcohol outreach worker
 - accommodation type (sleeping rough, parks, rooming houses, hotel/ motels, OoH, other)
 - use of brokerage funds to enhance the outreach response
 - flexibility in service responses/ service type and roles eg. assessments of people for rooming house accommodation; follow up to people placed in crisis accommodation; early identification; assistance to obtain accommodation; stabilisation of tenancies at risk; follow up 'maintenance support' for people provided with (priority/ segmented) public housing

- 7.3 The outreach response is formally linked to key entry points in Yarra.
- 7.4 The Outreach Plan include a coordination strategy, based on a team approach, memorandum of understanding between all outreach services in Yarra, and user-friendly, efficient processes for assessment (reduction of duplication); referral; and follow up (continuity of service provision)
- 7.5 Additional detached outreach support workers are funded to assist people placed in crisis accommodation.

Community development

It is recommended that:

- 8.1 The Yarra Homelessness Strategic Plan include a community development plan. The community development plan should be based on and articulate with existing community development initiatives, resources and projects in Yarra, the YHHN Outreach Plan and Day Centre plans, in Yarra.
- 8.2 The Yarra community development plan incorporate:
 - the development of strong, supportive public and community housing communities (includes rooming house tenants, private and public tenants)
 - maintaining and strengthening levels of resourcing for Day Centres consistent with community development priorities

Research

It is recommended that:

- 9.1 Key priorities for research to support the proposed development of the Yarra service system, and implementation of the YHHN Plan, include:
 - a Monitor levels of demand and service system gaps and opportunities; analyse referral patterns in and out of Yarra, in particular to outer Northern Metropolitan Region housing and support services, and links to CBD/ inner city services (supports Recommendation 5.1).
 - b Undertake a comprehensive housing analysis for Yarra, including - stock figures, types, adequacy, affordability; residents' needs (housing and support); development of an optimal mix of stock; identifying innovative and constructive responses to rooming house closures; funding of innovative developments; development of a staged plan (supports Recommendation 4.1).
 - c Research and develop assertive outreach options to meet client need, including enhanced links between outreach services and Day Centres, AHS, and community development initiatives; developing options for an integrated service system with formalisation of pivotal assertive outreach role (supports Recommendation 7.2).
 - d Research the feasibility of a 50 bed crisis accommodation facility (supports Recommendation 4.12); Day Centre/shopfront response for women (supports Recommendations 5.15, 6.11); and models for rooming house accommodation (supports Recommendations 4.7, 4.8).
 - e Review community development initiatives, resources and possibilities, and the Yarra Housing Network Plan (supports Recommendation 8.1).

- f Develop common assessment tools and approach amongst all homelessness and related services in Yarra, pilot, collect and analyse data, and evaluate outcomes for clients (supports Recommendation 6.7).
- g Research the service requirements of people in Yarra from culturally and linguistically diverse backgrounds experiencing and at risk of homelessness (supports Recommendation 5.17)
- h Research the service requirements of Indigenous people in Yarra, and adjacent communities experiencing and at risk of homelessness (supports Recommendation 5.18)

PART A CITY OF YARRA OVERVIEW

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1 Introduction

The City of Yarra is located to the immediate north east of the Central Business District of the City of Melbourne, and includes the suburbs of Fitzroy, North Fitzroy, North Carlton, Clifton Hill, Burnley, Collingwood, Richmond, Abbotsford, and the southern portion of Alphington.

The total population of City of Yarra is 65,000 people. The population density in Yarra is nearly 10 times higher than the Melbourne metropolitan area (see Table 1.1).

Table 1.1: Population density

	<i>Yarra</i>	<i>Melbourne metro area</i>
Population density (persons per sq. km)	3,257	354
Total population	65,148	3,138,164
Area (sq. km.)	20	8,833

2 Housing characteristics

Types of dwellings

The high population density is a function of the types of dwellings in the City of Yarra, which include a high proportion of high rise public housing, flats, rooming and boarding houses. In addition there are many terraced houses. As shown in Table 2.1, 77% of Yarra's residents live in flats, terrace, semi-detached or apartment housing (compared to 22% for the metropolitan area).

Table 2.1: Housing and dwelling type 1996

Dwelling Type	<i>Number of dwellings</i>	<i>City of Yarra %</i>	<i>MSD %</i>
Separate House	6,054	21.7	82.0
Semi-Detached Terrace/ Townhouse	11,495	41.2	6.0
Flat or Apartment	8,994	32.2	9.6
House or Flat attached to Shop/Office	621	2.2	0.4
Other/Not stated	742	2.7	2.0
Total	27,906	100.0	100.0

Source: Australian Bureau of Statistics 1996 Census of Population and Housing

By contrast only 22% of dwellings are detached houses. In the Melbourne Metropolitan area detached houses make up 82% of all dwellings.

Tenure

There is far greater reliance by Yarra residents on rental housing, with associated lower rates of home purchase. In 1996, 51% per cent of Yarra's dwellings were rented, 25% owned and 17% were being purchased. In the Melbourne Metropolitan area overall 23% of dwellings were rented, 40% owned and 30% were being purchased.

Table 2.3: Housing Tenure (1996)

Housing Tenure	Number of dwellings	City of Yarra %	MSD %
Rented	14,336	51.4	23.0
Owned	6,922	24.8	40.0
Being Purchased	4,898	17.5	30.0
Other	109	0.4	1.5
Not Stated	1,642	5.9	5.5
Total	27,907	100.0	100.0

Source: Australian Bureau of Statistics 1996 Census of Population and Housing

Housing conditions

The base of affordable housing stock is being reduced by a combination of a number of factors. Within the City of Yarra the housing market is being affected by:

- Gentrification and development, including the upgrading of detached dwellings, conversion of commercial properties into residential accommodation, and the development of new commercial properties
- Demands for student housing and an emerging international student housing market in areas close to tertiary institutions such as RMIT, University of Melbourne and Australian Catholic University
- Couples delaying home purchase and starting families later and choosing to rent (or purchase) apartment housing
- An ageing population, often with limited security from superannuation, with a need to downsize housing

Table 2.4: Estimated Housing Tenure by rental type

Housing Tenure	Number of dwellings	Public housing	Rental assistance	Community housing	Other
Rented	14,336	4,881	5,605	4,853	
Owned	6,922				
Being Purchased	4,898				
Other	109				
Not Stated	1,642				
Total	27,907				

Source: Australian Bureau of Statistics 1996 Census of Population and Housing

Public and Community Housing

Approximately 16% of Yarra's housing stock consists of public and community housing. Yarra has the highest proportion of public housing of any Victorian municipality with approximately 4,880 units. This represents 36% of public stock in the Northern Region, and 7% of the state's total stock.

About half of Yarra's public housing stock consists of two and three bedroom apartments in high rise estates of Collingwood, Richmond and Fitzroy. Yarra's high rise flats represent nearly one third of all high rise flats in Victoria.

Table 2.5: Summary of stock by dwelling type and area office within region 1997)

Area	Sep. House	Semi-Det. House	Medium Density	Flat Low Rise	Flat High Rise	Movable Units	Room. House Room	Other	Total
Collingwood	89	16	157	478	560	0	37	2	1339
Fitzroy	68	16	179	390	800	0	269	5	1727
Richmond	34	47	137	478	1020	1	94	4	1815
Total Yarra	191	79	473	1346	2380	1	400	11	4881
Total Northern Metropolitan	3805	1239	2169	3149	2514	319	455	22	13672
Total Victoria	28096	3173	12182	14455	7634	2180	1472	114	69306

Source: Office of Housing

Large public housing developments result in heavy service demands, and have a significant effect on the nature of communities within Yarra. There are a number of private tenants and others with inadequate incomes to meet housing costs, due a variety of factors such as unemployment, inadequate retirement income, relationship breakdown and complex support needs. Many of these tenants have to accept substandard housing or pay a higher proportion of their income in rent.

Rental assistance

This group forms the major part of rental assistance offered to households with low income. 5605 people received rental assistance in 1998.

Other community housing

Other community housing includes direct tenure public rental housing, Aboriginal Housing and long term community managed housing including Rooming Houses, Group Houses, Rental Housing Co-operatives, Rental Joint Ventures and the Community Housing Program. In 1996/97 community housing was provided to 4,853 households.

Other Non-Private Dwellings

The bulk of other non-private dwellings are made up primarily of Supported Residential Services (SRS) and Hostels. Housing is linked to support, such as group homes for persons with disabilities, hostels and supported units for the frail aged, and supported accommodation. A total of 3,088 persons were counted as occupying other non-private dwellings in the 1996 Census.

Boarding Houses and Private Hotels and Motels

These premises are registered with Council under the Health Act as Prescribed Accommodation. A total of 73 premises and 874 bedrooms were registered in the Municipality in June 1998, which included some motels and hotels.

The largest provider of rooming house accommodation in the Municipality is Yarra Community Housing providing 302 rooming house units. The main stock is in 23 houses with 4 rooming houses specifically for women.

3 Demographic characteristics

The City of Yarra is one of the most disadvantaged areas socio-economically in Victoria.⁸ The Index of Relative Socioeconomic Disadvantage (IRSED) for Yarra was 915.02, in 1991, indicating that Yarra is among the most disadvantaged areas in the State.

Yarra is the only municipality in Victoria which has two Neighbourhood Renewal Projects underway. These projects are allocated to areas of severe socio-economic disadvantage.

In comparison to other areas of the State, Yarra has:

- A higher rate of disability support and recipients of sole parent benefits
- A similar proportion of older residents compared to the metropolitan area, but higher levels of needs in terms of disability support.
- High concentrations of indigenous Australians and people from non-English speaking backgrounds. One third of Yarra's residents are from a *non English speaking* background and the proportion of Yarra's population born in South-east Asia is three times the Melbourne average.
- Above average unemployment rates reflected in a higher rate of Newstart recipients
- Comparatively high levels of poor health and morbidity. Life expectancy of 71.7 years for males in Yarra is the lowest of all Victorian local government areas. The life expectancy for women of 80.1 years is also below the average for Victoria. About a third of Yarra residents are covered by a health care card or pensioner concession card (22,600 people).

Table 3.1: Social Security Recipients

	Aged Pension	Disability Support Pension	Family Payment	Sole Parent Pension	New Start Allow	Parent Allow.	Other	Total
Yarra	4,679	2,603	452	1,328	6,085	399	608	16,154
Northern Metro	50,185	22,437	9,106	12,788	36,381	5,025	6,087	142,009
Total Victoria	324,408	114,742	62,953	77,468	184,989	29,863	38,050	832,473

⁸ developed by Australian Bureau of Statistics (ABS). This composite measure takes into account many indicators of disadvantage including employment status, education, home ownership, sole parent status, dwelling type, and English speaking proficiency.

4 Estimates of homelessness in City of Yarra

There is no published data estimating the number of homeless people in the City of Yarra, however it is possible to develop estimates based on work undertaken by Chamberlain and McKenzie, and using a definition of homelessness which includes primary, secondary and tertiary homelessness.

The total number of people homeless in the City of Yarra on any given night is probably around 1,200 as shown in Table 4.1.

Table 4.1: Estimated number of homeless in City of Yarra

<i>Living situation</i>	<i>No. of persons</i>	<i>Assumptions</i>
Boarding houses/ rooming houses and other prescribed places (tertiary)	400	Assumes that about half the residents of boarding houses, rooming houses and other prescribed places are living in unstable/ unsuitable accommodation
Public housing (tertiary)	200	Assumes 5% of residents in public housing are living in unstable/ unsuitable accommodation
SRS, hostels (tertiary)	150	Assumes that 5% of people living in 'Other non private dwellings' are tertiary homeless
Friends/ relatives (secondary)	250	Based on C&M data for inner Melbourne of 38 homeless per 10,000.
SAAP services, THM HEF (secondary)	200	Based on estimated 2 persons per THM property, plus people accommodated in refuges, and using HEF
Improvised dwellings, on the street, etc. (primary)	13	Based C&M data for inner Melbourne of 2 homeless persons for 10,000 population
Total	1,213	Corresponds to 187 people per 10,000

This corresponds to 187 homeless people per 10,000 population, which is consistent with Chamberlain and McKenzie's estimate for Inner Melbourne of 173 per 10,000. This rate of homelessness is 5-6 times higher than other parts of metropolitan Melbourne. Boarding/rooming house accommodation and public housing in City of Yarra combine to amplify the homeless rate.

The southern end of the City of Yarra is effectively an extension of the CBD, as is the northern end of St Kilda. People experiencing and at risk of homelessness do not identify such arbitrary geographical boundaries.

5 Conclusions

- Yarra has a high index of relative socio economic disadvantage. Yarra is one of the most disadvantaged areas in metropolitan Melbourne. People

in Yarra generally have higher levels of need compared to metropolitan Melbourne, related to higher rates of unemployment, and a higher proportion of people receiving disability pensions and other income support.

- ❑ Housing conditions and tenure indicate that people living in City of Yarra are at much higher housing risk than people living in other municipalities. There are much higher proportions of people living in public housing, and receiving rental assistance.
- ❑ The nature of public housing (ie high rise) is such that many tenants have higher levels of need, and require additional support from a range of services.
- ❑ Gentrification and other factors have reduced the affordability of rental housing, and once a person/household loses their accommodation it may be extremely difficult to find alternative accommodation in Yarra.
- ❑ The City of Yarra is a focal point for the Northern Metropolitan region, acting as a gateway to people moving between the Northern Metropolitan suburbs of Preston and Northcote and beyond, and the CBD. Major road and tram routes from the Northern Metropolitan region funnel into and through Yarra before intersecting the CBD. There is a concentration of services, and shopping facilities at the southern end of these transport routes, particularly around the southern end of Brunswick Street.
- ❑ The homeless rate in Yarra is likely 5 times the level in metropolitan Melbourne, which a substantial population of people at risk of homelessness living in marginal accommodation. The estimates of homelessness highlight the importance of outreach services to provide support to people living in substandard accommodation.

Section B

Services for people experiencing and at risk of homelessness in the City of Yarra

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1 INTRODUCTION

People experiencing and at risk of homelessness in the City of Yarra may use a wide range of generalist and specialist services. The focus of this section is on specialist services for homeless people, and on those generalist services which specifically identify, acknowledge and provide services to people who are experiencing and at risk of homelessness.

Victoria's primary response to homeless people is through provision of crisis and transitional supported accommodation. Government funded crisis supported accommodation includes youth refuges, women's refuges, 3 inner city crisis accommodation services, and regional crisis supported accommodation initiatives. These are all SAAP funded.

Transitional accommodation is managed by Transitional Housing Managers. In addition to providing tenancy management, THMs employ Housing Information and Referral Workers to provide assistance to people seeking accommodation. For people accessing THMs who are in crisis, one option may be short term accommodation in motels, hotels or other accommodation, purchased by the THM, using Housing Establishment Funds.

People accommodated in transitional housing are supported by SAAP services, and/ or other specialist services (eg mental health, drug and alcohol services).

In addition to accommodation and support provided by the THM/SAAP service system, some services provide crisis accommodation with limited or no support to people experiencing and at risk of homelessness. These include funded agencies which have access to non - THM accommodation, and unfunded organisations which provide accommodation.

Services provided by each of these types of organisation in the City of Yarra are described below.

2 SUPPORTED ACCOMMODATION PROVIDERS

2.1 Crisis supported accommodation

There is little funded accommodation in the City of Yarra which is specifically provided for homeless people in crisis.

The Salvation Army Tranmere Street is the only 'youth refuge', where young people are provided with supported accommodation (8 beds) for up to 12 weeks. This Statewide service is reportedly difficult to access as it has a focus on young people aged 15-17. Most young people in housing crisis are referred to Melbourne Youth Support Services within the Melbourne CBD, which provides HIR services, but has no crisis accommodation of its own.

The Salvation Army Mary Anderson Lodge, also a Statewide service, provides short term crisis accommodation for women, and women with children many of whom have difficulty accessing the refuge system.

The three inner city crisis accommodation services - Ozanam, Flagstaff and Hanover, are relatively close to the City of Yarra, but are mainly for men, and have been reportedly difficult to access.⁹

2.2 Transitional housing

2.2.1 Changes to THM in Yarra

At the commencement of the project THM services in the City of Yarra were provided by St Vincent de Paul, which also provided THM services in the cities of Moreland and Hume.

In examining the area based nature of THM service provision, the THM Service Provision Review recommended that the configuration of THM catchments in Northern Metropolitan Region be changed to recognise the City of Yarra as an inner metropolitan catchment in its own right. This change is intended to align THM responses and localised service provision for people experiencing and at risk of homelessness.

The acceptance of this recommendation by DHS meant that the previously single North West catchment was split into two catchments, one comprising the City of Yarra, and the other the Cities of Moreland and Hume.

The tender to provide THM services in the City of Yarra was awarded to Argyle Street Housing Services (ASHS), commencing operations on 1 July 2002. Argyle Street Housing Services inherited 92 properties within the City of Yarra.

In addition to ASHS there are two other Statewide THMs with a few properties in the City of Yarra. These are Supported Housing Limited (providing transitional accommodation for people disabilities), and Statewide Women's

⁹ However, in late 2002, Flagstaff and Argyle Street Housing Services established an important new partnership arrangement to facilitate access to Flagstaff.

Housing Service (providing transitional housing for women, particularly those escaping domestic violence).

2.2.2 ASHS development proposal

Argyle Street Housing Service is developing a service model for the City of Yarra which will see it become a major point of contact and service provision in the City of Yarra. This includes an enhanced response to people in crisis.

In addition the development includes access to a further nominated 50 rooms through a partnership with Yarra Community Housing.

2.2.3 Nomination rights

SAAP funded agencies and other services have nomination rights to ASHS properties. Services with nomination rights are shown below. In addition to properties covered by nomination rights, THMs have a pool of properties not covered by nomination rights that are allocated to people in housing crisis, who are then linked to a support service.

Table 2.1 shows agencies with nomination rights to THM properties in the City of Yarra. Nomination rights currently cover 52 properties, with less than half the properties supported by agencies located within the City of Yarra. More than half the properties covered by nomination rights are for young people, and one third are for single men.

Table 2.1: Agencies with nomination rights to properties in the City of Yarra

	Young people	Single men	Families	Women esc domestic violence	Single women	Indigenous	Cross target
Located in Yarra							
Access Youth Support	12						
Good Shepherd	7						
Connexions	3						
Outreach Victoria				5			2
Outside of Yarra							
Wintringham		9					
MCM Stopover	3						
ACSO		4					
Hanover South Bank							4
Hanover Young Adults	2						
MCM	1						
Ozanam House, Outreach		5					
Total	27	18	-	5	-	-	6

The table suggests that there is an imbalance in the allocation of properties to target groups, and we understand that DHS Northern Metropolitan Region is examining this issue across the whole Northern Metropolitan Region.

In addition to the above, North Yarra Community Health has nomination rights to 2 flats through Supported Housing Limited for people who are homeless and have a psychiatric disability. Support is provided by NYCH’s mental health outreach worker.

2.3 SAAP funded services in City of Yarra

2.3.1 Introduction

Total SAAP funding for agencies in the City of Yarra is estimated to be about \$2.2 million pa.¹⁰

We estimate that 70% of this funding is allocated to either Statewide services, or services elsewhere in the Northern Metropolitan Region. Approximate allocation by target group is shown in Table 2.2 below.

Table 2.2: SAAP resources for agencies in City of Yarra (EFT)

<i>Target group</i>	<i>Statewide</i>	<i>Mainly Yarra</i>	<i>Other NMR</i>	<i>Total</i>
Single men	1.5	2.0	2.0	5.5
Young people	5.3	3.0	11.2	19.5
Women escaping domestic violence	7.0	0.6	2.0	7.0
Young women	1.5	-	-	1.5
Indigenous people	-	2.0	-	2.0
Families	-	-	-	0.0
Cross target	-	6.0	-	6.0
Total	15.3	13.6	15.2	44.1
<i>(percent of total)</i>	<i>(35%)</i>	<i>(31%)</i>	<i>(34%)</i>	<i>(100%)</i>

Source: TGA estimates based on DHS data and service information.

Table 2.2 also shows that the majority of SAAP funding is allocated to cross target services.

2.3.2 Services with a major focus on Yarra

There are a number of agencies in the City of Yarra which receive SAAP funding, each with different target groups, services and other sources of funding. Some agencies also provide services to people living outside City of Yarra, and these are indicated in brackets in the first column of Table 2.3.

A proportion of SAAP funded services are outreach in nature. For example Outreach Victoria, RDNS HPP and Hanover Inner North are outreach

¹⁰ Based on 44 EFT x \$50,000.

services. St Mary's House of Welcome also provides an 'outreach' type service. So too does Sandridge Program.

Both Access Youth Support and Good Shepherd provide medium to long term support for young people. Access Youth Support is the largest SAAP funded service for young people experiencing and at risk of homelessness. Good Shepherd provides a range of services for young people including Adolescent Community Placement, Adolescent Support, with SAAP a relatively minor component (1.5 EFT).

Table 2.3: Yarra based agencies (SAAP funded) with a City of Yarra/ Northern Metropolitan Region focus

Agency	Target group	Services	Size	Other funding
Access Youth Support (Yarra and Darebin)	Young people aged 16-24	Housing and support, medium to long term	200 SAAP support period pa. 5.5 EFT SAAP	St Vincent de Paul, private funds
Bethlehem Community	Older single women with higher levels of need	Housing and support, medium to long term	8 beds. 15 women supported through outreach 0.6 EFT SAAP	HACC, donations
Good Shepherd (Yarra and Northern Metro)	Young people	Supported accommodation. (16-25) Adolescent Community Placement (12-18) Adolescent support (12-18)	30 beds. 9 THM properties, and 9 own properties 1.5 EFT SAAP	Other DHS Youth Support programs, Good Shepherd, volunteers, donations
Outreach Victoria	People with complex needs at risk of homelessness, mainly over the age of 25. People with high and complex needs at risk, who are marginalised and find it difficult to access other services.	Outreach support. Tenancy support to people living in public housing, at risk of losing their accommodation	7 EFT in outreach support 11 EFT in Outreach tenancy support 2.0 EFT SAAP	PDSS, HACC, ACHA
Hanover Inner North (Darebin, Yarra, Melbourne CBD)	18 +, individuals and families without safe, secure accommodation	Outreach (emergency assistance, HIR) Shopfront HIR (in Darebin)	80 clients pa. Caseload 12-14 7.0 EFT SAAP	Donations
St Mary's House of Welcome (80% from Yarra, 20% from other areas)	Open access. Clients are 80% male, 20% female	Meals, counselling, support, recreation, PDSS day centre	52,000 meals pa. 4.0 EFT SAAP	Drug & alcohol, PDSS, payment for meals, donations, volunteers
Sandridge Program (Yarra and NMR)	Young people 15-25, who are homeless and who have experienced severe trauma or abuse	Residential (24 hr) accommodation with intensive support, outreach support	8 residential beds 10 x one bedroom flats 7.0 EFT SAAP	PDSS

These are the only target group specific SAAP funded agencies, with a major focus on Yarra, apart from Bethlehem Community which provides long term supported accommodation for older women.

2.3.3 Statewide services

There are 5 statewide services located in the City of Yarra, which receive SAAP funding, and 4 of these provide services to women. The Salvation Army Tranmere Street, is the exception, providing services to young people.

Mary Anderson Lodge and Counterpoint are linked to key Statewide domestic violence and other women’s services.

Table 2.4: SAAP funded services in Yarra, with a Statewide focus

Agency	Target group	Services	Size
Young Women’s Housing Shopfront	Young women 15 to 25 years	Outreach supported accommodation, information and referral	1.5 EFT
The Salvation Army Mary Anderson Lodge	Women and women with children escaping domestic violence	24 hour crisis support up to 3 months	7 EFT
Flat Out	Single women and their children leaving prison	Supported accommodation, drug and alcohol support services	2 EFT
McCormack House	Single men leaving prison	Supported accommodation, drug and alcohol support services	2 EFT
The Salvation Army Tranmere Street	Young people aged 15-18	Supported accom, intensive youth support service, counselling	5 EFT

2.4 Agencies providing accommodation and some support without specific funding

Agencies which provide accommodation and support to people experiencing and at risk of homelessness, (but which receive no government funding to do so) are listed in Table 2.5, below.

Yarra Community Housing is the largest agency. It operates an ‘open door’ policy, conducting limited assessment, and providing no direct support, other than a positive and support approach toward managing tenancies. This has led to a significant minority of people being accommodated on a short term basis. In 1999-2000 36% of all tenancies lasted less than 3 months. In 2000-2001, 21% lasted less than 3 months, and 45% of tenancies lasted less than 12 months. Thus, instead of providing long term accommodation, Yarra Community Housing has been a de facto provider of short term crisis and transitional housing in the City of Yarra.¹¹

¹¹ The 2000-2001 data suggests that YCH effectively provided 18 ‘crisis’ beds (21% x 350 beds ÷ 4 three monthly periods pa. = 18)

Table 2.5: Agencies providing accommodation and some support without specific funding

Agency	Target group	Services	Size	Resource inputs
Yarra Community Housing	Open access. People over 18, registered with Centrelink	Rooming house accommodation	470 tenancies, 350 in Yarra	Rental income
Home of Compassion	Single women experiencing homelessness	Short term emergency accommodation (up to 2 weeks) Meals	8 beds	Volunteers
Home of Mercy	Single men experiencing homelessness	Crisis accommodation (night shelter) Meals	12 beds	Volunteers
The Way	Men aged 40 and over, often with alcohol issues	Long term supported accommodation	8-9 full time residents, 20-30 visitors per week	Volunteers

Other services providing accommodation and support include the Home of Compassion and Home of Mercy (commonly called the “Indian Sisters”) providing short term crisis accommodation for women and men respectively, and The Way, which is affiliated with Corpus Christi Greenvale, and Bethlehem Community (for women).

2.5 Generalist and specialist services targeting people experiencing and at risk of homelessness

There are several generalist and specialist services which receive a component of funding specifically for people experiencing and at risk of homelessness. Funding sources include JPET, HACC, PDSS, health, drug and alcohol, SAAP and other sources. Where agencies receive SAAP funding this is indicated in bold.

Table 2.6: Generalist and specialist services with specific homelessness service

Agency	Target group	Services for homeless people	Size
Francesca Healy Cottage (No particular area, about 50% from Yarra)	Older people (mainly men) who are homeless and unwell	Holistic health in residential setting, including nursing and support services	About 250 admissions pa.
Kia KAHA JPET (City of Yarra 60%)	Young people who are at risk of homelessness	Job search skills, assistance to return to education and training. Support and advice	2 EFT
BSL JPET	Young people who are at risk of homelessness	Job search skills, assistance to return to education and training. Support and advice	2 EFT
AHAG (Statewide)	People with HIV/ AIDS who live in poor accommodation, with limited assets	Information, referral, tenancy support (transitional and long term) 1.5 EFT SAAP	2.2 EFT (Statewide)
Quin House (Statewide)	Men (over 18) with drug & alcohol issues	Short term (3 months) supported accommodation with drug and alcohol support 2.0 EFT SAAP	8 beds
RDNS Homeless Persons Program	People experiencing and at risk of homelessness	Primary health (nursing) care, assertive outreach, information and referral	4 nurses (2.8 EFT) in Yarra, including 0.2 EFT with St Vincent's Hospital HARP Project
NYCH (Mainly City of Yarra)	People experiencing and at risk of homelessness	Allied health services provided on an outreach basis, a drop in community health clinic, mental health outreach and dental programs targeting people experiencing and at risk of homelessness. Also drug and alcohol support and partner in Yarra Food Insecurity Project	4 x 0.5 EFT allied health staff 1 EFT mental health outreach worker (Yarra Community Support) Dental program
The Anchorage (Statewide)	Older men who have a history of homelessness	Supported accommodation (long term)	11 EFT
Connexions (NMR)	Young people 16-25 with co-existing substance misuse and mental illness	Outreach, counselling, supported accommodation, range of programs	12 EFT across a range of programs
Clarendon Homeless Outreach Psychiatric Service	Mentally ill people who are homeless, itinerant or difficult to engage	Crisis intervention, assessment, referral (assisted), case management	2 EFT, 250 contacts per month
Coolibah	People over 60 who are homeless and at risk of homelessness	Day Centre, meals, activities, access to health and welfare services	80 clients per day

2.6 Service groupings

2.6.1 Introduction

In sections 2.2 to 2.5 above, agencies providing services to people experiencing homelessness and at risk of homelessness were grouped according to government funding for homelessness service. In the section below we explore other functional groupings in order to describe the strength of service provision in selected service areas in the City of Yarra, focussing on people experiencing and at risk of homelessness.

2.6.2 Supported accommodation

Crisis accommodation

There is relatively little crisis accommodation available in the City of Yarra, as shown in Table 2.7.

Table 2.7: Yarra based agencies providing crisis accommodation agencies

Agency	Target group	Services	Capacity
Salvation Army Tranmere Street (Statewide)	Young people aged 15-17	Short to medium term supported accommodation (up to 3 months)	8 beds
Salvation Army Mary Anderson Lodge	Women and women with children escaping domestic violence	24 hour crisis support (refuge) up to 3 months Transitional support (5 properties)	Residential accommodati on for 12 households
ASHS (Yarra)	General	HEF used to purchase crisis accommodation in motels, etc. Limited support is provided In addition approximately 5 properties may be used for crisis accommodation, if available	Between 5 and 10 households per night
House of Compassion (Yarra and surrounding areas)	Single women	Short term crisis accommodation for women leaving domestic violence, and other women at risk. Limited support provided	8 beds
House of Mercy (Yarra and surrounding areas)	Single men	Overnight shelter for men. Limited support provided	12 beds

Transitional accommodation

Transitional accommodation, with support provided by SAAP and other agencies, is shown in Table 2.8 on the following page.

Table 2.8: Transitional supported accommodation

Agency	Target group	Services	Capacity
ASHS	General	Housing information and referral. Transitional housing management, limited support	Manages 92 properties in City of Yarra
Access Youth Support	Young people South East Asian young women Culturally and linguistically diverse young people	Transitional support 3-12 months Other programs include Fund a Future (assisting young people to access private rental), social and recreational support, and outreach support	Nomination rights to 12 properties in Yarra, 15 in Darebin
Mary Anderson Lodge (statewide)	Women and women with children escaping domestic violence	24 hour crisis support (refuge) up to 3 months	Residential accommodation for 12 households
Good Shepherd	Young people 16-25	Transitional support 3-12 months	30 beds, including 18 in 9 THM properties
YSAS	Young people with drug and alcohol issues	Residential rehabilitation and withdrawal services for young people	Nomination rights to 2 properties Other properties
Outreach Victoria	Women with mental illness discharged from hospital	Improving discharge, outreach support	5 room rooming house
NYCH	People with psychiatric disability	Mental health outreach support	2 rooms

Table 2.9: Long term supported accommodation

Agency	Target group	Services	Capacity
The Anchorage (Statewide)	Men	Long term supported accommodation for men who have had a history of homelessness	57 residents
Bethlehem (Statewide)	Older single women with higher levels of need	Housing and support, medium to long term. Outreach support	8 beds. 15 women supported through outreach
The Way (Statewide)	Men aged 40 and over, often with alcohol issues	Long term supported accommodation	8-9 full time residents, 20-30 visitors per week

There are several organisations providing support to tenants in public housing. These are summarised in Table 2.10.

Table 2.10: Housing support services

Agency	Target group	Services
Office of Housing	People living in public housing	Tenancy support through Housing Support Officers (7), Housing Support Officer (1) and community development worker
PHAP	People living in public housing	Tenancy support
TUV	Tenancy and consumer advice services	Tenancy support
Migrant Resource Centre	People from culturally and linguistically diverse backgrounds, particularly recent migrants	Tenancy advice and assistance, as well as other information and advice
Outreach Victoria	Public housing tenants in NMR	Tenancy advice and assistance

2.6.3 Health and mental health services

In the City of Yarra there are three major health services, each of which has a specific response to people experiencing and at risk of homelessness. St Vincent's Hospital has a range of separate programs, and affiliations.

Table 2.11 Health services which include homeless people as part of their target group

Agency	Target group	Services
Sisters of Charity Health Service (St Vincent's Hospital)	General community in Yarra and NMR	Commitment to people experiencing homelessness through Sr. Francesca Healy Cottage, St Vincent's at Home, ALERT Program, Social work services and Prague House. In addition, de Paul House and CHOPS are affiliated with St Vincent's.
NYCH	General community plus, people experiencing and at risk of homelessness	General community health provider. Specialist response to people experiencing and at risk of homelessness, including 2 EFT allied health, plus response to people experiencing homelessness by GPs and other staff, dental program 1 day per week, mental health outreach worker, drug and alcohol support, Harmsworth outreach project.
RDNS HPP	Individuals and families experiencing and at risk of homelessness	Community health nursing targeting people experiencing and at risk of homelessness. Primary health care, assertive outreach, referral, advocacy, community development, health education and promotion
North Richmond Community Health	General community, plus young people experiencing and at risk of homelessness	Drop in centre (the Factory), youth work, assistance with housing, advice and referral
Aboriginal Health Service (Statewide)	Indigenous community	Allied health services. Mental health and drug and alcohol services. Outreach services to Indigenous people at St Vincent's Hospital (5 beds) to prevent discharge to homelessness, and outreach to Aboriginal people with psychiatric issues.

There are 3 services which specifically target people with mental health issues, and which may be experiencing or at risk of homelessness. These are CHOPS, Connexions and Sandridge Program. St Mary's House of Welcome includes a day program for people psychiatric disabilities, and the Mental Illness Fellowship provides outreach and accommodation support to a range of clients.

Table 2.12 Agencies which include homeless people as part of their target group and provide psychiatric disability support services

Agency	Target group	Services
CHOPS	Mentally ill people who are homeless, itinerant or difficult to engage	Homeless Outreach Mental Health Services, targeting homeless people with psychiatric disability
Connexions	Young people 16-25 with co-existing substance misuse and mental illness	Outreach, counselling, supported accommodation, range of programs
Sandridge program	Young people with social, psychological and emotional problems	Long term intensive residential program, outreach support program
St Mary's House of Welcome	Mainly people over 18, although nobody excluded	Day centre, meals, activities, support and referral service, sessional services including health
Mental Illness Fellowship	People with mental illness including people with schizophrenia	Home based outreach and accommodation support

2.6.4 Drug and alcohol services

Table 2.13: Specialist drug and alcohol services

Agency	Target group	Services
YSAS	Young people (12-21) with problematic substance use issues	Drug and alcohol support service, with nomination rights to THM properties
Turning point	General population	Drug and alcohol treatment services, advice information, education and referral
Connexions	Young people 16-25 with co-existing substance misuse and mental illness	Dual diagnosis service for young people. Mental health and drug support, outreach, counselling
De Paul House	Males and females over 18	Short term residential withdrawal facility, including support, and referral post withdrawal.
Quin House (Statewide)	Men (over 18) with drug & alcohol issues	Detoxification service for young men with alcohol dependency

Other drug and alcohol services located in the City of Yarra include Buoyancy Foundation, and the Epworth Hospital alcohol and drug unit. The Aboriginal Health Service provides support services from the Northcote office.

2.6.5 Accommodation services for Aboriginal and Torres Strait Islanders

There are 6 accommodation services targeting Indigenous people, including 3 which incorporate a minor SAAP funding component. These services are located in Yarra and Darebin.

Table 2.14: Accommodation services for Aboriginal and Torres Strait Islanders

Agency	Target group	Services (incl. beds)
George Wright Shelter	Men	Hostel Accommodation for Koori single men , 12 beds (SAAP funding component)
William T Onus (Yarra)	Singles and families	Accommodation for Koori singles and families. Includes a SAAP funded support worker. 27 beds in Northcote (SAAP funding component)
Elizabeth Hoffman House (Darebin)	Aboriginal women and accompanying children	Crisis refuge for Aboriginal women and accompanying children (SAAP funding component)
Margaret Tucker Hostel (Fairfield)	Young women	Accommodation for Young Koori Women (includes HEF)
Lady Gladys Nicholls Hostel	Students, transient families, and singles	16 beds
Bert Williams Hostel (Thornbury)	Young men	Hostel accommodation for young Aboriginal men

2.6.6 Day centres, and meals services

The two major day centres are St Mary's House of Welcome and Coolibah Centre. Meals and other food are provided by St mark's and the Indian Sisters.

Table 2.15: Day centres and meals services

Agency	Target group	Services
St Mark's Community Centre	No specific target group	Food distribution, emergency relief,
St Mary's House of Welcome	Mainly people over 18, although nobody excluded	Day centre, meals, activities, support and referral service, sessional services including health
Coolibah Centre	Mainly older people	Drop in centre for older people, including meals, activities, health care, and support
Home of Compassion	Single women	Evening meal (soup kitchen)
Home of Mercy	Single men	Evening meal (soup kitchen)

Meals, food and other material aid are also provided by St Vincent de Paul, Anglicare, Vital Youth Support, NYCH, City of Yarra, Outreach Victoria (flexible funds), and other agencies.

2.6.7 Youth services

Services for young people previously identified include Access Youth Support, Good Shepherd, Tranmere Street, Young Women's Shopfront, Kia Kaha JPET, BSL JPET and North Richmond Community Health. These are shown on table 2.16.

Table 2.16: Services for young people experiencing and at risk of homelessness

Agency	Target group	Services provided	Activity levels/ resources
Access Youth Support (Yarra and Darebin)	Young people aged 16-24	Housing and support, medium to long term	200 SAAP support period pa.
Good Shepherd (Yarra and Northern Metro)	Young people	Supported accommodation. (16-25) Adolescent Community Placement (12-18) Adolescent support (12-18)	30 beds. 9 THM properties, and 9 own properties
Young Women's Housing Shopfront (Statewide)	Young women 15 to 25 years	Outreach supported accommodation, information and referral	1.5 EFT
Kia Kaha JPET (City of Yarra 60%)	Young people who are at risk of homelessness	Job search skills, assistance to return to education and training. Support and advice	2 EFT
BSL JPET	Young people who are at risk of homelessness	Job search skills, assistance to return to education and training. Support and advice	2 EFT
Connexions (NMR)	Young people 16-25 with co-existing substance misuse and mental illness	Outreach, counselling, supported accommodation, range of programs	12 EFT across a range of programs
Sandridge Program (NMR)	Young people with social, psychological and emotional problems	Long term intensive residential program, outreach support program	8 young people in residential accommodation. 10 supported through outreach
Salvation Army Tranmere Street (Statewide)	Young people aged 15-17	Short to medium term supported accommodation (up to 3 months)	8 beds
YSAS (Statewide)	Young people with drug and alcohol issues	Residential rehabilitation and withdrawal services for young people	Nomination rights to 2 properties Other properties

Other relevant youth specific services include City of Yarra Youth services, Big Brother Big Sister, and Vital Youth Victoria.

2.6.8 Early intervention/ outreach services

As indicated there are several services which provide outreach services, summarised on Table 2.17.

Table 2.17: Outreach Services

	Target group	Services	Resources
Outreach Victoria	People with high and complex needs who are marginalised	Outreach support to: Public housing Rooming houses	7 EFT
Outreach Victoria	People with high and complex needs whose tenancies are at risk	Tenancy support to: Public housing Rooming houses	11 EFT
CHOPS	Mentally ill who are homeless, itinerant and difficult to engage	Outreach support to: Street, other agencies	2 EFT
RDNS HPP (Yarra and surrounding suburbs)	Individuals/ families experiencing and at risk of homelessness Women and families	Primary health care, assertive outreach, information and referral. Outreach support to low cost accommodation, other agencies (THM, CHOPS, St Mary's), hospital Emergency depts.	2.8 EFT
Coolibah Centre	People over 60 (mainly) who are homeless or at risk of homelessness	Drop in centre, meals, activities, support, health care. 'Outreach support' from Brunswick St	5 EFT
St Mary's House of Welcome	People living in insecure accomm. in Yarra	Drop in centre, meals, activities, support, health care. 'Outreach support' from Brunswick St	5 EFT
North Yarra Community Health	General community, plus specific response to people who are homeless and at risk	Primary health care, allied health services, information, referral. Mental health outreach worker. 'Outreach support' from CH sites, and to Harmsworth Street	2 EFT allied health 1 EFT mental health Other
Hanover Inner North	Individuals and families without safe, secure accommodation	Outreach support to Streets, squats in the inner northern metro region	7 EFT (wider than Yarra)
Office of Housing	Public housing tenants	Tenancy support, PHAP, Housing Support Coordinator	2 EFT?
City of Yarra HACC	HACC eligible people, including people experiencing and at risk of	HACC services to Public housing, rooming houses, private rental, other	

	homelessness		
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2.6.9 Women’s services

Services for women and women with children escaping domestic violence previously identified include h. Mary Anderson Lodge RDNS HPP North Yarra Community Health Young Women’s Housing

Other relevant services include WDVRS, NDVOS, and Merri Housing Outreach Service.

2.6.10 Services for older people

The Brotherhood of St Lurance provides a range of aged care services for disadvantaged people including rooming house accommodation, independent living units, CACPs, residential aged care (low needs facility), as well as the Coolibah Centre. Several of its services are co-located.

HACC services are delivered through City of Yarra, community health and other services.¹² RDNS HPP is substantially HACC funded. In Victoria, people experiencing and at risk of homelessness are a recognised ‘special needs’ group, together with Indigenous people.

The Salvation Army provides supported accommodation for older men who have experienced homelessness through the Anchorage.

2.6.11 Services for families

There are very limited support resources in Yarra dedicated to families. Merri Outreach Support Service provides support to families in Yarra, Darebin and Moreland (1 EFT).

2.7 Services in adjacent regions

Key services in adjacent regions include:

THMs - Melbourne Youth Support Service, MetroWest, SASHS, North East Housing

Crisis Accommodation Services - Flagstaff Crisis Accommodation, Ozanam House, Stopover, Merri Housing, Hanover Welfare Services

2.8 Major auspice groupings

Agencies providing services to people experiencing and at risk of homelessness may be grouped according to auspice and religious affiliation. Four major groupings are identified:

- Agencies with a Catholic background or auspice
- The Salvation Army
- Agencies with an Anglican background or auspice

¹² Note that HACC services are based on need rather than age, but a high proportion of HACC services are provided to older people in the community.

- Services provided by the City of Yarra

3 CONCLUSIONS

The mapping of services in the City of Yarra might suggest that there are adequate services for people experiencing and at risk of homelessness. However, service must be considered in the context of the level of need. As seen in Section A, the City of Yarra appears to have one of the highest rates of homelessness in metropolitan Melbourne. Feedback from Yarra based agencies (see Section C which examines unmet demand and service gaps) suggests that demand far outweighs the level of service provision.

There are also a number of characteristics of the service system which result in less services being available for people in Yarra than might be suggested in the tables above. These include:

- Several services with a Regional or Statewide focus, where only a proportion of resources are available to people in Yarra
- Some services for people experiencing and at risk of homelessness are specialist in nature and have a narrow focus, or relatively few clients
- Several services for people experiencing and at risk of homelessness are relatively small, and struggle to meet demand
- Accommodation and other resources for people experiencing and at risk of homelessness are accessed by people from outside of Yarra (eg. THM properties)

In summary, the funded service system for people experiencing and at risk of homelessness is not well balanced.

There is a diversity of responses to people experiencing and at risk of homelessness in terms of auspice, service model, and target group, which appears complex and confusing.

There are SAAP funded services which operate according to 'traditional' SAAP practices, and there are others which do not. There are also several generic and specialist agencies providing services specifically to homeless people.

SAAP funded services

Of all SAAP funded services located in the City of Yarra we estimate that only 30% of the resources are available to people in Yarra, with the balance of SAAP resources directed to people in other parts of the NMR, and across the State of Victoria.

While 45% of all SAAP resources in Yarra are targeted to young people, only 15% of these resources are available to young people in Yarra. Similarly the majority of women's services based in Yarra are Statewide or NMR resources, and there are few resources specifically for women in Yarra. There are effectively no SAAP services for families.

Several SAAP services are specialist in nature, providing services to particular groups of homeless people. For example, there are 4 EFT resources targeting people leaving prison (Flat Out and McCormack House) and 7 EFT

resources targeting young people who have experienced severe trauma or abuse (Sandridge Program).

Access to some SAAP services is limited by service models, which are intensive/ long term in nature, or which provide internal transitional pathways from one form of accommodation to another (eg. Sandridge Program, Good Shepherd).

Transitional accommodation

About one third of all THM properties in Yarra are supported by services outside of Yarra (eg. Wintringham, Hanover Southbank, Ozanam). Flagstaff, which is the closest night shelter to Yarra, has no nomination rights.

About one quarter of THM properties are allocated to young people, and are supported by Yarra based agencies (which support young people mainly from Yarra and Darebin).

The establishment of ASHS should provide some flexibility in relation to transitional accommodation vacancies across the inner city (not just Yarra).

Options

Options include:

- Clarify the required level and type of transitional stock which would meet demand in the City of Yarra.
- Clarify role of SAAP funded services including service/ funding agreements to ensure that expectations regarding outcomes, throughput, worker client ratios, and length of stay are met.
- Enhance support to crisis services including the Indian Sisters, or the planned crisis beds to be provided by Yarra Community Housing (ie. outposted or sessional outreach support)
- Develop a more coordinated approach (suggested by the grouping of multiple services according to common/ similar functions. Collaboration can result in improved service quality, as well as an increase in the number of clients.

Section C

Analysis of demand

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Operational definitions used in Section C

Contact	A contact made by an individual/family (household unit) in person, by telephone, or through a referring agency, with a request for assistance, often crisis accommodation or medium term accommodation.
DRF	Data Request Form. This was the basis for the collection of data for the Survey. The DRF included an alpha code, or a unique identifier, while maintaining confidential the name of the person/household unit
HEF	Housing Establishment Funds, provided by Office of Housing.
Participating agency	One of the agencies providing accommodation and/ or support services in City of Yarra
Household Unit	Individual person or persons who contact a participating service seeking assistance. Includes single people, couples, couples with children, single person with child(ren), and other family units. Also referred to throughout the report as 'people'

1 INTRODUCTION

This report is the result of research undertaken by Thomson Goodall Associates, Melbourne based consultants, in collaboration with organisations providing accommodation and support services in the City of Yarra. The research was funded by the Department of Human Services, and overseen by a Steering Committee comprising representatives of the Department of Human Services and a number of key agencies.

This report is set out as follows:

Section 2 outlines project goals and background to the project.

Section 3 summarises the data collection.

Section 4 presents a profile of people seeking assistance at crisis accommodation services.

Section 5 reports on the unmet demand for accommodation.

Section 6 presents a summary of project findings.

Section 7 presents a number of options for consideration.

2 PROJECT GOALS AND BACKGROUND

2.1 Background

While all services would acknowledge (based on their day to day experience) that there is unmet demand for crisis and transitional accommodation, and related support services in the City of Yarra, there is a lack of objective data concerning the exact nature and extent of unmet demand, the range and extent of long term outcomes for people who are accommodated, and the association between the level of support services provided and outcomes achieved. A range of information is required for effective planning and developing strategies to improve the service system.

The Yarra Homelessness Services study was established in late 2001, with three aims:

- To identify and understand the volume and nature of unmet demand for accommodation and support services
- To develop a more coordinated response, including an improved assessment and referral framework
- To identify strategic options for an improved response to people experiencing homelessness in Victoria.

This Section addresses the first aim, with priority given to crisis accommodation needs. The research involved the cooperation of many agencies in providing information; participating agencies undertaking a Survey to measure demand and unmet need, incorporating a research design which identifies individual households rather than 'contacts'; and supplemented with qualitative information, based on the practice experience of professional staff.

2.2 Participating agencies

There are a number of agencies providing services for people experiencing and at risk of homelessness in the City of Yarra (see Section A). Those agencies which participated in the Survey were:

St Vincent de Paul THM

Yarra Community Housing

Outreach Victoria

St Mary's House of Welcome

Coolibah Centre

Turning Point, and Turning Point Outreach

North Yarra Community Health

Hanover Inner North

The participating agencies represent a significant part of the homelessness service system in the City of Yarra. While there are no crisis accommodation services in the City of Yarra, there are a significant number of people experiencing and at risk of homelessness contacting agencies such as St Vincent de Paul THM, and Yarra Community Housing for crisis accommodation. Outreach Victoria is in contact with a significant number of people at risk of homelessness. While St Mary's House of Welcome, Coolabah Centre and North Yarra Community Health do not provide accommodation, they are in contact with a large number of people experiencing and at risk of homelessness.

3 DATA COLLECTION

3.1 Introduction

The primary data collection involved collecting data from people seeking accommodation at the six participating agencies during the 5 week period 22nd April to 25th May 2002. The original four week period was extended by one week in order to enhance the data collection.

Information was collected using a standard tool, called a Data Request Form. The information was collected by staff in the participating services, asking questions of:

- people presenting in person at the agency
- people calling by phone
- referring agencies.

The minimum information required in order to count the number of individuals seeking accommodation was the name of the person, which was converted into a non identifying alpha code. In addition, the Data Request Form had a number of questions relating to client profile and needs, and agency response. Collecting information in this way represented a departure from usual practice for most of the agencies. Staff were trained by the consultants and provided with Guidelines to ensure a consistent approach.

3.2 Methodology

The key elements of the methodology included:

- Design, pilot and finalise the data collection instrument (Data Request Form)
- Develop written Guidelines for data collection.
- Brief and familiarise staff in participating services with research purpose and data collection guidelines
- Collect data for a period of 5 weeks.
- Review data collection, identify and resolve problems and issues
- Develop program to take on data (Microsoft Access) and program to analyse data (SPSS).
- Conduct discussions with participating services to identify factors impacting unmet demand, including gaps and barriers, assessment and referral, and possible options
- Review secondary data (ie data previously collected by the participating services, and others).

3.3 Agency approaches to the data collection

While the Data Request Form, Guidelines and training all sought to ensure a reasonably consistent approach to data collection, each agency operationalised the Survey differently. Approaches are described below.

Yarra Community Housing

Where appropriate, people contacting YCH were asked to participate in the Survey. As indicated, this was a departure from usual practice. YCH is essentially a housing service, and is not funded to provide information, advice or referral. People are eligible for accommodation if they are over the age of 18 and have a regular income. YCH generally has an 'open access' policy, and people do not need to be a resident of, or living in the City of Yarra.

Yarra Community Housing workers often suggest to people contacting the agency that they 'call again tomorrow', when there is no accommodation available. Workers recorded multiple contacts on different days, and it is evident from the number of multiple contacts recorded for YCH that many people did return.

St Vincent de Paul THM

Although it was intended that data be collected on all people contacting participating agencies seeking accommodation, St Vincent de Paul THM effectively screened people contacting the service and completed forms only for those people who had made an appointment, or who walked in off the street, and were eligible for assistance. As indicated in Table 3.2 below, this approach, together with St Vincent de Paul's relatively low data collection rate, led to under reporting of demand by St Vincent de Paul during the 5 week period.

North Yarra Community Health

North Yarra Community Health service is a community health service with particular programs targeting people experiencing and at risk of homelessness.¹³ Allied health staff completed Data Request Forms where staff were aware that patients of the health service were homeless or at risk of homelessness, and where patients gave permission for data to be collected. This required that staff knew the person's background, and/or felt comfortable to explore accommodation and other support issues with the person. Because some people required more than one treatment (eg. physio therapy) during the 5 week period, multiple contacts were recorded.

¹³ Positions which focus on people experiencing and at risk of homelessness include podiatry (0.5 EFT), physiotherapy (0.5 EFT), occupational therapy (0.5 EFT) and a dietician (0.5 EFT). In addition, two GPs have a particular focus on people who are experiencing and at risk of homelessness

St Mary's House of Welcome

St Mary's House of Welcome is a day centre providing meals, activities, health services, and support to people living in and visiting the area. Support includes sessions with a social worker and other staff. Data Request Forms were completed where staff (commonly the social worker) became aware that a client of St Mary's was seeking accommodation. Multiple requests were recorded because some people visited the service for meals, recreation and other facilities, on a regular basis, and a second or third request for assistance with accommodation is not surprising over a 5 week period.

Coolibah Centre

Coolibah Centre adopted a similar approach to St Mary's.

Hanover Inner North

Hanover Inner North provides an outreach service to people living on the streets, and in parks across various parts of Melbourne, including the City of Yarra. Forms were completed where people were staying in City of Yarra, and where people were seeking crisis accommodation.

Outreach Victoria

Outreach Victoria supports people with complex needs living in marginal housing, and who are at risk of homelessness. Outreach Victoria completed a Data Request Form for people at imminent risk of homelessness, and for people who became new clients during the 5 week period.

Turning Point

Turning Point provides drug and alcohol clinical services, counselling and therapy for young people over the age of 18. Similar to NYCH, Turning Point identified individuals experiencing or at risk of homelessness, for inclusion in the Survey.

Observations on the data collection

The data collection required a significant level of cooperation by management and staff in participating services, people seeking accommodation and referring agencies. Overall the data collection proceeded smoothly and was done reasonably well by most agencies, in spite of the change in practice required and other demands on services.

For example the approach usually adopted by YCH is that if there are no vacancies, then few questions are asked. Information may be provided, but workers are not funded for, and do not generally provide assessment and subsequent referral.

Workers were understandably unsure about asking people detailed personal information when there was no service available. Workers may not have ventured to ask a question if they considered it too intrusive, and/or people may not have chosen to answer when there was 'nothing in it' for them.

It was also apparent that other demands on staff may have reduced their ability to collect the optimal amount of information sought during the data

collection period. Staff related that there were peak times when several people contacted the agency at the same time, and the DRFs could not all be completed.

The differing approaches taken by agencies in part reflected ways of different operating. This resulted in some inconsistencies in the data collection, particularly with those agencies which did not have a primary focus of providing assistance with accommodation. For example, the Day Centres only recorded people requesting assistance with accommodation, when they may have been aware of others using their services, who were also homeless or at risk of homelessness. Data collected by North Yarra Community Health Service relied on the perceptions of staff, as clients and patients did not attend the health service with the intention of seeking assistance with accommodation. For Hanover Inner North, the circumstances of providing crisis assistance to someone on the streets were often not conducive to completing a form.

Overall however, the data collection was considered by most participating agencies to be successful in terms of the amount and type of information provided by people, and demonstrated that detailed personal information can be obtained, and used for research.

Sources of undercounting

Undercounting the level of demand included undercounting by participating services, and demand experiencing by non participating services.

As indicated, within participating services the most significant undercounting occurred with St Vincent de Paul THM. However, it is apparent that the method of data collection employed by other participating agencies also led to undercounting.

In addition, there were a number of homelessness agencies which did not participate in the data collection. Access Youth Support reports relatively high numbers of young people seeking accommodation. Because many young people are referred to Melbourne Youth Support Services (MYSS), they do not appear in Yarra data.¹⁴

The data collection did not include many women escaping domestic violence, who would have contacted the Women's Domestic Violence Crisis Service. In addition, there are a number of (smaller) agencies which provide supported accommodation of some form.

RDNS HPP is another significant agency providing health and homelessness services in the City of Yarra. RDNS HPP provides a major linking and referral function, as it offers services on an outreach basis in collaboration with and from the sites of other homelessness other agencies in Yarra. It was assumed that several of RDNS HPPs clients would be included in the data collections of other agencies.

¹⁴ The consultants unsuccessfully sought to obtain data from Melbourne Youth Support Services, as well as other crisis accommodation services outside the City of Yarra.

3.4 Data collected

For the total 5 week (or 34 day) period (22nd April to 25th May 2002) there were 414 contacts recorded. Of these, there were a total of 291 different household units who sought accommodation and/or support at the participating services, on one or more occasions, representing approximately 313 adults (taking into account couples) and 35 children. The number of contacts and households recorded for each participating agency is shown on Table 3.1.

Table 3.1: Number of contacts recorded

Agency	No. of contacts recorded	No. of households recorded
St Vincent De Paul THM	111	110
Yarra Community Housing	185	87
Outreach Victoria	18	16
Hanover Inner North	8	7
St Mary's House of Welcome	34	26
Coolabah	7	6
Turning Point	4	4
Turning Point Outreach	6	5
North Yarra Community Health	41	30
Total	414	291

A number of people contacted participating agencies more than once, and additional forms were completed. All multiple contacts were made on different days. Thus, the number of contacts on a particular day is a good indicator of the number of households seeking assistance on that day.

The majority of multiple contacts were made to the same agency, mainly Yarra Community Housing. Of the 185 contacts made to YCH there were 87 households. It is apparent that the circumstances of '*no referral*', and '*call again tomorrow*', together with a perceived absence of other options, lead people to keep returning.

The data also suggests that there is very little referral taking place between the participating agencies, and that there is also very little movement of people from one agency to another. There were only 14 households recorded who contacted more than one agency. This is quite remarkable, considering the level of unmet demand, and that the participating agencies are all located within close proximity of each other.

It is possible that there is 'segmentation' taking place, particularly between Yarra Community Housing and St Vincent de Paul THM. Some people seeking accommodation with YCH may be ineligible for assistance from St Vincent de Paul, and therefore do not appear in St Vincent de Paul's data. Conversely, as a result of screening, St Vincent de Paul THM, may direct people to YCH, without this being recorded as a referral. As indicated, significant data is missing from St Vincent de Paul THM, therefore it is unwise to draw too many conclusions about actual demand or agency practices.

Based on available data, there were 15 – 20 households each day (mainly single people), contacting participating agencies in the City of Yarra, with the majority seeking assistance with accommodation.

However, this estimate significantly understates the level of demand, due to undercounting of contacts, particularly by St Vincent de Paul, and the non participation of other agencies within the City of Yarra in the Survey data.

3.5 Representativeness of the data

The representativeness of the data may be assessed by comparing data collected during the study period against available baseline and other information for each of the participating agencies.

Table 3.2 provides an indicative comparison of data.

Table 3.2: Indicative comparison of Survey data with baseline data

<i>Participating agency</i>	<i>Baseline data (expected contacts for 5 weeks)</i>	<i>Survey period</i>
St Vincent De Paul THM	Total tel. calls = 320 per week (or 1,600 contacts) Appointments = 40 per week (or 200 contacts) Walk in clients = 35 per week (or 175 contacts) Total new clients = 75 per week (or 375 contacts) Actual new clients recorded = 376	111
Yarra Community Housing	Average of 60 contacts per week, thus 300 contacts	185
Outreach Victoria (Support services)	Average new clients per week = 3 Expected new clients = 15	18
Hanover Inner North	Average clients per year = 80. Hanover provides services across inner Melbourne, thus the expected number for Yarra cannot be estimated.	8
St Mary's House of Welcome	Not applicable, as St Mary's is primarily a day centre, and the demand for accommodation is unpredictable.	34
Coolabah	Not applicable, as Coolabah is primarily a day centre, and the demand for accommodation is unpredictable.	7
Turning Point	Not applicable, as Turning Point primarily provides services to people with drug and alcohol issues, of whom people experiencing and at risk of homelessness are a sub set	4
Turning Point Outreach	As above	6
North Yarra Community Health	Not applicable, as NYCH provides community health services for all the local community including people experiencing and at risk of homelessness	41

Table 3.2 shows that St Vincent de Paul data collection significantly understates the level of activity and demand during the 5 week period. The agency advised that over the 5 week period, there were 376 new clients whose information was entered on the internal data system. This is 3 - 4 times the number of contacts recorded for this study. The agency was not able (or in a

position) to access its own internal data, recorded during the research period, to further inform this study.

For agencies which are not primarily focused on responding to requests for assistance with accommodation, it is not possible to accurately predict baseline data, although on going data collection and analysis would enable such information to be obtained.

Anecdotally, Access Youth Support reports 20 - 30 contacts per week of young people seeking assistance with accommodation, who are experiencing or at risk of homelessness. There was no data available (Yarra specific) for women escaping domestic violence.

Factoring up the observed demand

In order to make a more realistic assessment of the level of demand over the 5 week period, it is possible to 'factor up' the observed demand.

A conservative approach would be to factor up the demand measured by St Vincent de Paul THM by 3, giving a total demand of 333 households, and increasing both contacts and households by 222.¹⁵ The agency's data clearly relates to separate households (rather than contacts) seeking assistance with accommodation.

The same approach could be adopted for YCH. For example, it could be assumed that there were an additional 100 contacts, representing 40 households, during the 5 week period, not recorded.

Factoring up other participating agencies is not considered appropriate because of the nature of their data collection, and the absence of base line data. Nor is it appropriate to include notional data of other non participating agencies. However, by excluding this data we can be confident that the factored up estimates are indeed conservative.

The effect on total numbers is shown in Table 3.3.

Table 3.3: Number of contacts at participating agencies (estimated)

<i>Agency</i>	<i>No. of contacts recorded</i>	<i>No. of households recorded</i>
Survey total	414	291
Additional data – St V de Paul	222	222
Additional data YCH	100	40
Total	736	553

Thus, as a measure of people seeking assistance with accommodation in the City of Yarra during the 5 week period, a figure of 500 is a reasonable, and conservative estimate, given that:

- St Vincent de Paul THM data only includes people who are eligible (ie living within the THM's catchment, essentially the City of Yarra)

¹⁵ ie. 3 x 111 contacts recorded by St Vincent de Paul THM = 333 contacts.

- There are several agencies in the City of Yarra (and adjacent to the City of Yarra) not participating in the Survey who would have been contacted by people from the City of Yarra seeking accommodation.

Average daily demand

Over the 5 weeks there were 414 contacts, representing 83 contacts per week, or about 16 contacts per day. Using the augmented data, there were 147 contacts per week, or 30 contacts per day, which more closely approximates the anecdotal reports of participating agencies. As described in Section 4 below, for people in crisis and/or who are literally homeless it is important to consider daily (unmet) demand.

In Sections 4 and 5 actual survey data has been used. In many cases this data set is sufficient to allow reasonably accurate characterisation of households seeking accommodation and support.

Throughout the report percentages are used. Correct interpretation of these often requires qualification. In particular disaggregation of data can lead to a relatively small number of data points, which are not statistically significant, and the use of associated percentages may be misleading.

4 PROFILE OF PEOPLE SEEKING ASSISTANCE

4.1 Introduction

This section presents a profile of people seeking assistance at participating agencies during the 5 week research period.

Throughout this section actual survey data has been used, that is data has not been factored up as described in Section 3.5. In many cases this data set is sufficient to allow reasonably accurate characterisation of households seeking accommodation and support.

4.2 Summary findings

A minimum of 291 household units representing 348 people (adults and children) sought accommodation on one or more occasions during the 5 week period. Of these:

- ❑ 54% of people recorded a need for immediate accommodation, and 36% indicated a need for long term accommodation. Other significant needs included assistance with rental payments, counselling/support, financial assistance, and information and advice.
- ❑ The majority (38%) of people seeking accommodation are aged 25 – 34, 28% were aged 35-44, and 13% aged 15-24.
- ❑ The majority (70%) were males.
- ❑ 73% were Anglo Australian, 6% indigenous, and 17% were recorded as 'other'.
- ❑ Single people comprised the largest presenting family unit (82%).
- ❑ 23% of people contacting agencies had spent the previous night literally homeless – on the street, and another 25% had spent it with families/friends, or in private rental and had either left or were at imminent risk of leaving that accommodation.
- ❑ The majority of people contacting agencies are from the City of Yarra, inner Melbourne or from the inner northern area of Melbourne including Preston, Brunswick, Carlton and North Melbourne.

Detailed findings are described below. In some cases it is interesting to compare the population of people contacting participating agencies, with the Victorian Statewide population of people seeking accommodation and support (NDCA data).

Although the Yarra Survey data reflect a group of people with a different profile compared to the Victorian SAAP client population, the profile is not unexpected, and is to some extent influenced by the target groups and services provided by the participating agencies.

4.3 Age range

The majority (38%) of people seeking accommodation are aged 25 – 34, 28% were aged 35-44, and 13% aged 15-24 (Table 4.1).

Table 4.1: Age of households by participating service (no. of households)

	<i>Under 15</i>	<i>16-19</i>	<i>20-24</i>	<i>25-34</i>	<i>35-44</i>	<i>45-64</i>	<i>65+</i>	Total
St Vincent De Paul THM	1	4	11	38	26	9	2	91
Yarra Community Housing		2	17	25	25	15	1	87
Outreach Victoria			1	6	7	1	1	16
Hanover Inner North				1	4	1	-	6
St Mary's House of Welcome	1		1	13	4	5	1	25
Coolabah				4		1	1	6
Turning Point				3	1		-	4
Turning Point Outreach			2	1	2		-	5
North Yarra Community Health		1	4	10	7	5	3	30
Total	2	7	36	101	76	37	9	268
	<i>0.7%</i>	<i>2.6%</i>	<i>13.3%</i>	<i>37.7%</i>	<i>28.4%</i>	<i>13.8%</i>	<i>3.4%</i>	<i>100.0%</i>

Note: Percentages are percent of households. Note that numbers do not add to 291, as some Forms did not record age.

As noted above, youth services in City of Yarra were not directly involved in the Survey, influencing the age range profile of people seeking assistance.

Table 4.2: Comparison of Survey Data with SAAP Clients 2000-01 – Age range

<i>Age range</i>	<i>NDCA (Victoria)</i>	<i>Survey population</i>
< 15 years	1.6	0.7
15 – 19	19.0	2.6
20 – 24	19.6	13.3
25 – 34	29.0	37.7
35 – 44	19.1	28.4
45 – 64	10.4	13.8
65 and over	1.4	3.4
Total	100%	100%

Source: Australian Institute of Health and Welfare, SAAP National Data Collection, Annual Report, Victoria, 2000-01, Table 3.3.

Comparison with SAAP clients (Table 4.2) suggests that there are fewer younger people seeking accommodation and support in Yarra than for Victoria as a whole.

However, there is no reason to believe that the demand for accommodation by young people experiencing at risk of homelessness in City of Yarra would be less than the State average.

On the contrary, the data indicates that demand by young people has been under reported in the survey. The reason for the relatively low proportion of young people was the absence of youth specific services participating in the Survey. Consultations with Access Youth Support indicated the existence of additional demand not identified as part of the Survey.

The two 'largest' services in the survey, St Vincent de Paul THM and Yarra Community Housing, do provide services to people 18 and over, but not 15 – 17. However, several agencies reported that young people approaching St Vincent de Paul were commonly referred to Melbourne Youth Support Services as an initial response. It was also suggested that young men aged 20-24 may be referred to Flagstaff of Ozanam.

Separate YCH data indicates that rooming house accommodation may not be appropriate for young people. In 2000/2001, 2% of YCH tenants were aged 18-20, and 5% were aged 21-24.¹⁶

Other services for young people in City of Yarra also reported referring to Melbourne Youth Support Service in the first instance, as they considered this a better prospect than referring to St Vincent de Paul THM.

4.4 Gender of person

70% of people seeking crisis accommodation were males (or households represented by a male). As shown on table 4.3, there is some variation between agencies, with males more highly represented among households contacting Yarra Community Housing, Outreach Victoria, St Mary's House of Welcome and North Yarra Community Health.

Table 4.3: Gender of household by agency

	<i>Male</i>		<i>Female</i>	
St Vincent De Paul THM	62	65%	34	35%
Yarra Community Housing	60	71%	25	29%
Outreach Victoria	13	81%	3	19%
Hanover Inner North	4	67%	2	33%
St Mary's House of Welcome	20	91%	2	9%
Coolabah	4	44%	5	56%
Turning Point	1	33%	2	67%
Turning Point Outreach	4	57%	3	43%
North Yarra Community Health	17	94%	1	6%
Total	185	68%	88	32%
	70%		30%	

Source: Survey

¹⁶ Yarra Community Housing, Annual Report, 2001, p 10.

Table 4.4 provides a comparison with NDCA data. Again the survey data suffers from an absence of data relating to women escaping domestic violence. The predominance of female clients in the NDCA data (Table 4.4) reflects a range of service responses to women including domestic violence services.

While the disparity reflect under counting of women escaping domestic violence, it may also be a reflection of the predominance of males contacting participating services, which is consistent with the relatively high population of single homeless men in and around the inner city area, where there are crisis accommodation and other services available.

The survey gender proportions are similar to the gender profile of YCH. In 2000-2001 males represented 73% of YCH tenants, and females 27%.

Table 4.4: Comparison of Survey Data with SAAP Clients 1997/98 - Gender

Age range	NDCA (Victoria)	Survey population
Male	40%	70%
Female	60%	30%
Total	100%	100%

Source: Australian Institute of Health and Welfare, SAAP National Data Collection, Annual Report, Victoria, 1997/98, Table 3.3.

4.5 Cultural identity

Table 4.5 shows 73% of the people seeking accommodation were recorded as Anglo Australian, 19% are recorded as 'Other', and 6% are Aboriginal and Torres Strait Islander peoples.

Table 4.5: Cultural identity of person

Agency	Anglo Australian	ATSI	Other
Number	213	18	55
(%)	73%	6%	19%

Source: Survey

Table 4.6 shows that the cultural identity of the Survey population was broadly similar to the whole of Victoria NDCA data. The comparative difference is relatively minor.

Table 4.6: Comparison of Survey Data with SAAP Clients 2000/01 – Cultural identity (%)

<i>Cultural identity</i>	<i>NDCA (Victoria)</i>	<i>Survey population</i>
Anglo Australian	78%	73%
Indigenous	5%	6%
Other	17%	19%
Total	100%	100%

Source: Australian Institute of Health and Welfare, SAAP National Data Collection, Annual Report, Victoria, 2000/01, Table 3.5.

4.6 Presenting Family Unit

Single people were the largest presenting household unit (82%) at participating agencies during the 5 week period. The other household units all comprise more than one person. This suggests that, in terms of individual people, the total number of individuals could be increased to 348, or by at least 20%.¹⁷

Table 4.7: Presenting family unit

<i>Family Unit</i>	<i>Number of households</i>	<i>%</i>	<i>Estimated number of individuals</i>
Single person	239	82	239
Person with child(ren)	15	5	30
Couple	23	8	46
Couple with child(ren)	5	2	15
Other family group	9	3	18
Total	291	100	348

Note: Percentages are percent of households

Further analysis shows that 74% of single people are male, and 67% of people with child(ren) were female (Table 4.8). The gender indicated for couples, and couples with children is dependent on which persons information was included on the Data Request Form. Females represented 26% of single people contacting agencies.

Table 4.8: Presenting family unit by gender

<i>Family Unit</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Single person	166 (74%)	58 (26%)	224 (100%)
Person with child(ren)	3	11	14
Couple	6	15	21
Couple with child(ren)	2	3	5
Other family group	4	1	5
Total	181	88	269

¹⁷ Allows 2 individuals for 'Person with child(ren)', 'Couple', and 'Other family group'; 3 individuals for 'Couple with children'.

The Survey population is skewed towards single persons, representing 82% of all contacts, compared to 62% for all Victoria NDCA data (Table 4.9). There are many fewer people with children contacting the participating agencies, 13% compared to 32% for all Victoria NDCA data.

Table 4.9: Comparison of Survey data with SAAP clients 2000/01 – presenting family unit (%)

<i>Family Unit</i>	<i>NDCA (Victoria)</i>	<i>Survey population</i>
Single person	62%	82%
Couple with no children	6%	5%
Person with child(ren)	26%	8%
Couple with child(ren)	5%	2%
Other	1%	3%
Total	100%	100%

Source: Australian Institute of Health and Welfare, SAAP National Data Collection, Annual Report, Victoria, 2000/01, Table 3.8.

4.7 Accommodation last night

People seeking accommodation were asked where they had spent the previous night. Table 4.10 shows that 23% of people contacting participating agencies reported that they were literally homeless – on the streets, in a squat, in a garage or on public transport. 20% had spent the previous night in a rooming house. 12% of contacts had been in crisis accommodation.

Table 4.10: Accommodation last night

	<i>Number</i>	<i>% (valid)</i>	<i>Males</i>	<i>Females</i>
With friends	58	16.5	13	42
Private rental	31	8.8	16	11
On the streets	62	17.7	4	56
Squat	17	4.8	4	12
Boarding house	4	1.1	-	4
Prison	3	0.9	1	2
Backpackers	3	0.9	-	-
Aboriginal hostels	1	0.3	-	1
Crisis accommodation	41	11.7	9	32
Hotel or motel	24	6.8	4	19
Caravan	3	0.9	-	3
Rooming House	71	20.2	21	48
Detox	2	0.6	-	2
Public housing	10	2.8	6	4
Relatives	5	1.4	1	4
Hospital	6	1.7	2	4
House sitting	1	0.3	1	-
THM	3	0.9	2	1
Community housing	2	0.6	-	2
Garage	1	0.3	-	1
On public transport	3	0.9	3	-
Total	351	100.0	87	248

Many of the people staying with friends and relatives, were ‘doubling up’. There were also many people who reported they were ‘doubling up’ in private rental, and their situation had become untenable.

Accommodation last night by gender

Males are more highly represented in the group who spent the previous night on the streets, and females are slightly more highly represented as having spent the night in private rental or in rooming houses.

The data was likely affected by the relatively low number of females recorded, due to the non participation of women’s services.

Location of accommodation ‘last night’

Approximately 50% of people contacting participating agencies came from the City of Yarra. A further 16% came from the northern Preston corridor, and 20% came from the city and other adjacent municipalities.

There were significant differences in the location of accommodation according to the type of accommodation, as shown in Table 4.11.

- Northern metropolitan includes City of Yarra, Preston, Northcote, Reservoir, and Broadmeadows.
- Inner Melbourne includes City of Yarra, St Kilda, North Melbourne, South Melbourne, West Melbourne, Carlton, Brunswick, Clifton Hill.
- Outer Melbourne includes Kingsbury, Blackburn, Healesville.

Table 4.11: Type of accommodation by location of accommodation ‘last night’

	With friends	Private rental	on the streets	Crisis accom	Rooming house
Fitzroy	29	1	39	7	20
City of Yarra	32	3	43	8	24
Northern Metro	41	11	46	8	50
Inner Melbourne	41	4	53	37	35
Outer Melbourne	6	6	3	1	2
Total	58	31	62	41	71

Table 4.11 suggests the following:

- A high proportion of people who had stayed with friends, had stayed in the City of Yarra or in nearby suburbs
- Few people who had stayed in private rental had been in the City of Yarra or in nearby suburbs
- Two thirds of the people who had been on the streets had been in the City of Yarra, with the majority having been on the streets in inner Melbourne.
- The majority of people who had been in crisis accommodation had stayed in inner Melbourne, but not in the City of Yarra.
- A significant number of people had stayed in rooming houses in Preston

Table 4.12 shows the type of accommodation stayed in last night, by each agency recording the data. The relative mix of accommodation types of people contacting St Vincent de Paul are about the same as those contacting YCH with the exception of people who spent the night in private rental, and in rooming houses. There are less people in private rental and more people in rooming houses who contacted YCH.

Table 4.12: Type of accommodation by agency recording data

	With friends	Private rental	On the streets	Crisis accom	Hotel/ motel	Rooming house
St Vincent de Paul	13	16	17	8	8	10
YCH	26	10	34	14	16	41
Outreach Victoria	5	-	8	1	-	3
Hanover Inner North	1	-	4	-	-	2
St Mary's HOW	1	1	9	2	-	12
Coolabah	1	1	1	-	-	2
Turning Point	2	-	-	2	-	-
NYCH	9	3	6	14	-	1
Total	58	31	79	41	24	71

Note: Recorded contacts

4.8 Reasons for seeking assistance

One third of all contacts were reported as being long term homeless. One quarter had been evicted or were at risk of eviction, and 27% reported they had no money (Table 4.13).

Table 4.13: Reasons for seeking assistance

Reasons for seeking assistance with accommodation (% of contacts)			
Eviction and risk of eviction	25	Tenancy dispute	5
No money (has been spent)	28	Discharge from drug & alcohol facility (eg. detox)	1
No income – ineligible for benefits	1	Discharge from prison	2
No income – waiting on benefits	3	Discharge from hospital	2
Other financial difficulties	7	Discrimination preventing access to accomm.	2
Family breakdown, conflict, domestic violence	8	Asylum seeker/refugee with no income	1
New to area	7	Required supports not available	2
Long term homelessness/ transient	33	Other *	9
Accommodation inadequate	14		

Note: Other reasons for seeking assistance from participating agencies included allied health services such as podiatry, however as indicated, the focus of the research tool was on accommodation needs.

The majority of people who had been evicted or who were at risk of eviction spent the previous night in private rental or rooming house accommodation. The majority of people seeking assistance because they had no money, spent the previous night on the streets (or in a squat), in rooming house accommodation or with friends. Most of those people who indicated they were long term homeless, spent the previous night on the streets (or in a squat), in a rooming house, or with friends.

4.9 Referrals to participating agencies

As shown on Table 4.14, 71% of contacts were self referrals, either by phone or off the street.

Table 4.14: Nature of contact

<i>Nature of contact</i>	<i>No.</i>	<i>%</i>
Phone – self referral	166	40
Phone - agency referral	105	25
In person – off the street	127	31
In person – appointment	16	4
Total	414	100

About one quarter of all referrals involved agencies. There were a wide range of agencies identified as referring agencies, with no one agency particularly significant. Table 4.15 shows the most frequent referring agency was Flagstaff. There were a large number of agencies recorded as making one or two referrals.

Table 4.15: Source of referral (selected agencies most frequently referring to participating agencies)

<i>Agency</i>	<i>No. of referrals made</i>
Flagstaff	6
St Vincent de Paul THM	4
North Yarra Community Health	4
Ozanam	4
Outreach Victoria	3
St Kilda CCC	3
North East Housing	3
Hanover Southern	3
St Vincent's Psychiatric Unit	3
THM outside of Yarra	3
Centrelink	3

Table 4.16 shows quite different patterns of contact between participating agencies. More than half of St Vincent de Paul's recorded contacts were self referrals by telephone, with about one quarter of contacts people walking in off the street. YCH's recorded contacts were mostly by phone, with half self referral, and half agency referral. Most of the contacts made with the other participating agencies were people walking in off the street.

Table 4.16: Nature of contact

<i>Nature of contact</i>	<i>St V de Paul</i>	<i>YCH</i>	<i>Outreach Vic</i>	<i>Hanover IN</i>	<i>St M HOW</i>	<i>Cool - ibah</i>	<i>Turning Point</i>	<i>NYCH</i>
Phone – self referral	65	92	2	-	-	1	-	6
Phone - agency referral	12	85	-	2	-	-	2	4
In person – off the street	29	7	16	6	33	6	3	27
In person – appointment	5	1	-	-	1	-	5	4
Total	111	185	18	8	34	7	10	41

Data shown in Table 4.16 are consistent with separate YCH data, which indicates about 45% of referrals were self referrals in 200-2001, with a wide range of other organisations making referrals, including psychiatric services (8%), Outreach Victoria (6%), Hanover (5%), St Vincent de Paul (7%), and The Salvation Army (6%).¹⁸

As indicated in Section 3.4 (see table 3.1), there were a number of multiple contacts made over the 5 week period. The majority of multiple contacts occurred as a result of one person contacting the same agency (usually YCH) a number of times. There were only 8 people who were recorded by two, or more of the participating agencies during the 5 week period. This indicates a remarkable lack of inter agency referral, particularly between St Vincent de Paul THM and Yarra Community Housing, representing the two most significant (in terms of volume of contacts) agencies in the City of Yarra.

This combined with the number of referrals from other agencies indicates that the service system (as indicated by referrals to participating agencies) is widespread, and extends beyond City of Yarra. It may also indicate that the City of Yarra is regarded as a place to which people are referred, but from which they are not referred. Once referred into Yarra, people either stay in Yarra, or are left to their own devices to find their way out of Yarra.

¹⁸ Yarra Community Housing, Annual Report 2001, p 9.

5 NEEDS OF PEOPLE CONTACTING PARTICIPATING AGENCIES

5.1 Need for accommodation

A high proportion of people contacting agencies (number of contacts) required some form of accommodation. More than half (53%) indicated a need for crisis accommodation, 41% required medium and long term accommodation and 15% were seeking assistance with rental payments. A total of 81% of all contacts indicated a need for some form of assistance with accommodation.

The proportions were similar for households, with 54% of individual households needing crisis accommodation, 36% seeking medium to long term accommodation and 17% seeking assistance with rental payments. A total of 88% of all households indicated a need for assistance with accommodation. The proportion for households is higher than for contacts as some of the forms filled out when people returned a second, or third time did not have the 'needs' section completed.

The high proportion of people seeking crisis accommodation is notable, and the level of urgency associated with finding accommodation is supported by data describing where people spent the previous night, which recorded a high level of people either literally homeless or at imminent risk of homelessness..

Even though both YCH and St Vincent de Paul mainly offer medium term or transitional accommodation (St Vincent de Paul offers some crisis accommodation through HEF, and can use a few properties as crisis beds), the demand for crisis accommodation was greater than for medium term accommodation. People experiencing and at risk of homelessness in the City of Yarra still approach these agencies seeking crisis accommodation, and regard them as de facto crisis accommodation providers.

5.2 Unmet need for accommodation

Table 5.1, shows that accommodation needs were substantially unmet by participating agencies. Less than 20% ¹⁹ seeking crisis accommodation had their needs met, and about 20% were referred. Only about one quarter of those seeking medium and long term accommodation had their needs met or were referred.

The high level of unmet need for crisis accommodation is not unexpected, as neither Yarra Community Housing nor St Vincent de Paul THM are expected to provide a significant crisis response. St Vincent de Paul's crisis capacity is limited to short term hotel/motel or caravan park accommodation using HEF funds.

¹⁹ Calculated as $10\% \div 53\% = 19\%$.

Table 5.1: Client needs and agency responses

Needs/ service requested		Agency responses	
<i>Needs of potential client</i>	<i>Identified</i>	<i>Provided</i>	<i>Referred</i>
	<i>% contacts</i>	<i>% contacts</i>	<i>% contacts</i>
Assistance with accommodation	% contacts	% contacts	% contacts
Accommodation – immediate (crisis)	53	10	11
Accommodation – medium and long term	41	5	6
Assistance with rental payments	15	6	4
Support needs			
Financial assistance	14	4	4
Counselling/support	10	6	1
Mental health services	6	1	2
Support for severe emotional distress	4	1	1
Drug and alcohol support – detox, rehab, counselling	5	3	1
Disability services	1	-	-
Allied health and health services	8	5	2
Practical support - meals, laundry, storage	6	3	2
Information, advice	10	9	2
Advocacy	5	4	1
Domestic violence support	1	-	-
Mediation and conflict resolution	2	1	-
Assistance with finding employment, training etc.	3	-	1
Interpreter/culturally specific support	1	1	-
Other	2	1	1

The unmet need for medium term accommodation indicates that there are insufficient beds available for the level of demand.

Further details for St Vincent de Paul THM, and Yarra Community Housing are shown below in Tables 5.2 and 5.3.

St Vincent de Paul recorded that they met the needs of nearly half those eligible people seeking crisis accommodation. While this may seem a reasonable outcome, there were likely a significant number of people contacting the agency seeking crisis accommodation who were not recorded (including many people deemed not eligible). In addition, most people were provided with hotel/motel or caravan park accommodation for up to two weeks using HEF funds. Given the quality of accommodation, and lack of support available, this is often a ‘stop-gap’ measure, with questionable long term outcomes.

Table 5.2 shows that St Vincent de Paul THM provided medium term accommodation for 6 households over the 5 weeks. Historical records suggest provision of up to 6 places per week, which would equate to 30 over the 5 week period. The low number of recorded 6 households which received accommodation is in part explained by the undercounting by St Vincent de Paul THM of people seeking assistance.

Table 5.2: Indicators of unmet need (services not provided or referrals not made), St Vincent de Paul THM (no. of households=110)

Need	Need identified	Provided	Referred	Provided or referred	Not provided or referred
Accommodation – immediate (crisis)	65	32 (48%)	12 (20%)	44 (67%)	22 (33%)
Accommodation – medium and long term	25	6 (24%)	8 (36%)	13 (52%)	12 (48%)
Assistance with rental payments	29	15 (52%)	3 (10%)	16 (55%)	13 (49%)

Note: Details about the type of accommodation provided, and the referral destination were not collected

Given that St Vincent de Paul THM is funded to provide information and referral, the level of referral is relatively low, after taking into account the accommodation provided.

Table 5.3 shows that YCH only provided accommodation for 3 households over the 5 weeks. This is somewhat less than expected. Historical records suggest provision of up to 5 places per week, which would equate to 25 over the 5 week period.

Yarra Community Housing is not funded to provide housing information or referral services, so the absence of referrals is not unexpected.

Table 5.3: Indicators of unmet need (services not provided or referrals not made), Yarra Community Housing (no. of households=87)

Need	Need identified	Provided	Referred	Provided or referred	Not provided or referred
Accommodation – immediate (crisis)	49	1	1	2	47
Accommodation – medium and long term	50	2	-	2	48
Assistance with rental payments	1	-	-	-	-

5.3 Other needs unmet

The level of unmet need can be estimated as the proportion of people seeking accommodation, who either do not receive it or are not referred.

In terms of unmet need, the needs of most concern are associated with accommodation, with 62% of people contacting agencies not having their accommodation needs met.

Other important needs which are unmet include mental health services, support for severe emotional distress, employment services and financial assistance. It should be noted that YCH, which recorded the highest number of Data Request Forms, is not accustomed to identifying such a range of support needs.

Table 5.4: Proportion of needs unmet

<i>Needs of potential client</i>	<i>Identified</i>	
	<i>% contacts</i>	<i>% whose need were unmet, either not provided or not referred</i>
Assistance with accommodation		
Accommodation – immediate (crisis)	53	62
Accommodation – medium and long term	41	75
Assistance with rental payments	15	42
Support needs		
Financial assistance	14	46
Counselling/support	10	34
Mental health services	6	60
Support for severe emotional distress	4	61
Drug and alcohol support – detox, rehab, counselling	5	36
Disability services	1	71
Allied health and health services	8	26
Practical support - meals, laundry, storage	6	41
Information, advice	10	14
Advocacy	5	14
Domestic violence support	1	33
Mediation and conflict resolution	2	43
Assistance with finding employment, training etc.	3	64
Interpreter/culturally specific support	1	50
Other	2	50

More than 50% of households were identified as having one need, most commonly recorded as some type of accommodation (Table 5.5).

Table 5.5: Number of needs identified

<i>Number of needs indicated</i>	<i>Frequency</i>	<i>Percent</i>
Nil	12	4%
1	146	51%
2	61	21%
3	23	8%
4 or more	47	16%
Total	289	100%

YCH is not expected to identify needs other than accommodation. The number of needs identified for both YCH and St Vincent de Paul THM are shown in Table 5.6. In 60% of contacts St Vincent de Paul THM identified only one need, most commonly accommodation, or assistance with rental payments.

Table 5.6: Number of needs identified – St Vincent de Paul THM and YCH

<i>Number of needs indicated</i>	<i>St Vincent de Paul THM</i>		<i>YCH</i>	
	<i>Frequency</i>	<i>Percent</i>	<i>Frequency</i>	<i>Percent</i>
Nil	9	8	3	2
1	66	60	144	80
2	19	17	29	16
3	7	6	6	3
4 or more	10	9	3	2
Total	111	100	185	100

5.4 Concluding comments

The identification of needs was done poorly by agencies completing the Survey, although this varied among agencies. The data suggests that a greater number of needs were identified by non-housing agencies. Specialist agencies, and agencies such as St Mary's House of Welcome which employs a social worker, appear to provide a more holistic/ comprehensive assessment approach.

This raises questions about the capacity of housing services to provide an adequate assessment, identify needs, and make an informed and appropriate referral.

The majority (about 70%) of people contacting agencies do so by self referral, so the level of referral recorded by participating agencies was relatively low at 25%. However, many of these referrals were from agencies outside the City of Yarra.

The level of inter agency referral within Yarra is surprisingly low and there are clearly a large number of people seeking assistance with accommodation at only one service, even though another accommodation service exists literally across the road.

6 ESTIMATING UNMET NEED FOR ACCOMMODATION

6.1 Survey findings

Chart 6.1 provides a summary of the data for accommodation, relating to the 5 week period for all participating agencies. The total number of 414 contacts represented 291 households seeking assistance. A total of 256 households sought assistance with some form of accommodation, including 158 households which required crisis accommodation. Crisis accommodation was provided to 39 households.

No crisis accommodation was provided by participating agencies to 119 households. However 40 households were referred to other agency(ies). Some of the 199 households may have found accommodation elsewhere.

Chart 6.1: Indicated unmet need for crisis accommodation in City of Yarra during the 5 week period

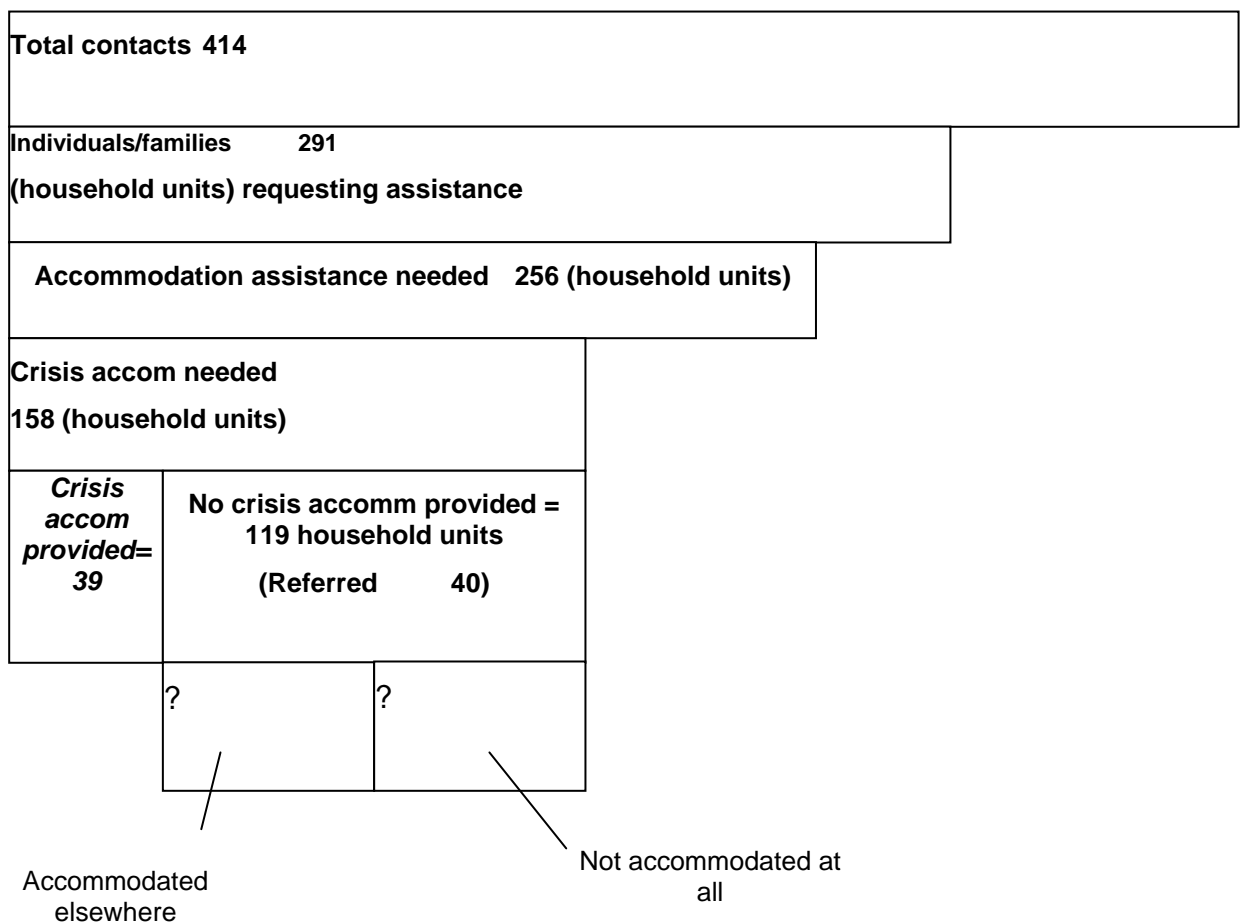


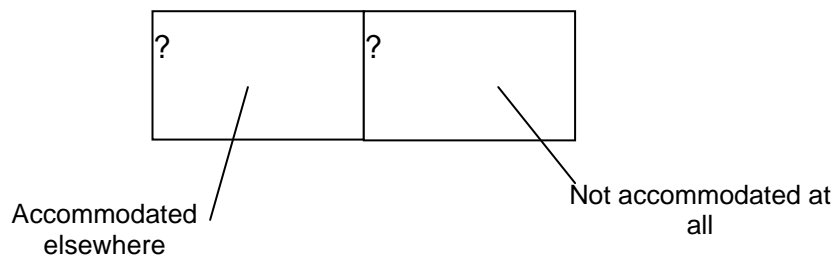
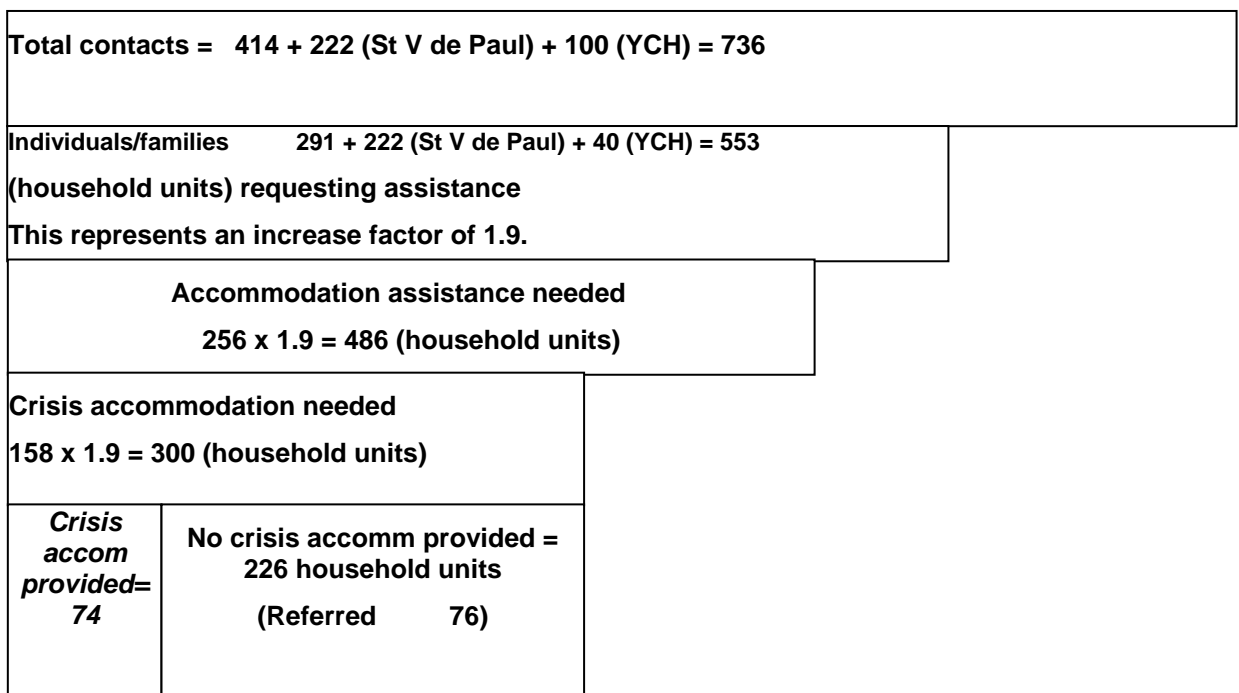
Chart 6.1 illustrates that only one quarter of households seeking crisis accommodation were provided with accommodation through the participating agencies. In addition, for some people, the provision of crisis accommodation in hotels or motels using HEF, and without support, represents a poor option.

6.2 Estimated unmet need

As indicated in Sections 3.4 and 3.5, the survey data under represents the level of demand. As indicated in Table 3.3, it is reasonable to estimate the total number of contacts by factoring up actual data collected by St Vincent de Paul by 222 contacts (and households), and by YCH by 100 contacts, representing 40 households. The total number of contacts over 5 weeks is more likely to be 736, as shown on Chart 6.2. This represents 553 households, which is 1.9 times the actual number of households (291) which contacted participating agencies during the 5 week period.

Using the same factor throughout suggests that 486 households sought some form of assistance with accommodation, including 300 households which required crisis accommodation. Similarly, this implies crisis accommodation was provided to 74 households.

Chart 6.2: Indicated unmet need for crisis accommodation in City of Yarra during the 5 week period – factored



7 SERVICE GAPS AND BARRIERS, HIDDEN HOMELESSNESS

This section presents the views of a range of agencies concerning service gaps, unmet demand, and the perceived need for increased services. Agencies were also asked to identify particular groups of people who find it difficult to access appropriate services, and their perception of hidden homelessness. Responses are summarised in tables 7.1 to 7.5.

Detailed information contained in the Tables is summarised in Section 8.

Table 7.1: Major service gaps for agency's target group

Hanover Inner North	Not enough crisis accommodation, or crisis response options. We rely on goodwill of many services some of which are unfunded (eg. Good Samaritan) Lack of support options even when we provide accommodation through HEF Very poor crisis accommodation options (cheap hotels like the New Terrace, Carlton Hotel)
Outreach Victoria	No front end crisis response. There is no single identifiable, 'front end'. Lack of crisis responses (former shopfront was over loaded with demand)
The Salvation Army Mary Anderson Lodge	Not enough housing. Lack of preventative work, eg. inadequate legal response to women. Inconsistencies with domestic violence program response, resulting in some women being excluded. Women's access to income – lack of gender specific policy.
Tranmere Street	Inadequate psychiatric services.
Connexions	For women over 25, inadequate housing and support Inadequate mental health services, especially risk management of difficult and challenging behaviours Lack of appropriate drug treatment options
St Vincent de Paul THM	Lack of crisis and transitional accommodation resulting in placing people temporarily in local hotels and boarding houses
Flat Out	Housing, with and without support
The Way	All types of housing, crisis, short, and longer term Lack of ongoing support for people with mental health problems
Home of Compassion	Lack of transitional housing No accommodation for people with drug and alcohol, or psychiatric problems who present with difficult behaviours Lack of options for men caring for children
Home of Mercy	Supported accommodation for people with psychiatric issues, people who are physically disabled, and people with substance use issues
Sisters of Charity Health Service	Lack of crisis accommodation options, limited medium term housing options, lack of case management services.
St Mary's House of Welcome	Lack of appropriate quality affordable accommodation Day services (like St Mary's) for women Outreach support to people who are marginalised Pre employment and employment services
Bethlehem	Medium and longer term supported accommodation, particularly for older women
Anglicare Counterpoint	Lack of transitional housing opportunities. Transitional places with ongoing support are rare.

Table 7.1: Major service gaps for agency’s target group (cont.)

Young Women’s Housing Shopfront	Lack of single room accommodation for young women
Coolibah	Lack of support services to assist people in finding suitable accommodation Lack of quality rooming house accommodation which provides safe, secure environment, with reasonable sized bedroom, cooking facilities, and a common lounge, etc. Lack of crisis services like the Indian Sisters – an immediate response
De Paul House	A crisis support service similar to St Kilda Crisis Services Post withdrawal support services, drug and alcohol free Sobering up shelters for intoxicated clients
Brotherhood of St Laurence	A crisis centre which can link people to a range of supports
Office of Housing	Lack of single bedroom stock of any quality
Good Shepherd	Supported accommodation for single men 25+, and couples (nobody works with single men in Yarra, they are expected to go to Ozanam, or Flagstaff). Lack of adequate response to young people in crisis Yarra (they are expected to go to MYSS)
MYSS	Lack of an adequate and visible crisis response to young people (combined with inadequate crisis contact centre in Northern region) Lack of appropriate crisis accommodation for young people
YSAS	Lack of crisis accommodation specific to Yarra, most emergency accommodation is in CBD, St Kilda or caravan parks
RDNS HPP	Insufficient outreach services to marginalised people Inadequate crisis response to people – sometimes agencies are appointment only, referrals can take 10 days which is not good in a crisis, especially for families and single women Insufficient methadone providers in the area Inadequate recreational opportunities especially for families Lack of brokerage funds Service capping and eligibility criteria block access to services
Statewide Women’s Community Housing Service	Medium to long term housing
Centrelink	Lack of coordination between organisations servicing people experiencing and at risk of homelessness
City of Yarra Aged and Disability Services Branch	Access to secure housing A sheltered gathering place for Indigenous people On going support services
The Anchorage	No safe, supportive short term accommodation (ie beds without case management)
St Vincent’s at Home	Psychiatric services, especially for people with borderline personality disorders, and dual diagnosis. Lack of allied health services – dental, dietitian, drug and alcohol, OT, physio, optometry Lack of long term case management
Tenants Union of Victoria	Accessible, affordable and alternative accommodation Lack of clarity around the role of local government
Aboriginal Housing Board	Insufficient community housing and other housing Lack of strategies for community building and development

Table 7.1: Major service gaps for agency’s target group (cont.)

Francesca Cottage	Healy	Lack of coordination between services, especially case coordination to ensure support is coordinated Crisis response out of normal hours
Kia Kaha JPET		Lack of accommodation for singles including OoH Lack of transitional housing for young people (single or shared)
Quin House		Lack of drug and alcohol supported accommodation facilities, especially abstinence services Lack of suitable public housing
Access Youth Support		Lack of accommodation for young people (lack of exit points from AYS) Lack of youth specific detox facilities
St Vincent’s Health Service	Mental	Lack of an immediate response and follow up to people who are assessed by the emergency department as having a mental health issue
Tranmere Street		Inadequate psychiatric services
Yarra Housing	Community	Inadequate rooming house accommodation and other accommodation options Lack of single accommodation
NYCH		Lack of housing, lack of support to people at risk. Lack of early intervention

Agencies were asked: “Can you estimate how many people have approached/been referred to your organisation during the course of 1 year, who you have not been able to provide an adequate response (service) to?”

Table 7.2 Proportion of people turned away by services

Hanover Inner North		We respond somehow to all <u>appropriate</u> referrals.
Outreach Victoria		We respond in some way. We adopt a ‘front burner’, ‘back burner’ approach
Mary Lodge	Anderson	20-30%
Connexions		20% receive information and referral when they require service, 30% receive partial service only
The Way		More than 50% receive no service at all
Anglicare Counterpoint		Only 20% receive the service requested, the other 80% receive information and referral only, when other services are requested.
Young Women’s Housing Shopfront		About 80% are provided with information and referral (when other services are requested)
SWCHS		Service requested is provided in 5% of cases About 80% are provided with information and referral (when other services are requested)
Access Youth Support		Only about 10% of young people requesting a service receive it
Yarra Housing	Community	Only 8% of the people seeking rooming house accommodation are provided with it.

Agencies were asked “If you had the resources and could provide services to all eligible people wanting to access your service, how much bigger would your current service”

Table 7.3: Perceived service expansion required

Mary Anderson Lodge	This is impossible to answer in isolation, so much depends on a program response
Connexions	Would like to double Outreach to 4 workers, increase TOE from 2 to 3 workers.
The Way	We need another house the same as this one (longer term for men with substance abuse issues), also need short term accommodation
St Mary's House of Welcome	50-100% bigger
Anglicare Counterpoint	Hard to say, but more refuges are required (throughout the State)
Young Women's Housing Shopfront	The service is significantly under funded and needs to be much larger. Staffing needs to increase from 1.5 EFT to 10-15 EFT
Coolibah	Additional resources are required to assist people to find accommodation, and to provide case management support
Good Shepherd	Could be 10 time bigger (for young people requiring supported accommodation)
RDNS HPP	Additional 1 or 2 staff are required to support people in crisis while waiting to gain access to required services.
SWCHS	We would probably be 3-4 times bigger than we are now, and have more options than just being a THM
The Salvation Army Anchorage	This service could double its size
NYCH	Could perhaps double in size, providing more services through assertive outreach, additional 'drop in' type health services, outreach through existing services and services similar to the Harmsworth Street project. Also increased outreach/home visiting, by referral.

Table 7.4: Particular people/ groups who consistently find it most difficult to access appropriate services

Hanover Inner North	Families, as there is no real street alternative for families.
Outreach Victoria	Indigenous people – there is shame associated with having to contact Indigenous services. People with addictions and unusual behaviours. People who can't jump through the hoops.
Mary Anderson Lodge	Koori, women with drug and alcohol issues, mental health issues. Women who do not require 'high security' but who require accommodation/ support. Large families, CALD
Connexions	People with mental illness and chaotic drug use are not responded to well. Need case workers who can develop longer term relationships
The Way	Men with problematic substance use, and alcoholism
Home of Compassion	Women with several children, women with older boys, men caring for children People with physical disabilities
Home of Mercy	People with drug and psychiatric problems Young people under 18
Sisters of Charity Health Service	People with drug and alcohol issues, homeless older adult men, homeless teenagers and young adults, people with significant mental health problems, people from non English speaking backgrounds
St Mary's House of Welcome	Women experiencing homelessness
Bethlehem	Older women experiencing psychiatric and alcohol related disorders, including ABI
Anglicare Counterpoint	Young women at the upper end of the age range (25) find it difficult to find long term accommodation
Young Women's Housing Shopfront	Women with problematic substance use, women exiting prison, Koori women
Coolibah	People with mental illness. These people find it difficult to adhere to rules, and attending services at specific times to see if there is any accommodation available. They may be suspicious of accepting assistance, and some are undoubtedly taken advantage of.
De Paul House	People who are transient, while known to an agency cannot be contacted
RDNS HPP	Families, women and men with drug and alcohol issues
SWCHS	Koori women, women with psychiatric disability, older women without children (ie 50+).
Centrelink	People with psychiatric problems, drug and alcohol issues, and long term homeless may find it more difficult to access services (and proof of identity in the case of Centrelink)
The Salvation Army Anchorage	People in rooming houses and high rise public housing are often at risk, but have no supports. Elderly single males and the working poor at the most at risk
Access Youth Support	Young women with children
Aid Housing Action Group	People with mental health issues, intellectual disabilities, Aboriginal and Torres Strait Islander people
Yarra Community Housing	Younger people (especially men aged 18-25)
NYCH	Young homeless people. Kooris. People from culturally and linguistically diverse backgrounds including Vietnamese

Table 7.5: Perceptions of ‘hidden homelessness’

Hanover Inner North	There is a lot of doubling up. There are many people who ‘overstay their welcome’ in OoH. There are a number of low cost hotels, where people are shuffling through without support.
Outreach Victoria	There are lot of people in high rise estates who are doubling up, couch surfing.
Mary Anderson Lodge	Hidden homelessness includes people ‘doubling up’, and people who are inadequately housed. There is a lot of hidden homelessness. People living in sub standard accommodation, remaining where they are because of lack of options.
Tranmere Street	Hidden homelessness includes people ‘doubling up’, and people who are inadequately housed. I believe it is a large number
Flat Out	High levels. We see many people in need of support
The Way	We are aware of several men and women who require long term supported accommodation, who are forced to sleep out, and couch surf.
Home of Compassion	Agencies find it difficult to take in refugee women who have no permanent visa, no benefits and no permission to work. They have long term needs, no means of helping themselves, limited language and resources.
Home of Mercy	People who are mentally ill are the ‘new poor’, and we may not take them in if we believe they will be too disruptive or dangerous. The CAT team is less than helpful, and there are simply not enough beds in psych units. They are expected to cope and take their medication, and when they don’t they end up in emergency departments or at our door. The resources are simply not available.
Sisters of Charity Health Service	The aged who are isolated, marginalised and lack supports Women who are isolated and lack supports
Bethlehem	Many women are doubling up. There are many women living in rooming houses which are inadequate, and they have no support.
Anglicare Counterpoint	Post refuge there simply isn’t enough ongoing support to enable young people to sustain their accommodation and address their complex needs.
Young Women’s Housing Shopfront	There are many women who contact us who sleep in their cars, in parks, squats, or doubling up. Many can’t be reached by phone and have no fixed address. Many young women feel unsafe in backpackers, boarding houses and crisis accommodation. They may be reluctant to go to services which they perceive to be male dominated
Coolibah	Many people in public housing, or in private rental are at risk. People double up in public housing, but both have been evicted when discovered. Some women are forced to stay in relationships with men, for fear of becoming homeless.
RDNS HPP	There are many people who do not engage with outreach services, and a proportion who are not aware of services which are available.
SWCHS	Not sure, but sense is that it is high.
The Salvation Army Anchorage	This would be high, especially for those people without support
Tranmere Street	We believe there is a large number of hidden homeless
Aids Housing Action Group	There are many people at risk where it is difficult to establish rapport and an ongoing useful relationship with an agency

Table 7.6: Other Comments

Hanover Inner North	Providing HEF into cheap hotels for many people is not achieving anything, and should be seen as unmet demand. Cheap hotels have become de facto crisis accommodation providers, without standards or policing. There needs to be more constructive thought given to the amount of HEF spent on cheap hotels.
Bethlehem	There has been an emphasis on transitional housing, but there has been insufficient attention given to longer term housing, especially for women
Home of Compassion	We are increasingly getting calls from young women in later stages of pregnancy. If they have other children they can no longer go to caravan parks or hotels and their situation is desperate. We are limited in our capacity to assist, especially when most of our bedrooms are upstairs. For these women to access housing is an impossible dream. Many women move from here to unsatisfactory temporary arrangements, because they cannot obtain suitable transitional housing.

8 SUMMARY FINDINGS

Level of demand

There are 15 – 20 households each day (mainly single people), contacting participating agencies in the City of Yarra, with the majority seeking assistance with accommodation. After taking into account known under counting the number of households seeking assistance is probably 30 – 40. Even this may be a conservative estimate.

Similarly, over the 5 week period, there were 291 separate households recorded as seeking assistance with accommodation. Adjusting for under counting suggests that the number of households was closer to 550.

It is important to recognise that the data only shows the expressed demand. There are likely many people who are homeless living in the City of Yarra who did not contact any services (or were not identified as 'homeless') during the 5 week period. This would include a number of people staying with friends (doubling up, or couch surfing), who may only contact services if they are evicted and have no alternative accommodation. For some people 'doubling up' in public housing or private rental accommodation may not wish to disclose their circumstances.

Unmet demand for crisis accommodation

Access to appropriate crisis accommodation in the City of Yarra is a significant service gap. Survey data indicates that 25% of households seeking crisis accommodation are provided with crisis accommodation (Chart 6.1). Much of this accommodation is provided using HEF, and is considered substandard and often inappropriate. To some extent Yarra Community Housing has provided another crisis accommodation option with a number of people staying less than 3 months.²⁰

Medium and long term accommodation

There is unmet demand for medium and long term accommodation (Tables 5.2 to 5.4). The demand for medium term accommodation, partly derives from inner city crisis accommodation services looking to the City of Yarra to provide exit options in the rooming houses and other forms of accommodation (particularly for single adults).

Movement into City of Yarra

People experiencing and at risk of homelessness gravitate to the City of Yarra from the northern corridor (extending to Broadmeadows), to access a range of services in close proximity. While approximately 50% of contacts were from the City of Yarra, there were significant numbers from the CBD (including people who had been in crisis accommodation and on the streets), and from the Preston corridor (including people who had been staying with friends and relatives, and living in rooming houses).

²⁰ Yarra Community Housing Annual Report indicates that in 1999-2000, 35% of tenancies were less than 3 months, and in 2000-2001, 20% of tenancies were less than 3 months.

Reasons for assistance

25% of people had been evicted, or faced eviction, and the majority of these people spent the previous night in private rental or rooming house accommodation. 28% of people sought assistance because they had no money, and many spent the previous night on the streets (or in a squat), in rooming house accommodation or with friends. Most of those people who indicated they were long term homeless (one third of all contacts), spent the previous night on the streets (or in a squat), in a rooming house, or with friends.

Role of Yarra Community Housing

Theoretically, Yarra Community Housing is a provider of long term community housing. However it provides an important de facto crisis and medium term accommodation response, but with no capacity to provide assistance and support (Table 5.3).

Limited identification of needs other than housing

Survey data suggests that there is a focus on housing needs, rather than other needs. This is in part a reflection of THM practice, as well as the primary focus of YCH (Table 5.1). Associated with this there appears to be a lack of an adequate assessment, and a broader identification of needs (Table 5.5).

Limited referral among homelessness agencies

Based on survey data, the homelessness service system in the City of Yarra is uncoordinated, and there appears to be very little cross referral taking place (Table 4.15). This results in a diminished quality of response to people in crisis, and reduced access to services for people experiencing homelessness.

Referral and advocacy responses for people for whom no accommodation is available are limited. If a person cannot access a bed, they frequently receive no other tangible assistance (Table 5.2). However, lack of referrals may be as much about lack of options, as it is about poor referral practice.

Profile of demand

The profile of people contacting agencies is not dissimilar to that experienced by crisis accommodation services within inner Melbourne (a higher proportion of men, and a higher proportion of people literally homeless represented). Proximity of City of Yarra to the inner city and the major crisis accommodation services may be an influencing factor. However, the survey was limited in its representation of demand by young people and women escaping domestic violence. In addition, survey data produced by YCH (73% of YCH tenancies are males, and only 7% of tenants are under 25) tended to bias data.

Other observations

Data collection among agencies

Based on the survey data collection, and requests for additional (secondary) data, it is evident that data collection is extremely poor among homelessness agencies generally, limiting their capacity to make informed planning decisions, and provide an improved response. Agencies use different

systems for data collection limiting their capacity to participate in multi-agency research.

Agency differences

There are a number of 'differences' between agencies in the City of Yarra, in terms of culture and practices, which tends to inhibit collaboration, even though there may be considerable overlap in clients/ shared client groups. This was evident in operationalising the survey. This appears to be exacerbated by the number of specialist and Statewide services in the City of Yarra.

Closure of private rooming houses

A significant number of people are at risk of homelessness in the City of Yarra, many of whom are living in public housing, in private rental or in rooming houses. The closure of private rooming houses without planned alternative accommodation was starting to occur at the time of the Survey, and may have contributed to the number of people seeking alternative rooming house accommodation.

9 OPTIONS FOR CONSIDERATION

Although the research has a number of limitations and assumptions, and survey results require qualification, the research provides a basis on which to identify areas for enhancement and develop policy directions and responses.

The following options are worthy of consideration, and further examination.

1. Development of a clear streamlined and coordinated response to people in crisis. Options include establishment of additional crisis supported accommodation; a coordinated system of assessment and referral; improved use of HEF
2. Capacity to provide enhanced (holistic) assessment and referral, including initial housing and risk assessment for people in crisis, with subsequent comprehensive and on-going assessment capacity to address other support needs
3. Improved access and responses, for example through a centralised crisis contact point, including capacity to provide assessment and referral, as well as a crisis response (similar to St Kilda Crisis Services), with strong links to housing providers
4. Mobile assessment and referral services (assertive outreach), to ensure people have access to services
5. Enhanced early intervention and outreach response to people at risk of homelessness
6. Clear protocols with crisis accommodation agencies in the inner city (ie Flagstaff, Ozanam, St Kilda Crisis Services and Hanover) as well as those in metropolitan areas
7. Housing Information and Referral response attached to Yarra Community Housing
8. Development of a common assessment approach between Yarra agencies
9. Development of an on going data collection system to monitor unmet demand. This should include THM and SAAP crisis accommodation data
10. Review of the THM role in relation to crisis accommodation assistance and the development of protocols with relevant providers.
11. Clarification and consideration of the THM HIR role and SAAP assessment and referral role in relation to service system design; resourcing implications and model development.
12. Allocation of additional THM properties for crisis accommodation, with SAAP services providing support
13. System wide commitment to increase exit options (essentially a housing responsibility)

Section D

Assessment and Referral

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1 INTRODUCTION

1.1 Background

The City of Yarra Homelessness Services Study involves a review of the assessment and referral systems for people experiencing and at risk of homelessness, and the development of ideas and options for an improved system.

To facilitate discussion and exchange of ideas, a Discussion Paper was prepared and distributed to all agencies in the City of Yarra providing services specifically to people experiencing and at risk of homelessness. The Paper was developed following discussions with selected agencies in the City of Yarra.

In addition, the plans of the recently funded THM (Argyle Street), the DHS assessment and referral frameworks for homelessness services,²¹ directions outlined in the Victorian Homelessness Strategy, and other relevant initiatives such as the Primary Care Partnerships initiative have been taken into consideration.

There is considerable support within the community sector and government to develop an approach to assessment and referral for people experiencing and at risk of homelessness which will improve access by clients to required services.

The key question addressed by this report is:

How might the assessment and referral systems for people experiencing and at risk of homelessness in the City of Yarra be improved?

1.2 Definitions of homelessness

For the purposes of this report people are considered 'homeless' if they:²²

- Have inadequate access to safe and secure housing
- Are marginalised and socially isolated due to inadequate personal amenities and inadequate economic and social support that a home normally affords
- Are living in situations which are likely to damage their health or threaten their safety.

It could be argued that vast numbers of people in the City of Yarra fall within this definition. For the purposes of this study, and the required attention to the entry, or 'front doors' to the service system, we narrow the focus somewhat.

²¹ Statewide project funded by DHS, and undertaken by Thomson Goodall Associates January to December 2001. The project report outlines principles and frameworks which can be adapted to local, sub-regional and regional circumstances.

²² Based on the definition of homelessness contained in the Supported Accommodation Assistance Program (SAAP) Act.

One useful way of differentiating types of homelessness is in terms of **types of accommodation** and the transient behaviour of people experiencing homelessness. Chamberlain describes primary, secondary and tertiary homelessness.

Primary Homelessness

This includes people without conventional accommodation, such as people living on the streets, sleeping in parks, squatting in derelict buildings, using cars or railway carriages for temporary shelter, or living in improvised dwellings.

Secondary Homelessness

Secondary homelessness includes people without a home who live in various forms of temporary accommodation, moving frequently from one place to another (sometimes called 'couch surfing'). This includes:

- People staying with friends and family usually rent free ('doubling up') in public housing, private rental and other forms of accommodation
- People using various types of emergency accommodation (such as hostels, night shelters and refuges);
- People using boarding houses, backpackers, and hotels on an occasional or intermittent basis.

Tertiary Homelessness

Tertiary homelessness includes people who live in sub-standard accommodation on a medium to long-term basis. This accommodation may be a single room without separate bedroom and living room; no separate kitchen and bathroom facilities; the accommodation is not self-contained; and there is no security of tenure provided by a lease.

People at risk of homelessness

In addition to these three groups, there are people who are at risk due to their housing and other circumstances. These include:

- people living in sub standard accommodation who are marginalised due to health, mental health, substance abuse, disability and other issues
- people living in poor quality accommodation (any tenure) which is affecting their health and safety
- people living with relatives and carers, who are experiencing marginalisation and/or abuse
- people who are at risk of losing their accommodation due to eviction resulting from failure to pay rent, closure of the accommodation, or other reasons.

The factors which can lead to homelessness change over time. Many people at risk are able to live independently for much of the time. However from time to time something will precipitate a crisis which places a person or household at risk of homelessness (eg. ill health, family violence, unemployment).

An assessment and referral system needs to be capable of responding to people in each of the above four groups in an effective and timely way. To do this requires the involvement of many agencies including those which provide assistance with housing, health, family support, emergency relief, drug and alcohol support, disability, aged care, mental health, and a range of other needs.

In addition to improved assessment and referral systems for people who are homeless, the Victorian Homelessness Strategy recognises the need to prevent homelessness in the first instance. Effective assessment and referral systems also need to work effectively with people at risk of homelessness.

This is a particular need and priority within the City of Yarra. There are tenancies at risk in public and private rental accommodation, and people living in private rooming houses. In addition there are reportedly significant numbers of people 'doubling up' and 'couch surfing'.

2 ACCESS, ASSESSMENT AND REFERRAL – PRINCIPLES AND GOOD PRACTICE

2.1 Introduction

It is important for services in City of Yarra to agree on principles underpinning assessment and referral, and to define good practice. The following section is based on work undertaken by Thomson Goodall Associates for the Victorian Homelessness Strategy, as well as other source material.

Assessment and referral in homelessness services is a culturally appropriate, client-centred and empowering process whereby a flexible, timely and well-resourced approach is taken which responds to the needs of each individual and family in a holistic manner. The process enables people to tell their story, be heard and have access to information and resources so that their immediate urgent needs are addressed, and so that they can consider options and make choices.

Before an assessment can occur, a person/family needs to connect with relevant services, and engage with those services. For many people experiencing and at risk of homelessness, gaining access to required services is not straightforward. The service system appears complex, confusing and may not respond constructively. The responsiveness of agencies, and facilitating access to required services through identification, engagement, assessment and referral, are key considerations in this study.

General Principles

The following principles should apply to all homelessness services:

- Services operate within a common agreed understanding of homelessness
- Services work to agreed principles of assessment and referral
- Services work within a consistent approach to assessment and referral, based on the development of common tools
- Services participate in the design and implementation of improved access, assessment and referral arrangements
- Services work collaboratively with each other, and within broader networks of agencies
- Services comply with Homelessness Service Standards, and a Quality Improvement Framework
- Services provide organisational environments which support good practice in assessment and referral

2.2 Access and responsiveness

Definition

'Access' describes a process where a person/ family experiencing and at risk of homelessness have contact, with a relevant service provider. The contact may be initiated by the person/ family or by the service provider.

There are often barriers to access which need to be addressed. People who are experiencing and at risk of homelessness tend to live outside the conventional systems of care, and have difficulty in accessing services. Their needs may be met in a partial or fragmented way. Prior experiences and the complexity of the service system may inhibit constructive contact and engagement with required services. People may have physical contact with a service, but not engage (or be engaged) in a way that allows for meaningful access.

Principles

1 Specific access arrangements are necessary for homeless people and those at risk of homelessness

This includes consideration of physical access, responsiveness of agencies, hours of operating, timeliness of response, type of service operations (drop-in, telephone access, other) and cultural accessibility.

2 A constructive, tailored response is provided to all people at initial contact

Each service first approached by (or approaching) a person/family, accepts responsibility to negotiate a tangible outcome for that client. This may mean referral to an enhanced 'front door' service.

3 Assertive outreach is required to assist people at risk of homelessness

For people at risk, outreach and assertive outreach are often required in order to make contact and facilitate engagement.

4 A response is provided to any presenting person/family, regardless of their 'region of origin'

Requests for assistance made by phone should be referred to the region of origin if the client or family identify or have a connection with a particular region; otherwise a response is provided by the agency first approached. The same applies for people contacting agencies in person.

5 Access is appropriate to the needs and circumstances of the person/family

Particular groups of people experiencing homelessness (eg. women escaping domestic violence, young people, older people, Indigenous people, other) may wish to access agencies specifically tailored/ designed appropriate to their needs.

6 Access is supported by service promotion and relevant service information

Comprehensive information about relevant services and options in the community is made available and accessible to clients and other services.

2.3 Assessment

Definition

Assessment is a process where a worker, in conjunction with a person/family seeking assistance, identifies the person/family's needs (in the short and long term). Assessment practices vary and may be relatively informal, or may involve more structured processes guided by comprehensive checklists or assessment tools.

An assessment can take different forms, and cover different issues, depending on the purpose of the assessment.

An initial assessment focuses on the immediate situation, and on gathering sufficient information to make a decision in order to meet immediate needs (safety, shelter, health and well being). Information is sought concerning the client's circumstances, needs and options, which is sufficient to determine the next steps. This usually involves assessing the person/ family's eligibility to receive particular services in response to those needs.

The key outcome of an initial assessment is an agreed identification of a clients most urgent needs and sufficient understanding of a clients needs and circumstances to inform an initial plan, or the immediate steps which need to be taken.

Subsequent assessments may be undertaken when services are able to offer more than a short-term response, and address a broader range of issues, generally circumscribed by the service scope of the assessing agency. As agencies provide services to a person/family over time, additional needs and issues may be identified (ie assessed). These assessments enhance the agency's response to the person both in terms of the services provided by the agency in providing services, and the referrals which are made.

The key outcome of a more comprehensive assessment is an understanding of the major factors or circumstances affecting a person/family's ability to achieve or regain independence, and sufficient understanding to assist a client to develop a longer term plan.

Some assessments are more holistic in nature, and cover a range of issues beyond the scope of a single agency.

Principles

1 All people are given the opportunity to actively participate in an initial assessment process to ascertain their immediate needs

Assessments are conducted to respond to urgent needs and match people with the most appropriate housing and support options, or provide referral to other services for assistance. The needs of children are included in the assessment. It is often not appropriate to conduct a comprehensive assessment at the initial contact.

2 Initial assessments within and between agencies are compatible (based on a common approach)

The initial assessment is based on a common approach, and information required to meet urgent needs and/or refer a person to the most appropriate service. Duplicate assessments are avoided at point of entry and re-entry to the service system. THM and SAAP agencies require different information to provide an ongoing service response, but there are aspects of an initial assessment that are common to both programs.

3 Client privacy and confidentiality are respected

All practices comply with Privacy Principles. The purpose of collecting specific information is made clear to clients. The benefits of providing consent to share information are communicated to clients. This information is provided verbally and in writing, and in clear language.

4 Initial assessment is related to need and is non-intrusive

Initial assessment covers sufficient issues to enable an effective immediate response proportional to the identified needs. The initial assessment is not limited by service eligibility criteria or constrained by the capacity of the agency. The initial assessment should be conducted in a way which is sensitive to prior negative experiences which the person may have had. In crisis situations, agencies may focus more on providing an immediate response, with limited initial assessment.

5 Opportunities are provided for clients to participate in on going assessment processes

Clients are provided with opportunities to discuss their needs at a mutually convenient time and place. Ongoing assessment informs case planning, direct service provision, referral and coordination, monitoring and review. Assessment information may be gathered from other agencies to assist in identifying needs, as appropriate, with client consent.

2.4 Referral

Definition

Referral follows assessment, and is a process where a worker within one agency identifies another (external) agency ²³ which can assist the person/family, and makes arrangements for the person/family to contact the agency.

A referral is made where the assessing agency is unable to meet all the person/ family's identified needs, either because it lacks the capacity to do so, or the person/ family's characteristics fall outside the service's eligibility criteria.

Principles

1 Agencies maintain up to date knowledge and understanding of external agencies to which clients may be referred

Agencies maintain resource documents, participate in networks

2 All homelessness services negotiate and work to referral protocols

Interagency relationships between homelessness and other services, are developed and maintained through protocols and agreements. All homelessness services have protocols with identified 'front door' services. This includes scope to provide feedback on the progress and outcome of referrals, with client consent.

3 Referral is assertive and proactive

Agency workers demonstrate commitment and make every effort to refer to essential external agencies. Referral activities are not limited by assumptions about the inability of external agencies to provide services. Where appropriate (eg within SAAP funded services), workers advocate on behalf of clients to gain access to services.

4 Referrals are confirmed, and are not 'blind' or 'open ended'

Referring agencies contact 'receiving' agencies to ensure that the client can gain access. A referral is made only where the 'receiving' agency has indicated it has the capacity to (potentially) accept the referred client. Providing clients with lists of phone numbers in place of assistance, is not a referral. Where necessary a client is supported to access external agencies.

Agencies receiving referrals retain the right to assess client's needs, and match these with service capacity and other factors.

5 Clients are provided with open, accurate, detailed referral information

Agency workers telephone external agencies with the client present. Agency workers present a realist picture of Information about external

²³

This may also relate to internal agency referrals, from one program area to another.

agencies relevant to client's needs is provided in a timely manner and in an appropriate format. This requires information in community languages and may require the use of an interpreter service.

6 Information shared between agencies (with client consent) is collected and transferred in a compatible, agreed format

All information transfer and storage is conducted in accordance with the privacy principles. Client consent is required. Information retained for data collection purposes is non identifying.

7 Referral practices are subject to review

Agencies which commonly cross-refer establish processes to review referral practices, including meeting regularly to discuss policies, practices and issues/ cases; review and development of protocols; other.

3 SERVICE SYSTEM CHARACTERISTICS

3.1 Introduction

The DHS Statewide Assessment and Referral framework proposes a service system for people experiencing and at risk of homelessness which includes:

- an identified geographic area in which core homelessness services exist
- a designated 'front door' service or services which provide enhanced access and assessment, and timely meaningful assistance in collaboration with other providers
- other THM, SAAP and core homelessness services with the capacity to conduct initial assessments and either assist, or liaise with the 'front door' service for a comprehensive initial assessment and development of assistance package, without people being 'cycled' through a number of services.

It is important to emphasise that all homelessness (and other) services retain a capacity for direct access by clients, offering initial assessment, intake, etc. as appropriate. The designation of the better resourced, high profile 'front doors' is intended to clarify and consolidate the service system to achieve improved access and more timely, comprehensive responses for clients at first point of contact.

3.2 Entry points

3.2.1 Front door entry points

Key entry points may be termed 'front door'. Front doors are designed to benefit people experiencing homelessness by being visible and appropriate to the widest range of needs of people experiencing homelessness. (Access Principle 1).

Front doors undertake key access, assessment and referral roles on behalf of the broader service system. Such models are appropriate where the service system is complex, available service options are difficult to identify, and there are different services appropriate to different clients. Clients require assistance to quickly locate and access *the most appropriate service* for their particular circumstances, not just 'any' homelessness service.

Possible key features of a 'front door' are summarised below.

Visible presence

Front door entry points are close to public transport, on a main street, and may be a 'shop front'.

Crisis response

A crisis response is available at extended hours (eg. 10 am to mid night, 7 days per week). No appointments (but some waiting). A reception area which is welcoming and convenient. 24 hours crisis telephone response.

Crisis support and crisis intervention, plus practical support using flexible funds and vouchers – for accommodation, travel, material aid, pharmaceuticals, etc.

Drop-in/walk-in arrangements

Capacity for clients to seek assistance without a prior appointment. This may involve a rotating duty roster, so that this role is shared between workers or it could be the role of a designated worker.

Entry/ screening

No eligibility criteria. Front door services respond to people regardless of the 'origin' or location, but recognise that it may be more appropriate for people to receive services in a location in which familiar supports are available. (Access Principle 4).

Assessment

Assessments are client driven, and not limited. Assessment involves active listening as a person tells their story, rather than completing a check list of questions, or limiting discussion to specific areas. Assessment establishes a relationship between the agency and the client. Workers are alert to risk factors, and will undertake a risk assessment where indicated. Initial assessment, as well as on going assessments are provided where a person/family has ongoing contact.

Referral

Referral activities are a key feature of a crisis service. Referral often involves telephoning external services, with the client present. Referral is not limited by assumptions about the inability of agencies to provide support.

Information

A major function of 'front door' services is to provide a wide range of accessible information about available services. This includes printed material, as well as information provided by workers.

Related internal programs/ services

Programs internal to an agency's 'suite' of services might include crisis accommodation, transitional accommodation, domestic violence outreach, family outreach, material aid, other.

Sessional support

A range of sessional supports might be available, for example, RDNS HPP, medical, Centrelink community support, legal services, maternal and child health, other.

Co-location

The 'front door' might be (permanently) co-located with other relevant services (see Section 3.3.1, below).

Linkages

Strong linkages with other agencies at a practical level to provide clients with access to the full range of available service options. Linkages are supported by protocols and other arrangements.

3.2.2 Other entry points

A single front door will not be appropriate for all groups of homeless people. Separate 'front doors' may be required for women escaping domestic violence, young people, Indigenous people, and others. Similarly people who are isolated and who do not self-refer may require a 'front door' provided by assertive outreach. (Access Principle 5). Thus within an area such as Yarra, there may be several 'front doors'.

It needs to be recognised that not all people experiencing or at risk of homelessness will contact a 'front door' service. For many people their first point of contact will be with other homelessness agencies or other generalist or specialist services.

These services may not provide all required services, and are unlikely to be capable of meeting all the needs of homeless people. Thus the broader 'system' needs to incorporate an assessment and referral function for people experiencing and at risk of homelessness, in order to ensure a constructive and tailored referral is provided. (Access Principle 2).

In addition, many people at risk of homelessness may not contact homelessness services. In this case assertive outreach may be required in order for people to access required services. (Access Principle 3). For many people at risk of homelessness living in public housing, rooming houses and other accommodation in Yarra, outreach services represent a significant 'front door' to the service system.

3.3 Service system structures

A range of service system structures may facilitate enhanced access, assessment and referral.

3.3.1 Co-location

Two or more services share a common location, while being managed by separate auspices. Benefits include:

- Raises the profile of the homelessness services, and provides a more visible entry point.
- Reduces the need for clients to travel between different services when responses are required from more than one service.
- Referrals are based on a clear understanding of what each service can provide.
- Potential to use a common reception position to manage appointments.
- Co-located agencies may operate on a full-time, part-time or sessional basis. 'Co-location can include 'outposting' workers

3.3.2 Common auspice

Two or more services are managed by a common auspice. Benefits include:

- Raises the profile of the homelessness services, and provides a more visible entry point.
- Services are based on a common philosophy and understanding.
- There is a clear understanding of the roles and responsibilities of co-auspiced services.

- Referrals informed by an accurate understanding of what other service/s can provide.

3.3.3 Collaboration and networking

Effective collaboration and networking facilitate:

- agreement on principles and practices, avoiding potential for fragmented and confusing responses.
- peer review of access, assessment and referral processes
- joint training and development initiatives
- exchange of information about service roles and responsibilities

3.4 Service system processes

Enhancements can be achieved through clear, streamlined service system processes.

3.4.1 Common tools

A common assessment approach is particularly useful as an initial assessment. In some instances (eg where the client or family clearly does not fit an agency's eligibility criteria, or the agency has no capacity to work with new clients), the agency refers the client or family to a 'front door' service. Initial assessment information is transferred to the 'front door' service (with client consent) to avoid the client having to repeat the same issues.

'Front door' services may provide enhanced assessment, exploring housing and support needs in greater detail, to enable appropriate crisis responses, referral and placement.

3.4.2 Protocols

Protocols establish service linkages at a practical level, and can include:

- agreed processes for referral
- clarification of responsibility for particular clients
- shared case planning and co-ordination
- agreements about how referral information will be transferred and stored
- commitments to provide feedback to referring agencies about the outcome of referrals

3.4.3 Shared use of flexible funds and HEF

The usefulness of HEF is limited (in terms of client outcomes) where it is not linked to ongoing support. The quality of purchased accommodation is often poor, and the scope to purchase accommodation is decreasing, as inner-city options are converted to 'apartment' style private accommodation. A collaborative approach to allocating HEF funds to clients at their first point of contact overrides the need for clients to attend two agencies to obtain HEF, and can link clients requiring HEF more effectively with ongoing SAAP support.

3.4.4 Service system knowledge

Each agency requires a clear and comprehensive understanding of what other agencies can provide, their eligibility criteria, assessment processes, and ways of referring.

4 ASSESSMENT AND REFERRAL IN THE CITY OF YARRA

4.1 Introduction

In this section we review access to the service system, and assessment and referral practices in the City of Yarra. This has been developed from the mapping information, the unmet needs study (Stage 1), specific information provided by agencies through a consultative process, and reference to the report of *Assessment and Referral in the Homelessness Services System in the Northern Metropolitan Region*.²⁴

The 'core' assessment and referral system for people experiencing and at risk of homelessness in the City of Yarra includes THMs, SAAP funded and other services which specifically focus on homelessness. In addition to these 'core' homelessness services, a wide range of health and other services are used by people experiencing and at risk of homelessness. These services can also provide a vital role in linking people to appropriate homelessness and other services as appropriate.

Diversity within the homelessness sector includes diversity in approaches to access, assessment and referral. Often the service scope, service capacity and eligibility criteria determine outcomes for clients rather than client need. The nature of assessment may depend on accommodation vacancies, and referral may be limited to a small number of well-known local service options, and involve another assessment. To a person/family in crisis there appears to be a confusing and complex range of uncoordinated service options. For many clients, successfully navigating their way through the homelessness system may be largely a matter of luck.

One of the most important issues for City of Yarra is the lack of a crisis response to people experiencing and at risk of homelessness. The majority of resources are directed to supporting people in transitional accommodation. As a result, the response to people in crisis by homelessness services is often extremely limited.

Recent changes flagged by Yarra Community Housing may also reduce the de facto crisis accommodation available in the City of Yarra.

4.2 Core homelessness services

Core homelessness services in Yarra include one Transitional Housing Manager, and numerous homelessness agencies (both SAAP funded and non SAAP funded). The majority of funded services provide transitional support. Some of the unfunded services provide crisis accommodation with limited support.

Until July 2002 St Vincent de Paul THM was the principal Yarra THM provider. Following an open tender process, DHS is now funding Argyle Street Housing Service to operate the THM in the City of Yarra. The other THM was the Statewide Women's Housing Service (SWHS) which has relocated to the

²⁴

Stevens, K. (2001) 'Assessment and Referral in the Homelessness Services System in the Northern Metropolitan Region', Discussion Draft, April 2001.

Western Metropolitan Region. SWHS takes referrals from domestic violence and women's services throughout Victoria, and also has properties throughout Victoria.

Argyle Street Housing Services is operating with 90 THM properties in Yarra. SAAP, as well as other specialist services have nomination rights to many of these properties. Further information about the proposed operation of ASHS is contained in Section 5.3 of this Paper.

4.3 Accessing homelessness services in Yarra

People in crisis and experiencing homelessness find it difficult to identify appropriate services, understand eligibility criteria and generally navigate their way around the service system.

It is particularly important that they can easily identify and access required services, or that services can identify people at risk who may not be able to negotiate the service system on their own. Assessment and referral needs to include assertive outreach, and a capacity in relevant generalist and specialist services to identify and refer people experiencing and at risk of homelessness. Ideally people should be able to enter the system at many points.

Services operate differently in terms of hours of opening, staffing, models, eligibility criteria, types of assessment, and services offered. While informal arrangements for coordinated assessment and referral exist in some instances, these are by no means comprehensive or adequate.

Feedback suggests that for the past 3 years there has not been an effective 'front door' in Yarra for homeless people seeking accommodation and support. Clear and visible entry points ('front doors') to the homelessness service system are needed, which can provide required specialist housing and support services.

Various ways of accessing the service system are discussed below.

Access through Transitional Housing Managers

Transitional Housing Managers represent a significant potential entry point for people experiencing homelessness, and from the point of view of consumers, St Vincent de Paul THM provided one clear entry point. However this was reportedly difficult to access as it only dealt with people from within Yarra, and operated largely on an appointment based system from 9 am to 5 pm most weekdays. It did not operate a shopfront type service.

In addition, similar to other THMs, assessments generally focused on housing issues, and in the absence of vacancies, people/families were provided with crisis accommodation in local hotels, motels and caravan parks using HEF.

A number of services in specific sectors consider that a generic THM lacks the capacity and understanding to provide an adequate service specifically to women, young people, and Indigenous people. Women escaping violence, or young people escaping abusive and traumatic family circumstances, require workers with specialist knowledge and skills, which may not be available within the THM.

Access through outreach services

Outreach Victoria, RDNS HPP and North Yarra Community Health provide significant entry points on an outreach basis to people at risk of homelessness. This is an important role given the relatively high proportion of people living in public housing, rooming houses, and in private rental. There is no funded Community Connections Program in the City of Yarra.

Historically, in the absence of a shopfront response by St Vincent de Paul THM, Outreach Victoria became overwhelmed by homeless people with relatively low needs seeking assistance.

Outreach Victoria Support Service targets people who cannot gain access to services elsewhere and a responsive shopfront was a key contact resource. As the demand became unmanageable (10 - 15 casual clients per day), and recognising the need to focus on its core client group, the shopfront eventually closed.

The current Yarra Homelessness Services Study arose, in part from the closure of the Outreach Support Service shopfront, and the involvement of key agencies who were involved in discussions prior to the closure. The shopfront demonstrated the need for an accessible, responsive point of contact (or 'front door') in Yarra.

Access through services for young people

There is no clear 'front door' or referral pathway for younger people. Young people contacting SAAP services in Yarra are often referred to MYSS, especially if there are no vacancies in the City of Yarra. Historically young people were generally not referred to St Vincent De Paul THM, but rather to MYSS, which is clearly an entry point in the CBD. St Vincent de Paul THM reportedly also referred young people to MYSS.

In the absence of appropriate accommodation options, young people are provided with short term accommodation in motels, backpackers and caravan parks using HEF. The inadequacy of this accommodation and the inability of THMs and SAAP youth services to provide assistance, prompt young people to seek alternative accommodation, for example, with friends, or squatting.

Some older young men (ie aged 20-25) are excluded from refuges, and are forced to seek accommodation in crisis accommodation services such as Flagstaff and Ozanam, potentially exposing them to violence, and substance abuse.

While MYSS is a recognised entry point for young people, feedback from the sector suggests that MYSS is somewhat limited in what it can provide. Many young people in crisis in Yarra reportedly do not want to go to the CBD, but would rather stay in their own community. MYSS case work is reportedly limited and assessment mainly focuses on housing. MYSS cannot be expected to provide referrals across all of metropolitan Melbourne, beyond the youth refuge and accommodation network with which it is familiar. Whereas local youth services are more familiar with a range of support services for young people.

Access through services for women

Most women's refuges receive referrals exclusively through the Women's Domestic Violence Crisis Service (WDVCS), although this is changing. The exceptions are Mary Anderson Lodge, and Elizabeth Hoffman House (for Koori women). The WDVCS is a 24 hour crisis telephone response, which struggles with accessibility due to demand and other issues. WDVCS has eligibility criteria which reflect a high security approach.

Women with a history of violence, mental illness or substance abuse may be excluded from refuges. Some of these women access Mary Anderson Lodge. Women who are accommodated in refuges may face challenges in gaining access to THM properties, as they are considered to be satisfactorily accommodated, at least for the time being.

Some women are accommodated in hotels and rooming houses using HEF, which is conceded by many services to be totally inappropriate, as they are often dominated by men. Some women have indicated that they would rather stay in an abusive relationship.

Access through services for older people

To some extent the day centres such as St Mary's House of Welcome and Coolabah, provide an entry point for older people, based around their meals and other services. While these services are not set up specifically to be front door services, they nonetheless provide a valuable entry point for some people, and a range of service options and activities.

Access through services not funded by SAAP

Independent services (not funded through SAAP) such as the Home of Compassion for Women, and Mercy for Men provide a crisis response for up to 2 weeks (although this is flexible). While these services do not provide formal assessment and referral, residents can access the homelessness service system through information about relevant agencies and services which are provided, or through RDNS HPP outreach services, or Centrelink sessional services which are also offered on site.

In addition to these crisis responses, Yarra Community Housing provides general information to people seeking accommodation.

Summary

In the absence of visible, effective access point(s) or 'front door(s)' to the homelessness service system in Yarra, and given the relatively high level of unmet demand and self referral, a significant number of disadvantaged people have been self-navigating an uncoordinated 'service' system.

There is no clear identifiable response to people in crisis in the City of Yarra. There are a number of people approaching services in Yarra, requiring assistance with accommodation and support, whose needs are not being met, as there is a lack of an adequate assessment, referral and advocacy response.

Apart from providing information about possible alternative accommodation, a common response to people in crisis is to purchase accommodation in hotels,

back packers or hostels, using HEF. This form of accommodation is often inappropriate.

While the THM has been a major 'entry point' for housing for many, it has not offered a crisis or more holistic response, nor has it assisted people from outside the City of Yarra.

4.4 Assessment

Introduction

The focus of assessment differs between SAAP and THM. Both share an emphasis on immediate housing circumstances.

In THM services, HIR initial assessment processes are housing focussed, and usually collect enough information to make a referral(s) for support if appropriate. SAAP and other services provide limited and full assessment depending on agency and client circumstances.

Currently, most funded homelessness services conduct their own assessments, and clients may be subject to a number of overlapping and different assessments from different services.

Limited assessments

Generally services in Yarra report that once eligibility is established, a limited assessment is conducted, and that this generally results in some form of assistance being provided. This may include information, advice and referral, as well as provision of some services (eg. HEF for rent arrears). The assessment generally covers immediate issues, including eligibility for specific forms of housing and other assistance (such as HEF) but does not cover a full range of support needs. If particular support needs are identified, people are referred.

The scope of the assessment depends on individual agency scope and practices, and the person's circumstances. For example, assessments conducted in Yarra to date by HIR workers, appear to have been limited to 'housing, information and referral'.

An assessment conducted by a SAAP service may also include a wider range of support issues (evidenced at St Mary's House of Welcome). Some agencies may limit their assessment process if they know they are unable to provide assistance; however, this may result in a less appropriate referral.

However, in some instances agencies do not conduct assessments. Some agencies (particularly those which support medium to long term transitional accommodation) which have no vacancies do not conduct an assessment, but the caller is given information about another central or 'front door' service. Other agencies consider that their client group requires an immediate practical response rather than a formal assessment (which might follow later, when appropriate). As indicated, unfunded homelessness services provide information, but do not provide formal assessment and referral.

Assessments are also conducted by agencies outside the core homelessness service system. The extent to which they identify housing issues and risk of homelessness varies according to individual agency practices. As indicated, initial assessments are often used to determine prima facie eligibility for

services. For example, health services generally focus on health issues. Once eligibility is confirmed, additional information concerning the person's circumstances may be obtained through a more comprehensive formal, or informal assessment process. The inclusion of housing risk information in the Initial Needs Identification (INI) tool within primary care services is aimed at improving early identification of housing issues (and referral) whether the person is eligible for primary care services or not. However, other assessment processes and tools (eg. HACCC) do not necessarily incorporate housing risk.

More comprehensive assessments

A more comprehensive assessment is undertaken by SAAP and other agencies once people's accommodation and other immediate needs are addressed. Comprehensive assessments would likely cover a range of support needs and/or areas impacting people's ability to obtain or maintain housing.

Within SAAP, assessment is an integral, ongoing component of the case management process, which also includes case planning, direct service provision, referral and coordination, monitoring and review. Assessment forms the basis for case planning.

4.5 Referral

Referral practices in the City of Yarra vary considerably, and depends on the scope of the assessment undertaken. For example, practices include:

- A passive or informal referral - a person/family is provided with a list of possible service options and left to contact these agencies themselves.
- A telephone referral - a worker telephones the agency to check that agency can assist, then provides the required information to the person/family (but does not follow up).
- A formal or assisted referral - workers advocate and follow up to ensure that the person/family access and receive services from the other agency.

The Unmet needs study in the City of Yarra indicated a surprisingly low level of referrals by participating agencies. This was partly due to the limited scope of assessment undertaken by St Vincent de Paul THM, and a focus on housing based referrals. In addition Yarra Community Housing has not historically conducted formal assessment and referral. In addition there are a relatively high proportion of referrals are self referrals. Nevertheless as part of the service mapping agencies reported a wide range of cross referrals taking place.

Many agencies are reluctant to consider a more formal approach to referrals, considering it sufficient that workers telephone external agencies in making the referral. It appears that some agencies' referral practices succeed due to the knowledge of workers of available services, and the personal relationship between workers in agencies. However, this arrangement can be disrupted by staff turnover. In addition referral can become affected by individual worker practices and assumptions (eg about the unavailability of services), and not bothering to make a referral.

However it is acknowledged by many agencies that referral practices in Yarra needs to be improved, whether this occurs through the establishment of formal

or informal relationships, referral networks, referral standards and guidelines, staff training, or other strategies.

Summary

Assessment and referral practices in Yarra are variable, with agencies conducting assessments at various levels (screening, initial, full), and with differing breadth depending on individual agency practices. Assessments are often based on 'needs which can be met', rather than all possible needs. Very few agencies in Yarra appear to use common assessment tools or pro formas.

There is no interagency agreed assessment framework in Yarra identifying different levels/scope of assessment, clear referral pathways for particular target groups, and the roles of various agencies. Without a more coherent assessment and referral framework, it will be difficult for agencies to build on, and coordinate, rather than duplicate assessments.

This was supported by focus groups *'they should all talk to each other a lot more'*.

4.6 Collaboration and networking

There is room for significant improvement in appropriate assessment (identification of support needs) and cross referral between agencies. Identified concerns include:

- agencies not necessarily understanding each others' roles and the services which other agencies actually provide
- differing and confusing eligibility criteria, entry processes, and referral practices
- differences between agencies in terms of culture and the ways in which they assess and respond to needs (including differing definitions of 'homelessness', 'assessment' and 'referral')
- lack of networks and forums in which to establish collaborative relationships, transfer knowledge and conduct peer review
- competitiveness between some organisations and the view that larger non government organisations such as St Vincent de Paul, Brotherhood and Salvation Army should be self reliant
- agencies not accepting responsibilities and 'handballing' clients to other agencies.

Nevertheless, there are some good examples of working partnerships between groups of agencies. In addition the proposed Argyle Street THM involves an extension of an existing collaborative relationship in the Inner South region of Melbourne. There are also many informal arrangements (relying on individual worker relationships) and some good examples of formal relationships (particularly around referral practices).

One example is a hospital and community network which includes RDNS HPP, St Vincent's Hospital and other health services formed to review access, assessment and referral performance.

In addition, there are several existing networks in both the Northern Metropolitan Region, and within Yarra which could provide the basis for improved assessment and referral responses (eg. SAAP; outreach, mental health networks, other). Apart from the Regional SAAP network, the City of Yarra has provided significant support to developing collaborative approaches to homelessness issues. However it was noted that in the past there have been some excellent networks, which no longer exist.

4.7 Broader geographical and service system context

Effective local assessment and referral responses need to be developed in a broader (geographical) context, recognising that the boundaries of Yarra are most likely meaningless to people experiencing and at risk of homelessness. An effective assessment and referral framework needs to take into account the location of the City of Yarra in relation to the CBD and other regions, the demographics and accommodation characteristics of the City of Yarra, and the concentration of related services in Yarra.

Yarra is a focal point for transient people gravitating toward the CBD from Northern Metropolitan as well as Eastern Metropolitan Regions. Demographic and accommodation characteristics are indicative of a higher proportion of people living in public housing, assisted rental accommodation and in rooming houses. Yarra accommodation (particularly rooming houses) is used by some people exiting crisis accommodation services in the CBD.

Due to proximity to other services, physical access, and the availability of public transport and visibility of services, a considerable proportion of Yarra service clients reportedly come from out of region. This has an impact on the capacity of these services to provide an adequate response to clients within the rest of the region.

There is a concentration of related and Statewide services which enhance the status of the area as a provider of services, but which are not necessarily related to providing accommodation and support for people experiencing homelessness in the City of Yarra.

Thus the service system in Yarra is not autonomous, but is connected to services in adjacent regions, and Statewide services, with significant implications for assessment and referral.

5 AN IMPROVED ASSESSMENT AND REFERRAL FRAMEWORK

5.1 Required improvements

A number of improvements to the provision of assessment and referral services in Yarra are required. These are summarised below.

Visible generic entry point (front door)

An identifiable, adequately resourced 'front door' service or entry point for people experiencing and at risk of homelessness is required. Key components include timely and effective practical responses to people in crises; appropriately skilled crisis and assessment and referral workers; flexible funds for practical assistance; HEF; capacity to provide (intermittent) continuity of service; linkages with key services and networks; etc. particularly to dedicated support, health, and homelessness services.

Entry point/ crisis response for young people

'Front door' crisis response for young people experiencing and at risk of homelessness. Key components include practical assistance, crisis intervention, assessment and referral provided by staff skilled in working with young people; emphasis on early intervention; linkages with key services for young people; secondary consultation and advice available to other services; access arrangements and environments appropriate to young people; flexible funds.

Visible regional contact point (front door) for women and women with children

'Front door' crisis response for women. Key components include crisis responses, assessment and referral provided by staff skilled in working with women and women escaping domestic violence; linkages with key generic (referring) services; linkages with specialist services for women; access arrangements and environments appropriate to women; provides regional focus complementary to existing Statewide arrangements including WDVCS, NDVOS, Mary Anderson Lodge, Young Women's Housing Shopfront.

Enhanced access through outreach

The high proportion of people at risk of homelessness, and the relatively high Koori population in Yarra, demand an effective outreach response as a 'front door'. While there are several existing outreach responses, this needs to be more coordinated, and include effective identification, engagement, assessment and referral strategies.

Defined components are required for each target group including assertive outreach, drop-in access, community development, support services, other. Flexible resource base and administrative practices are important considerations.

Enhanced access through homelessness and other services

All homelessness agencies which are the first point of contact for any person/family experiencing homelessness, need to provide an initial assessment and referral response.

Agencies need to establish effective working relationships with designated 'front door' services, which may have a broader resource base, and other relevant agencies to which they refer, as required. Clients should not have to attend two or more sites to receive initial assistance from core homelessness programs. Following the initial response, clients may need to access several agencies in order to have their needs met.

Improved processes through common assessment (initial)

Improved, and clearly defined assessment and referral practices and coordination between agencies. This would include the use of a common approach for initial assessment; clear responsibilities eg. the agency at which the person presents takes responsibility for referral and follows through, rather than telling the person to try another agency.

At the same time it is important that assessment is conducted appropriately, and as and when required. For example, an immediate response to a person's crisis may take priority over an assessment; an assessment may be conducted by listening rather than completing a checklist; some assessments take time; assessments need to be culturally appropriate.

Capacity for enhanced/ comprehensive assessment

The designated front door(s) and other homelessness services require the capacity to provide comprehensive assessment of people's needs, which is not limited to housing and housing related support. Where housing is not the person's priority, agencies need to be able to make appropriate referrals to other service providers (eg. health services). This requires that agencies understand homelessness as much more than a housing issue.

Resource information for enhanced referral

Clear information available on agencies' eligibility criteria and entry processes, assessment frameworks and tools, referral practices, and services provided. These could be collated into a resource manual, and workers provided with induction and ongoing training/ information sessions.

Common (agreed) principles, service standards

Common, agreed principles underpinning the assessment and referral systems; common definitions and understanding of 'homelessness', 'assessment' and 'referral'.

Agreed response by generalist and specialist services

Development of appropriate assessment and referral responses to people experiencing and at risk of homelessness by specialist and generalist services, for example, including housing risk and homelessness in the assessment and referral frameworks of HACC, health, disability and aged care services.

Strengthened referrals

Referrals needs to be strengthened between homelessness services, and between homelessness and other services. This needs to be based on agreed referral practices and standards. Referral protocols are required which allow agencies to respond flexibly and constructively, and which do not inhibit or limit referrals.

A key issue relates to agency responsibilities following a referral. Where clients have established links with an agency, this agency may continue to provide support through a crisis period even though the client has been referred to another service.

Networks need to be established to assist in strengthening referral practice, including establishing protocols and agreements, developing training and resource information to facilitate referrals, promoting clear communication between agencies, and facilitating peer review to examine referral as well as access and assessment issues.

5.2 Victorian Homelessness Strategy

A Working Report of the VHS was published in April 2001.²⁵ This report supported an integrated systems approach capable of delivering seamless assistance, including common intake and referral mechanisms.²⁶ The report also noted the potential advantages of a high profile central information and referral service in providing a visible front door to the homelessness service system.²⁷ These strategies are supported by the Victorian Homelessness Strategy, published in February 2002. Specifically the Strategy aims to reduce the requirement for people who are homeless to undergo multiple assessment, by fostering and supporting a culture of common assessment and referral between services.²⁸

Family Violence/Crisis Protection Framework

The Family Violence Crisis/Protection Framework proposes an 'area service model' for the family violence service system in Victoria, based on collaboration and practical linkages that provides coordinated and cohesive response to family violence within sub-regional areas.²⁹ It identifies that the current situation of multiple and inconsistent assessment practices, related to service fragmentation and lack of consistency between agencies, functions to discourage clients from seeking assistance, and complicates attempts to access the service system. It emphasises the importance of service integration to provide for a continuum of care, offering a range of services.

It proposes that access to the service system be provided through clear entry points, well targeted services, and comprehensive information provision.

The Framework notes the central role of WDVCS, and recommends that it be maintained and enhanced through improved information systems and effective service linkages. Complementing the WDVCS the Framework suggests that services are required which have an adequate public profile for area-based service responses so that women have readily accessible information about where to go for assistance.

²⁵ Department of Human Services (2001) Victorian Homelessness Strategy: Working Report

²⁶ Ibid. p 36

²⁷ Ibid. p 32

²⁸ Department of Human Services (2002) Victorian Homelessness Strategy: Action Plan and Strategic Framework, p 24.

²⁹ Department of Human Services (2000) Family Violence Crisis/Protection Framework: Discussion Paper

The Victorian Homelessness Strategy provides a clear context in which agencies in the City of Yarra can explore innovative and effective assessment and referral responses. In the Northern Metropolitan Region women's services have been working collaboratively to enhance services across the Region. This work is still in progress, and will likely lead to improved access and referral responses for women in the City of Yarra as well as other parts of the NMR.

Early intervention

Included in the Victorian Homelessness Strategy are several early intervention objectives which are particularly relevant to assessment and referral:

- Reducing the risk of homelessness for people with a mental illness when leaving hospital, by improving discharge planning and access to appropriate housing and support options (A3.2)³⁰
- Reducing the incidence of homelessness among young people leaving Child Protection out-of-home care (A3.3)
- Preventing homelessness among older people in tenuous private rental situations, by housing outreach workers identifying tenancies at risk and working with tenants (A3.4)
- Reducing risk of homelessness among Indigenous people living in Aboriginal Housing Board and HCB properties, by providing culturally appropriate early assistance when tenancies are at risk (A1.4)
- Reducing the risk of homelessness among public housing tenants through early intervention and support arrangements for at-risk tenancies (A1.5)
- Integrating homelessness assistance into the broader primary care service system, that is within Primary Care Partnerships and the use of the Initial Needs Identification (INI) tool, to identify housing risk (S3E).

³⁰ Refers to Strategic Objective A3.2, contained in Department of Human Services, 'Victorian Homelessness Strategy, Action Plan and Strategic Framework', February 2002, p 48.

In order to meet each of the objectives of the Victorian Homelessness Strategy will require that an agency:

- 'notices' that the tenancy (ie person or household) is at risk
- undertakes an assessment (at some level)
- provides services and/or makes a referral to one or more agencies, to provide assistance.

5.3 The development of Argyle Street Housing Service in City of Yarra

The establishment of the Yarra specific Argyle Street Housing Service THM has evolved in recognition of the distinctiveness of Yarra and local issues. ASHS has 5 partners:

- Outreach Victoria
- Yarra Community Housing
- Flagstaff
- Salvation Army Crisis Services
- RMIT

The roles of each of the partners in the ASHS initiative are shown in Table 5.1 on the following page. As the funding body, the Department of Human Services is the sixth partner in this alliance.

The involvement of these organisations is designed to facilitate access to a range of services across Yarra, the Central Business District and south of the CBD (the Cities of Stonnington and Port Phillip). The proposal thus defines a new inner city catchment area, based on client needs and patterns of homelessness, rather than artificially drawn geographic boundaries.

ASHS aims to establish an accessible shopfront location. The model aims to provide services for homeless households, and those at risk of homelessness. The model includes:

- 7 HIR/ crisis assessment workers delivering direct services during business hours. There are potentially 2 additional CBD HIR/ crisis outreach workers.
- Drop in, appointment based, telephone and outreach responses.
- Contact service available 9 am to 5.00 pm every week day.

Services to be provided include:

- HEF – using a common assessment tool across all 'front door' services in the CBD
- Other financial assistance/ practical support/ aid.
- Timely access to crisis accommodation, transitional accommodation, long term housing
- Engagement with outreach, health and support services
- Public housing applications (via segments one and three)

- Early intervention work with people at risk, living in private rental, public housing and institutions, other.

Table 5.1: Operational roles of the partners in Argyle Street Housing Services

Agency	Contribution by agency	Effect on outcomes for people experiencing and at risk of homelessness
Outreach Victoria	Integrated Outreach Support and Tenancy Services with HIR service Outpost an Outreach Victoria worker with ASHS	<ul style="list-style-type: none"> <input type="checkbox"/> Improve system responsiveness to people with complex needs <input type="checkbox"/> Improve early intervention response to people at risk
Salvation Army Crisis Services	2 full time crisis assessment workers \$60,000 (approx.) flexible resources Links to 24 hour Statewide crisis response Protocols with WDVCS Non housing material aid Links to Young Women's project, ISDVOS, NDVOS, St Kilda CAC, and Mary Anderson Lodge	<ul style="list-style-type: none"> <input type="checkbox"/> Improved crisis response, including assessment, referral, access to crisis accommodation and resources; out of hours crisis response <input type="checkbox"/> Enhanced linkages with women's services
Salvation Army Flagstaff	Recognition of off site (ie at Shopfront) assessment for Flagstaff vacancies using a common assessment framework	<ul style="list-style-type: none"> <input type="checkbox"/> Improved access to crisis supported accommodation in CBD <input type="checkbox"/> Improved responses for people unable to be assisted at Flagstaff (unmet demand), including assessment, referral and access to HEF <input type="checkbox"/> Improved access for clients exiting Flagstaff to transitional housing stock
Yarra Community Housing	50 rooms nominated for access via THM referral (crisis and transitional) Coordinated response to people seeking accommodation, including the development of pathways	<ul style="list-style-type: none"> <input type="checkbox"/> Improved access to crisis and transitional accommodation <input type="checkbox"/> Enhanced assistance for people currently turned away from YCH, including support <input type="checkbox"/> Improved early intervention response (outreach) where rooming house tenancies are at risk <input type="checkbox"/> Improved pathways from transitional housing to community and social housing
RMIT	Social research focussing on homelessness in Yarra and the CBD	<ul style="list-style-type: none"> <input type="checkbox"/> Improved strategic response to people experiencing homelessness <input type="checkbox"/> Inform policy and practice

5.4 Development of networks and sub-systems

A key strategy for the City of Yarra is the identification and development of key service networks, involving agencies with similar aims, and activities. These networks would work towards an integrated response for people experiencing and at risk of homelessness, participating in the design and implementation of improved access, assessment and referral arrangements.

There are a number of agencies operating in Yarra which provide services with a similar function (eg. outreach, or day centres), or which have a similar target group (eg. young people). Closer collaboration between these agencies, including agreed roles and responsibilities, and assessment and referral processes would significantly improve access by people experiencing and at risk of homelessness to required services. This is one of the basic assumptions of Primary Care Partnerships.

Within the homelessness sector services for young people and for women escaping violence often work closely together. In Yarra, the following networks or sub-systems might be developed to enhance access and responsiveness to people experiencing and at risk of homelessness.

- Early intervention/ outreach services (Outreach Victoria, Hanover Inner North, CHOPS, RDNS HPP, NYCH, HACC, CACP, drug and alcohol services, OoH)
- Mental health (Connexions, CHOPS, St Vincent's Hospital, Outreach Victoria, ARBIAS, NYCH, St Mary's House of Welcome, PDSS, other)
- Young people (Access Youth Support, MYSS, Good Shepherd, Tranmere Street, Young Women's Shopfront, Schools, Yarra Youth Services, North Richmond Community Health, other)
- Night shelters (Missionaries of Charity, House of Mercy, Flagstaff, other)
- Women's services (WDVRS, Mary Anderson Lodge, Young Women's Housing, Frontyard, NDVOS, RDNS HPP, Merri Housing Outreach Service, NYCH, other)
- Koori services (William T Onus, George Wright Shelter, Elizabeth Hoffman House, Aboriginal Health Service, other accommodation and support services including Outreach Victoria)
- Health services (NYCH, RDNS HPP, St Vincent's Hospital, other)
- Drug and alcohol services (YSAS, Connexions, ARBIAS, Turning Point, NYCH, North Richmond Community Health Service, St Mary's House of Welcome, St Vincent's Hospital)
- Employment services (Employment Plus, JPET, other)
- Meals, food and material aid services, day services (St Mark's, St Mary's House of Welcome, Coolabah, St Vincent de Paul, Anglicare, Vital Youth Support, NYCH, City of Yarra, Outreach Victoria flexible funds, other)
- Services for older people (Brotherhood of St Lorraine, HACC services, Salvation Army, CACP, ACHA, RDNS, Outreach Victoria, other)

5.5 Options

Table 5.2 summarises options in response to each of the required improvements listed in Section 5.1.

Table 5.2 Options in response to required improvements

Required improvement	Options
Visible generic entry point (front door)	<p>ASHS could form the basis for a designated/ enhanced 'front door'</p> <p>In addition to current ASHS functions, the following would be required:</p> <p>Effective crisis response (extended hours of operation); drop in facility; 'Statewide' orientation; crisis, and assessment and referral workers (capacity for holistic assessment and referral sources); flexible funds for practical assistance; strengthened linkages with key services and networks; etc.</p>
Entry point/ crisis response for young people	<p>1 Attached to Argyle Street front door, or</p> <p>2 Attached to a youth specific service such as Access Youth Support</p> <p>Key components include:</p> <p>Crisis, and assessment and referral provided by staff skilled in working with young people; flexible funds for practical support; emphasis on early intervention; linkages with key services for young people; secondary consultation and advice available to other services; access arrangements and environments appropriate to young people (drop in facility)</p>
Visible regional contact point (front door) for women	<p>New shopfront service auspiced by an existing provider.</p> <p>Key components include:</p> <p>Crisis and assessment and referral provided by staff skilled in working with women and women escaping domestic violence; linkages with key generic (referring) services; linkages with specialist services for women; access arrangement and environment appropriate to women; provides regional focus complementary to existing Statewide services.</p>
Enhanced access through outreach	<p>Improved coordination and targeting of existing outreach services. Effective identification, engagement, assessment and referral strategies.</p> <p>Clarify outreach role (and links) in relation to 'front door' concept.</p>

Required improvement	Options
Enhanced access through homelessness and other services	<p>Establish an initial assessment and referral response in all homelessness agencies</p> <p>Establish effective working relationships with enhanced 'front door' services</p>
Common assessment (initial)	Develop a common approach for initial assessment in all homelessness agencies, and other related agencies responding to homelessness; clear responsibilities
Capacity for enhanced/ comprehensive assessment	Develop agencies capacity to provide comprehensive assessment of people's needs; particularly enhanced front doors
Resource information for enhanced referral	<p>Develop clear information available on agencies' eligibility criteria and entry processes, assessment frameworks and tools, referral practices, and services provided.</p> <p>Provide induction and ongoing training/ information sessions.</p>
Common (agreed) principles, service standards	Develop common, agreed principles underpinning the assessment and referral systems; common definitions and understanding of 'homelessness', 'assessment' and 'referral'.
Agreed response by generalist and specialist services	Develop appropriate assessment and referral responses to people experiencing and at risk of homelessness by specialist and generalist services
Strengthened referrals	Develop agreed referral practices and standards, referral protocols, supported referrals, and networks.
Network development	Identify and develop key service networks to work towards an integrated response for people experiencing and at risk of homelessness, participating in the design and implementation of improved access, assessment and referral arrangements.

