HEART of Melbourne's North

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With the declaration of a State of Emergency in Victoria on 16 March 2020, the homelessness service system — its agencies and support providers — was instructed to rapidly and assertively engage homeless households to ensure emergency accommodation and specialist support was provided during the Covid-19 response.

As part of the Government of Victoria's public health measures, the Department of Health and Human Services (DHHS) established a response framework to people already in and seeking purchased emergency accommodation. Each state regional Local Area Service Network (LASN), its Homelessness Networkers, access point agencies, DHHS local areas, and all service providers collaborated under the auspice of the Homelessness Emergency Accommodation Response Team (HEART).

For all homelessness service system agencies, inclusion in the response was mandatory. Each agency was required to redirect all existing resources and adopt new methodologies of service delivery to ensure ongoing support.

As at 3 July 2020, and since 16 March 2020, 1,757 households have been engaged through the Northern Metropolitan Region (NMR) HEART program, accommodated in purchased emergency accommodation and ~280 have been allocated wrap-around specialist support services. The NMR HEART assisted 1,492 (81 per cent) single person households and 92 (5 per cent) households with dependent children. Of these, 1,210 (68 per cent) self-identified as male, 541 (31 per cent) as female, and six households prefer to self-describe.

Significantly, 747 (42 per cent) of all households assisted have a history of chronic homelessness including rough sleeping, signalling a steep rise in levels of engagement with highly complex clients and an unprecedented opportunity to sustain this engagement.

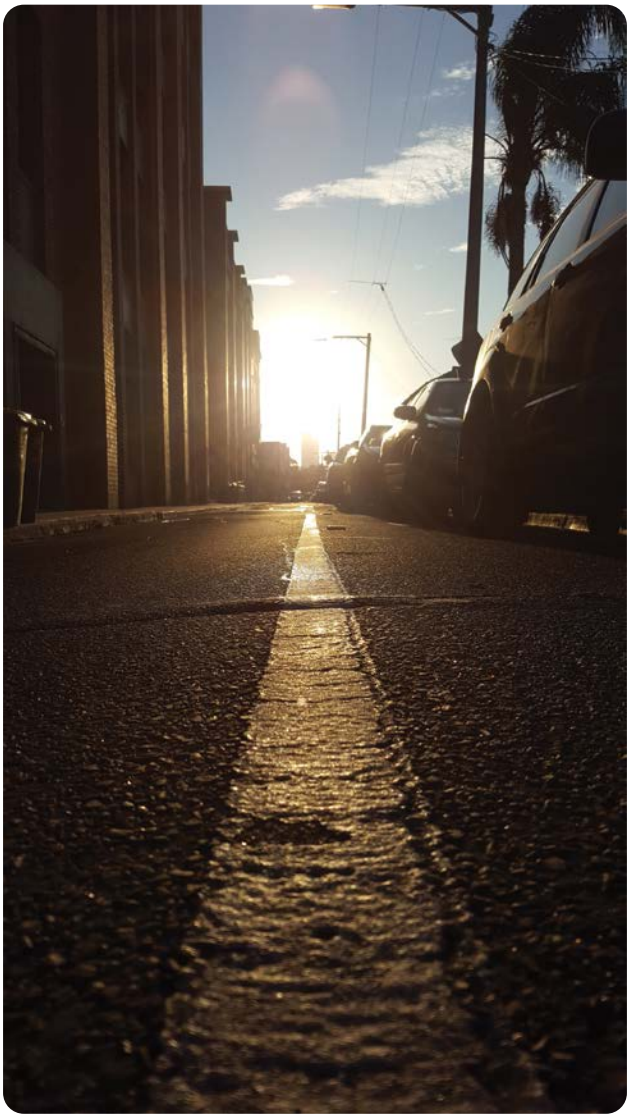

Photo provided by Dr David Kelly

HEF-and-Forget to HEF-and-Support

Since March 2020, the homelessness service system has been compelled to adopt a wartime-footing to proactively address the most precarious and chronic forms of homelessness, including rough sleeping.

Prior to Covid-19, the capacity of the NMR homelessness service system was only able to support approximately 11 per cent of households seeking assistance. The primary mechanism to offer this support was the Housing Establishment Fund (HEF), initially intended to fund a suite of responses that would allow households to exit homelessness into stable housing. Over time, HEF's primary function has been to purchase very-short-term emergency accommodation, which is triaged for only the most vulnerable and at-risk households.

The default policy position within the homelessness service system had become HEF-and-forget, as there is little-to-no capacity for the fund to actually provide a pathway to housing. Disturbingly, too much of the emergency accommodation options in Melbourne have been identified as 'extremely unsafe and typically of a very poor standard.'[1]

The initial policy included the expansion of HEF to envelop the early (pre-May 2020) response and enlarge the capacity of the NMR LASN to offer comfortable, safe and relatively secure accommodation to consumers.

DHHS instructed access point agencies — Launch Housing, Haven Home Safe and VincentCare — to purchase emergency accommodation for all households presenting to access points, and for Assertive Outreach programs such as the Rough Sleeper Initiative to focus on assertive engagement to support hard-to reach households currently sleeping rough. This was enabled by the sector undertaking significant advocacy with DHHS to ensure that the costs incurred during this process would be covered by an increase to the HEF.

HEART Client Prioritisation

The HEART response was functionally initiated in early May 2020 and aimed to:

1. prevent a return to homelessness for people currently in emergency accommodation

2. prevent a return to unsafe, low amenity, private rooming houses.

The expansion of HEF heralded a major redirection of resources in order to service the needs of the client. For the NRM, this was pronounced in the collaborative sharing of client information and the creation of priority list working group.

Consensual sharing of client information enabled a more targeted and prompt allocation of support services to clients. Each access point has managed a prioritised list of clients based on needs, risks and vulnerabilities, and has been used to allocate specialist support and accommodation resources. While initially there was a desire for all three access point allocation lists to be amalgamated into a single list of HEART clients, this sat outside the existing consents which access points held for clients placed into emergency accommodation.

Without a mechanism for the free (de-identified) and frequent sharing of client information between access point agencies and specialist support services across the entire NMR, the response would be protracted, disjointed and result in poorer outcomes for clients. The governance group resolved to create a working group of 'priority list workers', consisting of representatives of access point agencies responsible for each priority allocation list, and representatives from select specialist support services that deal with over-represented cohorts such as Aboriginal and Torres Strait Islander people.

Through the establishment of the priority list working group, each access point compiled prioritised lists of households from whom 'consent to refer' had been obtained and made visible the resources available within their local area. This facilitated a speedy and accurate allocation model that was synergised across the NMR, allowing for a better fit of service due to the broader range of services available to clients. Clients of services are more likely to retain them if they are better suited to their manifest needs, risks and vulnerabilities.

Having a joint team of priority allocation list workers and support workers created a client focus; agencies came second. There were instances where clients completely disengaged from specialist support services. This is common within the system however, given the pandemic context, disengagement was actively resisted among workers. The priority allocation working group assumed a topographic perspective to clients with multiple safety nets built into practice. If clients disengaged from support workers or accommodation, and then presented to the system through a separate access point in the region, the priority list working group were able to identify this and troubleshoot new arrangements to ensure that client was supported.

HEART Case Study

John (pseudonym), a 19-year-old Aboriginal man, presents to the VincentCare access point in Melbourne's north. He has been homeless since the age of 16 after becoming estranged from his family in rural Victoria.

He presents with multiple complex health needs, has no support networks

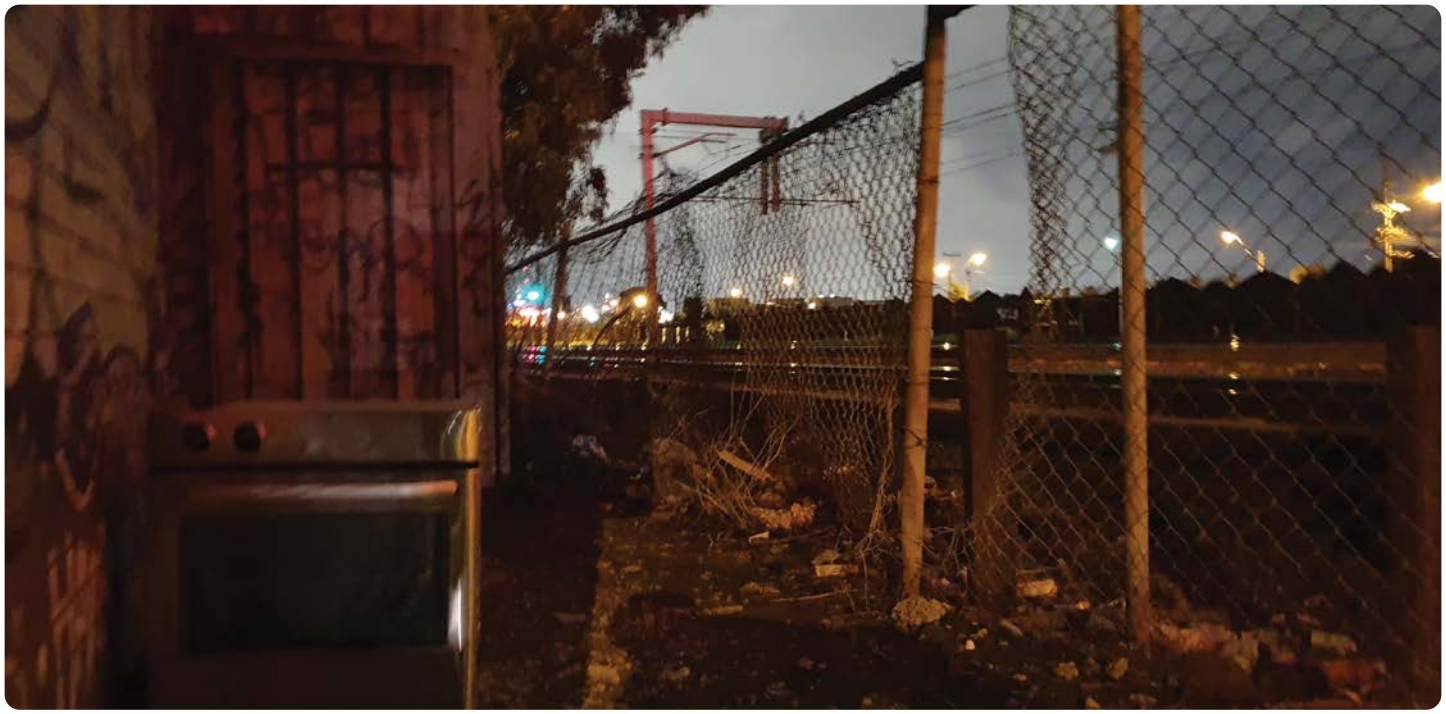

Photo provided by Dr David Kelly

to speak of, and is displaying a complex range of high-risk behaviours. He has also previously been diagnosed with ADHD, Autism, PTSD, Conduct Disorder, Cluster B personality disorder, and a possible diagnosis of Bi-Polar. John had made a number of suicide attempts in the past, is actively self-harming and using a range of substances (mainly alcohol). Having difficulty regulating his emotions, according to his medical history John is at risk of 'accidental death'.

Seeking support in March 2020, when HEF was used to accommodate everyone seeking support, John was provided with purchased emergency accommodation to provide him with a level of stable accommodation. His erratic and concerning behaviours, that were a risk to himself and others, meant that sustaining shelter was very challenging, and John was often moved to different hotels.

Covid-19 health measures were particularly difficult to adhere to, such as wearing a mask, although John would often not wear a t-shirt either. On two separate occasions, John was sedated by police and ambulance officers and taken to hospital for medical treatment in a period of four days. On other occasions John punched brick walls until his knuckles bled and asked police or other residents in the hotel to 'shoot him'. John was verbally aggressive to other residents and staff at the hotel, destroyed property, kicked over bins, and assaulted a PSO officer while intoxicated at a train station.

On his second visit to hospital, John was released by mental health professionals the following morning. His behaviour was deemed attention seeking, behavioural, and not mental health related. Due to high level risk, John was referred to Melbourne City Mission (MCM) as soon as a youth housing support vacancy became available. MCM accepted the referral and committed a significant amount of human resources to support John.

Photo provided by Dr David Kelly

A case worker at MCM supported John over a number of weeks on a daily/hourly base. While his case worker was actively engaged with him, a priority list worker advocated for additional resources for this vulnerable client. Concerns for his vulnerability were raised at priority list working group meetings, resulting in a range of resources and support being offered, such as the Victorian Aboriginal Community Services Association Ltd (VACSAL), to provide cultural support. Haven Home Safe offered to check into accommodation options that provided material aid and on ground nursing staff, while Launch Housing agreed to advocate for John to be accepted into Southbank Crisis Accommodation. In addition to this, MCM support placed referrals to Bolton Clarke (nursing service), legal support, and mental health services.

The cooperation of all services provided a successful outcome for John that he would not have received otherwise. It resulted in the formation of a dynamic care team for John.

The active collaboration with Aboriginal Community Controlled Organisations, such as VACSAL, provided essential cultural support and also allocated an additional outreach worker to provide material aid, access to funding, hotel support etc. On John's behalf, VACSAL was able to start communicating with family, gaining a greater understanding of John's history and behaviour. Launch Housing advocated for John to be placed in Crisis Supported Accommodation. After a clean Covid-19 test was provided, John moved into Southbank Crisis Accommodation and was allocated two support workers.

Whilst John remains a challenging case, his support workers continue to work with him, communicate clear boundaries, and encourage him to maintain his current housing and supports.

HEART Legacy

The homelessness service system is returning to business-as-usual from November 2020. The HEART response will sunset in April 2020, to be replaced by the *From Homelessness to a Home* program, an arrangement to lease 1,700 properties from the private rental market, for a period of 18 months. The NMR LASN is planning to permanently implement collaboration processes, such as the priority list working group.

* This article was written in consultation with the Victorian Northern Metropolitan Region Local Area Service Network.

For the full report see: *https://cur.org.au/cms/wp-content/uploads/2020/11/heart-report-v4.pdf*

Endnote

1. Turton P, Langmore S, Bennett D and Gorman M 2019, *'A Crisis in Crisis The appalling state of emergency accommodation in Melbourne's north and west.'* Western and Northern Local Area Services Network, <http://www.nwhn.net.au/admin/file/content2/c7/A per cent20crisis per cent20in per cent20crisis per cent20doc per cent20final per cent20040219_1550142202053.pdf>