MELBOURNE
ZERO
ENDING
HOMELESSNESS
IN OUR CITY

National Housing and Homelessness Plan

SUBMISSION TO ISSUES PAPER

ACKNOWLEDGEMENT OF COUNTRY

We respectfully acknowledge, honour, and recognise Aboriginal and Torres Strait Islander people as Traditional owners and custodians of the collective lands across Australia and pay our deepest respects to Elders past, present, and the emerging elders of our future.

We acknowledge their immense cultural and spiritual connection to land, sea and sky and acknowledge Aboriginal and Torres Strait Islander Culture as the oldest continuous living culture in the world.

We acknowledge that these lands have never been ceded and the need for a Treaty.

We acknowledge that Aboriginal and Torres Strait Islander people are overrepresented across the homelessness sector due to the ongoing impacts of colonisation, and through application of the principles of self-determination, pledge to embed Aboriginal and Torres Strait Islander cultural practise throughout our work.

LAUNCH HOUSING:

Executive Summary

The following submission has been created on behalf of 6 projects that includes over 60 partners working collectively across Metropolitan Melbourne. The projects are consistent with Housing First approaches and use an Advance to Zero or Zero framework to reform the service system from the ground up. Launch Housing is the data lead. The new National Housing and Homelessness Plan should incentivize efficient and effective approaches to reduce and end homelessness amongst vulnerable populations. The area-based Advance to Zero or Zero framework meets that test. The findings and recommendations are the collective observations of the leadership of these projects, but they are not made on behalf of all the organizations represented in the various partnerships. This submission should be read in conjunction with submissions from the 6 Local Government Authorities described in this document (Melbourne, Port Phillip, Frankston, Stonnington, Dandenong and Yarra).

What this submission covers

Reading this submission, you will learn that starting with rough sleeping, this coalition of partners seeks to end homelessness in Melbourne. You will also learn a little of what the Zero framework is, the global AtoZ campaign that surrounds it, and how it is being implemented in Melbourne. Reading it we hope you will take note of our learnings and apply them to the National Housing and Homelessness Plan.

Uniqueness of the data set

In this submission we will share a unique perspective driven by an exceptional data set. Homelessness data in Australia has always struggled with time lags and a lack of connection to related data sets, making it difficult to use for the nimble decision making required. While we have not resolved the issue of interconnection, we have come significantly closer to solving the issue of lags. By-Name List (BNL) data is as near to real-time as is ethically possible. It is a unique data set that provides a more accurate picture of the scale and complexity of people sleeping rough in Melbourne.

Reading this document, you will get a glimpse into what this data and the structure of collective impact built around it tells us about people sleeping rough in Melbourne and in each local area where a project has been established. In particular, their outcomes since the first Zero project was launched just before

> ## We know what we need to end homelessness. That is why we are very clear about our ask from the National Housing and Homelessness Plan.

the COVID 19 pandemic in July 2019. These stories include delay, frustration, success, and death, and of a disparity between inner and outer suburbs. Ultimately these stories illustrate what is possible to achieve when near-to-real time data and efficient multi-system service coordination is combined with housing and a housing first response.

The take home message? It is possible to end rough sleeping homelessness. We know this because we are in touching distance of **functional zero** in two and possibly even 3 projects in metropolitan Melbourne. Our case study will show what a resourced service system can do when a housing first approach allied with the AtoZ framework is applied. Of course, there are gaps in responding to this complex, 'wicked' problem. But we know what they are, and through the Governance structures and using our BNLs we have the mechanisms to gather them collectively as they emerge and to respond to homelessness and prevent further experiences. We know what we need to end homelessness. That is why we are very clear about our ask from the National Housing and Homelessness Plan.

Summary of The Ask

1.   ADOPT THE GOAL OF ENDING HOMELESSNESS AND CREATE A STRATEGY TO ACHIEVE IT.

The National Housing and Homelessness Plan must either point the way to the development of a Strategy to End Homelessness in Australia or include that strategy. The goal of that strategy must be to prevent, reduce and end all homelessness in Australia.

2.   PROCESS FOR DEVELOPING THE STRATEGY TO END HOMELESSNESS IN AUSTRALIA

As with the development of 'The Road Home', a true process of consultation for the development of the Strategy to End Homelessness in Australia should include the development of a 'Green Paper' outlining findings from the first round of consultation followed by a period of in-person consultation culminating in the development of the final Strategy document. Further, both documents need to involve the commissioning of an expert group made up of people from a broad range of cohorts with a lived experience of homelessness and experts from involved systems, academia, all tiers of government and relevant representatives from the private sector.

3.   INVEST IN CAPACITY BUILDING TO END ROUGH SLEEPING HOMELESSNESS

The Commonwealth should fully fund the Australian Alliance to End Homelessness to implement the Zero framework across Australia as the primary coordinating mechanism to end rough sleeping homelessness in Australia by 2030.

4.   INCREASE IN INCOME AND HOUSING SUPPORT

The Commonwealth must take action to increase jobseeker and youth allowance to parity with pensions and index all three to wage and price movements. Rent assistance should expand to become housing assistance, a payment linked to local private rental housing conditions and indexed to rent price movements.

5.   INCREASE IN PUBLIC AND COMMUNITY HOUSING

Existing commitments at a Victorian State level are inadequate to meet current and future needs. The Commonwealth should set and fund national targets for public and community housing to meet evidence of need with embedded monitoring and review periods. That is 120,000 new affordable social housing dwellings in Victoria between 2025 and 2045.

6. INCREASE SUPPORT

Housing without support will be insufficient for many people currently homeless and access without support won't work for many more. Based on current and projected needs and with a plan to transition from mainly responding to largely preventing, the Commonwealth should set national targets for housing with support based on evidence of need with embedded monitoring and review periods linked to the National Research Agenda.

7. IMPROVE THE QUALITY, USE AND OWNERSHIP OF DATA

The Commonwealth should charge the Australian Institute of Health and Welfare with investigating, recommending, and delivering a national data interconnection framework for all systems associated with preventing and responding to homelessness in Australia, including the criminal justice and migration systems by 2033. This must be positioned within principles of community ownership of data and data sovereignty for Aboriginal and Torres Strait Islander people.

8. FOSTERING A TRULY SYSTEMS APPROACH TO ENDING HOMELESSNESS.

Homelessness does not occur in isolation, and neither will prevention and the system of response to homelessness. The Strategy to End Homelessness in Australia must take a truly systems approach to understanding and synthesising knowledge and seeking and developing solutions linked to the National Research Agenda.

9. IMPLEMENT A WHOLE OF GOVERNMENT APPROACH TO ENDING HOMELESSNESS

Consistent with the systems approach, a whole of Government coordinating mechanism should be established within the Commonwealth and incentivised to include at State levels through the National Housing and Homelessness Agreement or its equivalent. The purpose being to decrease duplication, maximise efficiencies and remove the potential for unintended consequences.

10. DEVELOP AND FUND A NATIONAL RESEARCH AGENDA FOR ENDING HOMELESSNESS

We know a lot about what it takes to end homelessness but in a rapidly changing world nothing stays the same for long. A National Research Agenda for Ending Homelessness will develop evidence, monitor progress and identify points of maximum leverage. In this way we will focus our efforts where they need to be and most efficiently make us of resources.

Contents

1. Background to Zero in Melbourne

Across metropolitan Melbourne 6 interconnected 'Zero' projects have emerged since July 2019. All share a common goal of ending homelessness, starting with rough sleeping. All have a shared methodology or framework (AtoZ framework) and operate using similar governance structures (**Figure 1**) within a collective impact approach.

Figure 1.   **Governance structure and key responsibilities of a typical Zero Project**
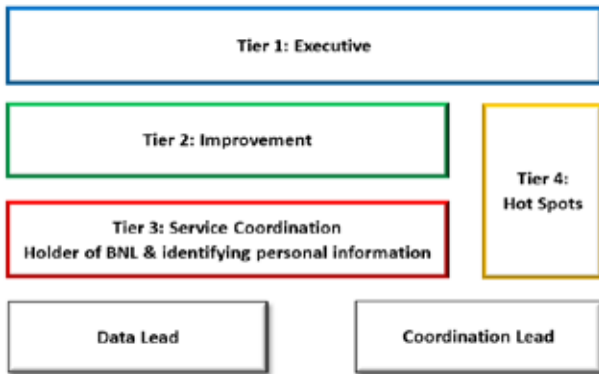
Tier 1: Authorising environment, Systemic advocacy, Communication, Project leadership.

Tier 2: Model fidelity, Data analysis, Improvement goals, Arranging escalation of complex individuals.

Tier 3: Hold BNL, 'Work the list', Hold each other accountable for client outcomes, Identify escalations.

Tier 4: Eyes and ears, Connection to Tier 3

Backbone resourcing comes from dedicated data and project coordination roles which include service coordination facilitation and responsibility for the BNL.

These projects now connect almost 60 partners all working with people experiencing rough sleeping homelessness from across multiple services systems. These are show in **Figure 2**

Figure 2.   **Zero projects in metropolitan Melbourne including Melbourne Service Coordination**
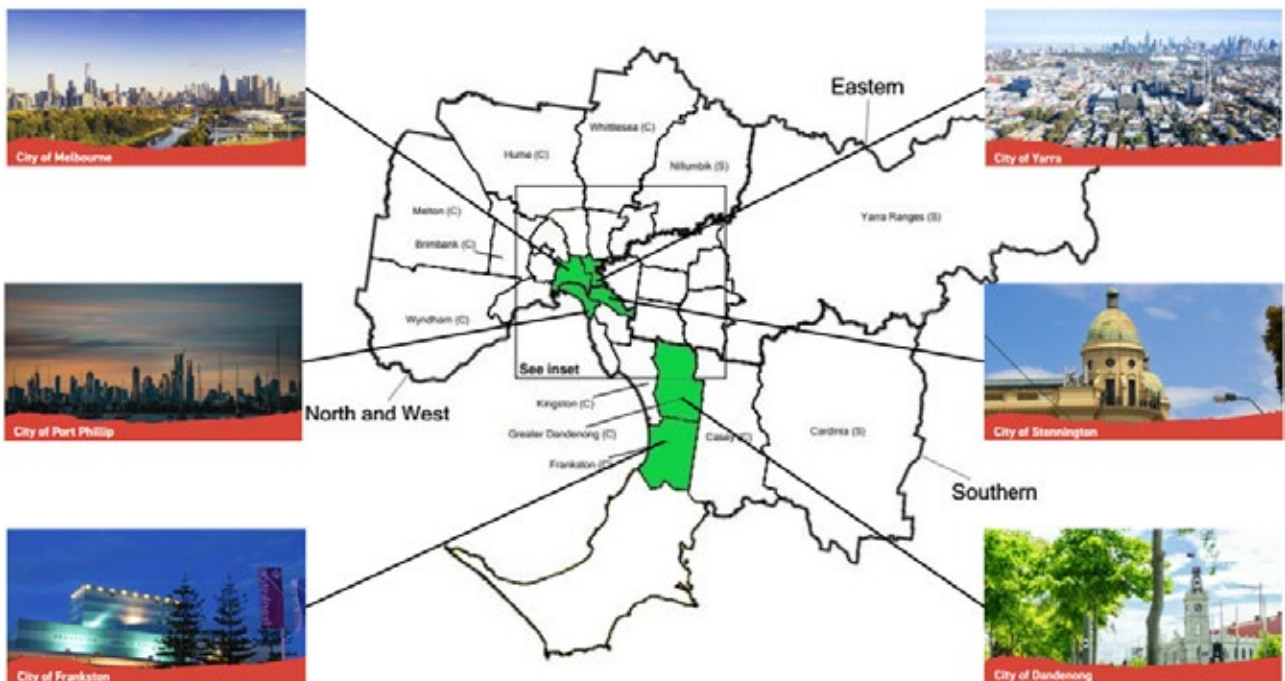
As a collective, these projects are also part of an international and Australian-wide campaign and community of practice, led here by the Australian Alliance to End Homelessness and represented in Melbourne by Launch Housing. We are focused on achieving a functional zero end to rough sleeping homelessness.

What is a functional zero end to rough sleeping homelessness?

Instead of counting up to an ever-shifting target as more people become homeless, a target based on an estimate of the number of people we need to house based on point-in-time Census survey data with a severe lag, or service use data skewed toward the people who haven't given up already, we **count down** as people are housed until there are no people left sleeping rough. We do this using a list to which all people sleeping rough in an area are added, a list where everyone who chooses is known by name, a **By-Name List (BNL).**

People are **added to the BNL when they are confirmed to be sleeping rough** in their locality and only then. Also known as 'Unsheltered homelessness' or 'Primary homelessness', sleeping rough includes people sleeping in improvised dwellings, squats, cars, railway carriages and tents, or sleeping out on the streets and in parks. People stay on the list until they meet one of the **3 outflow criteria**. Either they are securely and stably housed, or they become inactive (move out of area, local services lose contact with them, or they move into an institutional setting like a jail), or they die.

WHAT DOES IT MEAN TO REACH FUNCTIONAL ZERO ROUGH SLEEPING HOMELESSNESS?

Functional zero is defined as a situation where the number of people actively homeless in an area, who were sleeping rough, is less than the average 6 monthly housing placement rate. In practice that number is probably less than 5 people. When this happens, we know that we have the most effective possible system of response.

Functional Zero is a way to measure the definition of an end to Homelessness; prevented where possible and rare, brief, and once off when it does occur. For it to be rare we must do much more to prevent it, but of course we cannot forget the people who are already homeless and zero is our most efficient way to do that and to account for what we are doing.

WHY NOT ABSOLUTE ZERO?

Functional zero is distinct from absolute zero in that we recognise that for now the structural drivers of homelessness remain. In the main these are that there is a large and growing gap between the cost of private housing and what people on low incomes and especially income support can afford. There is also the continued violence of men (mainly) toward women and children, and these two factors are accompanied by historically low levels of affordable social housing across the country and especially here in Victoria. Until these structural drivers change, we will continue to have people becoming homeless. Further to this, the impact of the critical life events we all face pushes some people already dealing with the stresses of poverty and disconnection from informal and formal supports into an experience of sleeping rough. A Functional Zero project operating in any area means its service system is ready for people who become homeless and, until the **long-term prevention measures** are fully implemented, can respond to the immediate needs of people sleeping rough, minimise the time they do and the damage they experience while it happens.

2. Data and outcomes

As described earlier, people are added to a BNL sleeping rough and remain 'active' or 'actively homeless' until they either outflow into housing, become inactive or die.

How are we going here in Melbourne?

1. Over 1,500 distinct people sleeping rough have been added to the 6 BNL's since July 2019 (**Table 1**, 1,596 people). The City of Melbourne is the epicentre, accounting with Port Phillip for nearly three quarters of all inflows. However, the recent additions of Frankston and Dandenong remind us that rough sleeping is not only a problem for the inner suburbs.

2. These people are mostly men (**Table 11**, 74%) and Aboriginal and Torres Strait Islander people are significantly over-represented (**Table 12**) making up 14% of all people added to these BNLs. The vast majority of people are single with only a couple of family groups (2) and a handful of couples present in all the BNLs.

3. Almost 400 people remain active on each of the 6 BNL's as of August 2023 (**Table 1**) and over double that number have become inactive, mostly lost to services.

4. Despite this, over 400 housing outcomes have been achieved by the coordinated service system as of August 2023 (**Table 1**), with 90% into social housing (**Table 2**). Far more housing outcomes were achieved in the inner city than have been achieved in the outer suburbs.

5. Finally, there have been over 30 deaths across the zero projects since July 2019 (**Table 3**).

Table 1.   **Overview of Zero in Melbourne as of the end of Aug 2023**

	Melbourne	Port Phillip	Stonnington	Yarra	Dandenong	Frankston	Totals	%
Actively homeless	171	51	7	26	54	61	370	23%
Housing outflows	220	124	8	0	17	47	416	26%
Inactive outflows	470	145	16	0	64	115	810	51%
Total inflows	**861**	**320**	**31**	**26**	**135**	**223**	**1,596**	

Table 2.   **Housing outcomes per project by number and type & as a percentage of totals**

	Melbourne	Port Phillip	Stonnington	Yarra	Dandenong	Frankston
% of the total inflows	54%	20%	2%	2%	8%	14%
% housed all projects	53%	30%	2%	0%	4%	11%
% housed of project inflows	26%	39%	26%	0%	13%	21%
Housing types						
Community Housing	27%	22%	71%	0%	56%	38%
Private rental	7%	5%	0%	0%	6%	21%
Public Housing	62%	70%	29%	0%	31%	40%
Residential Aged Care	1%	0%	0%	0%	0%	0%
SRS Long Term	3%	1%	0%	0%	6%	0%

Deaths

There have been 31 people recorded as deceased after being added to the various BNLs since the beginning of each project. This is only people who were **active** on that list when they died and does not include anyone who may have been inactive (e.g., out of area, lost contact with services etc) or who died after they were housed.

Table 3.   **Number of deaths per year and the average per year of operation**

	Number	Average per year
Melbourne	19	6
Port Phillip	11	3
Dandenong	1	1
Frankston, Stonnington, Yarra	0	0
	31	

Local Community Profiles

2.1. CITY OF MELBOURNE

Figure 3.   **Community Snapshot: City of Melbourne and Melbourne Service Coordination**

Selected ABS 2021

Total Persons: 149,615
Median age: 30
Median total personal income: $959
% Aboriginal And Torres Strait Islander people:
0.5%
% Not born Aust: 60%

Key BNL data

Total: 861 people added since May 2020
171 currently active, 80 sleeping rough.
220 housing outcomes (26% all added)

Aboriginal And Torres Strait Islander people:
129 added (15% of total)
39 housed (30%), 28 still active and 62 people
became inactive (48%)
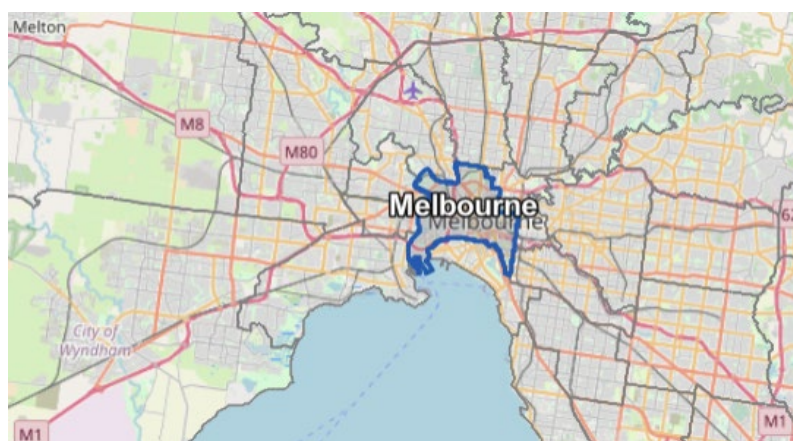
Table 4.   **Melbourne LGA: Homeless living situations ABS Census 2016 to 2021**

Year	Sleeping rough	Change 2016 to 2021	Supported accom & Boarding Houses & Temp Lodging	Change 2016 to 2021	Stay temporary & Crowd	Change 2016 to 2021	Total	Change 2016 to 2021
2016	345	**-62%**	735	**12%**	640	**-68%**	1,720	**-32%**
2021	**130**	**-215**	**825**	**90**	**208**	**-432**	**1,163**	**-557**

Figure 4. **Melbourne By-Name List: Created 2020, shown April 2021 – Aug 2023**

Legend: ■ Sleeping rough ── Active
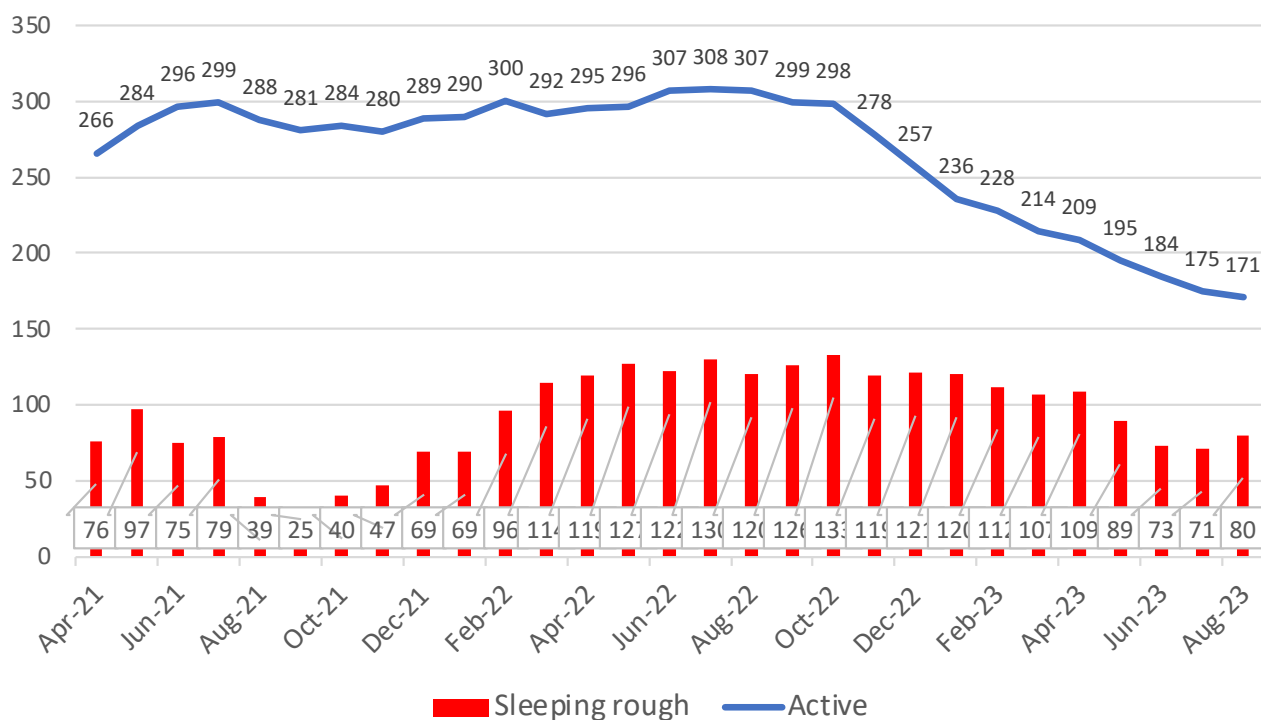
Responding to rough sleeping homelessness in the City of Melbourne

The City of Melbourne is the centre of rough sleeping homelessness in Metropolitan Melbourne. This was recognised in 2016 when the first service coordination project was established with funding from the Victorian State Government and the support of the Council to Homeless Persons and the City of Melbourne. This followed a significant spike in visible rough sleeping in the previous several years, evidenced by the 2016 census (**Table 4**), several street counts, and the murder of Wayne 'Mouse' Perry while sleeping rough in Enterprize park in 2014. In the years since, Melbourne Service Coordination has grown into a multi-agency, multi-system collaboration connecting over 17 service delivery partners led by City of Melbourne and Homes Victoria. This collaboration takes place within the framework of the Victorian coordinated homelessness service system (Opening Doors). The service system features several drop-in centres, community and primary health centres and two major hospitals within its municipal boundaries and one at its edge, all providing acute inpatient mental health and homeless outreach psychiatric services. In addition, 4 crisis accommodations are located within or immediately adjacent to its boundaries along with multiple assertive outreach and case management programs servicing various cohorts of vulnerability including youth and a permanent supportive housing development is located

at its northern edge, Elizabeth Street Common Ground (ESCG). Following a detailed independent program evaluation completed in late 2022, the Melbourne Service Coordination Project has been preparing to transition to an adapted Zero project, projected to be achieved by the end of 2023-24.

In 2020, at the start of the coronavirus COVID 19 public health response a BNL was created based on the learning from the Port Phillip Zero pilot with people added who had been accommodated in hotels and motels in the CBD. This list was subsequently reviewed and only people known to have been sleeping rough in the Melbourne LGA retained. As can be seen from **Figure 3** and **Table 1**, the number of people added to that BNL in the three years since is now over 850. Census data from 2021 shows a substantial decrease in rough sleeping from 2016 but Census 2021 was conducted during a major public lockdown across metropolitan Melbourne, and the ABS was hampered in its usual street count methodology. Furthermore, many people who had been sleeping rough were in private motels and hotels, something we can see clearly when we look at the actual active number in August 2021 (**Figure 4**). Following the end of these lockdowns in October 2021 the number of actively homeless people remained around 300. That is people who entered the list sleeping rough but in many cases were now in other forms of temporary or respite accommodation but still homeless, as well as those who had returned to sleeping rough.

The major program response offered by the Victorian Government was a modified Housing First initiative, Homelessness to a Home (H2H). $150 million was provided for 1,845 households experiencing homelessness who were residing in emergency accommodation in the form of medium and long-term housing and support packages for a period of up to 18 months, with support across two categories of intensity (medium and high) for up to 24 months. The Melbourne Service Coordination team was successful in having 163 people accepted by H2H during early 2022.

This initiative alongside the existing service system response has seen well over 220 people housed by the project since the BNL was instituted in May 2020 contributing to a significant decline of over 40% by August 2023 in the number of people actively homeless from its peak of 308 in July 2022. Of the 163 people accepted into H2H, almost 90% (145) are now in stable long-term social housing and this initiative represents around two-thirds of all housing outcomes achieved by

Melbourne Service Coordination as of August 2023. With respect to cohorts of interest, we can see that Aboriginal and Torres Strait Islander people make up 0.5% of the population of the Melbourne LGA but 18% of people added to the Melbourne BNL. **Figure 3** shows that just over 26% of all inflows have now been stably housed, 66% of those by H2H into social housing. Women make up a quarter of total inflows to the Melbourne BNL and a similar proportion are now housed (26%).

These housing outcomes are the first indication that a Housing First type response to rough sleeping homelessness, especially when connected to an efficient system of service coordination, can have a significant and positive impact for people sleeping rough and lead to large declines in their number. We also see that the numbers who continue to sleep rough increase as a percentage as numbers decline, a feature of most zero projects which have achieved significant declines. This emerges in the next two localities to be covered, the Cities of Port Phillip and Stonnington.

2.2. CITY OF PORT PHILLIP

Figure 5.   **Community Snapshot: City of Port Phillip and Port Phillip Zero**

Selected ABS 2021
Total Persons: 101,942
Median age: 38
Median total personal income: $1,289
% Aboriginal And Torres Strait Islander people: 0.5%
% Not born Aust: 39%

Key BNL data

Total: 320 people added since July 2019
51 currently active, 24 sleeping rough.
124 housing outcomes (39% all added)

Aboriginal And Torres Strait Islander people:
61 added (19% total)
26 housed (43%), 14 still active and 21 people became inactive (34%)
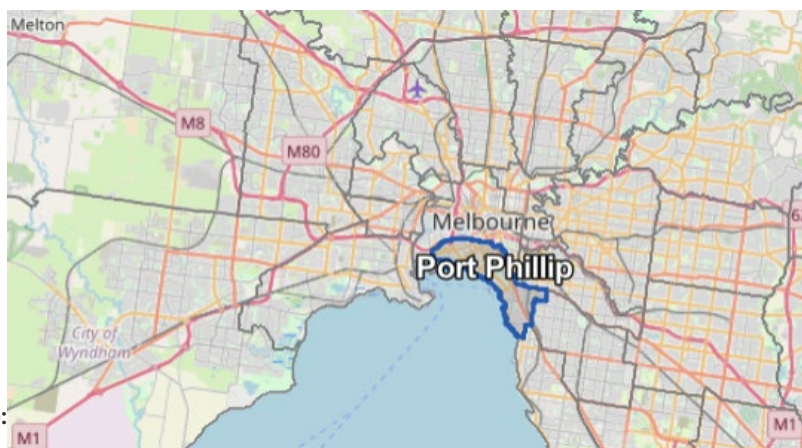
Table 5.   **Port Phillip LGA: Homeless living situations ABS Census 2016 to 2021**

Year	Sleeping rough	Change 2016 to 2021	Supported accom & Boarding Houses & Temp Lodging	Change 2016 to 2021	Stay temporary & Crowd	Change 2016 to 2021	Total	Change 2016 to 2021
2016	71	**-54%**	991	**-6%**	71	**42%**	1,133	**-6%**
2021	**33**	**-38**	**935**	**-56**	**101**	**30**	**1,069**	**-64**

Figure 6.   **Port Phillip By Name List: July 2019 - Aug 2023 – Change over time**

Legend: Sleeping rough — Active

Figure 7.   **Port Phillip By Name List: July 2019 to Jan 2021 the first year of a pandemic.**

Active values: 64, 102, 111, 111, 107, 98, 88, 95, 99, 99, 94, 107, 111, 127, 126, 129, 128, 128, 128

Sleeping rough values: 64, 86, 94, 77, 76, 67, 68, 82, 82, 34, 34, 28, 24, 29, 14, 15, 27, 27, 31

Legend: Sleeping rough — Active

Figure 8.

Port Phillip By Name List: Feb 2021 to Aug 2023 emerging from a pandemic
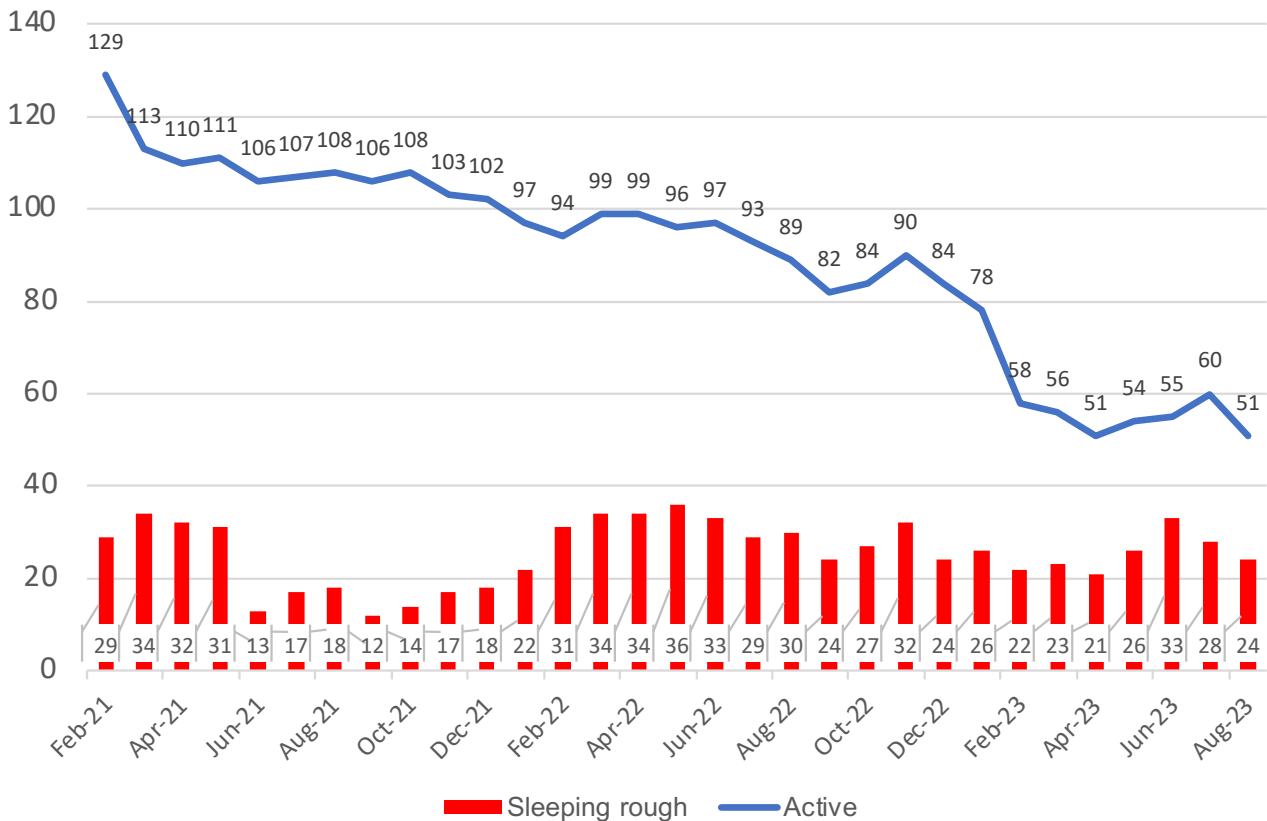
Responding to rough sleeping homelessness in the City of Port Phillip

Port Phillip Zero was the first Zero project in Victoria with the inaugural By-Name List created in July 2019. Its service response takes place within the same Victorian Framework (Opening Doors) and is described in more detail in the **Case Study** which, along with what the data above (**Figure 8**), shows us about what is possible in addressing rough sleeping homelessness, starting with its stated goal of achieving functional zero rough sleeping homelessness by December 2024.

2.3. CITY OF STONNINGTON

Figure 9.   **Community Snapshot: City of Stonnington and Stonnington Zero**

Selected ABS 2021

Total Persons: 104,703
Median age: 37
Median total personal income: $1,294
% Aboriginal And Torres Strait Islander people: 0.3%
% Not born Aust: 35%

Key BNL data

Total: 31 people added since Dec 2021
8 currently active, 4 sleeping rough.
8 housing outcomes (26% all added)

Aboriginal and Torres Strait Islander people:

4 added (13% total)
2 housed (50%), 1 still active and 1 person became inactive (25%)

Table 6.   **Stonnington: Homeless living situations ABS Census 2016 to 2021**

Year	Sleeping rough	Change 2016 to 2021	Supported accom & Boarding Houses & Temp Lodging	Change 2016 to 2021	Stay temporary & Crowd	Change 2016 to 2021	Total	Change 2016 to 2021
2016	3	33%	331	29%	68	-51%	402	15%
2021	**4**	**1**	**426**	**95**	**33**	**-35**	**463**	**61**

Figure 10.   **Stonnington LGA By Name List: Created 2021, shown Dec 2021 - Aug 2023**
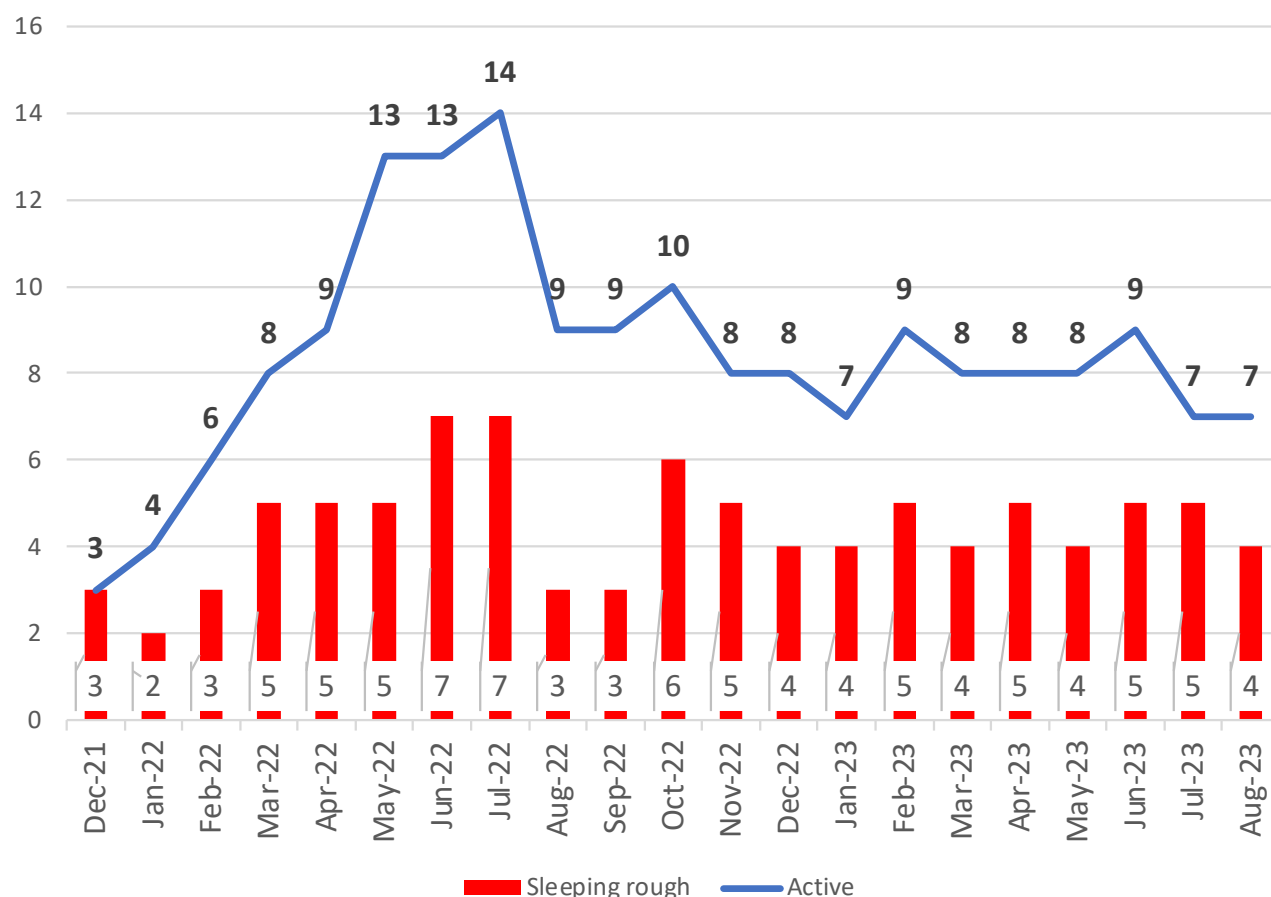
Responding to rough sleeping homelessness in the City of Stonnington

The City of Stonnington commenced a Zero project in December 2021, the third local Government Area to do so after Port Phillip and Frankston. ABS census data shows that the number of people recorded sleeping rough on census nights in 2016 and 2021 was low, however a substantial population of people were living in what can be precarious accommodation and included in the operational definition of homelessness by the ABS. That is supported accommodations, Boarding (or Rooming) houses, and temporary lodgings. As the BNL data contained in the community snapshot shows there has been more rough sleeping over the nearly two years of the project than one would expect from the Census data, with 31 people added to its By Name List. **Table 11** shows that these are mostly men (87%) and slightly older

than the average for zero projects across Melbourne at 46. Befitting a slightly smaller list, the number of partners is lower than in some of the other projects at 10, with a strong overlap between it and the Port Phillip and Melbourne projects including a large public hospital on its doorstep with acute and outreach mental health services. Stonnington also has 2 drop-in centres, some assertive outreach resources based in community health and specialist homelessness services, but it does not have an Access Point within its boundary with the closest located next door in Port Phillip an LGA with which it has many connections and overlaps.

Only a small number of housing outcomes have been achieved in Stonnington, but as we see in **Figure 9**, eight housing outcomes still equates to over a quarter of all inflows housed (26%), the third highest percentage behind Port Phillip and Melbourne. In terms of cohorts of significance, Aboriginal and Torres Strait Islander

people are, as with all projects over-represented compared to the proportion living in the local community (13% of the total inflows and 0.3% of the Stonnington population), but with two people housed and only one person of Aboriginal And Torres Strait Islander descent remaining on the list good work has been achieved.

The Stonnington BNL data shows that of all the Zero projects in Melbourne, Stonnington is by far the closest to achieving a functional zero milestone with 'only' 7 people active on the BNL at the end of August. With such a small number we see a common data element come into view, the percentage of people sleeping rough is relatively high at nearly 60%. This is because as people are housed the people remaining on the list are usually either the most complex and hardest to house or they are the new inflows. As a result, the sleeping rough proportion increases.

With a goal of achieving functional zero rough sleeping homelessness by December 2023, it is an exciting time for Stonnington, one of the first communities to be in touching distance of functional zero rough sleeping for all cohorts. This is what we refer to as the 'home stretch' where we look deeply into the specific barriers facing each of these, the most complex people left on the list. In most cases this means identifying bespoke solutions and work continues with housing and support providers to find optimal combinations which secure and then help to sustain their long-term housing. This work is shared with the Australian Alliance to End Homelessness community of practice and helps to support the work of future communities who one day will be in a similar situation, including the Geraldton Zero project in WA which is at a similar stage and Port Phillip Zero.

2.4. CITY OF YARRA

Figure 11.   **Community Snapshot: City of Yarra and Yarra Zero**

Selected ABS 2021

Total Persons: 90,114
Median age: 34
Median total personal income: $1,324
% Aboriginal And Torres Strait Islander people: 0.6%
% Not born Aust: 33%

Key BNL data

Total: 26 people added since July 2023
26 currently active, 13 sleeping rough.
0 housing outcomes (0% all added)
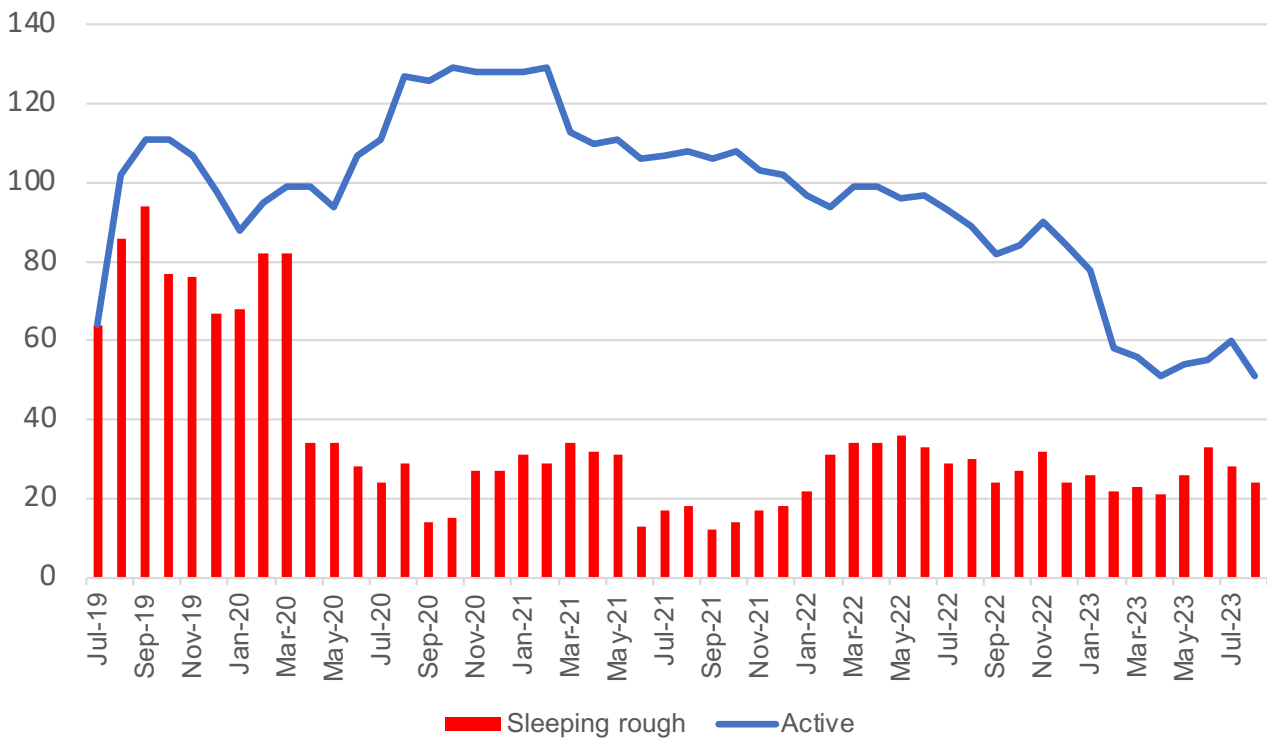
Aboriginal and Torres Strait Islander people: 8 added (31% total)
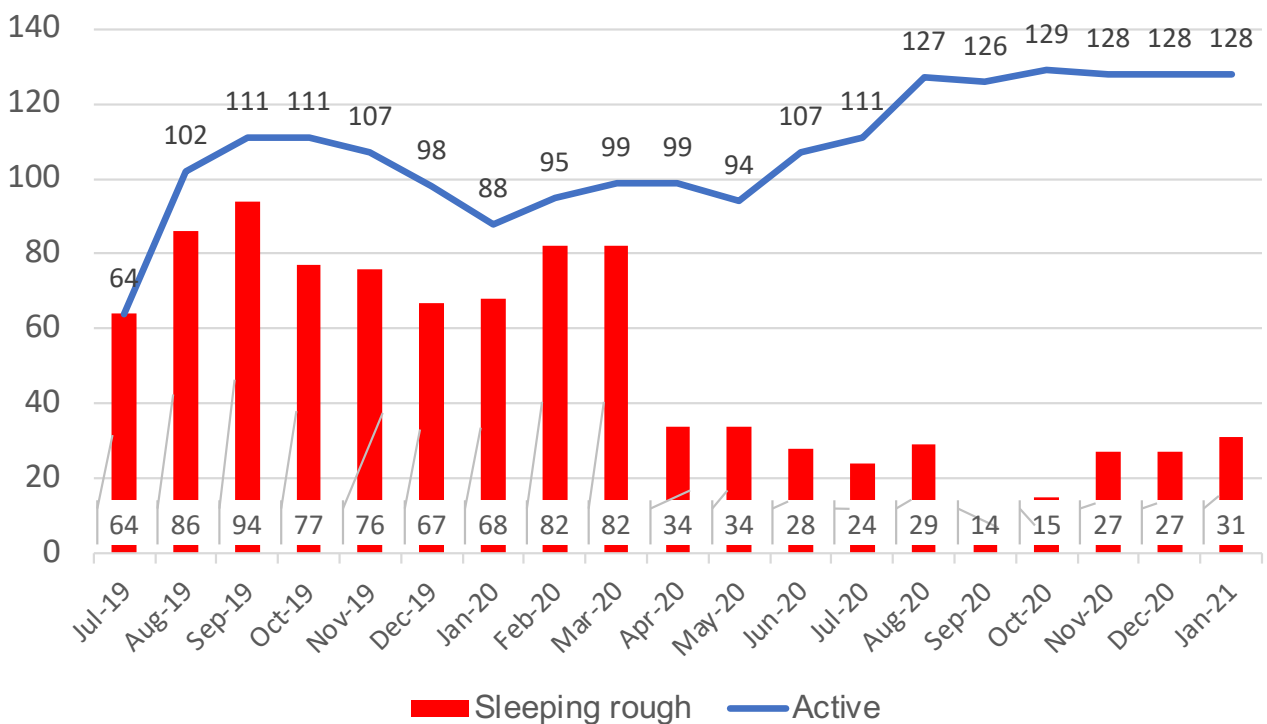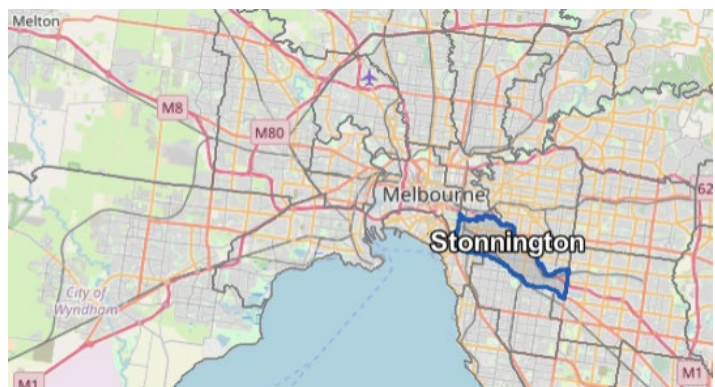0 housed, 8 still active. None became inactive.
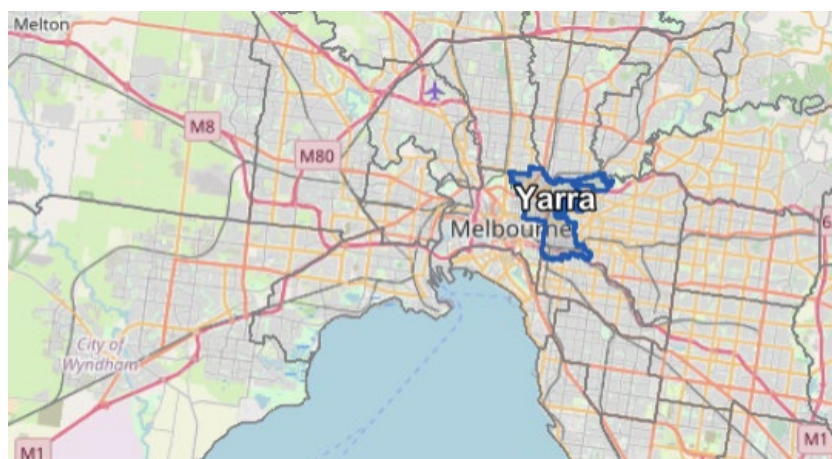
Table 7.   **Yarra: Homeless living situations ABS Census 2016 to 2021**

Year	Sleeping rough	Change 2016 to 2021	Supported accom & Boarding Houses & Temp Lodging	Change 2016 to 2021	Stay temporary & Crowd	Change 2016 to 2021	Total	Change 2016 to 2021
2016	66	**-41%**	635	**-24%**	148	**-68%**	849	**-33%**
2021	**39**	**-27**	**483**	**-152**	**47**	**-101**	**569**	**-280**

Figure 12. **Yarra By Name List: Created 2023, shown July 2023 - Aug 2023**

Legend: Sleeping rough ▬ Active
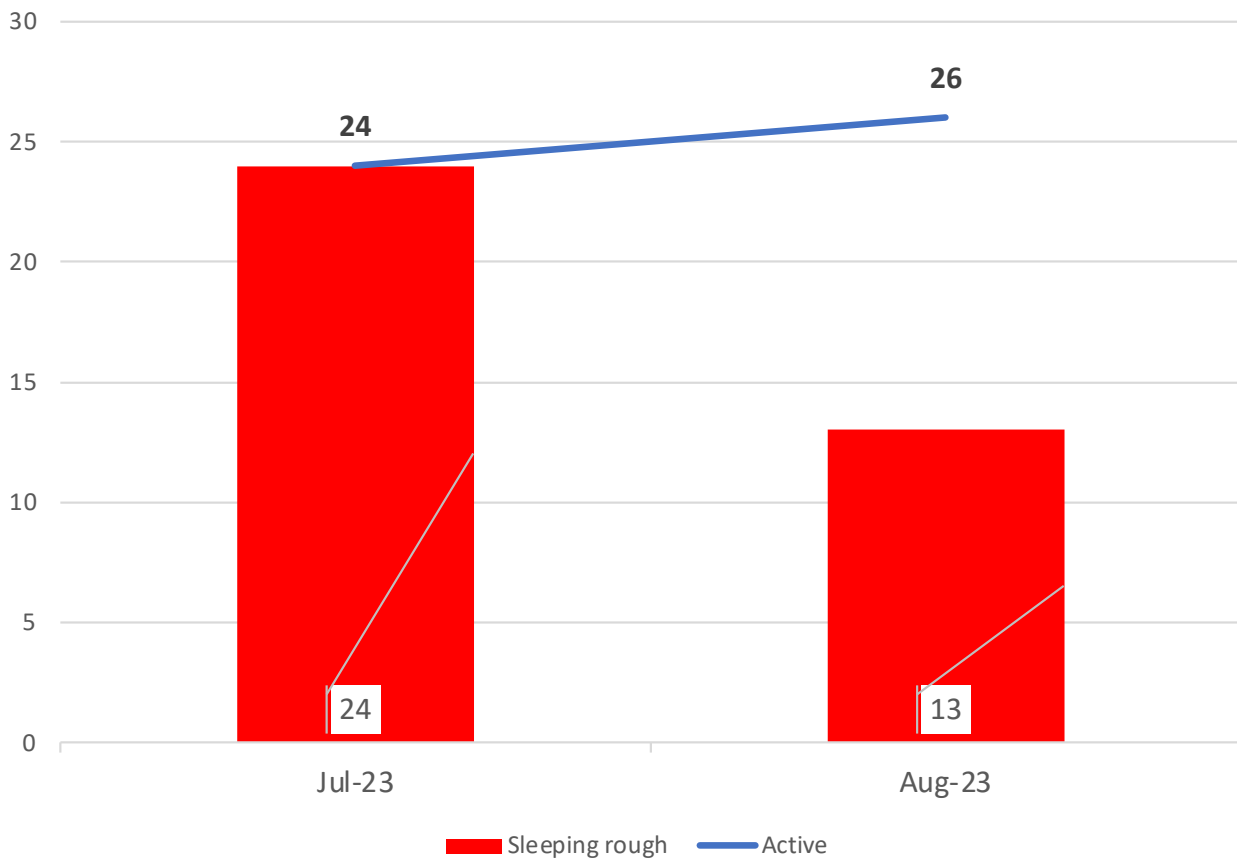
Responding to rough sleeping homelessness in the City of Yarra

The City of Yarra recently went live with their first BNL, having commenced the action planning required to set up a Zero project earlier in 2023 and is now the 6th project in metropolitan Melbourne. As one would expect from the description of the service system below, Yarra is a project with one of the largest number of partners at 17.

Yarra Zero is part of a large and well-resourced local service system with its own Entry Point into the coordinated Specialist Homelessness Service System, 3 local community health providers including the first Safe Injecting Room in Victoria and a large public hospital with acute inpatient and outreach mental health services. It also features several drop-in centres, a multiplicity of assertive and home-based outreach services, a large number of Aboriginal Community Controlled Organisations and a significant number of high-rise public housing estates and community housing providers.

The data in **Figure 11** and **Figure 12** shows a moderate size BNL with large numbers of people sleeping rough, including a disproportionately large Aboriginal and Torres Strait Islander cohort at 8% of the list while only 0.6% of the population of the LGA. While this project has not yet set a target for achieving functional zero rough sleeping homelessness, the number of services, long history of collaboration, and the existence of a new Zero project makes one optimistic about its chances of achieving the target in the near future.

2.5. CITY OF GREATER DANDENONG

Figure 13.   **Community Snapshot: City of Greater Dandenong and Dandenong Zero**

Selected ABS 2021

Total Persons: 158,208
Median age: 36
Median total personal income: $618
% Aboriginal And Torres Strait Islander people:
0.4%
% Not born Aust: 62%

Key BNL data

Total: 135 people added since July 2022
54 currently active, 24 sleeping rough.
17 housing outcomes (13% all added)

Aboriginal and Torres Strait Islander people:
7 added (5% total)
2 housed (29%), 4 still active.
1 person became inactive (14%)

CALD1: 49 people (36%), 6 housed (12% CALD
added), 20 Active, 23 Inactive (47%)

Table 8.   **Greater Dandenong: Homeless living situations ABS Census 2016 to 2021**

Year	Sleeping rough	Change 2016 to 2021	Supported accom & Boarding Houses & Temp Lodging	Change 2016 to 2021	Stay temporary & Crowd	Change 2016 to 2021	Total	Change 2016 to 2021
2016	24	**-8%**	723	**65%**	1,349	**-14%**	2,096	**13%**
2021	**22**	**-2**	**1,193**	**470**	**1,156**	**-193**	**2,371**	**275**

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1   People of Culturally and Linguistically Diverse (CALD) backgrounds are included here because of their high proportion on the
     Dandenong BNL. Much lower on all other BNLs (SZ 16%, MZ 13%, PPZ 9%, YZ 8%, FZ 3%)

Figure 14. **Dandenong By Name List: Created 2022, shown June 2022 - Aug 2023**
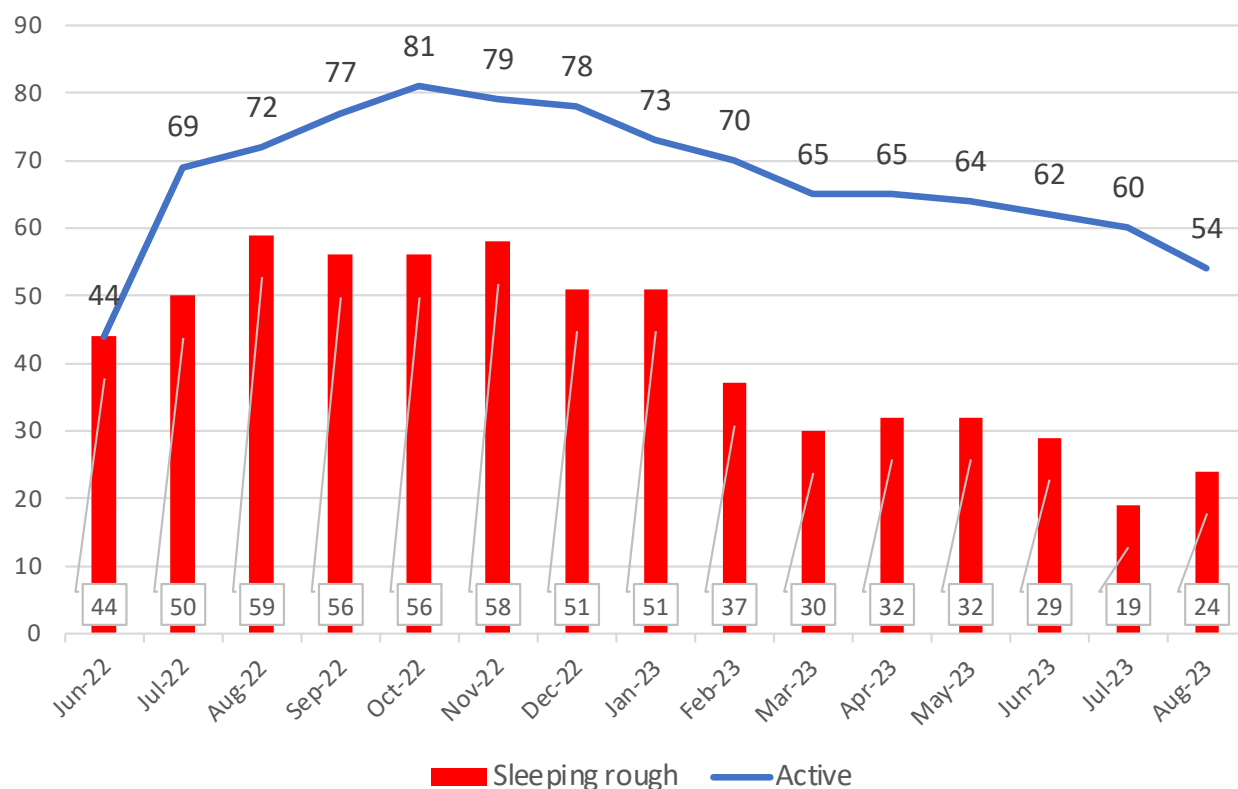
Responding to rough sleeping homelessness in the City of Greater Dandenong

The City of Greater Dandenong went live with their first By-Name List in June 2022, the 4th Zero project in Victoria and the project with the highest number of partners at 22. These include the local homelessness entry point, 2 material aid and drop-in centres, a medium size crisis accommodation, some assertive outreach and supportive housing resources, some cohort specific (younger and older people, Aboriginal And Torres Strait Islander people) outreach resources, and a large public hospital with acute inpatient unit but absent a Homeless Outreach Psychiatric Service. There are also several Alcohol and Other Drug services, an Aboriginal Community Controlled Health Centre, and a number of cohort specific CALD organisations servicing the locality.

However, the consistent advice from services involved in Dandenong Zero are that overall needs far outstretch system capacity. ABS census data (**Table 8**) shows that this LGA had the highest number of people experiencing homelessness in Metropolitan Melbourne at 2,371 in 2021, an increase of 13% on its figure in 2016 which was then also the highest in Melbourne. Interestingly ABS census data showed a low number of people sleeping rough but that has not been the experience of the Dandenong Zero project with an immediate number over 40 (**Figure 14**). This peaked at close to 60 people

sleeping rough toward the end of 2022 and an overall active number of over 80. In just over 12 months 135 people have been added to this BNL and it remains distinctive for a number of other reasons.

Dandenong has the lowest average age of people sleeping rough at 41 and the second lowest proportion of women at 13% (**Table 11**). It has the lowest number of Aboriginal And Torres Strait Islander people at 5% and a significantly higher representation of people from Culturally and Linguistically Diverse (CALD) backgrounds (**Figure 13**) at 36%. Included in this is a significant number of people who identify as seeking asylum. These are all men who come from a diverse range of countries and who in the main have no or very limited work rights, no access to Centrelink payments and are ineligible for public housing. Their pathway out of homelessness is narrow or non-existent.

Dandenong also has the lowest number of housing outcomes as a percentage of people added (**Figure 13**, 13%), a figure reflective of very low levels of social housing, notwithstanding a new women and children's supportive housing facility, in particular 1 bedroom stock, a common gap across these projects but especially dire in the suburbs that make up the City of Greater Dandenong. In common with many of the other zero projects, Dandenong also has many registered and unregistered rooming houses, and the ABS census recorded it as having one of the highest numbers of

people living in these types of homelessness at 724 (ABS Census 2021, SA3), a near 100% increase on the figure in 2016 of 368. Of all the zero projects this is the area with the most need for investment in affordable social housing, in particular 1-bedroom properties. As part of the housing needs analysis conducted by the Dandenong Zero service Coordination team (**Table 14**), a check of locations was undertaken. **Table 9** indicates that vast majority of people with completed social housing applications have identified suburbs within the City of Greater Dandenong as their preferred homes, however very few of them will ever be able to be housed there without significant increases in this type of stock.

Table 9.   **Dandenong BNL Housing location analysis (Aug 2023)**

	Number	%
Springvale	7	11%
Springvale / Dandenong	14	23%
Springvale / Noble Park	1	2%
Dandenong only	21	34%
Flexible	1	2%
Unknown	17	27%
Casey	1	2%
Total	62	

2.6. FRANKSTON CITY

Figure 15.   **Community Snapshot: Frankston City and Frankston Zero**

Selected ABS 2021

Total Persons: 139,281
Median age: 39
Median total personal income: $805
% Aboriginal And Torres Strait Islander people: 1.3%
% Not born Aust: 26%

Key BNL data

Total: 223 people added since July 2021
61 currently active, 31 sleeping rough.
47 housing outcomes (21% all added).

Aboriginal and Torres Strait Islander people:
22 added (10% total)
3 housed (14%), 8 still active and 11 people became inactive (50%).
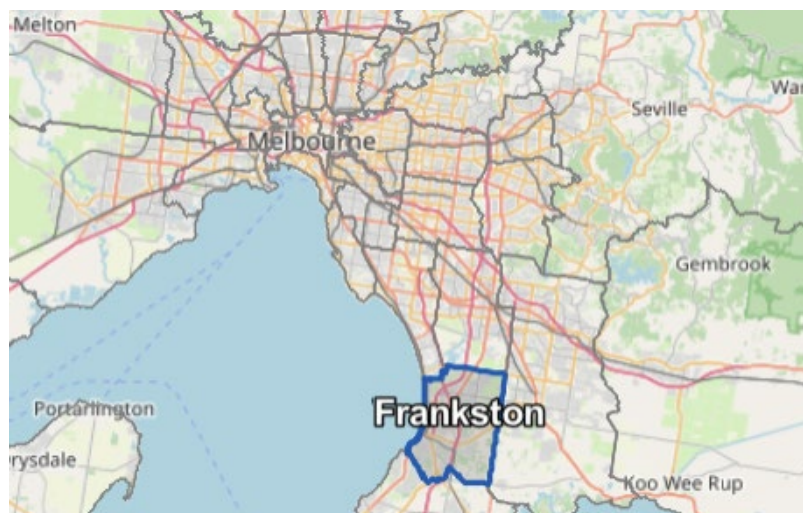
**Table 10.**   **Frankston: Homeless living situations ABS Census 2016 to 2021**

Year	Sleeping rough	Change 2016 to 2021	Supported accom & Boarding Houses & Temp Lodging	Change 2016 to 2021	Stay temporary & Crowd	Change 2016 to 2021	Total	Change 2016 to 2021
2016	75	**-56%**	322	**92%**	148	**-4%**	545	**46%**
2021	**33**	**-42**	**618**	**296**	**142**	**-6**	**793**	**248**

Figure 16. **Frankston By Name List: Created 2021, shown June 2021 - Aug 2023**
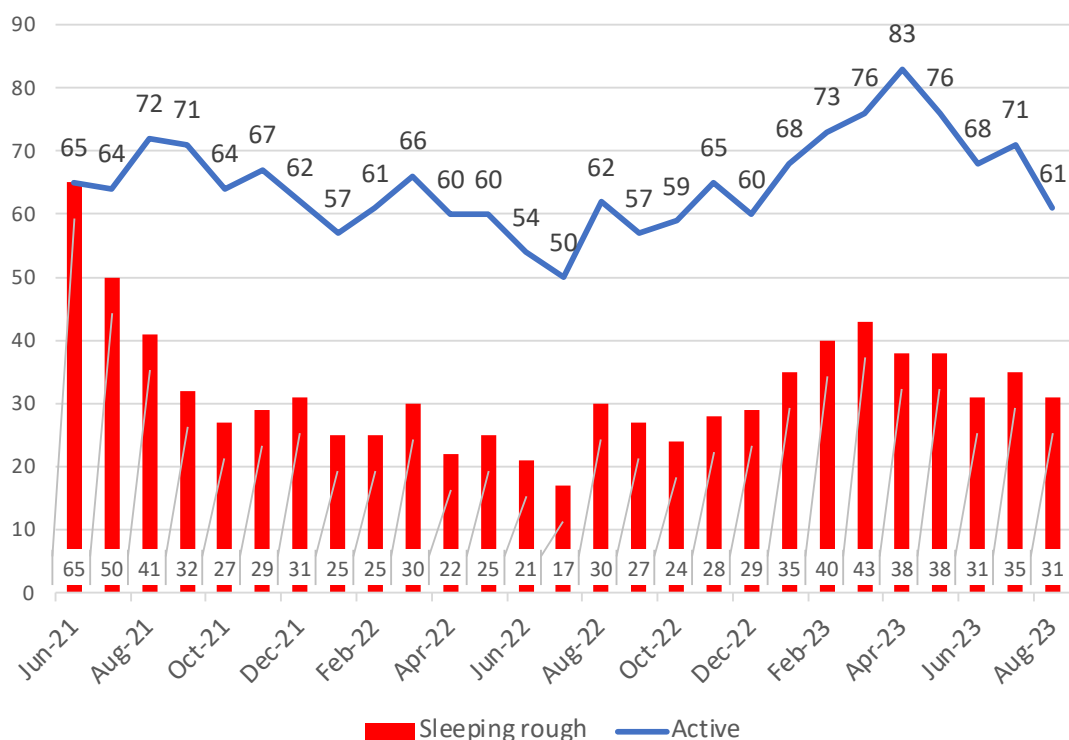
Responding to rough sleeping homelessness in Frankston City

Frankston City launched the second zero project in Metropolitan Melbourne following the lead of the City of Port Phillip. Frankston Zero has had a By-Name List since June 2021 commencing in the middle of the last stages of the COVID 19 pandemic.

Frankston as with Dandenong has a rapidly connecting network of services focused on people sleeping rough, greatly enhanced by the Frankston Zero project. This was recognized by its local member of Parliament who secured funding from 2023/24 for 4 years to support the system coordination role the project plays. This was the first time that a Zero project was funded by the State Government in Victoria with 80% of funding until then from philanthropy and 20% local Government.

The locality is serviced by its own Entry Point, a a large public hospital which in common with Dandenong has an acute inpatient unit but absent a Homeless Outreach Psychiatric Service. In recent years an alliance of community support providers has brought assertive outreach and a variety of case management services to the locality, a local Family Violence Orange Door and mental health and Alcohol and Other drug hub, as well as a Gathering place for Aboriginal and Torres Strait Islander people. Additionally, there is the First Peoples' Health & Wellbeing Service, an Aboriginal Community

Controlled Organisation providing affordable primary healthcare, located in the Frankston CBD.

Furthermore, complex tenancies support has been made available including from the Multiple and Complex Needs Initiative run by the Victorian Department of Families Fairness and Housing, an invaluable resource for working with high complexity individuals described in **System gaps and barriers for people sleeping rough**. Nonetheless, as **Table 10** shows, rough sleeping homelessness was a major issue in 2016 and overall homelessness has risen in the years since even though rough sleeping has fallen. As described earlier the census count took place during the COVID 19 lockdown of August – October 2021 and many people were in hotels and motels. The BNL data described in **Figure 15** and shown in **Figure 16** indicate that it remains a substantial problem, with housing outcomes remaining low in comparison to inner city projects. As with Dandenong there is a lack of social housing available to the people of the area. With a total supply of 3,579 dwellings Victorian Housing Register wait list applicants continue to outnumber the total number of public and community housing available in the area. This means that the boarding (or rooming) houses that have grown significantly in the years since 2016 (**Table 10** up 92%, with Boarding houses making up 70% of this category in 2021[2]) are home to many of the most vulnerable members of this community who can no longer afford housing, some of whom have ended up sleeping rough.

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2   It should be noted however, that changes to the ABS data collection for Boarding houses makes comparisons difficult.

3. Learnings: local and in general

3.1. WHO ARE THESE PEOPLE SLEEPING ROUGH?

Of the nearly 1,500 people added to the BNL's the vast majority are men at 74% (**Table 11**). The proportions of women varied from 13% (Stonnington) to 32% (Frankston), and nearly 400 women were recorded sleeping rough, clearly not just a male issue. The average age of most people on these BNL's is in the mid 40's with variation across the BNL's (41 in Dandenong, 47 in Port Phillip) and sexes (49 for men in Port Phillip for example). The youngest recorded people were three children, part of a family group aged 11, 15 and 18 and there were several other 18 years olds but only 7 people in total under 20. Young people are not present sleeping rough in these localities which means some important preventative work seems to be succeeding. The oldest two people were aged 83 and another 80-year-old was added sleeping rough (all are now housed). Further, another 25 people aged between 70 and 79 were added to these lists. Six of these are now housed, 3 remain active, 3 have died and the remainder have been made inactive.

Table 11.   **Zero in Melbourne BNL's: All people by Project, Sex and Age**

	Male	Female	Non-binary	Totals	Male	Female	Non-binary	Average age	M	F	NB
Melbourne	649	207	5	861	75%	24%	1%	43	44	42	40
Port Phillip	218	100	2	320	68%	31%	1%	47	49	44	48
Yarra	19	7	0	26	73%	27%	0%	45	45	44	NA
Stonnington	27	4	0	31	87%	13%	0%	46	44	48	NA
Dandenong	111	23	1	135	82%	17%	1%	41	41	41	24
Frankston	152	71	0	223	68%	32%	0%	44	44	44	NA
Totals	**1,176**	**412**	**8**	**1,596**	**74%**	**26%**	**1%**	**44**	**45**	**43**	**40**

Aboriginal and Torres Strait Islander people made up 14% of all the lists but there is high number of unknowns (around 10% of the total inflows). The lists with the highest inflows of Aboriginal And Torres Strait Islander people are Melbourne and Port Phillip, however proportionately Yarra is greatest with 31% of a smaller total number. The average age of Aboriginal And Torres Strait Islander peoples on these lists is marginally younger than the overall lists, however Stonnington, Dandenong and Frankston have the oldest average age of Aboriginal And Torres Strait Islander people. Finally, there are no Aboriginal And Torres Strait Islander people under 20 on these lists and none over the age of 70, however there are 12 people in their 60's (75% of who are men and 70% of these are now housed).

Aboriginal and Torres Strait Islander people are the highest priority for housing and support across all Melbourne Zero projects. However, given this high prevalence in what is the most extreme manifestation of homelessness much more needs to be invested in prevention activities across the broad range of service systems where they are over-represented including criminal justice and out-of-home care.

Table 12.   **Zero in Melbourne BNL's: Aboriginal And Torres Strait Islander people by Project, Sex and Age**

	Male	Female	Non-binary	Totals	% BNL	Male	Female	Non-binary	Average age	M	F	NB
Melbourne	81	47	1	129	15%	63%	36%	1%	41	42	40	26
Port Phillip	35	25	1	61	19%	57%	41%	2%	45	44	46	57
Yarra	5	3	0	8	31%	63%	38%	0%	36	35	38	NA
Stonnington	4	0	0	4	13%	100%	0%	0%	50	50	NA	NA
Dandenong	6	1	0	7	5%	86%	14%	0%	47	49	34	NA
Frankston	15	7	0	22	10%	68%	32%	0%	46	48	40	NA
Totals	**146**	**83**	**2**	**231**	**14%**	**63%**	**36%**	**1%**	**43**	**43**	**42**	**42**

3.2. FLOWS BETWEEN LISTS AND RETURNS TO LISTS FROM INACTIVITY

Now we turn to movements between and back onto BNL's, a supplementary analysis that serves to illustrate that while this happens (**Table 13**), and there is a lot of inactivity (**Table 1**), these combined LGA's make up a relatively small proportion of the overall population of Melbourne at 15% based on the ABS Census. Without either a BNL across all of Metropolitan Melbourne or better interconnection between data sets (especially housing, justice, health, and mental health) we cannot

say much about where people go. From the data in **Table 13** we see that more people move from one BNL to another in the inner city, especially from Port Phillip and then Melbourne, with only one move between outer metropolitan projects and none so far into Dandenong.

When we look at Aboriginal and Torres Strait Islander people, we see that they make up a slightly higher proportion of moves between lists than one would expect from their overall representation (27% compared to 16%) but the overall numbers are small.

Table 13.   **Moving people from one BNL to another including Aboriginal and Torres Strait Islander people**

	Melbourne	Port Phillip	Stonnington	Yarra	Dandenong	Frankston	Totals
Melbourne to				6			6
Port Phillip to	8		4	1			13
Stonnington to							0
Yarra to							0
Dandenong to						1	1
Frankston to		1		1			2
Totals	**8**	**1**	**4**	**8**	**0**	**1**	**22**
%	**36%**	**5%**	**18%**	**36%**	**0%**	**5%**	
Aboriginal and Torres Strait Islander people							
Melbourne to				3			3
Port Phillip to	1		2				3
Totals	**1**		**2**	**3**			**6**
% of moves	**13%**		**50%**	**38%**			**27%**

As we saw earlier (**Table 1**), people who becoming inactive make up just over half of all the people on these BNL's. To reiterate, people become inactive because services lose contact with them and they have not been seen for more than 90 days. The reasons usually are that they move out of area, into an institutional setting like a jail or long-term care, or they move into another form of homelessness or even a stable form of temporary housing with a partner, friend or family member without informing services. They may also not want to be seen

by services. **Table 14** shows that just over 10% of people who have become inactive (90 people) return to becoming active again on a BNL. This happens primarily in the inner city but not that different in terms of their proportions (**Table 15**), with 24% of people in the outer suburban projects of Dandenong and Frankston returning from inactivity and 22% becoming inactive.

Table 14. **Returning from inactivity and housing including Aboriginal and Torres Strait Islander people**

	Melbourne	Port Phillip	Stonnington	Yarra	Dandenong	Frankston	Totals
Return from inactive	44	9	3	12	9	13	90
% of total	49%	10%	3%	13%	10%	14%	
Return from housing	0	5	0	1	0	2	8
% of total	0%	63%	0%	13%	0%	25%	
Aboriginal and Torres Strait Islander people **Return from Inactive**	7	2	1	3		1	14
% of return from inactive	16%	22%	33%	25%	0%	8%	16%
Aboriginal and Torres Strait Islander people **Return from housed**	0	3	0	1	0	1	5
% of return from housing	0%	60%	0%	100%	0%	50%	63%

Table 15. **Comparing inner and outer Melbourne zero projects**

	Active	%	Housed		Inactive		Totals	
Inner	255	69%	352	85%	491	78%	1,238	78%
Outer	115	31%	64	15%	179	22%	358	22%
	370		**416**		**810**		**1,596**	

3.3. HOUSING AND SUPPORT: NEEDS, OUTCOMES AND WHAT'S REQUIRED

When we look to the housing and support needs of people on these By Name Lists (Ch. 3.3.1), we see variation, broadly consistent with previous research by the AIHW (2018) on rough sleeping but in slightly different proportions. **Table 16** provides an overview of these cohorts and chapter 3.3.1 provides detail to what we have found from three of these BNL's.

Table 16. **Cohorts of people sleeping rough (AIHW 2018)**

Persistent service users 13% of all SHS users sleeping rough	Persistent service users (1,800 people) had the most complex needs. Eight in 10 reported a mental health issue, while two-thirds reported at least 2 of the 3 vulnerability conditions.
Service cyclers 42% of all SHS users sleeping rough	Service cyclers (5,800 people): more than half reported a mental health issue, while 2 in 5 reported at least 2 of the 3 vulnerability conditions.
Transitory service users 44% of all SHS	Transitory service users (6,100 people) were the least likely to report experiencing mental health issues, domestic or family violence and/or problematic drug and/or alcohol use. Fewer than 1 in 5 reported at least 2 out of 3 vulnerability conditions.

3.3.1. Housing Needs Analysis: Complexity and system gaps

During 2022 and 2023, members of the Service Coordination teams across Frankston, Port Phillip and Dandenong examined each person on their respective list and assessed what their likely housing needs were from a range shown in **Table 18** and for support along a continuum also shown in the same table. Combining and comparing these we see that there are people on these lists, particularly in Frankston, who only need affordable private rental. Furthermore, there are a larger group of people who cannot afford private rental but only require a small amount of support to apply for, establish, and successfully sustain a social housing tenancy, predominantly public housing. That is because there are more public housing properties in all these areas, but also because as people increase in complexity it has been felt that public housing is more able to support these individuals. This is largely to do with the funding model

for community housing in Victoria which acts as a disincentive for community housing providers to house people with multiple and complex needs because it does not support the additional costs associated with higher maintenance, support and the re-tenanting of people with complex needs. Furthermore, post housing support associated with sustaining tenancies after a housing breakdown is beyond their capacity or does not exist in each of these areas. That is programs like Tenancy Plus, the Aboriginal Tenancies at Risk program, Greenlight and case management programs with the capacity to follow people from homelessness into housing such as Journey to Social Inclusion (J2SI), Melbourne Street to Home (MS2H), Homelessness Rough Sleepers Action Plan Supportive Housing (HRSAP), Homelessness to a Home (H2H) and Towards Home (Neami National) are insufficient to meet the needs of people moving into and adjusting to housing.

The major gap identified in all these housing needs analyses was for supportive housing (also known as permanent supportive housing), such as Elizabeth Street Common Ground, Viv's place or as practiced by Wintringham with people over 50. The data in **Table 17** shows that 25% of these 216 people were assessed as requiring housing and support that was likely to be lifelong and on-site, that is supportive or disability housing or special residential services, double the number estimated in the AIHW analysis of 2018 (**Table 16**). Furthermore, many (12%) also required the type of support MS2H, H2H, J2SI type support programs offer and could well overlap with the permanent support cohort. Without this type of housing many of these people will be housed only to lose that tenancy, something many of them have already experienced. There is a need for significant investment in this area and in some cases (see **Port Phillip Case Study**) it is being left to local Government to step up to the plate.

Table 17.   **Housing needs analysis across 3 zero projects**

	PR	SH - Little	SH - Some	SH - Lot	PSH	SRS	SIL	SDA	Subsidised	Unknown
Frankston Zero - Aug 2022	16	0	28	7	8	0	2	8	0	0
Port Phillip Zero - Sept 2022	3	9	35	13	16	0	0	0	0	12
Dandenong Zero - Aug 2023	1	6	10	6	18	2	3	3	6	4
	20	**15**	**73**	**26**	**42**	**2**	**5**	**11**	**6**	**16**
	9%	7%	34%	**12%**	**19%**	**1%**	2%	**5%**	3%	7%

Table 18.   **Definitions: Housing Needs Analysis**

Housing defined	Support defined
PR: Private rental housing	**No support:** can find, establish and manage housing without support.
SH = Public Housing + Community Housing	
PSH: Permanent Supportive Housing, that is, support on-site for the rest of their lives, such as Elizabeth Street Common Ground, Viv's Place or many Wintringham properties.	**A little support:** to find and establish housing (Homelessness Entry Points usually provide this)
SIL: Supported Independent Living for people with disabilities requiring NDIS assessment.	**Some support:** to find, establish and manage transition within the first year: may include RSI or some other Assertive outreach for 3-6 months.
SDA: Supported Disability Accommodation which is supportive housing specifically designed for people with disabilities to a range of supports on-site or inreach from external providers, requiring NDIS assessment.	**Lot of support:** ongoing support to find, establish and manage the transition and beyond to sustain the tenancy (may end at some time in the future but unclear when): If available, Supportive Housing, Melbourne Street to Home, H2H type support
SRS: Special Residential Services, form of supported accommodation with varying levels of personal and health support onsite including 24/7	**Lifelong support:** Unlikely to ever be able to find, establish, and manage housing: This is permanent supportive housing like ESCG, disability housing such as SDA (not SIL) or forms of SRS and Aged Care.
Subsidized: People with no income and work rights who need housing secured and rent payments made by an agency	

3.3.2. Housing outcomes

Analysis of the data across all 6 projects shows that housing outcomes improve over time as each project finds it feet (**Table 19** and **Figure 17**). This needs to be held a little lightly and may not apply to the outer region for 2023 for two reasons. Firstly, the housing simply may not be there and to expect it to materialise is unrealistic. Secondly, the H2H program (which is no longer taking referrals) was a significant and confounding factor between 2021 and 2023, potentially providing more outcomes than may have been the case otherwise. While many allocations would still have been made to people with homeless with support priority Victorian Housing Register applications, they may not have been in the volume we saw over the last 2 years. As with the first point, expecting housing outcomes to materialise may hold back needed advocacy for more

housing of the right type in particular the innovation that has seen Frankston Zero significantly increase its housing outcomes in its second year and Dandenong welcome an emerging housing and support provider with a unique model, Avalon Housing, during 2023. This community managed organisation is based in Malvern and provides material aid there and is still part of the Stonington Zero project, but, inspired by the Housing First approach to ending homelessness in Finland, it raises money from private citizens to buy 1- and 2-bedroom apartments that it provides with rental agreements and at affordable social housing rates to people on the Dandenong By Name List. That is because this is where the most affordable properties are to be found. Furthermore, these have become one of the few options available to people without income or work rights such as Asylum Seekers.

Table 19.   **Housing outflows by project stage and year to end of June 2023**

	Port Phillip	Melbourne	Frankston	Stonnington	Dandenong	Average across projects
1st year	15	50	17	3	16	1st Year: 20
2nd year	32	70	26	4		2nd Year: 33
3rd year	31	96				3rd Year: 64
4th year	44					4th Year: 44
	122	**216**	**43**	**7**	**16**	

Figure 17.   **Housing outflows by project stage and year to end of June 2023**

Housing placements: Comparing projects by year
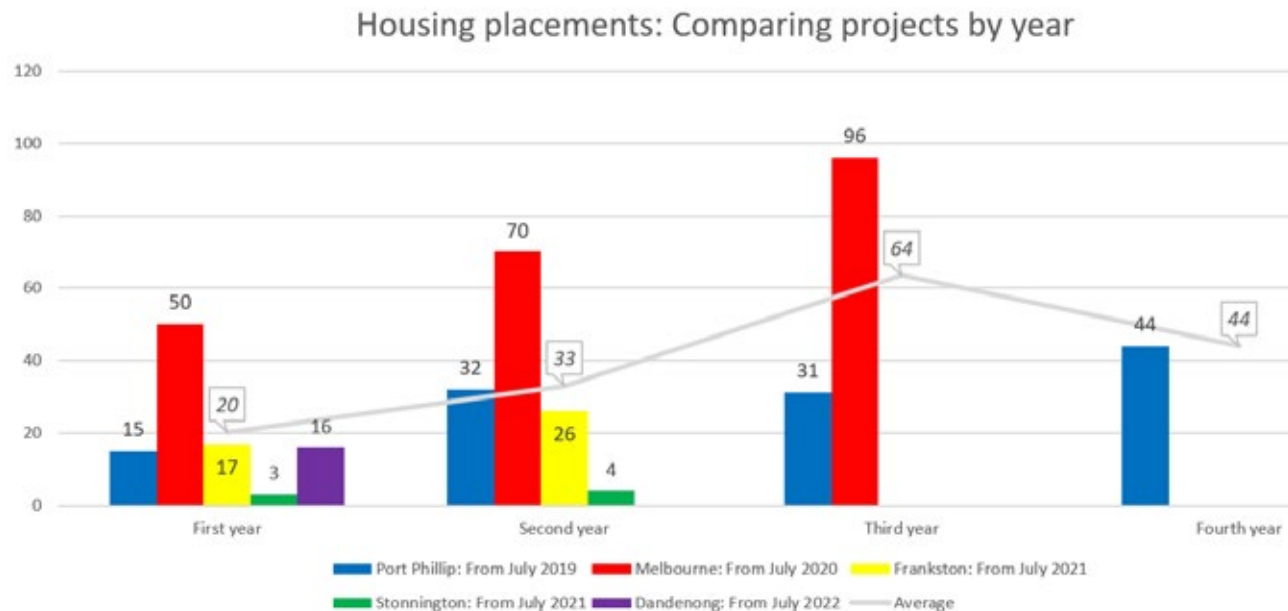
3.3.3. Support needs

People need support to understand the housing pathway they face relative to their current and likely income in the area they wish to live. Most cannot afford private rental (Around 7% of people on the BNL's secure it). This leaves affordable social housing as the only option, however the wait under the Victorian Housing Register Priority application category Homeless with Support is several years at best.

People need support to understand their interim options aside from the friends and family they are already aware of, including emerging share housing options (e.g., **Fairy Floss Real Estate**). Interim options depend on area but for most single people are Boarding/Rooming houses or caravan parks. For anyone who has visited these, is it any wonder people lose hope?

People need support to transition from the trauma of homelessness into housing; this means that homelessness and related systems need to be able to respond flexible to needs and have a focus on tenancy sustainment from when people are homeless until several years after (models include MS2H, J2SI, Tenancy Plus, Aboriginal Tenancies at Risk)

Complex people exist and need a broader and sustained system response and housing forms that don't really exist, especially not in the outer suburbs. Complex tenancies support has been crucial but needs more work and the absence of sufficient permanent supportive housing noted above (3.3.1) means many tenancies will not succeed.

3.4. SAFETY FOR PEOPLE CURRENTLY EXPERIENCING HOMELESSNESS

Given the long wait for social housing that most people on the BNL's have and continue to endure it is not surprising that many live or have lived in the hundreds of private and community rooming houses that proliferate across metropolitan Melbourne. Other submissions are likely to draw the attention of the Commonwealth to this housing form, especially the private form which is regulated in Victoria by a combination of Local Government and State Government authority. With many vulnerable people residing here its impact upon their physical and mental health is a concern for all Zero projects. Furthermore, the need for the service system to provide trauma informed and culturally safe services to traumatized people heavily over-representative of vulnerable community cohorts such as Aboriginal and Torres Strait Islander peoples (**Table 12**), and people from LGBTIQ and CALD backgrounds means that data collection and service responses need to be especially attuned to their experiences of homelessness. With 423 publicly funded specialist homelessness funded and

managed crisis accommodation beds and the remainder met by short-term respite stays in private hotels and motels, the need for shelter for people experience rough sleeping homelessness in Melbourne continues to be significantly unmet (NW LASN 2019).

3.5. SYSTEM LEARNING 1: SERVICE DISPARITIES BETWEEN INNER AND OUTER MELBOURNE

The Melbourne CBD is the epicentre through which people flow. It is central, things happen here, and there is a richness to the service system. Furthermore, most services are in walking distance in many parts of the inner city while the opposite is true in the outer suburbs. This makes service delivery harder and accessing services more difficult for people sleeping rough.

While these are generalisations and may not apply to all people, it can also feel safer in the inner than the outer suburbs, which for some people are more isolating. For example, many locations within the inner city of Melbourne are covered by the Safe City Cameras Program which helps to create a safer environment and reduce crime levels.

There also seems to be a far more developed service eco-system in the inner city with a longer history of collaboration (see **Port Phillip Case Study**), with lower numbers of certain services (e.g., Assertive outreach) and the absence of others (e.g., Homeless Outreach Psychiatric Services) in the outer suburbs.

There is also more social housing, especially public housing towers, in the inner city, something we can see in **Table 15** which (with the caveat of the H2H program) illustrates that there are twice as many housing outcomes achieved in the inner city relative to the outer suburban projects because most people from these BNL's (90%) are housed in affordable social housing.

Finally, there are increasing numbers of private boarding/rooming houses in the outer suburbs with poor safety and amenity along with high cost and increasingly barriers to entry. These can become traps into poverty and homelessness where experiences of violence are common.

3.6. SYSTEM LEARNING 2: GOALS MATTER

Each Zero project shares a common goal, to achieve functional zero rough sleeping homelessness. This provides a shared purpose to the activities of partner agencies many of whom come from systems that have different primary goals (such as stabilising a person's mental health in the community or ensuring community safety). For them, housing is an enabler and homelessness a barrier to their primary goal which

itself is interconnected with future housing stability. That is employment, good health or remaining clear of the criminal justice system. Having a shared purpose and common activities means that each system adjusts itself to that goal and can in time allocate resources and activities toward its achievement. This same principle would surely apply to any over-arching plan or strategic approach to help more Australians access safe and affordable housing. If that goal were expanded to ending homelessness, then surely all participating entities would do the same. This is a point we return to in the first of our 'Asks.'

3.7. SYSTEM LEARNING 3: THE IMPORTANT ROLE PLAYED BY LOCAL GOVERNMENT

Local governments are responding to homelessness at the crisis point. Too often local government's role is perceived to be responsibility for rates, local infrastructure and planning administration. Whilst local governments are indeed responsible for these, it is also responding in many more ways. Our learnings on this point are pretty clear. Homelessness happens in place and local government is frequently the first point of connection between someone sleeping rough and their community. There is an opportunity here to explore and embed local government's specific role in homelessness prevention. Opportunities to create explicit roles for Local government in the delivery of a National Plan should be place-based and respond to the particular needs of specific local government areas. Whether it is local laws inspectors, park rangers or library staff, or the municipal safety strategies or housing plans, or the community services funded by local government, its employees are on the ground working with their local community to resolve issues and support all residents, including people sleeping rough. Ending homelessness and its prevention feature in strategies across local government organisations including municipal health and wellbeing plans, inclusion strategies, sustainability plans. Local government has valuable insights, data and connections with community that Federal and State/ Territory Governments can draw upon to shape housing and homelessness policy and targeted place- based actions. Our experience has been that Local government has been a critical player in bringing services together within flexible network structures like a Zero project.

Recognising the success and establishing a clear mandate for State/Territory and Federal Governments to deliver ongoing funding streams for local government to assist in their homelessness and housing response is an important opportunity for any plan to address homelessness formulated by the Commonwealth.

3.8. SYSTEM LEARNING 4: GOVERNANCE, COLLECTIVE IMPACT AND THE AAEH

Almost 60 partners and many more programs, with some services like hospitals, specialist homelessness services, health centres and local Government providing multiple touchpoints with people sleeping rough, are now connected across the common 4 tier structures of the zero projects in Melbourne (**Figure 1**). They do this within a coordinated homelessness service system, and a web of other networks. For example, their local Primary Health Network, Local Area Service Network (Homelessness) or the Municipal Association of Victoria (local government), and with a significant measure of good will. Furthermore, support is provided by the Australian Alliance to End Homelessness, itself a collective of community managed not for profit homelessness and health providers. They are the backbone to the backbones and have been essential to the introduction and development of the AtoZ framework in Australia and each Zero project through a partnership with Community Solutions, the originators of the Zero approach in the United States. Their involvement ensures an international connection that now spans the USA, Canada, Europe, and Australia. The model of the AAEH is covered in their own submission, for now we make the point that without the AAEH, these zero projects would not exist in Melbourne. The AAEH is currently funded by its member agencies through a variety of sources, but this may not be sustainable in the long run without greater support from Government.

Questions arise though about the optimal use of valuable resources and are best addressed through consultation, evaluation, and research.

- What are the best structures for connecting these complex and necessary network structures?
- What resources are necessary to make these projects sustainable until the goal is met and maintained, and to keep them operating optimally while resources transition to a focus on prevention?

3.9. SYSTEM LEARNING 5: CONNECTED DATA COULD MAKE AN EVEN GREATER DIFFERENCE

The lag in data about homelessness described at the start of this submission is partly remedied by a Zero project and its By-Name List. Data collected by different systems, especially housing, health, mental health, and justice, suffer from a lack of a shared definitions and no common platform to bring them together. Connected data has many uses including for preventing homelessness as a first or subsequent experience, and for service continuity, improving the efficiency of responses, preventing harm, and for understanding the evolution and nature of homelessness when it does

occur. Connected data could be especially powerful at preventing a first occurrence of homelessness and the trauma and damage that results, and for preventing a subsequent experience after someone has been rehoused. There are emerging models from overseas, for example, such as from the California Policy Lab, where predictive algorithms using connected data sets, coupled with targeted financial and support resources, help to prevent homelessness before risk in the way we currently think of it emerges.

Interconnection could take place as either identified personal and sensitive data shared with consent, or as deidentified data combined without consent to track outcomes and identify broad risks to tenancies, interactions with other systems, and the impacts of homelessness upon disease, injury and death. These would allow us to better quantify its costs relative to preventing it in the first place. If connected to an evolving research and evaluation agenda focused on system improvement and goal attainment the benefits could be considerable, addressing questions such as,

1. How many people have sustained their tenancies and how many who did not could have if we had known they were at risk?

2. How many people ended up in jail and what could we have done with them if we knew they were there, or supported them more effectively upon their release?

3. How many people cycle in and out of our hospitals experiencing homelessness and are not recorded as such or connected to the right assessment and onto a pathway out and to supports before they are discharged?

4. How many people have died who had experiences of homelessness and how did it contribute to an earlier death?

5. What is the relative cost of an experience of homelessness and interactions with the health, mental health and justice systems cost financial and in human terms relative to the cost of preventing such an experience in the first place?

6. How and which communities does homelessness disproportionately affect and what can we do about this?

3.10. SYSTEM LEARNING 6: BACKBONE RESOURCING

Several backbone roles are required for the effective operation of any zero project. It is our learning that dedicated Service Coordination facilitation resources, focused on the goals and requirements of each project and carried out by people trained in the AtoZ framework, are required to maximise effectiveness. Furthermore, the data contained in the BNL is a key enabler of the work of Service Coordination and the system change and advocacy that supports resolution of gaps and barriers. Our learning is that a key role is a person who collates, updates, analyses and prepares data for various uses including service coordination meetings, regular monthly reporting and dashboard communication of project activities and achievement to stakeholders and the community. Gaps, barriers and system complexities are addressed at a local level by the Service Coordination Facilitator, but the role of Improvement lead also needs resourcing. This is a person who pulls together system learnings, develops out the understanding of gaps and barriers turning them into advocacy objectives, and set improvement goals associated with the achievement of the project goal. Finally, depending on the size and complexity of people on a project BNL, an additional role of complex care coordinator undertaking the type of work outlined in the Complex Needs Case Study is also recommended as a key backbone role.

3.11. SYSTEM LEARNING 7: WHAT IS MEASURED IS SEEN

Finally, there is more to be learned about the prevalence of cohorts that are emerging within the population of people sleeping rough in Melbourne. For example, veterans of the Australian Defence Force and gender diverse people. The BNL data reveals a small percentage (Table 10 and Table 11) of non-binary people at around 1% but in common with veterans of the Australian Defence Forces, if these questions are not asked or supported to be asked, we will never know or understand their experiences and be able to connect them to the services that exist.

4. Preventing homelessness

Homelessness is a damaging and destabilising experience, especially for children and young people. Preventing this happening is surely the most efficient response and a focus of the service system on this is sorely needed. We support this view because it saves damage to people that costs them and society far more in the long run. However, we cannot as a society ignore responding to existing homelessness and the right balance needs to be found between preventing and responding, which is difficult because not all people who are at risk of a first of homelessness become homeless with critical life events or 'shocks' the catalyst for a first experience. This means for now that we need to know more and focus our responses on those that work and finding more that do including innovative new approaches focused on utilising connected data or pilots that we know have worked such as the 360-degree partnership between Centrelink and Specialist Homelessness Services (Planigale and Stebbins 2013) but were never implemented.

Prevention is an important feature of AtoZ framework because a focus on the goal of ending homelessness forces one to consider inflows as much as outflows. Prevention has several dimensions, the two most relevant for now are:

1. Preventing a first experience of homelessness
2. Preventing a recurrence of homelessness

PREVENTING A FIRST EXPERIENCE OF HOMELESSNESS

We described earlier the major (structural) drivers of homelessness in Melbourne.

- A large and growing gap between the cost of private housing and what people on low incomes and especially income support can afford.
- The continued violence of men toward women and children
- Historically low levels of affordable social housing across the country and especially here in Victoria.
- An inability to rapidly support people impacted by critical life events ('shocks') from a foundation of poverty, exclusion, social isolation and marginalisation, to manage these transitions. Examples include the loss of a job, the death of a partner, a sudden debilitating illness or the onset of chronic disease.

To these structural drivers of homelessness, we add that for Aboriginal and Torres Strait Islander people it is the intergenerational impacts of colonisation.

Support from key welfare institutions, in particular the income support agency Centrelink and public housing authorities allied with specialist homelessness and Family Violence Entry Points and schools could go a long way toward preventing a first experience of homelessness. These start with increases in welfare support to low income and unemployed people, improvements in the targeting and design of rent assistance and the provision of support to manage transitions into an out of private rental housing are critical to meeting these objectives.

Furthermore, as described below Table 12 and given the continued over-representation in this most extreme form of homelessness, significantly more support must be provided for its prevention among Aboriginal and Torres Strait Islander people. This includes across the broad range of service systems where they are over-represented including criminal justice and out-of-home care. Recommendations include greater representation of Aboriginal and Torres Strait Islander people in the design of service systems, the delivery of services, the training of mainstream services and in the design and delivery of the National Housing and Homelessness Plan.

PREVENTING A RECURRENCE OF HOMELESSNESS

Support to manage the transitions out of homelessness have repeatedly been shown to work to sustain tenancies for people who require support levels up to but just short of permanent support housing, most recently in the Victorian Homelessness to a Home program, but also in evaluations of Journey to Social Inclusion, Melbourne Street to Home, Tenancy Plus, Aboriginal Tenancies at Risk (a program with a very high success rate of sustaining social housing tenancies), and in Port Phillip through the partnership between Sacred Heart Mission and Housing First. Support while the person is homeless helps to assess need and develop the transition plan and can then be implemented by a known and trusted person. This is a function that is being developed within Zero projects in Melbourne and involves some internal redeployment of existing resources.

Both prevention objectives are supported by better connections between related data sets in the latter between social housing providers and Zero projects in identified form with client consent and in deidentified form without client consent. The former requires the connection of larger data sets described earlier in this submission.

5. Case Study: City of Port Phillip and Port Phillip Zero – it is possible to end homelessness.

As we saw in **2.2**, the City of Port Phillip was the first Zero project in Metropolitan Melbourne. It is also the project that has experienced the largest fall in the number of people actively homeless of 60% and over 120 housing outcomes with the highest percentage of people housed relative to total inflows (**Table 2**, 39%). The Homelessness to a Home (H2H) program has made an important difference but accounts for less than half of these housing outcomes, something else is going on in this area and the learnings are worth considering.

Along with Stonnington, Port Phillip it is currently undertaking 'Home Stretch' work focused on securing housing and support outcomes for the final 51 people

on its list as it prepares to meet its goal of functional zero rough sleeping homelessness by December 2023. It is an ambitious goal but as **Figure 18** shows quite possible given the current trend line. If this were achieved, Port Phillip would be the first large community (over 100 active at any one time) to do so with rough sleeping. Even before reaching this milestone the achievements of this project show that it is possible to make huge dents in rough sleeping homelessness and in fact to end it. So, what are the key elements of this service system that are making the difference compared to other zero projects?

Figure 18. **Port Phillip Zero progress toward functional zero rough sleeping by Dec 2024**

Location, history and council

The City of Port Phillip and especially St Kilda is located alongside Port Phillip Bay and has long been a community that has attracted a diverse group of people, Aboriginal And Torres Strait Islander people, immigrants, sex workers, queer community, artists, and musicians. This makes it an interesting and lively community that hosts events and entertainment but also makes it attractive meaning housing to own and rent has become very expensive. This was not always the case an historically it has also hosted many private rooming houses and while these have gradually closed in the inner city (for example the notorious Gatwick Hotel), many have been taken over by community housing providers providing a level of support, amenity and community housing management that is qualitatively distinct from most private providers. Rooming houses and the diverse population attracted to the area meant that services developed around the needs of their community, this has been crucial to the ability of Port Phillip to respond well to homelessness.

The City of Port Phillip is also an engaged local council which funds many services relevant to homelessness including an assertive outreach role, community development workers and Aboriginal and Torres Strait Islander liaisons to name a few. There are also homelessness and social work roles employed and funded by council that undertake backbone roles associated with the Zero project, namely Service coordination facilitator and Community lead. It was also the first project in Melbourne to recruit and pay a person with a lived experience to join its Executive and Improvement Group.

Service System

As with the other Zero localities in Melbourne, specialist homelessness services (SHS) take place within the Statewide coordinated service system known as Opening Doors. This is focused around two homelessness Access Points who provide Initial Assessment and Planning services to people dropping in seeking support, and the state-wide system of prioritization according to vulnerability and housing and support needs, which connects people seeking services to available homelessness supports, crisis accommodation and transitional housing vacancies. The local SHS has a broad range of outreach support resources (home based and assertive) including post housing support for complex individuals. Here two prominent program stand out, the flagship national program Street to Home and the renowned Journey to Social Inclusion (J2SI), an innovative local program based in a strong action research evaluation frame. Furthermore, there are several crisis accommodations in the area and in adjacent localities in

particular Southbank, Homefront, and Launch Housing East St Kilda and South Melbourne originator of also renowned Education Pathways Program for children experiencing homelessness along with their families. Additional post housing support services for people moving out of homelessness are also provided by two specialist programs which help people settle into their new tenancy (Greenlight and Tenancy Plus). These are strong foundations of support for people experiencing homelessness and they are bolstered by a highly interconnected system of allied services starting with health.

The local health system boasts a community health organisation (The Better Health Network formerly known as the Inner South Community Health Service or Star Health) now co-located with the local Pride Centre. This has a strong focus on the LGBTIQ community and assertive outreach health, and homelessness services known as Community Connections Program. Better Health Network also provides services connected to prisons and support to the local community of street sex workers. There area is well served by a primary health clinic providing general health and Alcohol and Other Drug (AOD) support (Access Health), next to one of the two homelessness access points in the area run by the Salvation Army. Additional primary and mental health and AOD support is provided by the innovative First Step Community Health service. Furthermore, a large public hospital (Alfred health) I is located on the doorstep and services the LGA with an emergency department and acute inpatient mental health services, bolstered by a range of mobile and community based mental health services including the Homeless Outreach Psychiatric Program (HOPS) with a focus on people sleeping rough.

We know the value of community connection to sustaining people while homeless or residing in rooming house, and to helping them keep their housing after an experience of homelessness. The locality is well resourced in this area with a number of drop-in centres, especially Sacred Heart Mission (SHM) which provides breakfast and lunch 365 days a year and services for vulnerable groups. SHM developed and runs J2SI, Greenlight, Homefront crisis accommodation, a Woman's house and is a registered aged care and disability provider. Other drop-ins include the Christchurch community Centre and Port Phillip Community Group, and the web of community connections is sustained by groups focusing on people who have lived with homelessness including **Voices of the South Side** and the **Choir of Hard Knocks**.

The area is also home to a specialist homelessness, housing and AOD focused Aboriginal Community Controlled Organization (Ngwala Willumbong) that has access to detoxification and rehabilitation services and provides a range of case management and tenancy

support services to the community of Aboriginal and Torres Strait Islander people that live in the locality and beyond. While there are still areas for improvement, lacking for instance a Gathering place for Aboriginal and Torres Strait Islander people, it nonetheless has a sophisticated network of culturally safe community connections, such as regular community barbeques run by local services (Health Time), which together are critical to keeping people who have experienced homelessness housed.

Housing

There are 3 community housing providers in the area (St Kilda Community Housing, Southport, and Housing First) who manage a range of community housing including the rooming houses mentioned earlier. There are housing programs focused on older people run by Wintringham and the Better Health Network. A High-Rise Older Persons Support Program is focused on the many public housing dwellings in the area including two high rise towers in St Kilda and South Melbourne. Finally, and significantly for the housing outcomes secured by the project, nomination rights into public housing properties for people over 55 are managed by social workers employed by council and connected to the Port Philip Zero project.

Bringing it all together and focused on the goal

The services described above have a history of working well together and have for the last 4 years collaborated on the Port Phillip Zero project. While gaps remain, and certainly public housing is not as extensive as it could be relative to need, even gaps like permanent supportive housing are being addressed. By the end of 2024 a 28-bed supportive housing facility will be developed in the area with a focus on the BNL and partly funded by council. This is the service system that has served as the pilot for the zero approach to ending homelessness in Melbourne. It demonstrates what is needed but also what is possible and serves as a valuable case study for both responding to homelessness and preventing further recurrences. However, it is not perfect, and gaps and barriers remain within this locality and the rest of Melbourne. These are detailed below followed by a short case study which illustrates some of the benefits but also challenges of the service system that the AtoZ framework exists within in Melbourne.

6. Responding to homelessness: System gaps and barriers for people sleeping rough

Support helps to end homelessness but there is not enough

We know that many people experiencing rough sleeping homelessness are cycling between the streets, cars, squats, and various forms of precarious accommodation available to them. That includes couches, share housing, rooming houses, hotels, caravan parks and even extended family. The BNL's tell us that public housing is likely to be the destination for most of these people and evaluations of the H2H, J2SI, Melbourne S2H programs suggests that when housing and support are available and combined in a Housing First approach tenancies for people who have experienced rough sleeping homelessness are overwhelmingly sustained. However, these types of supports do not exist everywhere they are needed and relative to the need that the BNL's exist, unsurprising if Census and SHS system use data is used. Zero projects are based around assertive outreach which when combined with community intelligence on where people are sleeping rough means that people who have disengaged from services are offered opportunities to reconnect with the service system. They are also counted and where possible put onto a pathway out of homelessness in the long run.

Problematic Alcohol and Other Drugs

Problematic use of alcohol and other substances are present among a very high proportion of the people who are on these BNL's yet the number of beds for detoxification and rehabilitation and the access to these is very, very low in Melbourne. Combined with the long wait for housing makes recovery from addiction and problematic use very difficult.

The NDIS and a Victorian PDRSS

The need to undertake long and complex assessments for people with high needs to become eligible for supports under the National Disability Insurance Scheme (NDIS) and for specialist disability housing, is a barrier in most of the Melbourne Zero projects. The loss of the former Psychiatric Disability and Rehabilitation Support Services (PDRSS) system in Victoria has been felt acutely in the loss of flexible and responsive support resources and the community connections that these services enhanced and is now a system gap.

Housing First

Housing first is the housing model sought by Zero projects as part of the overall AtoZ framework and each project seeks to maximise access to social housing, the form that is affordable to 90% of the people on BNLs. However, there is a small subset on each BNL which requires support over and above what the services within service coordination can offer. These are people who need bespoke coordinated responses.

Complex clients

There are on each list among those people who require permanent supportive or robust disability housing, a small number of people with the most complex interactions of mental illness, personality and problematic drug and alcohol use. Resolutions for this 10 – 15% (up to 30% on some lists such as Frankston) are rare due to the lack of suitable housing types and dedicated support resources. From the perspective of the community these people live within, resolution usually happen when the person leaves the area, either voluntarily, or involuntarily into custody, long term care or death. The role of the criminal justice system is important here and increasingly coordinated with Zero projects in Melbourne, especially for people who are a risk to themselves or others, but it is not fully integrated into the system of response to homelessness, for example people leaving custody and returning to homelessness.

Prevention of this constellation of complexity is preferable and returns us to the need to retain housing and connect people to needed supports associated with employment, income support, mental health and drug and alcohol support before they experience homelessness. This needs more work by the entire system because police have become the default response. Closer integration is needed between emergency health and homelessness in responding to people who are a danger to themselves and others and who may not fit the criteria for involuntary mental health admissions.

For now, where a Zero project exists specialist support is provided by Service Coordination Facilitators, or Complex Care Coordinators such as those funded by philanthropy in the Melbourne Service Coordination

Project, see the Case study below which illustrates the importance of coordinated approaches for people with complex needs. As will be seen, these roles increasingly work in conjunction with Complex Tenancies teams attached to the Multiple and Complex Needs Initiative (MACNI) in each region, seeking to tailor bespoke housing and support responses. Complex care teams provide valuable secondary consult and in some cases specialist assessments and the potential to broker in more specialised supports. They are invaluable in reducing the strain that extremely complex individuals place upon local service systems and allow local Zero projects to focus on working the By-Name List and ensuring no person falls between the cracks on a pathway out of homelessness and into housing, knowing that alternative mechanisms exist for these individuals. Nonetheless, despite the success demonstrated below, resolving the homelessness of some of these individuals is a major obstacle to reaching functional zero rough sleeping homelessness across all Zero projects.

7. Case Study: Person with complex needs – Melbourne Service Coordination Project

Bill is a 42-year-old Aboriginal man who had been known to Melbourne homelessness services since 2015. Despite years sleeping rough around the CBD and inner city, not much was known about *Bill*. The main barriers appeared to be his multiple and complex needs. *Bill* was living in the community with untreated mental health, namely an established diagnosis of Schizophrenia, a complex history of psychopathology, polysubstance abuse, trauma, and disconnection from his Aboriginal culture. To complicate matters he was seen as a very high-risk client due to his presentation with a forensic history providing a significant barriers to continuity of care, evidenced by a history of multiple brief service interventions in Victoria and NSW.

The combination of these factors resulted in *Bill* either being unable to access services on his own, or for the risk to services to be too high for them to offer support. As a result, *Bill* was disengaged from any support and in an entrenched cycle of homelessness, incarceration, and mental health related hospitalisations.

For almost 10 years *Bill* had fallen through the gaps in the service systems, moving around the health and justice systems, 'resisting' treatment, and returning repeatedly to a pattern of sleeping rough and heavy substance use, compounding damage to his physical and mental health. The services who were left to advocate and coordinate support for him were the homelessness agencies, the services of last resort, in a system that was ultimately failing to meet his all his needs.

The following outcomes have been achieved over 2 years of intense work.

Firstly, with consistency and a clear plan *Bill* gradually began to engage with outreach services from Launch Housing and the Salvation Army. *Bill* consented to support and expressed his own wants and needs, for example shopping trips for clothing and food. Trust was gradually built with workers and *Bill* knew who these people were. As his periods of wellness increased, *Bill* was aware that services were trying to help and support him, and services got to know the person behind the illness and the complex presentation. In time came the realisation that it was his untreated mental health and not substance use that was the main factor behind his homelessness.

This work took time and perseverance, and the core was achieved through regular responsive and assertive outreach and clear communication between services on where *Bill* was and how he was presenting. In time and with treatment and care, his mental health stabilised and Outreach workers managed to complete the local specialist homelessness IAP (Initial Assessment and Planning) assessment and an updated Victorian Housing Register (VHR) application, which meant that *Bill* was placed on the *Priority Homeless with Support* waiting list. Complexities of housing someone who has been homeless for many years mean this is a slow process but during this period *Bill* managed to maintain emergency accommodation for the first time in over 8 years.

During this time, the Senior Care Coordinator advocated with the Multiple and Complex Needs Initiative (MACNI) DFFH to fund a consultation through independent private service, Code Black Threat Management and an in-depth clinical assessment report (value of $10,000) was produced with *Bill's* cooperation. As a result, a formal presentation was made to the MACNI panel in June 2022. Code Black recommended that *Bill* be put forward as a formal MACNI client and this was approved which meant that a service would finally be appointed to provide support and the oversight required to monitor

outcomes and adjust approaches, with resources sufficient to meet *Bill's* complex needs. In summary this meant that,

1. A full MACNI Assessment and Care Plan was endorsed by the panel

2. Code Black Threat Management was approved as the MACNI Service provider to be appointed to undertake MACNI Care Plan Coordination and almost $40,000 of brokerage was approved to undertake a Tier 3 (12 hrs per week for 26 weeks) Care Plan coordination. Additional funding will likely be required to facilitate further specialist assessment delivered via a staged/flexible approach to accommodate his tolerance and capacity to engage.

In February 2023, *Bill* was offered and accepted a public housing property, providing him with secure, ongoing housing. *Bill* will continue to be supported by specialist and mainstream services that provide oversight and are accountable for his outcomes. He remains connected to treatment and in permanent housing.

Below is an overview of the macro and micro barriers and enablers which underpinned the work of the Senior Case Coordinator who was added to this service system to work with people like *Bill*.

Macro Level Barriers	Macro Level Enablers
• Service system resourcing challenges/ services lacking staff to act quickly or able to engage with people • Falling through gaps of current Mental Health Act • Lack of cultural connection and services not being able to work with complex client • Area mental health services – all working differently and restricted to taking on a person out of catchment. Causing lack of continuity	• Role of Senior Case Coordinator funded by philanthropy to undertake a small case load of this complex care coordination work • Coordination of information sharing between services • Inter-professional teamwork- currently Launch-Outreach teams, Salvo's, DFFH – Multiple and Complex Needs Initiative (MACNI), Aboriginal Services, Mental health services, Forensicare and AOD services, Code Black- Threat management, Office of the Chief Psychiatrist • Negotiation, diplomacy and consistent advocacy • Dedicated funding was eventually sourced • Health promotion -linking in with essential services and referrals – Code Black report and MACNI referral for service response to complex clients and risk management
Micro Level Barriers	Micro Level Enablers
• Lack of knowledge about mental health/AOD issues- dual diagnosis • Homelessness • Gaps in information or engagement. who is this person? History? • Itinerancy/absconding from clinical settings before assessment or treatment • Clinical integration limitations • Police exhaustion and once in custody a loss of communication and consistency	• Joint planning and decision making • Interagency collaboration • Coordinated case management/oversight • Awareness of Mental health needs • Connection to Aboriginal culture • Holistic approach – assertive outreach and creative practices • Learning from helpful practices/strategies

8. The Ask

These are the big picture changes needed from a National Housing and Homelessness Plan.

1. ADOPT THE GOAL OF ENDING HOMELESSNESS AND CREATE A STRATEGY TO ACHIEVE IT.

The National Housing and Homelessness Plan must either point the way to the development of a Strategy to End Homelessness in Australia or include that strategy. The goal of that strategy must be to prevent, reduce and end all homelessness in Australia.

We welcome the promise of a 10-year strategy to help more Australians access safe and affordable housing but that is not enough. It must have an explicit goal. That goal must be an end to homelessness in this country. We are too wealthy and too capable a nation to accept anything less, and anything less is not good enough. We risk too much in tolerating the status quo and are wasting generations of people and their capabilities along the way. Enough is enough.

We believe that functional zero represents a realistic goal to end homelessness in Australia across all living situations and cohorts. That must be the goal, to prevent, reduce and end all homelessness.

A functional zero end to homelessness in this country. It must be accompanied by a realistic timeframe and national targets embedded in a new National Housing and Homelessness Agreement that compels the States to step up and provides them with the funding and support to meet their target and incentives to meet them faster. There must be regular review periods and as near to real time data as possible integrated across multiple systems which drive decisions to step-up or step-down elements of the strategy as parts meet success and others need work, with improvement science and a focus on bringing innovation that works to scale driving a renewed focus on the outcome of ending homelessness in Australia.

2. PROCESS FOR DEVELOPING THE STRATEGY TO END HOMELESSNESS IN AUSTRALIA

As with the development of 'The Road Home', a true process of consultation for the development of the Strategy to End Homelessness in Australia should include the development of a 'Green Paper' outlining findings from the first round of consultation followed by a period of in-person consultation culminating in the development of the final Strategy document. Further, both documents need to involve the commissioning of an expert group made up of people from a broad range of cohorts with a lived experience of homelessness and experts from involved systems, academia, all tiers of government and relevant representatives from the private sector.

3. INVEST IN CAPACITY BUILDING TO END ROUGH SLEEPING HOMELESSNESS

The Commonwealth should fully fund the Australian Alliance to End Homelessness (AAEH) to implement the Zero framework across Australia as the primary coordinating mechanism to end rough sleeping homelessness in Australia by 2030.

Funding should include to establish with the Australian Institute of health and Welfare and within the framework provided by the Specialist homelessness Services National Data Collection, the capability to securely and ethically create, maintain and share data for the purpose of ending rough sleeping homelessness. Such funding would include to establish and support communities, hold the data on behalf of the national movement and connect data and learning with the Australian Institute of health and Welfare and related data sets.

Funding should also include for **backbone roles** associated with the effective operation of a zero project as described in 3.10. Indicative amounts are described below based on the current number of zero projects and can be extrapolated for metropolitan Melbourne and provided upon request.

Example of backbone role resourcing across five zero projects in Victoria – 3 FTE

- Service Coordination: 0.4 FTE per project – total annual cost $200,000
- BNL worker: 0.2 – 0.4 FTE per project (depending on size) – total annual cost $100,000 - $180,000
- Improvement: 0.2 FTE per project – total annual cost $100,000
- Complex Care coordinator: (case by case basis) 1.0 FTE – total annual cost $100,000, possibly a time-limited role

Total annual cost for these roles is $400,000 - $480,000, plus additional time-limited funding for Complex care Coordinator ($100,000 per annum)

Example of a model for funding based around the AAEH

The AAEH becomes the primary mechanism for service coordination across and within the states and territories. It has brought the model and framework to Australia and will continue to develop it. Working with individual jurisdictions it will help to set up these programs across the country and, alongside the AIHW and within the framework of the National Ending Homelessness Strategy, contribute to the monitoring of their performance including the development of national accreditation standards for the AtoZ framework.

The AAEH therefore codifies and owns the AtoZ framework, sets up the action planning framework for local partnerships to follow, the national learning and development agenda for establishing zero projects and achieving zero rough sleeping homelessness, and supports the implementation of the monitoring framework which is connected to the National Research Agenda. The AAEH also becomes the national custodian of BNL data across Australia, in partnership with Aboriginal and Torres Strait Islander people and consistent with principles of Indigenous Data Sovereignty.

The National Research Agenda includes monitoring progress toward ending homelessness goals, including sleeping rough, as one of its objectives with multiple streams of work focused on preventing and responding to homelessness. The AAEH becomes the primary coordinating body liaising with research institutions (such as AHURI and the AIHW) on ending rough sleeping homelessness in Australia.

The AAEH also provides backbone funding (or approves if the funds need to be administered through each state and their National Housing and Homelessness agreement), to the local or regional backbone, that is Service Coordination facilitation and By-Name List (BNL) capabilities. Local councils as part of local or regional zero projects are eligible for funding that would allow the recruitment of a coordinator and BNL capability in partnership with their local SHS where it exists, otherwise based within council under the AtoZ framework.

The Welfare safety net

The Commonwealth must also take action in areas where it has primary responsibility. Prevention of homelessness is where the greatest savings are to be made in the wellbeing of people at risk of homelessness, and in taxpayers' dollars. Invest those savings in the programs that will make the biggest difference in preventing homelessness. That is, the key elements of the welfare safety net – income support, housing assistance, and public housing – which will make the most difference to homelessness. Not only will these, properly targeted and implemented, prevent homelessness they will also end homelessness for people already experiencing it.

4. INCREASE IN INCOME AND HOUSING SUPPORT

The Commonwealth must take action to increase jobseeker and youth allowance to parity with pensions and index all three to wage and price movements. Rent assistance should expand to become housing assistance, a payment linked to local rental housing conditions and indexed to rent price movements.

5. INCREASE IN PUBLIC AND COMMUNITY HOUSING

Existing commitments at a Victorian State level are inadequate to meet current and future needs. The Commonwealth should set and fund national targets for public and community housing to meet evidence of need with embedded monitoring and review periods. That is 120,000 new affordable social housing dwellings in Victoria between 2025 and 2045.

Public housing ends homelessness and there is an inadequate amount in Melbourne including a disparity between inner and outer areas and not enough 1-bedroom stock.

How much do we need?

Lawson et al (2018) suggest Metropolitan Melbourne needs 127,000 new properties in the period 2016 – 2036 to meet current (unmet) and future (projected) need. Council to Homeless Persons suggests 60,000 new public housing dwellings over 10 years to get the share of Victorian social housing close to the national average of 4% of all housing stock. The Victorian Big Housing Build or ambitions from the Housing Australia Future Fund and Social Housing Accelerator will not coming close to meeting these.

6. INCREASE SUPPORT

Housing without support will be insufficient for many people currently homeless and access without support won't work for many more. Based on current and projected needs and with a plan to transition from mainly responding to largely preventing, the Commonwealth should set national targets for housing with support based on evidence of need with embedded monitoring and review periods linked to the National Research Agenda.

We have already listed better designed and more generous income support and targeted housing assistance payments which we believe will help prevent homelessness. We also know that social housing will help to end homelessness for most people, especially public housing. The piece of the puzzle that matters next is support to access and sustain tenancies, critical for a large proportion of people, support that can 'flex in and flex out' according to the needs to tenants and disability services which are focused on the needs of the consumer but accessible to high-needs individuals excluded by the current system of assessment and support.

7. IMPROVE THE QUALITY, USE, AND OWNERSHIP OF DATA

The Commonwealth should charge the Australian Institute of Health and Welfare with investigating, recommending, and delivering a national data interconnection framework for all systems associated with preventing and responding to homelessness in Australia, including the criminal justice and migration systems by 2033. This must be positioned within principles of community ownership of data and data sovereignty for Aboriginal and Torres Strait Islander people.

Advantages of better system connections include a greater overall awareness of the reality and quantum of need and improved service delivery and continuity of care between all parts of the service system that serve this cohort. We saw in Table 3 the number of people who are dying while still active on our BNL's. We know there are many more who die shortly after they move into housing, but we don't know about the people who move on or are lost to services. Connecting data sets will give a better and more comprehensive indication of the extent of the damage connected to homelessness and the preceding periods of poverty, dislocation, and marginalisation. These are all preventable in a society such as ours but until we can better trace these web of interconnections we won't clearly see where they emerge from.

Finally, data collected in these projects is collected for community benefit and should wherever possible be community owned. In particular this includes the data of Aboriginal and Torres Strait Islander peoples where the principles of data sovereignty must be embedded. That is, the right of Aboriginal and Torres Strait Islander peoples, communities, and organisations to maintain, control, protect, develop, and use data as it relates to members of their community.

8. FOSTERING A TRULY SYSTEMS APPROACH TO ENDING HOMELESSNESS.

Homelessness does not occur in isolation, and neither will prevention and the system of response to homelessness. The Strategy to End Homelessness in Australia must take a truly systems approach to understanding and synthesising knowledge and seeking and developing solutions linked to the National Research Agenda.

9. IMPLEMENT A WHOLE OF GOVERNMENT APPROACH TO ENDING HOMELESSNESS

Consistent with the systems approach, a whole of Government coordinating mechanism should be established within the Commonwealth and incentivised to include at State levels through the National Housing and Homelessness Agreement or its equivalent. The purpose being to decrease duplication, maximise efficiencies and remove the potential for unintended consequences.

10. DEVELOP AND FUND A NATIONAL RESEARCH AGENDA FOR ENDING HOMELESSNESS

We know a lot about what it takes to end homelessness but in a rapidly changing world nothing stays the same for long. A National Research Agenda for Ending Homelessness will develop evidence, monitor progress and identify points of maximum leverage. In this way we will focus our efforts where they need to be and most efficiently make us of resources.

To fully end all forms of homelessness in Australia will require a multi-generational approach which constantly reassesses the proportion of resources attached to each part of prevention to responding and prevention of recurrent of homelessness. That is, assessing their effectiveness, allocating resources according to the evidence of what works with the overall objective of majority expenditure in prevention. For now, responding to what is unfolding on our streets cannot be ignored but equally it cannot be the sole focus.

Research to understand where and how best to invest in the need to prevent future and respond to current homelessness. This would include modelling to identify the true cost of a) doing what is needed to end homelessness, b) not doing what is needed, and modelling a transition from a mix of funding that focuses on 1) responding to current homelessness and 2) preventing future homelessness to a funding model focused on preventing homelessness built on the back of demonstrated success in ending existing homelessness.

Research also should focus on governance structures – what is the best network structure

While we know what we need right now, it will not always be that way. We have the most efficient form of identifying gaps and barriers but understanding how these work is not always clear or within our capacity to truly discern and to develop the most efficient systems informed solutions.

This why we need a robust research agenda.

References

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