

# The Low Cost Accommodation Support News

Community Connections Program | Older Persons High Rise | Housing Support for the Aged | SRS Service Coordination & Support

## Summer 2008

Welcome to the sixth edition of the *Low Cost Accommodation Support News*, a newsletter for program managers, workers, and regional staff involved in the four Low Cost Accommodation Support programs funded through the Aged Care Branch of DHS.

### In this newsletter:

- The closure of Whitesands
- Homelessness, it's enough to make you sick!
- SRS Oral Health Initiative
- Meeting dates for Managers 2008

### **The Closure of Whitesands By Peninsula Community Health Service**

**Whitesands** was a 23 bed rooming house for men on the Nepean Highway Seaford, opposite Seaford foreshore. An old historic building, owned by the manageress, it had operated as a Special Residential Service until 2003. The property was sold to a developer, in line with the gentrification of the area, and mid November 2007 was to be transferred to the new owners.

Some of the residents had been there for years and were accustomed to the level of care provided by an SRS. There were also a number of younger residents, and short term boarders moving on to other options. The closure meant the loss of another accommodation option for the area. The board paid was below the going rate so the men had more money left over.

There was a history of violence amongst some residents, and this combined with the status of the boarding house, meant government agencies used it as an emergency accommodation option, but were not compelled to provide visiting services to the premises.

The closure process was lead by CCP workers based at PCHS, working closely with PYFS (the local CHAP) in particular, and other relevant organizations. It included:

- Establishing a Steering Group of relevant service providers - senior managers from relevant organizations were invited to become part of this process.
- Building relationships with owner and residents
- Resident Audit.

- Short regular meetings with organization representatives to plan and communicate effectively, minutes distributed
- Individual assessment and plans for residents were formulated, any assistance needed was sought from relevant organisations

PCHS was the most appropriate organization to coordinate the placement of residents because it had been involved in similar closures in the region. The client group and tasks were suited to CCP core business, and the flexible funding allowed assistance with a broad range of health and housing issues. The CCP has a well-established capacity to network with other community and government organizations. During the 5 months of the closure the CCP workers worked exclusively with the residents of Whitesands and this impacted on capacity to pick up other referrals.

### **Learnings:**

The Whitesands residents and the proprietor proved to be extremely resilient and resourceful and after initial apprehensiveness, strong relationships were formed which enabled clients to be successfully moved to the most appropriate accommodation.

Residents had become institutionalized and had formed a dependence for provision of assistance in all areas of daily living. This was not at first apparent and the impact of this only became evident when residents started to move into alternative accommodation.

Because of the extreme anti-social behaviours demonstrated by some resident, their ability to socialize and their lack of understand appropriate behaviour made placement problematic.

All residents had significant drug and alcohol issues and blacklisting of many clients by the real estate agents became a significant barrier to obtaining accommodation.

### **Service gaps**

- Access to neuro-psychology assessments
- Access to appropriate facilities to conduct ADL assessments
- Access to drug and alcohol services
- Access to emergency psychiatric assessments
- Access to long term case management packages (eg Linkages)

### **Where did the residents go?**

- Office of Housing – 6
- SRS – 1 long-term & 3 respite
- Private rental – 2
- WAYSS rooming house – 2
- PSS transitional accommodation – 1
- Jail – 2
- Community Aged Care Packages - 2

### **In Conclusion:**

The aim of the project was to re-house Whitesands residents before its closure, in the best housing available to them, based on careful assessment and co-operative work with other relevant organizations.

All residents were relocated to appropriate housing and the Steering Group agreed to continue working in this co-operative way.

Support for worker involvement was achieved by engaging senior management from their organizations initially.

The importance of a multi-agency approach was that it provided a variety of skills and viewpoints, networks, influences to suit the residents' individual needs. It also allowed joint funding where necessary, making large establishment costs more achievable.

Building working relationships between agencies rather than competitive ones was pivotal and the benefit may extend beyond this particular project. Good communication assisted trust and overcame initial difficulties.

Regular short task oriented meetings with minutes assisted this process. The clients had a wide range of different needs and individual plans were developed that addressed their wishes as well as their abilities. In the next project we would seek to engage Drug and Alcohol services in the working group as their skills are needed with the homeless client group.

**Lindy Butler**  
**Margaret Knee**

Community Connections Program  
MI Health – Peninsula Community Health Services  
(Victoria)



### ***Homelessness, it's enough to make you sick!***

The HACC funded Access & Equity Project at St Vincent de Paul (SVDP) Housing Service (Glenroy) began in February 2008 and will run for twelve months. It will look at practical and sustainable ways to improve access and equity in relation to mainstream HACC services for people who are HACC eligible and are experiencing, or at risk of homelessness, in Hume and Moreland.

The project sits alongside the Community Connections Program (CCP) based at SVDP in Glenroy, a HACC funded state-wide outreach case management service targeting people with significant health issues/disability, who are experiencing or at risk of homelessness. CCP clients commonly live in rooming houses, Supported Residential Services (SRS) and other forms of 'low cost accommodation' such as caravan parks, hostels or improvised dwellings. In terms of support needs, CCP clients commonly present with issues such as:

- multiple and unmet health needs requiring a mainstream or specialist response
- long term episodes of homelessness or at immediate risk of homelessness
- nutritional risk
- social isolation and exclusion
- intellectual and/or physical disability
- psychiatric/ mental health issues
- Acquired Brain Injury
- age related or premature frailty
- problematic drug and alcohol use
- impaired ability to successfully and independently negotiate the service system

Although referrals to the CCP come from various sources, CCP also uses an assertive outreach approach to actively locate and engage people, who are 'outside of the service system', i.e., those who have no or limited service systems links. Thus CCP is often the first point of contact with the service system and assisting people to navigate its complexities is a key program function. Advocating for enhanced service system integration and developing better pathways for clients is firmly embedded within the CCP model.

Many of the CCP clients are HACC eligible but linking them in to mainstream HACC services is problematic for a whole range of systemic issues, which this project will seek to identify and start to

find ways to address.

CCP is well placed to inform and resource this particular project given its unique position in the Homelessness Service System (HSS)—'An island of HACC in a sea of SAAP' as it is sometimes described. It is the link between the HACC and Homelessness systems and must be conversant with the pathways and intricacies of both.

There is a compelling and growing body of evidence that demonstrates that experiencing homelessness not only causes illness but that it can exacerbate pre-existing health issues to critical levels that are then often only addressed in a partial or fragmented way, especially for those community members who experience frequent and lengthy episodes of homelessness.

The Royal District Nursing Service- Homeless Person Program (RDNS HPP) report, *It Can Be Done— Health Care for People who are Homeless*, found that in reference to homeless people as consumers of health and other support services:

. . . their lives are characterized by trauma, uncertainty and fear. They have experienced negative interactions with the public health system, may lack confidence to negotiate the complexities of the system, and frequently experience embarrassment in relation to their circumstances and the potential judgment of those service providers they come in contact with. As a result they may be suspicious, frightened, or lacking in motivation to seek health care.

Clearly homelessness is very much an experience whose adverse and reversible impacts on health and wellbeing are dependent on the responsiveness of the service system **as a whole**. A single sector response is not enough. For successful and socially inclusive health outcomes to be achieved, we need strong cross-sectorial co-operation, mutual understanding, robust pathways and a commitment to flexible, strength-based work practices that place the client firmly in the centre of service delivery.

This project will explore the significant health implications of homelessness and the impacts of social disconnectedness and food insecurity. We will also explore the notion of 'Home' and the diverse meanings and realities that it has for different people and groups in the community, specifically those experiencing homelessness.

Whilst the project will be focusing on the Hume and Moreland catchment, we aim to develop protocols, partnership arrangements and practice models that can be replicated across all metropolitan regions. In order to achieve this we will run several forums throughout the life of the project, which will provide an opportunity for both HACC and Homelessness Service System (HSS) providers to come together and contribute to the

development of new ideas and practice models that can then be trialed and evaluated.

The project's Advisory Group includes, but is not limited to, representation from St Vincent de Paul, RDNS Homeless Persons Program, Hume & Moreland HACC service providers, Victorian Indigenous Committee for Aged Care and Disability (VICACD), Hume and Moreland Primary Care Partnership (PCP), Statewide Indigenous Homelessness Networker, North & West Homelessness Network, DHS (Central & N&W Region) and practitioners from the Community Connections Programs at St Vincent de Paul and Merri Outreach Support Service.

The enthusiasm and willingness to contribute that has been shown by members of the Community Connection Programs, the Advisory Group and others even at this early stage, has been very welcome and energizing. We feel that this indicates a shared commitment to positive and sustainable system change, a great foundation for better access and equity for an extremely marginalized group of community members.

If you would like to find out more about the project or have ideas to contribute or would like to be included on the mailing list for project updates, please call **Zoë Probyn** at:

St Vincent de Paul- Housing Service  
165 Wheatsheaf Road, Glenroy 3046  
Ph: 9304 9914  
Mob: 0409 971 378  
Email: zoe.probyn@svdp-vic.org.au

### **The SRS Oral Health Initiative**



In the 2007-08 state budget, the government announced \$1.9m over 4 years to improve oral health of residents of pension-level SRS under a 'Fairer Victoria'.

The broad components of the initiative include:

- piloting a service model using oral hygienists employed through community health services (Knox CHS and Inner South CHS)
- oral health resource kits and instruction to be administered to all pension-level SRS

- through Dental Health Services Victoria and
- evaluation.

Planning is now underway for the components of the initiative and is set to begin in April- May 2008.

For further information please contact:

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SRS & Accommodation Support Unit

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### Useful Information

Need help with implementing the MDS V2.01?

Contact the HACC Help desk on Ph: 9096 7255

E-mail – [haccmds@dhs.vic.gov.au](mailto:haccmds@dhs.vic.gov.au)

### Victorian HACC Website

<http://www.health.vic.gov.au/hacc>

### Low Cost Accommodation Support Programs Webpage

<http://www.health.vic.gov.au/agedcare/services/lowcost/index.htm>

### Office of Housing Website

[www.housing.vic.gov.au](http://www.housing.vic.gov.au)

### Contacts

If you have a story, event or a program you would like to share with colleagues from other Low Cost Accommodation Support Programs please let us know and it can be included in the next edition of this newsletter (word limit 500 words or less).

All correspondence to Shane McDonald at Department of Human Services, SRS & Accommodation Support Unit, Level 12, 50 Lonsdale Street, Melbourne 3000.

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### Meeting dates for Managers 2008

Community Connection program & Housing Support for the Aged program

- Thursday 13 March (11.00 – 1.00)
- Wednesday 16 July (11.00 – 1.00)

OP Hi Rise Support program

- Thursday 10 April (10.30-12.00)
- Wednesday 6 August (10.30-12.00)

SRS Service Co-ordination & Support program –

- Thursday 28 February (10.30-11.30)
- Wednesday 2 July (10.30-11.30)