

## Appendix D - Combined Deep Dive Minutes

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## **EVERYMAN AUSTRALIA AND HOMELESSNESS SERVICES**

**Via Microsoft Teams**

**19 April 2022 – 11am to 12.35pm**

**Attendees:** Greg Aldridge, Erin Green, Alistair Jones, Papunya Connors, Aaron Hockaday (EveryMan Australia), Michelle McGaurr, Huyen Truong, Jenna Malligan, Kelly McGrath, (Homelessness Services)

### **RISK/LIABILITY ISSUES:**

- EveryMan raised the lack of strategically placed housing sites for their clients who present a risk to the community – not always because they are malevolent but may have behavioural or mental health issues. For example, compulsive firefighters.
- Men are often placed in high density multi-unit complexes due to the perception that they are not as vulnerable as females. This means that CYPs and/or mothers will not allow access with their children in these environments.
- Service Providers who are not funded specifically to support men may not be able to speak up about men's issues (or collect data in relation to men's issues).
- EveryMan is already working with ACT Mental Health, to develop an unofficial framework that is similar to the HASI (Housing and Support Initiative) Model.
- 2018 Cohort Study showed that EveryMan had over 300 clients with high and complex needs and this figure is probably increased in 2022. The data also shows that EveryMan has a high proportion of clients with mental health issues.
- It would be helpful to have some form of discretion in relation to sign in place arrangements for men who are settled and sustaining a tenancy but may have a 2-bedroom unit rather than one.

### **RESOURCING ISSUES:**

- The ACT Civil Administrative Tribunal (ACAT) is reluctant to evict vulnerable people. Guardians will play down violent and anti-social behaviour, citing vulnerability and risks of homelessness, ignoring the risks of physical and emotional injury to neighbours and EveryMan staff.
- Often clients who have evaded eviction through ACAT will escalate anti-social behaviour because they no longer fear the consequences of an eviction.
- Support packages do not cover the high costs of tenant related damage or legal representation in ACAT.
- EveryMan has an interest in working with men who have high and complex needs and would like to grow its capacity to specifically work with this cohort; reducing the considerable burden these men present on the rest of the sector and freeing up services to work with others less complex.
- EveryMan can reconfigure its team to work intensively where required as the whole organisation is geared toward the male high and complex needs cohort.
- EveryMan takes referrals from Onelink and then does its own Intake Assessment to gather more in-depth information.
- Dulwah (Secure Forensic Mental Health Unit), AMHU (Adult Mental Health Unit) and the AMC (Alexander Machonichie Centre) provide thorough referrals that assist EveryMan in assessing the individuals against the capacity of its programs.

## **SINGLE/ACCESS FATHERS:**

- The need for appropriate child friendly accommodation for single fathers and children is increasing.
- There are several programs for mothers and children, but nothing specifically for men.
- EveryMan's ISA Program currently has 6/12 properties filled by single fathers and their children.
- These fathers have had to suddenly take on a parenting role with no previous experience and require assistance to learn about parenting and running a household.
- EveryMan does not outsource clients and provides person-centric care. This is helpful for clients who are mistrustful of government services, fatigued by the system, numerous appointments, and support providers.
- EveryMan noted that the ACT is home to many First Nations people who come from various traditional lands – other than Ngunnawal land. EveryMan can be a safe space for Aboriginal and Torres Strait Islander people who do not want to engage with the community and have them know about their personal business.

## **REFFERALS:**

- When making referrals, it is important to have a shared understanding about what complexity means.
- EveryMan is currently developing a complexity scale.
- A two-tier assessment process would be useful.

## **COMMUNITY PLACEMENT:**

- Statutory Authorities such as the Public Guardian, Mental Health and NDIS need to collaborate and provide wrap around support.
- Case conferencing only occurs when EveryMan pushes for it and clients are often discharged from AMHU without informing EveryMan or Guardians. The first they hear about it is when the client attends to collect the key and return to the property.
- Requires shared cross-sector responsibility and risk taking, ensuring the safety of others, while caring for the client as a whole (not just from a mental health perspective or a justice perspective).

## **ROUGH SLEEPERS:**

- Often, it is difficult to engage rough sleepers with several services. It can be too overwhelming and connection with one service is all they can manage. Supported connections to partner services would allow the client to choose which services they want to engage with and when.
- Short time frames for Client Support Fund properties are unrealistic for rough sleepers. They need housing and then time to develop the skills and supports required to sustain a tenancy.
- EveryMan's Counselling and Family Violence programs help facilitate integrated care, as clients have already developed some trust in the agency and its programs.

# Deep Dive Discussion – Senior

Wednesday 20 April 2022

Via Microsoft Teams 1pm – 2:30pm

## Attendees:

Cara Jacobs (YWCA); Erin McArthur (Catholic Care); Anna Whitty (Northside Community Service); Robyn Martin (Beryl Women Inc); Adam Poulter (ACTEW AGL); Travis Gilbert (ACT Shelter); Hanna Gissane (Office for Seniors, CSD); Michelle McGaurr, Huyen Truong, Jenna Malligan, Kim Williamson, Biljana Petrova (Homelessness Services, Housing ACT)

**Welcome and Acknowledgement of Country:** Michelle McGaurr

## Introduction:

Michelle McGaurr opened the discussion noting the first stage of commissioning workshops identified the need for further unpacking of issues for older women seeking support from specialist services who may be hidden in the community for a number of reasons including inadequate data collection at both the ACT and federal level. The discussion focused around a number of questions regarding service experience, identification of needs including housing, homelessness, research implications and ways to address shortfall.

## Services' experience working with older women and support needs identified

- Older women's experience of homelessness differs due to a number of factors including the lack of self-identification with experiencing homelessness because of perceived stigma, and it may be exacerbated by retirement with insufficient means, separation and domestic violence, elder abuse including underreporting, workforce discrimination and ageism, mental illness, lack of financial literacy, inability to navigate complex service systems, etc.
- The impact of Covid-19 has further increased complexity of need and disadvantage for older women. For example, services have had a number of older people reporting being pushed out of their homes after their adult children have returned home during Covid-19.
- The lack of whole of system coordination approach is impacting on already stretched services assisting older women to navigate supports through My Aged Care, My Gov, Centrelink and other digital platforms, which creates further barriers in accessing these services, particularly for women who are not able or willing to adapt and learn new technologies. This may not only be an issue for older women but also for any women facing disadvantage. YWCA's experience in providing digital access and training for clients has been that it is very resource intensive with staff dedicating many hours to assist in navigating complex systems.
- Transgender older women are also a small group, who are very vulnerable with challenges in accessing housing options. In general there seems to be a reluctance to seek help, which may present opportunities for awareness raising and generalist support.
- Housing and homelessness remains a challenge for older women especially with the ageing population, which solidifies the need for wrap around and accessible whole of service system support.
- The cost of retirement villages is prohibitive, and a large portion of older people is not able to access these housing models. Safe and secure housing is everyone's right and particularly for this cohort to have dignity and age in place, rather than face insecure future of homelessness.

### **How are older women coming to the attention of services?**

- There are several avenues including through COTA, word of mouth, referral by friends, referrals through other services, directly or indirectly, through critical events which may bring women to the attention of other services and uncover underlying risk of homelessness issues, through domestic violence services, etc.
- Death of partners and divorce are significant factors, and many women may not be eligible for social housing due to pending property settlement which may take several years.
- At Mackillop House 90% of women (including older women) accessing the service identify as experiencing DFV. The majority end up waiting for longer than 18 months for priority public housing allocation.
- The experience of ACTEW AGL has been that during the pandemic, some of this cohort's vulnerabilities have been missed as debt collection processes have been on hold, which in turn has prevented the identification of issues. Older women are a highly represented group, who often won't come forward until a critical crisis point, so ACTEW AGL often sees them at the cusp of homelessness.

### **First Nations older women**

- Many First Nations women are at risk of homelessness living in precarious situations in properties that do not meet their needs, often with a few generations living within one household and grandparents raising grandchildren.
- Aboriginal family structures, their needs or issues of overcrowding are not widely recognised or accepted. Larger properties are needed as part of the housing stock due to extended families.
- Overcrowding may present increased risks of neighbour disturbances and additional property wear and tear, not through the fault of the families sharing this accommodation.
- It is recommended the commissioning process captures the needs of First Nation people; listen, understand and learn through deep meaningful discussions.
- Beryl Women Inc has been flexible in providing a supportive setting for Aboriginal women experiencing DFV from several generations to live as a family unit, which has enabled them to work towards their goals and independence.

### **Is Housing ACT applying discretions on applications for housing assistance?**

- Services have had success with seeking discretion with a number of applicants, however, allocation of properties is a lengthy process due to the lack of available stock.
- First Nation families can request discretion for additional bedrooms due to family circumstances.
- Many women prefer to pay rent rather than depend on social housing, especially following property settlement.

### **Data collection considerations**

- National data collection considers women over the age of 55 to be in the older women category. Women's specialist services have adopted the age of 50+ and 45+ for Aboriginal women.
- HS presented an excerpt of available AIHW data on the number of older clients supported by the ACT Homelessness Sector. The number of older people seeking support increased in 2019-2020, however reduced in 2020-2021. The number of older female clients increased in 2019-2020, then reduced in 2020-2021. These figures may not be fully representative of the current situation due to underreporting.
- In 2019 YWCA commenced Next Door – Housing Service for older women and have supported several hundred women since. Data is not yet uploaded to SHIP due to the program receiving

ACT Government and not NHHA funding. It would be beneficial for ACT stats to reflect this number.

- Other states have proportionally higher number of women recorded and more older women accessing services.

### **Research considerations and federal/Territory issues**

- ACT Shelter recommends a thorough consideration of statistics across states, including ACT Shelter's previous census report which indicated more than 15,000 people in this cohort are at risk.
- AHURI research indicates waiting lists for public housing are increasing and provides modelling projections demonstrating significant shortfall
- The Parliamentary Governing Agreement is falling short by about 20% of what is needed when compared to current modelling. The absence of investment at Federal Government level, places pressure on Territory responsibilities.
- It is unclear if older women in the ACT are accessing community housing and if not, what the barriers are.
- Lack of housing supply remains an issue; recent modelling by the Australian Housing and Urban Research institute (AHURI) found a current shortfall of 3,100 social housing dwellings in the ACT, with 8,500 additional social housing dwellings required between 2016-2036 to meet our current and projected need. That would mean building 425 new dwellings per year over 20 years, significantly more than current commitments in the Parliamentary and Government.
- Data from DSS can also be commissioned on numbers of women in receipt of pension and CRA in the ACT which would also be telling, along with concessions data as is a primary vulnerability flag.
- NSW Government has funded a pilot of home share involving older residents; there may be some lessons that can be learnt from this.
- Elder abuse issues – AIFS findings: Women were more likely than men to report receiving assistance with financial matters from children. One area evident in the findings is in relation to participants who were assisted to buy, sell or manage a house. Of particular note, older women were significantly more likely to report receiving assistance from their children with financial matters (22%) than were older men (10%). The findings presented in this section extend suggest that older women are more vulnerable to financial exploitation. Older women who received assistance with their financial matters were more likely to report experiencing financial abuse compared to those without such assistance. The analysis of patterns based on the reports of all participants shows one activity was associated with a higher likelihood of experiencing financial abuse: buying, selling or managing a home (4.7% cf. 1.9%).  
[https://aifs.gov.au/publications/national-elder-abuse-prevalence-study-final-report?utm\\_source=CFCA+Mailing+List&utm\\_campaign=20162c52f2-EMAIL\\_CAMPAIGN\\_2020\\_03\\_11\\_COPY\\_01&utm\\_medium=email&utm\\_term=0\\_81f6c8fd89-20162c52f2-211544671](https://aifs.gov.au/publications/national-elder-abuse-prevalence-study-final-report?utm_source=CFCA+Mailing+List&utm_campaign=20162c52f2-EMAIL_CAMPAIGN_2020_03_11_COPY_01&utm_medium=email&utm_term=0_81f6c8fd89-20162c52f2-211544671)
- National Elder Abuse Prevalence Study: This report presents findings from the most extensive study on elder abuse in Australia to date.  
[https://www.mercyfoundation.com.au/latest\\_news/new-report-on-older-women-and-homelessness-released-today/](https://www.mercyfoundation.com.au/latest_news/new-report-on-older-women-and-homelessness-released-today/)
- Mercy Foundation's report has highlighted the small proportions of specialist services for older women across Australia <https://www.mercyfoundation.com.au/our-focus/ending-homelessness/older-women-and-homelessness/>. A further report by Mercy Foundation and Housing for the Aged Action Group found that a single status and home ownership were factors for concern.

- Women's Property Initiatives (WPI) model of shared equity works for older women who have some assets (super, savings or inheritance) which would otherwise deplete in private rental market <https://wpi.org.au/older-womens-housing-project/>
- Older Women's Housing Project | Women's Property Initiatives finds more than 400,000 women over the age of 45 are currently at risk of homelessness in Australia.

#### **Ideas to address some of the issues identified**

- Land release scheme to be more accessible to community housing providers (CHP) with discounted land rates; CHPs could then leverage funds to build new housings.
- Territory planning laws regularity changes are needed and more innovation to address gaps.
- Home Share models - Canberra has more one person dwellings than other states which use home share models. Many people now in large homes are willing to share accommodation, however, legal pathways and safety measures need to be in place.
- More marketing to entice philanthropic and affordable letting that includes land tax exemptions for private property owners. Marketing should include targeted use of lower value properties (such as one and two-bedroom units), at no more than \$200 per week. Federal tax exemptions may appeal to private property owners. YWCA have 63 properties in Rentwell – these are targeted at the lower income quintiles, but possibilities to expand are being explored.
- A consultancy service to assist older people with paperwork and accessing online systems and to provide accessible, culturally appropriate early support.
- Reviewing criteria for CHPs to ensure those on lower incomes have access.
- Need for a central point to communicate vacancies for CHPs. OneLink has no access to CHP vacancies and is unable to refer eligible clients.
- Improved community education, awareness, marketing of existing schemes so knowledge is available.
- Get IT - COTA's excellent program to support older people with computers, tech etc.

#### **Next Steps**

Housing ACT will formulate common themes from the discussion and provide them to the consultant, Communication Link, for inclusion in the final Insights Report.

**Meeting close 2:30pm**

## **LGBTIQ+ Deep Dive Discussion**

**Date: Thursday 21 April, 2022**

**Time: 11am – 12noon**

**Location: Microsoft Teams**

### **Attendees:**

Tina Dixon – Office for LGBTIQ+ Affairs, Philippa Moss – Meridian, Sue Webeck – Domestic Violence Crisis Service, Lauren O’Brien – ADACAS, Lynton Sheehan – OneLink, Jenni Snoring – A Gender Agenda, Cara Jacobs – YWCA, Michelle McGaurr, Huyen Truong, Jenna Malligan, Kim Williamson - Homelessness Services (HS), Housing ACT

### **Acknowledgment of Country**

This deep dive discussion is an opportunity to discuss in depth issues service gaps and ideas on how we can better support members of the LGBTIQ+ community and improve their access to services in the ACT. HS recognises there are data gaps around this cohort, and SHIP does not adequately capture persons from the LGBTIQ+ community accessing supports. People from the ACT LGBTIQ+ community are potentially hidden and under-represented in the data collected, and this discussion will collate information to feed into the commissioning work. HS appreciates the time taken by participants to join today’s discussion.

### **Experiences of LGBTIQ+ individuals seeking assistance from the ACT homelessness service system. What are the barriers, and how can the barriers be addressed?**

- Transgender diverse and intersex people experience challenges in not being recognised as how they identify. E.g. one young trans woman who was released from the AMC was referred to a women’s shelter. As she was seen as biologically male, she was then referred to men’s shelter and provided a men’s kit of clothing.
- As a hidden population, many difficulties remain in how people are identified. When gender is not affirmed and when you are not seen as who you are, depression and anxiety can occur.
- This cohort needs:
  - medical affirmation and access to medical support and social transitioning;
  - pathways back into employment;
  - wrap around mental health support. There is no dedicated funding for mental health, and many services are not funded or equipped to assist those in need of mental health support;
  - safe spaces such as a lockable shower and other places they can feel secure.
- For trans and intersex people, DVCS has often supported them to relocate interstate; to existing or already well-formed peer networks.
- Haven House was established from the Client Support Fund, providing flexibility and allowing tailored inclusive responses. Haven House would not have been as successful without the input and collaboration of AGA and Meridian.

- Two systemic issues are required:
    - integrated ongoing training for services; and
    - suitable housing.
  - A cultural shift is needed within mainstream services and within Government; as language is used in gendered way. Eg, CSD grants targeted at women mean some people need to try and fit themselves into this gender identity; with the result of them often choosing not to engage.
  - OneLink demand is high across all cohorts, however, without training staff do not understand the complexity of LGBTIQ+ community. It is often assumed a person is male or female from the outset of the conversation. One Trans person who had experienced violence reached out police, DVCS, and OneLink seeking assistance; however, was later told to stay with friends as they were unable to be assisted.
  - OneLink receives referrals from services who do not feel they are equipped to provide support needed, or placement may damage the mix of a shared house. It can be difficult when person has identified as female and appearing as male. OneLink has found difficulties in getting support from womens services.
  - Services are not appropriately competent around LGBTIQ+ space, and needs are vastly different. Trans gender people have higher suicide attempts and mental health outcomes of the community are much poorer than average Australians.
  - These poorer mental health outcomes are a direct result of discrimination of the LGBTIQ+ community. The service system directly impacts this as people have negative and poor interactions with the housing continuum. This begins with the Intake process, through to accommodation; with the lack of recognition around family of choice, familiar connections and safety of communal connection.
  - The person's journey needs to be recognised, with their housing needs based on gender identity.
  - The young transwomen who are part of Haven House are really pleased that they are part of YWCA where they felt affirmation of their gender identity as being part of a Women's service.
  - Eg; during COVID-19 in which Companion House was funded under two streams: a gay couple was not eligible under family program due to the services preconceived logic of what a family is, and they could also not be placed in male program as other clients may be homophobic.
  - It is easy to discuss LGBTIQ+ under rainbow umbrellas terms, however people's needs vary. When we talk about support services, we need to support individual needs within the rainbow community.
  - Intersectional experiences LGBTIQ+ people can be additional barriers, i.e. disability, identity as Aboriginal, or from culturally diverse background.
  - In part, it is the failure of Government models that make services protective. Each has concerns referring to other alternate services. Contracts should be drafted in such as way as to discourage competitiveness.
- OneLink website is silent on links to LGBTIQ+ services, so people need to be resourceful to find support.

#### **Research, data and training:**

- LGBTIQ+ National Guidelines are available for Homelessness Services and a number of people in the ACT contributed to these. It would be useful to invite Dr Cal Andrews who led the project to

the ACT to deliver sector training to Housing ACT staff, OneLink and the sector in general, as a starting point in developing the basic knowledge required.

- Cara has spoken to Dr Andrews and confirmed that he would be able to bring the training to the ACT. It is recommended to continue the discussion with Meridian, AGA and Dr Andrews about the joint training.
- There are also guidelines that may assist as well as models from the overseas. <http://www.lgbtihomeless.org.au/resources/for-service-providers/> For service providers – LGBTI Housing & Homelessness Projects
- If ACT has a commitment to be capital of equality, then we need to change the narrative and improve data quality.
- Action is needed now, as no data will be captured until at the earliest 2026 (Census) and may be dependent on the federal government - so if we wait for data, we will not see anything change for years.
- DVCS asked AIHW for particular gender identity changes in SHIP, and while initially this was an issue, it was quickly revoked. It is challenging to record the identity of person, as details can only place on file notes or on excel spreadsheets, and not as not easy to draw from SHIP.
- Need to recognise the lived experiences in data collection; so, this should be at the forefront.
- While SHIP may be enhanced it was acknowledged this may not ever fix the data gap issue, as this data needs to be crossed checked with other avenues.
- LGBTIQ+ community is hidden in every States and Territory's data, and may require collective advocacy to help change this; we also need to clarify on where to advocate.
- AIHW is a national system, and while some changes have been made, HS recognises this is not enough. HS have advocated with AIHW, however changes are often declined based on national data integrity. ACT is one of the few jurisdictions that has central intake model, and any changes to national system will not value-add to our system. HS is advocating for enhancing our data system to be more comprehensive, however, this is still limited.

### **LGBTIQ+ young people**

- Very challenging for young person to navigate the system. They are often very complex and have experienced trauma. There needs to be a better system, and a specific service to support them.
- Across the rainbow family, youth is critical, and coming out to unaccepting parents is one of the causes of homelessness. For example, a young man came out and was not supported in any way and told to camp at Cotter. This is not an acceptable solution for youth. There is a critical need for support around young person.

### **Culturally safe spaces are importance factor, what supports culturally safe spaces?**

- It is important to recognise pronouns and how people identify; do not assume - ask questions first.
- Gender needs to be affirmed for who you are, in safe space to support path to recovery
- Specific requirements, a philosophical wholistic integrated response that contributes to an entire social attitudinal change.
- Need to address the stigma, discrimination and barriers, at the same time as supporting people in their self-determined choices.

- Equitable access to, and equitable quality of, support proportionate to need - but knowing that need is both about supporting the individuals/families in their choices - but also in addressing the barriers and discrimination (especially intersectional barriers).

#### **Ideas to improve responses for LGBTIQ+ community members**

- Resourcing existing services on their role for advocacy, to contribute to community education and attitudinal change.
- Ongoing training, regular and constant across Government.
- Draw on expert mentoring to further encourage/lead social change.
- Proper and improved data collection; there have been several attempts to follow ABS standards however has not occurred as whole Government initiative.
- Implement the National guidelines for Homelessness Services; invite Dr Andrews to deliver training.
- Draw on local services with expertise such as AGA and Meridian to provide training.
- People need to be able to self-identify their gender; need places where they want to go - not where system says they should go.
- Safe Haven project, increase resources into this model.
- All YWCA staff do the AGA and Meridian training; it is recommended for all staff at Housing ACT, OneLink and the homeless sector should do this as a minimum - as part of the commissioning process - funding needs to be set aside to appropriately deliver this, and the requirement to be written into contracts.
- Improve SHIP data collection.
- Needs to be built into system, not a one-off initiative.
- Important role for training and education and Homelessness Services modelling what it means to be inclusive to other staff and people residing in their service.
- Should Housing ACT be assessing LGBTIQ+ persons on Priority? as they do not have transitional options.
- A dedicated streamed funding is needed for initiatives to respond to, while the rest of the service system becomes accustomed to issues.
- Need a space for LGTIQ services and a choice within mainstream services and approaches.
- When designing services, mental health support and wrap around services is required; not just safe accommodation.
- Improve and embed into reporting requirements from services, to ensure it is at front of organisational thinking.
- Development of shared practice framework, supporting outcomes for service users and shared understandings.

#### **Summary of issues raised**

- A focus on cultural change, service system change, sector and government training, improvement in cultural competence as government and workers on how we model inclusivity.
- Equitable access is not just the physical infrastructure; it is how we provide safe and culturally appropriate responses to LGTIQ+ community.
- Need to have some level of support for LGBTIQ+ community, while bigger structural change is achieved.

- Consideration whether trans community members, should have Housing ACT prioritise them due to barriers they face.
- Data and data issues to be improved.
- Referral networks and clarification of appropriate and warm referrals being made; so people are not left with an inappropriate response.
- Ensuring information is available on websites, so when people navigate system they are clear where they can access support.
- Mental health issues and gap in this space need to raised.
- Equitable access and equitable quality of support proportionate to the need; what can be done to ensure equitable access and quality of support?

**Meeting closed 12.15pm**

### **Next Steps**

Housing ACT will form common questions from the discussion and provide them to the consultant, Communication Link, for inclusion in the final Insights Report.

# Deep Dive Discussion – People with Disabilities

Monday 9 May 2022

Via Microsoft Teams 11am to 12.30pm

## Attendees:

Lauren O'Brien (ADACAS); Lynton Sheehan (Woden Community Service); David Havercroft (Rights & Inclusion Australia); Cara Jacobs (YWCA); Travis Gilbert (ACT Shelter); Stuart Davis-Meehan (SVdP), Michelle McGaurr, Huyen Truong, Rita Kritikos, Michelle Anderson, Kelly McGrath, (Homelessness Services, Housing ACT), Monica Upward-Garcia (Policy Officer of ACT Health Disability & Community Team); Christopher Aitchison (Disability & Community Policy section ); Yehuwdiy Dillon (A/g Senior Director, Aboriginal and Torres Strait Islander Health Partnerships, ACT Health);Melissa Lee, (Director with Mental Health Policy and Strategy; Noah Bowen Osmond (Primary Care, Chronic Conditions and Workforce team); Yasmin Barrington-Knight (Director Disability and Community Policy, ACT Health); Stephanie Ellis (Primary Care, Chronic Conditions and Workforce team, ACT Health); Jason Pover (Disability and Community Policy section); Lee-anne Rogers (ACT Health); Eleanor Taylor-Rogers, Rebecca Williams (ACT Health - Alcohol and Other Drugs Section); Amanda Charles (Office for Disability); Timothy Dixon (CSD); David Lascelles (CSD); Wendy Kipling (Director Office for Disability- including NDIS implementation and the Integrated Response Program); Fiona May (CSD Commissioning Team); Clare Pascoe (CSD)

**Welcome and Acknowledgement of Country:** Michelle McGaurr

## Introduction:

Ms McGaurr opened the meeting:

- Meeting Agenda
- The Homelessness Services (HS) commissioning process has revealed the need for deeper discussion around people with a disability and homelessness
- Today's discussion will focus on issues, gaps, and needs in relation to people with a disability and Specialist Homelessness Services
- The HS team will take notes during today's meeting and key themes will feed into the upcoming Commissioning Insights Report.

Ms Truong provided context around the commissioning process to date, explaining that information collected throughout will be used to inform procurement and new strategic partnerships

- ABS data indicates, one in 5 people identify as having a disability in the ACT.

Ms McGaurr opened the floor to participants for discussion.

## Housing ACT Growth and Renewal Program

All Housing ACT tenants under the Growth and Renewal Program, including those who identify as having a disability, are being supported by an internal Tenant Relocation Team to discuss their housing needs and preferences and then transition into a suitable replacement property.

## Data Collection

- AIHW does not adequately reflect the number and demographics of people with disabilities.
- Information regarding people who identify as having a disability, is not well captured by the Specialist Homelessness Information Platform (SHIP) platform.
- If data is not collected, then gaps emerge, and people's needs may not be met. There is tension between what systems want and person-centred practice. i.e. systems require data, diagnosis, income eligibility etc, which can conflict with the actual needs of the person/client and present barriers to access.
- People with a disability may not disclose their situation or needs i.e. they may be distrustful, not identify as having a disability or want to be labelled.
- There will always be sensitivities in relation to data collection. People may not be able to disclose their support needs. Eg. a mother with children who have disabilities and is also experiencing domestic and family violence; may be reliant on the perpetrator to provide shelter and income for the family.
- There are people living in hospital, beyond acute care, because they are unable to be discharged into appropriate housing (secondary homelessness)
- Data from Housing ACT waitlists could possibly show the number of people with identified disabilities.
- Onelink currently has around 40 clients who require accessible accommodation.
  - This is mostly made up of single females or females with children.
  - Onelink is finding that men are more likely to present with psychosocial disabilities such as PTSD, anxiety, and schizophrenia.
  - Largely due to the reporting ability of SHIP, Onelink can note if someone has identified as living with a disability. However, it is unable to define beyond that at this stage.
- Collection of additional data may result in the sector having to maintain several separate data bases – time consuming, more work to capture and collate.
- The sector could focus on using what we know now, such as current research and lived experience to build inclusive practice right across the sector.
- It would be useful to collect data on the number of people with disability who are turned away from SHS.
- When the Rough Sleeper Services Group came together to transition rough sleepers from Hotel/Motels to longer term accommodation, data showed that 90% of these rough sleepers had an identified mental health issue and close to 50% had an identified disability.

## NDIS

- To receive NDIS support, a client requires a diagnosis of permanent and lifelong disability
- A very small component of clients will receive Specialist Disability Accommodation (SDA) in their NDIS plans.
- NDIS does not cover private rent.
- The NDIS cannot cover everything and there is an expectation from HS that NDIS should fund solutions.
- Some people do not qualify for NDIS and/or do not want to through a complex appeals process.

- There is some tension between NDIS support workers and SHS support workers, with a need for education and training around integrated care.
- SVdP runs a social inclusion program on site at Oaks Estate. It is more of a disability program than a housing program. Clients do not have to qualify for NDIS to be included.

### **Reasonable Adjustments**

- The SHS service system is not geared toward making reasonable adjustments for people.
- Currently, a trial is being undertaken in the Justice space. Frontline justice agencies are asking a series of questions about reasonable adjustment needs, which can indicate where a behavioural change is required on the part of the person who is asking questions.
- Asking a person whether they have a disability may cause agitation or disengagement. Ticking a box to say a person has a disability does not address reasonable adjustment needs and therefore does not help the client with accessibility. Eg, if a client cannot hear well, they may not be able to fully comprehend what is going on around them.
- On the other hand, if the question about disability is not asked, then people with a disability will become invisible in the data.
- 'Disability service' vs a 'homelessness service'. Is it necessary for the system to retain these defined sub-sectors?

### **Accessibility**

- Most refuges are old housing stock and physically inaccessible.
- Separate to SHS ability to provide supports to people with disabilities, an accessibility/ environmental audit of accommodation sites may be warranted if not already undertaken.
- SHS services and properties must not only be physically accessible, but also consider any sensory issues, behavioural issues, and mental health.
- Often referrals to Onelink provide very little information in relation to a person's identified disability and what they may need in terms of living environment and day to day activities.
- Some Service Users (e.g. Integrated Response Program) may require a bespoke approach to accommodation, particularly when they have a significant intellectual disability or psycho-social disability and are unable to sustain a tenancy without support. The SHS sector does not seem to capture these people in terms of meeting their needs. People are not accepted into accommodation post assessment because the service does not have capacity to provide the type of care required.
- SHS do accommodate people with identified (and non-identified) disabilities. SHS provide case management/coordination and support to access NDIS and other supports to assist in achieving successful tenancies.
- SHS is in high demand and support is stretched. Sometimes it is difficult to manage the multiple needs of 1 service user with the needs of all other residents residing in shared crisis accommodation.
- Staff require the skills and confidence to support people with disabilities.
- Expertise needs to be in the right places to ensure accessibility.
- Often in SHS, it is a case of there being a maximum of one qualified social worker on staff and support workers who may have 'accidental counsellor' or Mental Health First Aid training. In

addition support workers might have generic mental health knowledge from a cert IV in Community Services. Services may only have 4 - 6 FTE staff and may not feel they have capacity to deliver intensive support when there are 15 - 30 people in a refuge.

### **First Nations People who identify as having a disability**

- What is our working definition of Homelessness for First Nations Peoples?
- It is important to understand homelessness in relation to First Nations People i.e. cultural losses, dispossession, colonisation.
- For example, has the client had to move off country to an urban environment to access better disability and health care?
- First Nations People are over-represented in the homelessness sector.
- The data does not show numbers of First Nations People who identify as having a disability.
- When considering disability among First Nations People, it is important to think about historical, emotional, spiritual, and intergenerational issues.
- There is a great deal of intersectionality of the experience of Aboriginal and Torres Strait Islander being people with disability but not identifying as being people with disability- seeking advice on reasonable adjustment needs is much more useful.
- Data must be collected and analysed in a culturally responsive way.

### **Links into Primary Care for people with disabilities**

- SHS provide multi-disciplinary support and individual care plans which require case coordination – support for clients to attend medical appointments, community health services, alcohol and other drug services, dentists etc
- Directions ACT provides an outreach bus that provides health care/vaccinations
- The Early Morning Centre (EMC) brings a dentist and GP to the centre where clients are attending for breakfast and lunch

### **Research considerations and federal/Territory issues**

- Disability Justice Strategy [https://www.communityservices.act.gov.au/disability\\_act/disability-justice-strategy](https://www.communityservices.act.gov.au/disability_act/disability-justice-strategy)  
[http://cdn.justice.act.gov.au/resources/uploads/ACTCS\\_Disability\\_Action\\_and\\_Inclusion\\_Plan\\_-\\_Easy\\_English.pdf](http://cdn.justice.act.gov.au/resources/uploads/ACTCS_Disability_Action_and_Inclusion_Plan_-_Easy_English.pdf)
- Homeless Policy and Systems for People with Disabilities <https://www.ahuri.edu.au/research-in-progress/Homelessness-policy-and-systems-for-people-with-disabilities?msckid=7e7bf885cf3811ec8ac5820d859b54bc>

### **Other**

- Justice is another space where homelessness and needs for disability can interact
- There are hidden cohorts and people with Intersectional needs - i.e. individuals from LGBTQIA+ communities and/or CALD communities and/or Aboriginal and Torres Strait Islander people who have disability related needs and can experience additional barriers as a result.
- Also research around people who are no longer approaching services as they have tried to access help but help in the way they needed/need has not yet been available.

### **Ideas to address some of the issues identified**

- Focus on recognising/identifying and breaking down the intersectional barriers that people with disabilities face across all sectors.
- A person-centred service system can provide tailored support to individuals.
- SHS and NDIS services must work together to provide accommodation, together with maximised disability supports.
- Place based responses may help to broker specialist expertise/partnerships and increase confidence in taking on clients with multiple needs.
- There is a difference between what is considered high and complex support needs in the Disability sector and the SHS sector. Work is required to bring more understanding and alignment in this space.
- When the HASI/HARI model ceased, valuable partnerships were lost between Health, Housing, and the Homelessness Sector. The partnerships were effective. Is it possible to explore re-establishing these partnerships?
- If the Needs Identification Tool, with a Reasonable Adjustment focus, was used prior to collecting SHIP data, answers could be mapped across the system. Eg, if a client is unable to read or hear, then it can be recorded as a communication issue. This is something the SHS sector can do that will help clients at the beginning of the relationship.

### **Next Steps**

- The Cross Sector Workshop will be held on the 18<sup>th</sup> of May 2022.
- Housing ACT will formulate common themes from the discussion and provide them to the consultant, Communication Link, for inclusion in the final Insights Report by end of June 2022.
- The information captured during these workshops will also be used to inform Joint Pathways and the Joint Pathways Executive.

**Meeting close 12.33pm**

## Deep Dive Discussion – Children

Thursday 26 May 2022  
Microsoft Teams 11am to 12.30pm

### Attendees:

Kate West (Senior Director – Community Relations and Funding Support), Sybilla Meeth (Director - Early Childhood Policy), Jodie Griffiths-Cook (Public Advocate and Children and Young People Commissioner), Huyen Truong (Director - Homelessness Services), David Malusa (Senior Program Officer - Homelessness Services), Biljana Petrova (Assistant Director - Homelessness Services), Kim Williamson (Senior Program Officer - Homelessness Services), Michelle McGaurr (A/G Senior Director - Homelessness Services), Robyn Martin (Beryl Women’s Refuge), Kellie Friend (Toora Women Inc), Cara Jacobs (Executive Director - YWCA), Jenny Kitchin (CEO - Woden Community Services), Amanda Tobler (CEO - Community Services 1#), Diana Collins (STVDP), Hayden Page (Team Leader – Youth Engagement Team - Woden Youth Centre), Jantiena Batt (Director - Early Child Projects), Dr Justin Barker (Executive Director - Youth Coalition of the ACT), Keira-Lee Gardner (Kippax), Liam McNicholas (Executive Director – Children’s Services, Engagement and Communications - Northside Community Services), Nadine Bayliss (Doris Women’s Refuge), Kate Thornber (Assistant Director – Family Safety), Melissa Davis (Director – CYPS Performance), Morgan Eddey (Human Services Cluster Team), Ryan McLaughlan (Assistant Director – Community Relations and Funding Support), Tracy Power (ACT AEDC Coordinator), Veronica Molloy (Director – Human Services Cluster Team)

### Welcome and Acknowledgement of Country

### Introduction:

Ms McGaurr opened the meeting, welcomed participants, outlined agenda and provided context around the commissioning process to date. Homelessness Services (HS) commissioning process has revealed the need for deeper understanding of issues affecting certain groups, and as a result today’s deep dive discussion is focused on children.

- Definitions of children who are at high risk: unaccompanied children who are homeless without a parent, accompanied homeless children with a parent (both parents or mother/father).

Through these discussions HS hopes to better understand:

- Participants’ experience working with children in Canberra experiencing or at risk of homelessness.
- How children are supported and where
- What supports or services are needed or sought for these children
- Any barriers in seeking these supports for children
- How we can better meet children’s needs

Ms Truong presented data snapshots of children accessing homelessness services. Main data sources informing the snapshot come from the ABS and AIHW. Ms Truong explained data collection methods vary slightly between these agencies and, there may be more up to date data available following the upcoming ABS census

Data indicates two main groups, including children under 12 and children aged 12-18; with the largest groups of children living in supported accommodation. AIHW also provides data on children on care and protection orders supported by homelessness services. This number has gradually reduced over the last six years and accounts for 6% of all clients, however trends are slightly different to child protection systems in the ACT. While the trends reflect capacity this is not data on demand for services. AIHW data regarding child protection indicates increases over the last four years, with similar trends across Australia. HS moved to the SHIP platform in 2011 when children receiving direct support were recognised as clients in their own right and are captured in the data collection.

Ms Truong explained snapshot does not include all data, as there are many types of support services in addition to accommodation. The pandemic has contributed to increased complexity over the last year, with more intensive support required and longer support needed. While recognising this puts pressure on service capacity, there could be more reasons contributing to these increases.

ACT reform to children and family services intends to improve outcomes for children and families via shift to early support provision. As many clients are children, it is important to keep this in mind for those accessing HS now and into the future

Ms McGaurr opened the discussion to participants:

**General Discussion:**

- Children accessing services are either unaccompanied, supported with one parent - predominately the mother, or homeless with both parents.
- Domestic violence is the leading cause for children experiencing or at risk of homelessness. Often women and children have experienced some form of domestic and family violence, many with competing demands across intervention approaches.
- Increased investment in support for women with children who are escaping domestic violence leads to increased positive outcomes for families. Homelessness exacerbates other vulnerabilities and has profound effects on mental health needing longer-term recovery. Housing mothers with children supports early intervention approaches and creates a stable platform to address other support needs.
- It is important to look for ways to support children and to prevent homelessness and for early support to be provided to children when they have entered homelessness.
- Property size and location can be challenging when housing families. While there is some accommodation capacity for male clients, there is a need for more supported accommodation for families.
- There are gaps where Care and Protection responses occur due to this involvement occurring post crisis, such as a young person acting out, rather than preventing the risk of homelessness and responding early.



- The panel discussion at the National Youth Homelessness Conference has raised the need for a nation-wide plan to address child youth homelessness, and for improved data collection.
- The ACT Government has developed 'Set up for Success', an early childhood strategy for early childhood education that includes wrap around support for young children engaged with the education system. A part of this strategy is the commitment to provide three year old children with 15 hours per week free universal education to create a fair early childhood education system for all. When supporting some children who may be experiencing homelessness, or housing instability the program will work with the family and to identify appropriate support services. Further information will be distributed to meeting participants.
- There is a new youth DV service coming to the ACT currently under a tender process.
- Our Booris Our Way recommendations identified that many Aboriginal and Torres Strait Islander children are being removed due to neglect, where neglect was defined as domestic violence, mental health or drug and alcohol issue. Domestic violence is the highest rated reason.
- YWCA reported children are the largest cohort supported by their service with staff and family case managers each trained to provide support to children.
- There remains a high demand on services, with high level of complexities and the ratio of staffing may not adequately reflect the true cost of working with children.

#### **Common trends around homelessness in children:**

- There is very limited support for accompanied children with both parents. Often families have to split up as can rarely enter a refuge together, with some preferring to remain homeless rather than split the family apart.
- There is prevalence of children accompanied by their mothers, clearly captured in statistics with the presenting reason for seeking support being the experience of domestic and family violence.
- Most women leaving domestic violence situations very limited finances and possessions.
- Service users seek to build some normality and routine while in crisis accommodation. At times accommodation provided lacks access to necessities, with only a microwave to cook meals and clients struggle to even obtain necessities such as clothes, toys, household items, or accessible transport to create a sense of safety. Having to move often can mean families minimise their belongings, which creates further instability and barriers for children.
- Beryl Women Inc offers a support program for children; however, the funding does not reflect the level of support required for children. The service has witnessed generations of families accessing support, such as children entering with their mothers and coming back as young adults with their own children. With nine women in accommodation the service often supports up to forty children at any given time, which places a high demand on staffing and resources.
- The trauma informed counselling/therapeutic support needed for children who have experienced homelessness is not accessible to families and services due to extensive waiting times or prohibitive costs.
- The first five years of a child's life are crucial part of development and there remains the need to improve data capturing and supports around this period.



- Northside homelessness services also accommodate many children and case managers work to best support the children, however, are not adequately funded around this work. Northside is open to expanding support for children, as increased advocacy is needed to ensure children are recognised in their own right, not as an add on to the mother/parent. There is not a single solution, need to consider options broadly, ensuring Aboriginal and Torres Strait Islander children's needs are prioritised and that disability or inclusion issues are recognised and supported.
- Biggest risk factor or predictor for homelessness is previous experience of homelessness.
- Statistically, most children who are homeless are accompanied by a mother escaping DV and more funding is required for this target cohort. The service model that is effective for this group is Rapid Rehousing.

### **Housing and Homelessness:**

- Housing allocation issues are being seen in the sector, for example single male clients experiencing homelessness are being housed into houses or units with multiple bedrooms, whereas mothers and children escaping DV are being housed in 1-bedroom units.
- A common barrier is parents who do not speak English; often young children take on the translator role and missing school because housing becomes the priority.
- Challenges with the extended length of time families reside in crisis accommodation, due to limited long term or public housing options. This has a negative impact on children's mental health and women's recovery.
- Often families no longer need crisis support however are unable to move forward without alternative housing option. While remaining in crisis accommodation the wellbeing of families suffers as they are not able to resume their social life, particularly due to safety considerations they are not able to have friends sleeping over or visits by extended family. Accompanied Children/Unaccompanied Children - These should be the priority groups when prioritising public housing allocations/applications.
- Special consideration around the prioritisation for families with housing applications may need further examination, given the current gap in sector services available for this group.
- Acknowledgement that HS is one part of broader picture, so whole cross sector response is needed to support outcomes.

### **Practical steps and suggestions for improving outcomes moving forward:**

- Rapid Rehousing model – has strong evidence base and prioritises needs and outcomes beneficial for children and families. Once housed, wrap around support could be provided and this may prevent further generational vulnerabilities continuing.
- Importance of early Intervention - crucial first 5 years of a child's life, focus on early intervention.
- Work to improve data capturing and resolve data issues.
- Broader services doing visits to home/ accommodation and school could be useful for this cohort, as these places are often safest places for children.
- Gain a better understanding of the children accessing current services.
- Identify developmental vulnerabilities in children according to geographical areas and how this may match with the housing stock i.e., more accessible support services for children in identified areas.



- Develop consistency across services, with whole of sector tools, training or possible practice framework.
- Support should not stop at providing housing - more funding and flexibility for toys, furniture, clothes, and essential items, otherwise it has a flow on effect with being behind in household bills due to pressure in trying to obtain everything for children. Resources need to support families to create a stable environment, before and after they have accessed housing.
- Consideration of flexible funding or brokage approaches to support improved outcomes.
- Improving services for children by seeing children as their own individual cohort in their own right, for example: Aboriginal and Torres Strait Islander children or children with disabilities, making sure they have their own tailored solutions.
- Work to decrease barriers in accessing supports including health or playgroups services, supporting flexible home or school or service visits may be beneficial.
- Investigate tool that Families ACT CYFS put together, framework and case management may be useful to draw from. Testing on this would be beneficial, training to be consistent, to be explored further with ACT Education.
- With focus on wellbeing indicators any commissioning discussions need to consider how to fund and adequately support children's needs; helping to ensure children remain connected to community, culture, therapeutic supports and wider activities such as sport and recreation.

#### **Other Models:**

- Ruby's House and the Safe and Connected Model for children 8-15 years with a target group of starting from 10 years. The South Australia model for 12–16-year-olds, at times found siblings may also need to come in so work is on a case-by-case basis.

#### **Next Steps**

- Information from deep dive discussions will be captured, then fed into the project consultants' Insight report.
- The Insight report will be prepared and made accessible; this will assist in determining next phase of strategic procurement and planning.
- There continues to be the need for cross sectoral discussions as discussions have highlighted that many issues cross multiple areas.

**Meeting close 12.20pm**