



Advocates Discuss: homelessness

From June 2022, Disability Advocacy Network Australia (DANA) ran the "Advocates Discuss" series: fortnightly hour-long discussions via Microsoft Teams - creating an opportunity for interested advocates to take a closer look at and speak about a number of key topics emerging in the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission or DRC) and its examination of abuse, violence, exploitation and neglect. Participants were encouraged to share their insights, observations, stories and case studies, and the discussion questions each week included opportunities to share perspectives on what recommendations advocates would like to see being made by the DRC, in relation to the topic in focus.

Identifying details have been removed from the edited transcript below. Participants in each session are identified as advocates from their state or territory, and are also numbered where multiple advocates from that jurisdiction took part. Participants were informed that sessions would be recorded to capture their insights and observations. Care has been taken but errors may exist in the transcription.

DANA would like to acknowledge the Traditional Owners of the various lands around Australia from which advocates participated in these virtual meetings and pay our respects to Aboriginal and Torres Strait Islander Elders, past, present, and emerging.

DANA would also like to acknowledge the time and generosity of participating advocates from a diverse range of advocacy organisations around Australia, and the funding of the Australian Government Department of Social Services (DSS) for DANA to provide DRC systemic advocacy support. Visit www.dss.gov.au for more information.

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Transcript from discussion – 5 July 2022

Mary Mallett:

We might get started as people will join us as they can. For those who I haven't met yet, I'm the CEO of DANA and Siobhan, if you want to give us a wave. She is the DANA Policy Officer. I will start by acknowledging the traditional owners of the lands where I'm based today, and I recognise that you're all on different Aboriginal lands around the country. I am in Hobart. I would like to acknowledge our respect for their elders past and present and the custodianship of the lands and waters of this area. I welcome any Aboriginal people who are with us today.

Today, this is part of a series of forums that we're having fortnightly over the next while and I hope those of you who can, and have time, can pop into these forums over the next couple of months: they are just for an hour and so we will just try and allow as much time as possible for all of you to have your - to tell us what you want to say about the topic.

Today's topic is about homelessness, but it is a fairly broad topic. Homelessness, obviously, there's the sleeping rough part of homelessness, but there are lots of people who fit into the definition of "homelessness" because they don't have a stable secure place to live and so they're in some kind of intermediate arrangement, sometimes for a long time, so that's why we've talked about the experience in boarding houses and hostels and other arrangements. We will open it up straightaway for discussion. So, if you want to speak, just put your hand up or just take your microphone off and join in and, but keep your microphones turned off for the rest of the time unless you're speaking yourself.

We will just leave it over to you to tell us what in your organisation and in your experience of advocacy, to what extent do you deal with people in relation to homelessness and related matters? Does anybody want to dive in and be first? I will keep going for a minute. One of the things that when Siobhan and I were discussing it beforehand when we were thinking about how would these issues be recorded and in what way do you record them in your system, so for those who are funded NDAP [National Disability Advocacy Program] then you're recording them into the DEX [Data Exchange¹] and there's a homeless category and we have information shared by us by DSS but not publicly available information, but at that point, maybe two years ago, the housing homelessness was the highest number of -

¹ Department of Social Services (DSS) Data Exchange, see [Data Exchange \(dss.gov.au\)](https://dss.gov.au)



the highest of the individual sets of issues was housing/homelessness with government payments second. I can see somebody is making a comment in the chat. [VIC Advocate 1], did you put your camera on because you wanted to speak? Yeah, okay.

[VIC Advocate 1]:

We're NDAP funded so we're recording the index, either someone is homeless or at risk. It is often a fine line. I think the thing is, if I use one case study for example, there is a young man who is [a teenager]. Because of his disability, he becomes dysregulated quite easily and he is not yet on the NDIS. These are the factors that we are seeing whilst he has a significant disabled and impaired functioning, his eligibility for NDIS has been declined. Factors that contribute to that are that he has history of drug use, not alcohol, but drug use. We know we don't have a clear diagnosis yet, so it's almost like young people and also older people, older adults, need to hit absolute rock bottom and end up engaging in offending behaviour to actually be recognised as having a disability and needing support.

So, this young man because he becomes dysregulated, he hasn't had a proper diagnosis, he hasn't been properly supported throughout his lifetime and recognised as needing supports. His family also, his parents, immediate family, also have issues of disability within that family, learner disorders, mild intellectual disability, et cetera, so the family is also unable to provide the support that maybe some other families may be able to provide, so that's contributing. There's frequent calls of police to home and that means eventually police - and they're family violence liaison police officers, are attending the family home. What happened in this instance is this man is now excluded from the family home because there are younger children in the house. The violence, he can't regulate his emotions, he tends to smash up walls and other property.

He is now excluded from the family home and he either goes to another family member who can cope and provide even minimal support and a sofa, to sleep on, or he can go to Youth Crisis. When I've contacted Youth Crisis, they say because of his young age - and because it's believed he has an intellectual disability and probably autism, that he is at too much risk going into Youth Crisis accommodation and other potential residents in that setting.

So, these young people are slipping through the cracks at quite a young age. NDIS will say because of drug-related issues, if we fix the drug-related issues, then all these other underlying problems will be resolved. That's not the case, so I think there's some work to be done in terms of the NDIS. We all know that drug and alcohol issues are usually symptomatic of something else and his mild intellectual



disability, he has communication difficulties and potentially autism, are not going to go away because there's drug intervention programs. So NDIS/NDIA will say that not all treatments have been tried.

The other thing is that these young people, and particularly a family like this, they don't have the access to the resources to get assessments. In order for this young man to get help, he has ended up engaging in high risk taking, help-seeking behaviour, lying on roads. I'm talking about major arterial roads. He is going out, he can't get help from mum and dad because they don't know how to support him. They're trying, but they're struggling themselves, and he is going out and laying on a road, and of course emergency services are going to come. He gets a response but then he learns "I get this response so I will keep doing this behaviour". That behaviour has at least led him to a mental health program.

Police usually take to Psych (Psychiatric team) and liaise with the community setting, but surely it shouldn't have got to this. He is considered homeless. He can't go to his family home. They can't communicate with him because there's an intervention order in place, and the systems that are in place for him for younger people to get support, those services feel he is at too high risk to go into their facility, so that's not even an option. So we've got a shortage of - well, there is a gap, a complete gap, for young people like him and for other older adults, that have these underlying disabilities that make them vulnerable to others because the youth crisis, they may be young people engaged in offending behaviour but they don't necessarily have disability. He is a very complex young man.

I've had other young people like this and it just is really devastating to see the impact on the lack of resources and we don't even specialise in youth. I think there's YDAS, for example, Youth Disability Advocacy Service, that I'm sure they would speak to this far more profoundly and have far more case study examples of this. This is the layering of complexity, and he is going to end up being in and out of homelessness unless we can get good supports around him and quickly. So extreme risk-taking behaviour for a program to say 'we will do a cognitive assessment' but it will still take him a few months to get him up the list.

There's the shortage of brokerage or funding to pay for these assessments that are absolutely needed. I guess that's, in a nutshell, how people are... [an] entry point for people entering homelessness when they have a disability that is this one of the concrete examples of ... [entry] into the homelessness sector because if it is, there's something that needs to be done about it and this is funding at multiple levels of government to support. I'm just interested in what other people think.



Mary Mallett:

Thanks. That's a really interesting example, [VIC Advocate 1]. Does anyone else want to speak about what you see in your organisations along this area? ... If you think about gaps in advocacy, for people with youth, that's a big gap. YDAS is in Victoria but no similar service in other States and Territories. I'm assuming people in boarding houses are an older version of that young man you're talking about, [VIC Advocate 1]. I don't know if any of your organisations deal with people in boarding houses much.

[VIC Advocate 1]:

We do.

Mary Mallett:

Anyone else want to speak to any other aspect of homelessness or, indeed, shortage of housing and appropriate accommodation that's keeping people stuck in inappropriate places, including possibly hospitals or even nursing homes.

[VIC Advocate 1]:

We are dealing with the SRS [Supported Residential Service] sector which is on par with the boarding house sector in New South Wales and Victoria and the Royal Commission is preparing for a hearing on this topic. They are looking for case studies, so I guess that we have the legacy of the system that there is a shortage of appropriate accommodation for people with disability. The legacy of the pathway ... in Victoria, has been someone presents. Now, that could either be through the living with ageing parents or the ageing parents died or that that relationship has broken down, generally, and then depending on the level of disability involved - well, often the old pathway was that the family or someone to do with that person would go to the Department of Health and Human Services and say, 'there is this person with a disability, they need accommodation.' They go through to what was then disability client services. They would be told to look at these places, which were invariably SRSs [Supported Residential Services] or the person from say a housing service usually Launch Housing in the area that our agency works, and they will present the option. They will usually... for someone with a cognitive impairment, they may suggest SRS but generally not suggest rooming houses because rooming houses, whilst they're a smaller group of people, they present more challenges and more vulnerability exposure, perhaps people in a prison living in a rooming house. There's no-one there to support. It's just the residents; no staff.

So that's how they enter. It's still the same. You go to the housing hub and what options are available? If someone needs accommodation very quickly, and there's



nothing else available in terms of SIL [Supported Independent Living] or SDA [Specialist Disability Accommodation], and an SRS is, that's where they will go. Then what we found historically is some family members lose their sibling, so we've seen where a person with disability.... The parent died and, you know, the Department placed that person in an SRS. An SRS closed. Then those residents are sent to all different SRSs, but their records don't necessarily follow and we had an example of one family where they lost their sister for many years, they could not find her anywhere, they didn't know what had happened to her. When they went asking about her at the last known address, they were told there's no-one there. If we look at it - it's very easy to happen because you're not registered for a telephone, you're not registered for an address, usually not voting because of cognitive impairments, so not even registered on the electoral roll and how do you find someone when they have no address, there's nothing to trace them by, and for privacy reasons Centrelink, et cetera, can't release information. So, it takes a lot of effort to find someone. Eventually this family found that person, but by then her health had declined so much. So there's really poor outcomes for people and it's also that these people with disabilities are not necessarily estranged from their family. Sometimes they may be but sometimes not and they're lost in a system. That's poor records. Boarding houses and SRSs are not sending accurate records and making contact with family. That's the old way.

There is a long history of people in SRSs-- - who have come through that pathway. I've seen people coming through the NDIS. At least there's a record of them through the NDIS. There can be an exclusion order from the home. We have had a young people who wasn't the person perpetrating the violence but the victim of violence, but the father also had a disability, so this young man ... ended up in an SRS until accommodation could be found. So, there's significant risks. The good thing about, I guess, the one positive about the homeless sector in Victoria in some areas of Melbourne is we do have the Bolton Clark which used to be the RDNS homeless program.² They recognise in some areas and SRSs that people are homeless, and so they receive contact with some health care and some support around their health that the SRS doesn't provide. I'm not sure how it is in other States or all over Victoria, but there are some SRSs in Victoria that have access to that program, or the residents do, which is very good because it is an extra set of eyes looking out for these people who would otherwise have not received proper health care.

Mary Mallett:

Thanks. Just a quick follow-up question, in Victoria do SRSs or the rooming houses, would they get visited by community visitors?

² Royal District Nursing Service – Homeless Persons Program: [Homeless Person's program | Bolton Clarke](#)



[VIC Advocate 1]:

Yes, they are visited by community visitors, which is part of the Office of the Public Advocate. Our experience is that community visitors will make reports but those reports tend to go to the government department responsible and there seems to be a roadblock there. Our experience is - I mean, this is one suggestion of why, I'm not saying exactly why, but is that if an SRS or a boarding house - if a SRS closes in Victoria, all those residents need to be accommodated somewhere. We've seen that during COVID where a couple have closed. Suddenly, the State Government will have a responsibility and a cost associated with that, of finding housing for these people, the residents. The community visitors are reporting. There are authorised officers as well. They're the regularity body, but my experience is often when we have made reports is you get responses such as 'well it depends on what the SRS proprietor feels is happening', and that there seems to be this 'keep it running' even if there's substandard care because--

Mary Mallett:

Because there's nowhere else.

[VIC Advocate 1]:

There's nowhere else... yeah.

Mary Mallett:

Thanks. [TAS Advocate 1], you had your hand up. Did you want to speak to the issue? You've put a longer comment in the chat. Do you want to speak to that briefly?

[TAS Advocate 1],

Sure, just basic trends from our data, just from this year that I imagine everyone else here has seen. What's really common for us is supporting clients where they're trying to access housing, so they're homeless or in emergency accommodation, and housing services, homelessness services, will refuse to work with the clients because the clients have excluded certain suburbs from the list of places they're willing to live. The services say that the clients are being too picky and choosy and they - so they won't be given priority. When you talk to the clients that's because that suburb is where their abuser lives or they've experienced an attempted murder there or they can't access their critical life-preserving supports in that space. So they're being forced into a long-term homelessness often because they're being written off as picky for having legitimate needs. Other really common ones are people in insecure housing or homelessness because they can't get adequate funding for supported independent living. We've already heard about that.



Clients in accommodation coming to us for support to speak up about the fact that the emergency accommodation has no hot water, no front door, the toilet is broken, the shower is broken, there's no heating which can be lethal in Tasmania, mould, unfit living conditions and so in those circumstances often the client will choose to sleep rough because it's preferable. Clients coming to us saying that they've experienced physical or sexual abuse from other people at the emergency accommodation venues. Usually those clients will say that there's no point trying to speak up to authorities because they will be dismissed as being unreliable and so again it's really common for clients to come to us who are homeless about some unrelated issue. Also you know, 'your homelessness, sleeping rough, is there any help you'd like with that?' - They would say there's no point. One client we spoke to recently had been on the priority one emergency housing list for 12 years like, the standard housing priority list is in Tasmania, I think, four years long at the moment, which is pretty good by national standards, which is depressing, but as soon as you have disability or psychosocial disability, that timeframe is no longer accurate. Essentially unless clients are able to find something themselves, they won't find anything.

Mary Mallett:

Thanks very much. [AUS Advocate 1], you've asked about whether there is a national policy on transitional accommodation and you've shared your own experience there. I don't know the answer to that, actually. Mostly they are state regulations that are responsible for all of those rooming houses, boarding houses, SRSs, that category of accommodation. They're all state and territory regulated. I don't know if there is anything national about it. Does anyone else know?

Siobhan Clair:

I don't know, but we've heard also that some of these are registered NDIS providers now, so in this area, so they need to abide by the general NDIS provider rules.

Mary Mallett:

One of the questions that I'm interested in is whether when you're working with a client who is homeless or effectively homeless, do they get support or help from the sort of general homelessness sector, the charities or the organisations who are working in that area or do they get - are they too hard, considered too hard, because they have a disability or, you know, does anybody have a view on that? It seems to me at a systemic level the disability advocacy sector probably is not working particularly with the sector, the housing and homelessness sector, but I wonder, at an individual level if anybody does try to do that?



[TAS Advocate 1]:

In Tasmania we've tried and have been told it requires system changes that are essentially going to be too expensive to bother with.

Mary Mallett:

Yeah. That's interesting, isn't it, [TAS Advocate 1], because, you know, in everything that we are thinking about now in relation to the Royal Commission and in whatever evidence they're going to get out of the hearing that they have in August about this topic, they will be thinking about what recommendations need to be made, what is it that, you know, that governments need to do to try and help to resolve any of this, and as a sector we need to be putting forward ideas and recommendations if they can't think of them, but, obviously, we might have more of an impact if we were working with the sectors that are the main voices in relation to the homelessness. I also am wondering, you know, there's an awful lot in the media isn't there, in the last couple of years as the cost of housing, rentals, everything has gone up really significantly. Is that making things significantly different for the clients that you're working with or has it not made much difference because they always have difficulty, this group of people you're talking about, they will always have difficulty finding somewhere to live? [TAS Advocate 1]?

[TAS Advocate 1]:

Again, it has sharply increased the amount of issues we're seeing, whether that's the primary issue. The main problem is that there are no more rentals in Tasmania that are affordable to anyone on the DSP. So an average rental price for a disability accessible unit in the private market that, is remotely close to any sorts of services for clients in Tasmania is about \$500 a week. If you're looking at a thousand dollars a fortnight and you are a person on the DSP who maybe for some reason has to live alone, what are you going to do? There's no capacity in the private market any more at all. When you're looking for recommendations on what to do about that, there are lots and they have been made to State Governments over and over about increasing supply in private markets. I won't go into that, but potentially we could add on top of that some way to strengthen accessibility and private housing stock, but our experience in trying to make systemic action happen here is if we try and speak up about a disability issue, people say look we'd like to get it sorted for anyone let alone disability. There's no point trying to make the building accessible if there's no buildings.

Mary Mallett:

[QLD Advocate 1]?



[QLD Advocate 1]:

Hello... I just wanted to say when I think about accessibility, something I see a lot in the housing space, I'm in Queensland, is, like, I guess it would be referred to as neighbourhood disputes, so a lot of people that I'm working with or we're working with have quite significant trauma history and are having a lot of issues navigating relationships where they're living and it often gets to a point where they either stay there and their mental health is at risk or they move and as I think it was [TAS Advocate 1] was saying before, there's not really that flexibility to choose where people want to go. So that's something that I find comes up a lot. Often the Department of Housing³ say neighbourhood disputes are not their problem, 'it is a police issue', and then the police say 'All we can do is a peace and good behaviour bond', which is ultimately getting the Court involved and it is quite a big process for people. So that's just something I see happening a lot and I wonder how much it is considered by housing... how to make housing accessible and safe for people who have significant trauma histories. It's not a trauma-informed space, I guess. It creates a lot of problems for people with no pathways, I guess.

Mary Mallett:

Thanks. [TAS Advocate 1]?

[TAS Advocate 1]:

On the topic of police and people with disability making reports and housing disputes. Police service, when we have tried to chase up the complaints that people have made to police in those situations, told them that they stopped writing them down when they knew a person had a disability or a mental health condition. They didn't frame that... but said "I don't think that person is quite right in the head". Those were the exact words "They're not quite right in the head so we don't write it down. We just tell them that we did".

Mary Mallett:

Thanks. One of the things, and it has been referred to really in the things people have talked about so far, there's a significant overlap in the cohort of people we're talking about with many of whom have fairly significant mental health issues. Is the mental health sector, or mental health organisations or mental health advocacy, dealing with this cohort of people any better, is there an organisation within the mental health sector, community sector, that you can refer people to once you've done as much as you can or you think that they're better placed to do any of this work? I'm just interested in the... overlap there. [QLD Advocate 1]?

³ [Department of Communities, Housing and Digital Economy \(chde.qld.gov.au\)](http://chde.qld.gov.au)



[QLD Advocate 1]:

One of the programs in Brisbane is called Sustaining Tenancies with Community Queensland.⁴ Initially the funding was there for when COVID hit and a lot of people who were sleeping rough were housed in hotels and it was a lot of people who had significant mental health issues, so they employed mental health outreach workers. That's now become Sustaining Tenancies. I know that they've been funded through the [Brisbane City] Council and now they have gotten funding from the Department of Housing, so that means that alongside the property managers who are in no way case managers, people also have access to someone who is a mental health professional who can kind of, yeah, I guess be that go-between and also they have put some funding in place for in-home support and things like that. So that's been really, really incredible as well for if someone is getting housed to then be linked directly in with the Sustaining Tenancies team to get them settled and things like that. So it's from the start of their renting agreement, so that's been really good. I don't know if that's happening in other places.

Mary Mallett:

Yeah, thanks, [QLD Advocate 1]. It's nice to have a good example of something that might be working. [TAS Advocate 1] is pointing out that in Tasmania, [TAS Advocacy Org] is also the mental health advocacy service, so I think they kind of deal with both, but mental health services are in just as much of a crisis as housing and homelessness. That's a bit depressing. There is a comment in there about refugees with psychosocial disability and particularly in Melbourne. [AUS Advocate 1], do you want to add to that?

[AUS Advocate 1]:

I'm from [National Advocacy Org]. Primarily from my experience working in the drop in centre in Melbourne, and this was pre-COVID of course, it was that there was a growing visibility of refugees with quite complex needs, very complex needs, actually, and psychosocial disability, and I could tell that they were recently arrived refugees because not only having a little chat with them, but they were obviously from newly arrived countries, mostly in terms of... they were mostly African countries. A few were of Afghani background, and it appeared to me, and I haven't done any real great analysis of this, of course, but it appeared to me that homeless services in Melbourne did not quite know how to deal with this situation, but, obviously, fallen through settlement services cracks. Obviously, they couldn't get the relevant support through trauma-informed foundation house,⁵ which is like STTARS,⁶ which is torture and trauma support services for newly arrived migrants and mostly

⁴ See [Sustaining-Tenancies-6PP-DL-Brochure_Web-Final-Sep-2020.pdf \(communify.org.au\)](#)

⁵ [Foundation House: Supporting Refugees to Rebuild their Lives](#)

⁶ Survivors of Torture and Trauma Assistance and Rehabilitation Service: [Home | STTARS](#)



refugees. They obviously fell through those cracks as well. I've dealt with one or two cases myself. It's just one of the - there's a growing visibility of people of colour who are sleeping rough and I thought I'd put that forward. Thanks.

Mary Mallett:

Thanks very much, [AUS Advocate 1]. Does anybody else want to tell us what you see in your area or the cohort of people that you're advocating for? What sort of homelessness or inappropriate housing issues do you see? [VIC Advocate 2].

[VIC Advocate 2]:

...I'm from [VIC Advocacy Org] ...Some of the issues that we see a lot of [in relation to] homelessness. I think, you know, a lot of people stay at different people's places, all that kind of thing, but the most difficulty that we come across is then accessing services for them. So, NDIS... they certainly will say, 'they're not in a home, we can't actually put those support services in place for them.' So we have a lot of issues around that.

Also, just with what you're mentioning before with people living in certain housing situations where there [are] neighbourly disputes. I just had a recent one that I ended up going to court with. I had called over 15 different organisations trying to get support for this person to attend court with them... they did need some legal representation, but we just could not get that anywhere and that was through every organisation I could think of [in] Victoria, and locally just within those neighbourly disputes. When there are people living in these housing places that have clearly got trauma backgrounds, there's always going to be disputes, but there's no support for them. If it was family violence, I could have found a million places that were willing to fund and represent them to get access to justice, but because it wasn't family violence, it was just a neighbourly dispute, it was impossible.

In the end I felt like there was no choice but to go sit beside them in court, which I did, and we ended up... they had a mediator there and we ended up getting an outcome, but these are people who can't actually leave - they've been given housing, but they can't get out. They can't get [the] priority to change where they're living and who would want to do that because the priority listing is so long it might take years and years to be able to make a change.

So, I just feel that access to justice for people with a disability is incredibly difficult to get for people in housing situations, and that was everyone. That was everyone [that] just closed their doors on it saying they can't support. I thought that was from the client. That was a massive gap in the system that we face all the time. It's also about getting access to supports in the community. It's nearly - I do a lot of communications



with our local housing places, so I do work a lot with them. We try to tag team as best we can because someone has to hold the situation and the crises that [are] going on until there can be an outcome.... With advocacy, because it's almost like case management... for us we share it around between a social worker, myself and housing because someone has got to hold these situations. There's no-one else.

It is a massive gap there. As advocates I feel like we go into there for something different and all these other things start to get uncovered and it is usually around... the dominant sort of force is usually around housing. There's no stability in their housing and when there's no stability in someone's housing all these other things start to come into play. There's no financial supports and supports being able to go because they don't have a house to go into. That ripple effect goes on. It is pretty difficult for someone to come out of that situation. It goes on for years. If there was something in place...

And it comes down to this lack of diagnoses as well. How many times we come up against that is ridiculous. Whether it is our youth or elders in the community. If there [are] no diagnoses there, they don't fit the box and who is going to pay for these assessments. It's that starting point I feel we're missing. We're missing services at that beginning part where not even advocacy can get out there and find those supports. It's impossible practically for us, and then what do we do? Do we just leave? We're in a situation of that duty of care all the time. How long do we sit in that with an advocacy case sort of open because where else do we place them? That's a very difficult place to be.

Mary Mallett:

You mentioned absence of case management. Do you or does anybody else, can you think prior to the NDIS were there case management services that some of these people, same people, would have been able to be referred to or would have accessed? Was that actually the case or are we imagining something that we can think used to be there but maybe it wasn't?

[VIC Advocate 2]:

I think within the mental health sector we had Mind,⁷ and we had different mental health outreach going out to different people's homes, and that was fairly successful, but when that stopped, you know, I noticed my workload, you know, changed significantly around about that time because there's people that were having outreach going out to their homes, maybe weekly, maybe fortnightly. The real crisis situations were, you know, they could put a stopper on that before it actually turned into something long-term. We just don't have that resource out there any more on the

⁷ [Mind Australia](#)



ground and that also then we ...can't do some of that work either, so I heavily rely on my community health and social workers to try and - you know, I will go out and meet with social workers sometimes at people's homes, and I know that that's not always a great thing, but there's really nowhere else to go. We don't have anywhere else to go, and if you're not on the NDIS yet, you're at that beginning page and we're trying to get access for them. If we don't have any of those other providers already going in there, it's pretty difficult to try and navigate that from the start if they haven't got diagnoses and they don't have assessments and that can take a long time to present to NDIS. You could be waiting six months or 12 months trying to get all of that information to even get access to the supports that you need, but within that year, you know, anything can happen. There's no-one looking out for that at all.

Mary Mallett:

Yeah, thanks for that. [VIC Advocate 1], you've got your hand back up again and there's also detailed comments people have put in the chat as well, but [VIC Advocate 1].

[VIC Advocate 1]:

My interactions with Victoria police members over years has been that I think this is a systemic issue in that they know because of their interactions with members of the public that there's a huge percentage of people with mental health, intellectual disability, autism, acquired brain injury, but there is no way for them to record this data in their own LEAP database.⁸ They can't even - they can speak anecdotally but they can't go and say to someone these are all the people with disabilities and these are the groups, different threads or themes of disability, but we've got - they can't even use that themselves to get extra support, so you might have youth liaison, you might have family violence liaison, but there's very limited space in terms of that, so I think that that would be something good to look at.

I agree with ... my experience is the same as [VIC Advocate 2], that I've supported some young people at the disability and Assessment and Referral Court at the Magistrates Court of Victoria.⁹ You have to have a recognised disability and the offending behaviour needs to be a manifestation of your disability to be in that program... a great program. However, what happens is when that person is homeless, they're on bail so they have to be bailed to an address. That accommodation is breaking down. If they're not at that address, they're breaching their bail and they can be removed from the program, and that program they really need, because it is used to address offending behaviour and it works well. It works

⁸ Victoria Police have the Law Enforcement Assistance Program (LEAP) [Explanatory notes | Crime Statistics Agency Victoria](#)

⁹ [Assessment and Referral Court \(ARC\) | Magistrates Court of Victoria \(mcv.vic.gov.au\)](#)



well when someone gets into that, and they've got the right supports around them. So invariably, we have places like Launch Housing, putting that person, no matter their age, putting them into a cheap hotel where there are no supports on site. You can't even cook a meal. There's nothing. That's distressing and frightening for some of these people that end up there.

In terms of the old system, we had the individual support packages prior to the NDIS in Victoria. There was only case management if you had an individual support package. So, if you didn't have an individual support package, you basically had nothing.

In terms of mental health support, this is one of the biggest areas where I'm seeing difficulty. For example, a young person may present, or a person with a disability presents to police, police can see that there's an issue, they can take them to psych, psych do an assessment, and it will be one of the major hospitals in Victoria. They do an assessment. Everyone that goes in there is assessed and the psychiatrist will say, 'This is not mental health related. It's intellectual disability and help seeking behaviour or autism and help seeking behaviour. It is not a mental health diagnosis.' So, they go back out through the system and they're not really eligible for the Mental Health Services.

We've got a gap in terms of some cohorts of disability who are presenting with these behaviours. What they've learnt is, 'If I do these things, police come, they call the ambulance and I'm taken to a safe place which is a hospital and I'm fed and cared for'. What is wrong with our society that that is how a person has to relate to receiving care and love and support and basic support needs such as food, water and being provided with shelter. And that then causes problematic behaviour where they start to present at the hospital and they're told that they can't come to the hospital any more unless they need to be treated. So it's a terrible vicious circle. I mean, it's what we're seeing a lot of.

Mary Mallett:

Thanks, [VIC Advocate 1]. [QLD Advocate 1], I saw you made a comment about the Partners in Recovery program, which was a mental health case management-type program. What I've got in my mind is... that recovery coaches in the NDIS sort of-- sort of in theory have replaced that program, except you only get it if you are an NDIS participant. Because Partners in Recovery was extended all over the place, but it is now finished. [VIC Advocate 1], have you got your hand up again for another point? --



We have only got five or six minutes left. Anybody else on any aspect of this issue? [VIC Advocate 2] is making the point psychosocial coaches are very difficult to find in rural areas.

Yeah. I'm scribbling down notes about the systemic advocacy work that needs to be done on this, including something that I haven't checked in the NDIS data, actually, whether... do they report in their quarterly reports or annual reports, do they report on homelessness in NDIS participants? I will look because it's not something I'm familiar with. There's a lot of work to be done in this area and some of it is including some of this mapping of who else is doing the related work and then how can we get work in an allied way to try and get some change, but ... [QLD Advocate 1], that program you mentioned in Queensland was one of the few bright spots, the thing about Sustaining Tenancies I'm interested in [if] you've got any further information [and] if you want to share it with us, that would be useful, if you have a link or anything, or we can just Google it I suppose.

Anything else anyone has in the last five minutes, anybody who has spoken already or hasn't had a chance yet, just tell us any of this stuff that you're struggling with in your organisation.

Siobhan Clair:

I definitely have heard of those situations where there's congregated social housing members in the ACT, there [were] those issues of bullying or harassment or people experiencing difficulty living with the neighbours that they were surrounded by and then it's very difficult for them to get out of that environment. I was also going to comment that I think we knew that there were some high profile cases in the Northern Territory where – so, apart from people being stuck in nursing homes because there's nowhere for them to go or in hospitals – there's also where people are indefinitely detained in prison because there isn't somewhere in the community that is appropriate for them to go to and that's a huge breach of human rights and pretty disgraceful that our disability services market has so many gaps and has failed to the extent that there's nowhere for some people to go.

Mary Mallett:

One of the things that stuck in my mind, it must be COVID, you know how COVID has made a couple of years disappear completely, but at some stage when the Queensland advocacy organisations were rallying outside in Brisbane Parliament, so maybe two years ago, to make the government continue their fund account, and I went up to-- funding, and I went up there to spend the day there. The first advocate I met that day and chatted to was [longstanding Brisbane advocate] from [QLD Advocacy Org]. I was just asking him how things are, what is happening in his work.



He said from his point of view, just about everything he was doing was related to housing because all of the issues that he was trying to help people with were flowing from the fact that they didn't have a place, an appropriate setting, aborigine appropriate place to live.

So we do need to do some collective thinking about, which is for those of you doing individual advocacy, what can you do? You have to help the people that come through your door - but trying to do some collective thinking about systemic advocacy work and what are the areas that will give the biggest bang for our very small amount of bucks, you know, I think - and there's been some of it arises because there's a campaign happening. You know, that work that was happening around the National Construction Code, which some states have signed on to and others haven't, so I know Tasmania did, I know New South Wales didn't...¹⁰

But I had an example yesterday about it's all very well having things like the National Construction Code. What they are, of course, is a minimum, a bare minimum, and one of my sons in law is a nurse at the Royal Hobart Hospital and is liaising about the building and redevelopment of new surgical clinics and-- Hobart-- and the developers say - they were arguing that there should be more accessible toilets on this one floor that is going to be then turned into the new clinics and the developer said, no, we meet the National Construction Code, which is a requirement to have one accessible toilet on each floor. Now, the clinics, there would be hundreds of people coming through all the time needing an accessible toilet. These codes are simply the bare minimum. Anyway, it's collective...

Thinking about what areas do we push for first and even out of today's session, there's lack of case management, there's lack of appropriate Mental Health Services, there's lack of accessible housing, there's lacking of affordable housing. There [are] all of those issues, there's a separate sort of group of people who are working on those issues and how do we feed what advocates are grappling with in your day-to-day work into those different systemic places is something we do need to do some more thinking about.

We have run up against our deadline. Thank you very much, everyone, for joining in today and for your contributions, and we look forward to seeing you the next time. All right. Thanks, everyone, Bye.

END OF MEETING

¹⁰ [Building Better Homes](#)



Comments In Chat

Siobhan Clair:

Welcome everyone, Today's discussions are being recorded and transcribed for the purposes of capturing your insights and observations - any identifying details will be removed or edited similar to transcripts from our previous series "Advocates Zoom In On...". (See: www.dana.org.au/disability-royal-commission/voices-of-advocacy/)

[TAS Advocate 1]:

Homelessness is one of our big-three work areas- NDIS, guardianship/admin, and housing/homelessness

Siobhan Clair:

I don't think we have anyone here today from YDAS or other specific youth advocacy organisations?

[TAS Advocate 1]:

One trend we see: housing/homelessness supports refusing service/support to clients who have excluded certain locations from the list of places they are willing to live. Overwhelmingly the clients we work with are excluding those suburbs due to very legitimate reasons- severe trauma experienced there, proximity to abuser, or ability to access critical supports

[TAS Advocate 1]:

Housing/homelessness services will write the client off as "too picky" or "noncompliant"

Siobhan Clair:

In VIC, SRS* means Supported Residential Service

There will hopefully be more scrutiny than in past:

See media coverage - <https://www.theage.com.au/national/victoria/state-warns-private-group-homes-it-will-act-over-abuse-and-neglect-20220601-p5aqab.html>

[AUS Advocate 1]:

Is there a national policy on transitional accommodation? ...

[TAS Advocate 1]:

Lots of clients in insecure housing or homeless because they can't get adequate funding for SIL, usually on the basis of "not enough evidence"



Clients in emergency accommodation frequently presenting for support to communicate with the service re basic living conditions- no hot water, no front door, broken toilets, broken showers, no/inadequate heating, severe mould/other health hazards

clients with disabilities experiencing physical or sexual abuse from other people at emergency accommodation venues/services, generally telling us they feel there's no point trying to speak up about it as they'll be dismissed as "unreliable" or that nothing can be done anyway, or choosing not to utilise services in order to avoid same like 1

[VIC Advocate 1]:

This SRS, was closed under a public health order related not having a COVID safe plan and inadequate resident support/care plans. However Community Visitors had raised concerns about this setting for years and numerous complaints had been made by others to authorised officers.

<https://www.theage.com.au/national/victoria/neighbours-fear-infections-from-hambleton-house-20200817-p55mgb.html>

Authorities move all residents in COVID-struck Hambleton House to hospital Residents of a supported accommodation facility in Albert Park were being moved out on Monday morning after more than a dozen cases of COVID-19 were confirmed among residents and staff.

[VIC Advocate 1]:

With the closure of Hambleton House the proprietors were banned from contacting the former residents and from opening another SRS. However; they have gone onto become a NDIS provider (SIL operator). I raised, over 12 months ago, with the NDIS Q & S [Quality and Safeguards] Commission concerns about the suitability of these proprietors to work with people with disability but have not heard anything back from the Commission.

[AUS Advocate 1]:

There is a class divide between social housing and private investment/mortgage

[TAS Advocate 1]:

A significant trend in the way we work on housing/homelessness issues is increasing focus on trying to help the client identify side issues that might make their life more tolerable (e.g. access to counselling/psychology) because those might be actually resolvable

[AUS Advocate 1]:



I have witnessed greater visibility of refugees with co-morbidity, psychosocial disability in the major cities- mostly Melbourne

[TAS Advocate 1]:

We are also the mental health advocacy service in Tas (helps to not have to draw a line between disability & MH), and statewide mental health services are in crisis just as bad/worse than housing/homelessness, so there's no scope for dedicated programs or even just basic coordination

[VIC Advocate 1]:

Victoria has a specialist Mental Health Advocacy service. But there is not much else. Victorian Mental Illness Awareness Council Inc (VMIAC) <https://www.vmiac.org.au/>

[AUS Advocate 1]:

It has been reported (from memory) that 35% - 40% of rough sleepers are those with disability. Sorry I can't cite this.

[TAS Advocate 2]:

I work with [TAS Advocate 1] at [TAS Advocacy Organisation]. Other issues that we see are that: The Tas housing market create additional demands/problems for clients with disability who are seeking to access property via public housing. The disability creates need for more specific accommodation eg larger property so carer can stay there or specific requirements re access to property). This limits the ability to be allocated property. Also an issue is that the client lives in unstable housing without any clear guidance on timeframe because Housing Tas won't give any indication of timeline for a particular person

[AUS Advocate 1]:

There is also no political will

[TAS Advocate 3]:

Agree with [TAS Advocate 2] and [TAS Advocate 1]'s observations about Hobart/South Tas. I'm seeing the sale of private rentals resulting in families losing housing and shift into couch-surfing, staying in cars, caravan parks, etc. Long waitlists for suitable housing. Limited number of short-term shelters which are not located in communities where homelessness is occurring.

like 1

[AUS Advocate 1]:

The last election showed that "affordable housing" was only really about 1st home buyers vs boomer investors



[QLD Advocate 1]:

There was Partners in Recovery in QLD which was a major mental health case management type program

[AUS Advocate 1]:

we are also dealing with a cultural issue

that of settler colonial aspirational vs the charity model of problem people

[VIC Advocate 2]:

Psychosocial coaches are very difficult to find in rural areas.

I like that program in Brisbane. I will certainly be looking up that program.

Sustaining Tenancy. 😊

[QLD Advocate 1]:

<https://communify.org.au/hart-4000-housing-and-homelessness/#Sustaining-Tenancies>

Housing and homelessness - Communify Qld

[VIC Advocate 1]:

Agree Mary it is an area of significant need, that requires a lot of work at all levels of government. Local, State, Commonwealth.

Stable and affordable housing is the foundation to people with disability accessing supports.