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Dear Ms Mitchell

Thank you for the opportunity to provide input into Pathways the City of Melbourne's draft homelessness strategy 2014-17.

The City of Melbourne plays a leadership role in the public life of Victoria and Australia. The proposed approach to homelessness as enunciated in the Draft Strategy which builds on the work of the previous strategy is commendable. It is notable that homelessness is a Key Strategic Activity for Council and the priority that this gives the issue across Council is welcome.

### **Introduction to cohealth**

On 1 May 2014 cohealth began operations as a result of the merger of three community health services – Doutta Galla Community Health, North Yarra Community Health and Western Region Health Centre.

As a community based, not-for-profit organisation and a registered community health service, cohealth delivers a broad range of primary health care services, including medical and dental, allied health, refugee health, child youth and family, homelessness and community mental health.

cohealth's service presence extends from the City of Melbourne (CBD) through the Cities of Yarra, Moreland, Moonee Valley, Maribyrnong, Brimbank, Melton, Hobsons Bay, Wyndham and Hume. With the recent re-commissioning of Mental Health Community Support Services this catchment is soon to expand across northern Melbourne to include the Cities of Banyule, Whittlesea, Darebin and the Shire of Nillumbik.

Through the merging agencies cohealth has a proud history working with individuals and communities that experience poverty and exclusion and as a result a disproportionate burden of disease. Similarly cohealth has significant experience working with people who are homeless or at risk of homelessness, people who experience chronic or episodic mental illness, people who use drugs, women experiencing violence, refugees and asylum seekers who have fled torture and persecution as well as Aboriginal and Torres Strait Islanders who have experienced loss of identity and exclusion from the opportunities of the broader community.

cohealth aims to build the capacity of individuals to control their own lives and decisions and support communities to play a role in improving health outcomes. Our work is targeted to those who experience stigma and face the risk of exclusion from opportunities that most take for granted in the communities in which we live, work and play. Our impact is generated through the combination of advocacy, innovation in service delivery and partnership with consumers, communities and other stakeholders.

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The Central City Community Health Service (CCCHS) is a partnership with the City of Melbourne, managed by cohealth with a range of homeless, health and support services from the following agencies: the Royal District Nursing Service (RDNS) Homeless Persons Program, the Royal Women's Hospital, Wintringham, Inner North West Melbourne Medicare Local, HomeGround, the Council to Homeless Persons (CHP), McAuley Community Services for Women, Inner West Area Mental Health Service, the Australian College of Optometry, Justice Connect Homeless Law and the Inner Melbourne Community Legal Service. The goal of the CCCHS is to develop new ways to address homelessness. It is evidence that there is a very constructive role for the City of Melbourne in brokering opportunities and relationships as a result of Council leadership.

### **Feedback on Consultation Paper**

cohealth commends the continuity that is delivered through the adoption of the themes from the 2011-13 City of Melbourne homelessness strategy.

In considering our submission to this process, cohealth staff talked with people who have experienced homelessness. It is not surprising that there was a clear message:

“Give people who have been homeless the opportunity to be involved in the planning and delivery of services that will improve the pathways for the homeless.”

cohealth's commitment in relation to service planning and delivery is to involve consumers of services in a co-design process. This is a radical shift away from traditional service design and delivery approaches which focussed on the perspectives of funding agencies, or the needs and opinions of the workforce. The co-design approach is an extension of the employment of peer support worker and consumer consultants in community based mental health services and the alcohol and other drugs sector. It strengthens and supports the role of lived experience in the delivery of a range of services.

The Institute for Healthcare Improvement in the USA suggests that having communities and clients actively involved in services has 'the greatest potential to drive the long-term transformation of the entire care system.' cohealth agrees and recommends the City of Melbourne ensure that people who have and are experiencing homelessness are involved in the planning, designing and delivery of services intended to benefit people experiencing homelessness.

The CCCHS Peer Education Support Program Project, developed in partnership with the CHP, is an example of how the skills and knowledge of people who have experienced homelessness can be utilised in an active way to change service delivery that could be further developed with the assistance of Council to imbed these principles across the sector.

While there is a clear commitment for action and attention in many areas, cohealth would encourage explicit recognition that supporting people experiencing the various forms of homelessness to maintain or improve their health will be a pre-requisite to their engagement with other service systems such as housing, education, training, or employment. Access to health services, while improved through the CCCHS, requires a multidimensional approach recognising the diversity of service system responses to homelessness and the variety of opportunities for contact with homeless people. While many of the actions / strategies listed will benefit health, the explicit recognition of health maintenance / improvement would strengthen the actions listed.

There is also an opportunity to explicitly undertake activities which will improve health; these can include improved information provision about entry points to the service system; improving access

to facilities for showering and cleaning and the washing / drying of clothes; improved access to GP services through the establishment of an appointment free / open-door clinic. This would also include living skills mentoring that support maintenance of tenancies / living arrangements.

During recent heatwaves the City of Melbourne implemented a policy for homeless people that allowed the issuing of a tag which could then be used to access facilities at the City or Carlton Baths. This program could readily be extended, and with appropriate protocols, allow ongoing access to a broader range of Council services and facilities. There are other weather, environmental and social conditions which would be addressed by supporting access to existing council facilities.

The Consultation Paper describes the priority focus for effort under the strategy as people sleeping rough (primary homelessness) and people living in boarding / rooming houses (tertiary homelessness) as the 'other levels of government provide a robust and sustainable response to people in secondary homelessness.' (page 6) It is noted that the group specifically identified as more likely to be experiencing secondary homelessness is women and their children. So while they are listed as a priority group in Section 4 they are also de-prioritised by the focus on the forms of homelessness in which women and their children are less prevalent.

While the work to "better understand and respond to the gender difference in the homelessness population" under the 'Women and their Children' section is commendable, cohealth would encourage a greater focus on the significant needs of women escaping family violence and their children.

There is no evidence provided that the service system for this group in particular is either 'robust' or 'sustainable' – as asserted by the paper. The Evaluation of the CCCHS Women and Children Experiencing Homelessness Project (2013) highlighted some of the challenges for services to respond to the needs of this client group and outlined some of the medium to long term strategies required to address them. There has also been significant growth in family violence that has been recorded across Victoria, the reporting of shortages in crisis accommodation for women and their children, and the inadequacy of funding received by relevant services.

The dislocation experienced by women when they become homeless as a result of leaving a violent situation, has an arguably more significant impact on a child; in terms of their engagement with family and friends, schooling, support and health services and recreational opportunities. Stable and safe accommodation is often regarded as one of the pre-requisites for children to achieve their developmental expectations. cohealth would encourage consideration of how women and their children can be better supported through strategies implemented by the City of Melbourne.

There is a need for spaces that are appropriate for women and children in the strategy related to 'safe day and night time spaces' (page 11) as well as for men. The issue of lockers has been raised repeatedly by people experiencing homelessness and through various forums – as a safe place to store their belongings. While there is no action related to this mentioned in the proposed strategy it is felt that there should be acknowledgement of the strength of the issue, even if the solution appears difficult to implement.

In relation to support and services for people sleeping rough, there is a clear need for improved coordination of services that engage with this population. Whether this is through programs like "Health Time" which facilitates appropriate services to undertake outreach together, or through developing the roles of case coordination – to support people within the service system to access /

understand and simplify the experience for people whose service system needs may be complex. City of Melbourne advocacy and leadership around the provision of support by these programs would be welcome.

Other groups that require consideration in terms of the range of strategies to support people experiencing homelessness include refugee and asylum seekers, the latter group are particularly vulnerable given the rapidly changing policy environment that impacts their access to services and supports. Students are an emerging group that has come to the attention of cohealth as experiencing a range of challenges to housing stability – whether it is affordability or other issues that coincide with this stage of life. Older, single people, including women are also experiencing the challenges associated with a lack of affordable housing that is challenging their housing security.

Efforts to bring the diverse range of service providers working with homeless people in the City of Melbourne together in order to improve the collaboration, referral pathways and service response are welcome. The service system for people experiencing homelessness is diverse and often fragmented. It is the responsibility of service providers to ensure that the services they offer are as simple to access, understand and use, both individually and with the range of other services provided by other agencies.

The proposal to establish a network of service providers in rooming houses (page 11) could be reshaped into two strategies. One would bring together the broad range of service providers working with tenants (whether it be on site or off site), rather than just the limited number that work in rooming houses, encouraging them to develop systems to improve the existing information and service provision available to residents. The other strategy would be to provide a space or forum for tenants of rooming houses to come together to discuss issues, liaise with advocates and service providers and improve sector understanding of the priorities of the tenant group.

cohealth staff indicate that there has been significant work undertaken to understand service gaps (page 11) and that an important focus from here should be on systems work to fill these gaps or advocacy where required to deliver additional services that respond to these gaps. A keen focus on shifting patterns of demand and/or the changing experiences of homeless people should be ongoing to respond to emerging gaps and service needs. This must include support for people to access the full range of health, housing, mental health, education and employment services and opportunities that will support them into more stable accommodation.

As with all aspects of health, and responses to issues that have an impact on health, wellbeing and community connection, there is a great deal to commend focussing effort to ensure that, where possible, there are early interventions and supports for people at risk of homelessness, prior to them actually becoming homeless. The strategy to 'develop working protocols to prevent homelessness and improve assistance to people experiencing homelessness' (page 13) could utilise the *CBD Homelessness Health Access Protocols*, that have been developed and implemented by the Inner North West Primary Care Partnership between the key health, homelessness and welfare agencies in the Melbourne Central Business District (CBD) as the basis to support the collaboration between service providers.

There is little doubt that the political environment around homelessness and the willingness to invest significant amounts as required in long term strategies has changed significantly following the October 2013 Federal election. In this environment advocacy on behalf of the most disadvantaged population groups by a leading capital city will be critical, this is to raise awareness

of the social determinants on people's circumstances, and to engender some compassion into the policy directions and funding for affordable housing.

As noted earlier in this submission, cohealth promotes co-design approaches with consumers and workers as the best way to design responsive services. These approaches grew out of the mental health consumer movement of the 1970s who were reacting against services which involved often cruel and inhuman treatments depriving individuals of dignity, liberty and self-determination. The experience of homeless people reflects a similar loss of dignity and self-determination.

The increasing use of law and order approaches is criminalising homelessness, the use of 'move on powers' and fines for begging, impacts on the rights of people without access to private space in their use of public space.

Now more than ever a rights-based approach to homelessness, and the thousands of individuals who are experiencing it, is required. This will take significant leadership, partnership and affiliation with the people experiencing the various forms of homelessness as well as those organisations working with the homeless.

It is notable that the values underpinning the homelessness strategy recognise the inherent dignity and value of people experiencing homelessness and their need for responsive services that account for a broad range of life experiences that can set any individual on the pathway to homelessness. The leadership required across all tiers of Government and civil society is to ensure that those who experience this hardship are treated with respect, dignity and supported in their right to make decisions that impact on their life.

The City of Melbourne has demonstrated a capacity to work respectfully with people experiencing homelessness. Discussions about law and order in relation to people experiencing homelessness increase community fear and disrespect and result in negative interactions in the community. Leaders have the opportunity to educate community members about homelessness and cohealth is keen to ensure that community leaders, such as the City of Melbourne, are supported in undertaking this difficult political and organisational challenge of advocating for this vulnerable group.

cohealth commends the City of Melbourne for its ongoing work and commitment to providing pathways out of homelessness. We look forward to continuing our strong partnership with Council in the years to come as we work together to support and improve the lives and outcomes for people experiencing, or at risk of homelessness.

Should you wish to discuss any element of this submission, please contact Sally Mitchell, Director Programs and Inner North on 9411 4312 or at [Sally.Mitchell@cohealth.org.au](mailto:Sally.Mitchell@cohealth.org.au)

Yours sincerely

{Signed by Lyn Morgain}

Lyn Morgain  
**Transitional Chief Executive Officer**

16 June 2014