



Crisis in Crisis II: *A Way Forward*

Report of the Crisis Accommodation Option Project

Northern and Western Homelessness Networks

Melbourne, January 2021

Foreword

In February 2019, the Northern and Western Homelessness Local Area Services Networks (NWLASNs), representing the Housing and Homelessness Services in Melbourne's north and west regions, launched the report '*Crisis in Crisis: The appalling state of emergency accommodation in Melbourne's north and west*'. The *Crisis in Crisis* report detailed consumer feedback about their experience of emergency accommodation and was born out of a deep concern on the part of the Homelessness Sector about the type of response they were providing.

The *Crisis in Crisis* report concluded that:

We are contributing to peoples' experience of trauma and adding to their feelings of hopelessness. We must urgently address this situation by providing adequate funds to purchase better quality accommodation, and by increasing resources to support people to exit rapidly into sustainable long-term housing.

The Crisis Accommodation Options Project was funded by the Department of Families, Fairness and Housing (the Department), previously the Department of Health and Human Services, to further explore the issue of emergency accommodation, to map the current system, to identify and cost alternative accommodation options and to make recommendations on potential changes to the use of HEF/brokerage to maximise the use of current investment in the North and West to increase the quality of crisis accommodation for people experiencing homelessness. The Project has provided the Sector with the opportunity to explore the use of the Housing Establishment Fund (HEF) within the context of the current housing market; the Sector's reliance on the private accommodation Sector; and the client experience of HEF in greater detail. The NWLASNs would like to thank the Department of Families, Fairness and Housing for their support throughout the project.

The NWLASNs would also like to thank the two Project Workers, Ado Barker and Yuya Sudo, who have conducted this project with a high degree of rigor. The Project Workers have been able to map the pre COVID-19 system of emergency accommodation (EA) provision, survey consumers, workers and hoteliers, gather EA data before and during the pandemic and through this lens explore alternative approaches aimed at putting vulnerable people on a path towards stability.

During the initial stages of the project, the COVID-19 pandemic rapidly and significantly changed the operating environment within the Homelessness Sector. This meant that, although the original focus of the project on emergency accommodation did not change, we were afforded a unique opportunity to test many of our assumptions about improving the emergency accommodation response. The changed conditions during the pandemic included:

- Purchase of better quality accommodation
- Allocation of a substantially larger amount of funding
- Provision of longer lengths of stay, offering greater stability for consumers
- Use of the 'buying power' of HEF and negotiations with private providers
- Re-allocation of support services to people in hotel accommodation
- Improved linkages with allied services.

The response to the pandemic showed us that changes to the current system have the potential to ameliorate some of the trauma associated with the experience of homelessness that can be compounded by periods in crisis accommodation. One of the most significant examples of this was the establishment of the Homeless Hotels Emergency Response, which involved the placement of support, health and security staff onsite in high use hotels. This was identified by consumers, support workers and hoteliers as a significant improvement to the safety and responsiveness of this accommodation.

At the point of project completion in November 2020, the Sector was in the process of moving back to 'business as usual' following the COVID-19 shutdowns in Melbourne. People are now being placed back into poorer hotel accommodation and rooming houses, as well as returning to sleeping rough. It is a disappointing outcome to return to the pre-pandemic approach to emergency accommodation, knowing that we can do much better.

Last June 2020, the Victorian Government announced the \$150 million From Homelessness to a Home package, which is a positive step in the right direction. The Initiative will provide a 'Housing First' response for 1,845 households who have a history of sleeping rough, in response to the complexity of issues that they have experienced in their lives. The Sector is extremely hopeful about the positive impact that a period of stable housing with linked support will have on the lives of these individuals.

The \$5.3 billion Big Housing Build, announced in November 2020 is the single biggest investment in social housing in Victoria, and will provide more than 12,000 new social and affordable housing properties across Victoria.

Additionally, \$498 million has been committed to maintain, refurbish, repair and build new public housing across Victoria. This will result in more than 23,000 social housing dwellings being significantly improved.

The 2021-22 Victorian Budget builds on Government's commitments to housing and homelessness services and provides \$220 million in investment for the continuation of successful programs and to tackle rough sleeping. This includes:

- \$110.2 million over four years for the Private Rental Assistance Program (PRAP), including PRAP plus and Aboriginal Private Rental Assistance Program, with more than 10,000 households already assisted into a home.
- \$46.9 million over four years to continue assertive outreach and supportive housing teams for rough sleepers, as part of the Rough Sleeping Action Plan
- \$7.4 million over four years for the Kangan Education First Youth Foyer
- \$11.2 million over four years for accommodation responses for young people leaving care and youth homelessness services
- \$5.5 million over two years to enhance housing pathways from prison exits
- \$8.4 million over two years funding for on-site delivery of therapeutic health and addiction services at three congregate crisis accommodation facilities
- \$4.1 million over two years for the Wyndham growth corridor H3 Alliance, to prevent and address increasing homelessness
- \$15.3 million over three years to continue Journey to Social Inclusion to provide intensive wrap-around support as well as head-leased properties
- \$10.1 million to establish a linked dataset, from departmental and agency systems, focusing on rough sleeping, to better target early interventions
- \$25.8 million over five years for a new Partnership Addressing Disadvantage to address entrenched disadvantage for people experiencing homelessness.

We congratulate the Victorian State Government for these record investments but know there is more to be done. The provision of emergency accommodation will always be required as part of the ongoing system response.

Overall, the Crisis Accommodation Options Project has reinforced the final conclusions of the *Crisis in Crisis* report:

- it is unrealistic to expect a private, for profit sector to appropriately respond to the needs of those in crisis and that the Sector's reliance on low end accommodation, which is rated as 'inappropriate and unsafe', is exacerbating the trauma experienced by consumers; and that
- provision of emergency accommodation, particularly in the absence of sufficient support capacity, contributes to 'churn' amongst those experiencing homelessness and is not contributing the achievement of appropriate long-term housing outcomes.

On behalf of the NWLASNs we commend the Crisis Accommodation Options Project report to you and look forward to working closely with the Department to explore the recommendations.

Yours sincerely

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Crisis Accommodation Options Project: Executive Summary

Background

The Crisis Accommodation Options Project (CAOP) was a year-long project funded by the Department of Health and Human Services (DHHS) in response to the '*Crisis in Crisis: the appalling state of emergency accommodation in Melbourne's north and west*' report produced by the Northern and Western Local Area Service Networks (NWLASNs) in 2019, outlining the dire state of purchased emergency accommodation use within the Sector.

The *Crisis in Crisis* Report identified that there are 423 government funded crisis supported accommodation beds for the whole of Victoria, yet the Northern and Western Homelessness Networks alone seek 10,000 beds a year. The only way to provide accommodation for the bulk of these households, who have nowhere to live, is to purchase accommodation in the private market. The NWLASNs concluded, in *Crisis in Crisis*, that:

The 2018 Victorian Homelessness and Rough Sleeping Action Plan offers an approach in which responses to all people experiencing homelessness, not just those sleeping rough, should be framed: intervening early to prevent homelessness, providing stable accommodation as quickly as possible and supporting to maintain stable accommodation. Currently, demand is outweighing supply and the system is failing large numbers of people presenting to the system by providing sub-standard and potentially damaging emergency accommodation, with little or no immediate follow up support to access more suitable housing, and no support to maintain that housing once accessed.

We are contributing to peoples' experience of trauma and adding to their feelings of hopelessness. We must urgently address this situation by providing adequate funds to purchase better quality accommodation, and by increasing resources to support people to exit rapidly into sustainable long term housing.

The Northern and Western Homelessness Networks can no longer tacitly accept causing harm by accepting high cost poor quality emergency accommodation as a necessary evil for those people who come to us for assistance because they do not have a home.

The Crisis Accommodation Options Project was initially tasked with examining the use of purchased emergency accommodation in Melbourne's north and west, pathways for households provided with Housing Establishment Funds (HEF), and an exploration of alternative accommodation options or models that might reduce the Sector's forced reliance on unsafe and unsuitable options.

While many of the tasks in the initial project plan were no longer relevant or feasible to explore as a result of the coronavirus pandemic and the subsequent lockdowns in Victoria, the dramatically changed conditions under the pandemic created some unique opportunities, previously unseen in the Sector, as services temporarily received an increase in HEF allocations, and access to markedly better quality accommodation; both factors long thought to be necessary preconditions for a better service system.

In stark contrast to the typical piecemeal provision of emergency accommodation which had long become standard across the Sector, these changes allowed for services to accommodate thousands of households in purchased emergency accommodation for several months in order to comply with the Chief Health Officer directives. In doing so, the Sector demonstrated a range of improvements that could potentially be made to the current service system including providing better quality

accommodation for longer periods of time, support to households in emergency accommodation, and supporting providers to accommodate clients.

Despite these improvements to the provision of emergency accommodation, however, the pandemic response also served to highlight some longstanding structural constraints that continue to undermine the Sector's capacity to provide assistance to those in need of housing assistance, including a significant discrepancy between policy and resources in the Sector in the midst of a landscape of scarcity.

With the pandemic response ending in November 2020 and services reverting back to 'business as usual' following the easing of restrictions, hundreds of households were 'exited' from hotel accommodation without a long-term housing outcome. That so many households exited hotels in no better circumstances than before the pandemic highlights the need for crisis responses to be combined with a commitment to longer-term responses, including access to tangible long-term housing. The Big Housing Build is a welcome commitment by the Victorian State Government.

Key Learnings

HEF Policy and Guidelines

Description of the use of HEF for crisis accommodation

- There is a considerable mismatch between policy and resources in the Sector, with scarcity of resources, rather than the needs of the client, driving practices at Access Points. Services are under-resourced in both HEF funding and staffing to meet true demand that exists within the community for housing assistance.
- There are divergences in HEF allocation practices between Access Points in response to managing both overall scarcity and local imbalances between resourcing and demand, and the resulting fragmentation in practices undermines the Opening Doors framework and disadvantages households in less-resourced regions.
- HEF no longer functions to 'establish housing' but is primarily a currency for the limited purchase of urgent but essentially 'band-aid' emergency interventions.
- In line with the Guidelines, services are often forced to prioritise HEF assistance to those deemed most likely to achieve a housing outcome. The impact of this, however, is to disadvantage single-person households, who frequently cannot even enter the system on the basis that they are unlikely to be able to access a longer term support or housing outcome.

Use of Existing Accommodation Options

Mapping of current accommodation options and completion of rating system

- The Sector lacks detailed information on the private options it uses, with significant divergence of perceived quality and suitability across services.
- By the Sector's own rating system, the vast majority of the accommodation purchased with HEF is considered 'inappropriate and unsafe' accommodation.
- Agencies' access to private emergency accommodation options is precarious and vulnerable to closures and withdrawal of service.
- Relationships with providers have largely been developed ad-hoc, and significant efforts are required to source, negotiate, and monitor options.

- The Sector lacks alternatives to private rooming houses, despite those in use by the Sector perceived as being unsuitable, unaffordable and unsafe by both clients and staff.
- Better quality private rooming house options are less accessible to the Sector, with operators reluctant to engage with the homelessness Sector.
- With insufficient capacity at specialist Crisis Supported Accommodation (CSA) facilities and a systemic lack of long-term options, suitable options for single-person households are particularly challenging to source and maintain, particularly for those with complex support needs.

Exploration of New Options

Identification and costing of alternate options and collation of data including costs, use and ongoing maintenance of relationships

- Under normal conditions, access to new accommodation options is restricted by providers' reluctance to work with the Specialist Homelessness Services (SHS) Sector, with services' inability to provide surety for damages or other additional costs a key barrier. This results in the continued use of established options seen to be more tolerant of any issues, even when these are more expensive and known to be of poorer quality.
- Stays in better quality emergency accommodation with higher levels of amenity have the potential to stabilise households in crisis and foster better engagement with supports.
- Feedback received from clients again highlights the importance of self-contained cooking facilities.

Models of Support

Description of the pathways in and out of homelessness

- While the Sector is increasingly able to provide families with a more comprehensive response to facilitate successful housing outcomes beyond temporary accommodation, the same cannot be said for single-person households, with many repeatedly churning through the system without a meaningful resolution to their lack of housing.
- While there are a number of existing models of specialised support responses targeting single-person households, lack of capacity has meant that these interventions are the exceptions rather than the norm, with the Sector currently lacking the capacity to extend this support more broadly.
- The shift towards providing support to households in hotels during the pandemic through the Homeless Hotel Emergency Response (HHER) and Hotel Emergency Accommodation Response Team (HEART), and the positive feedback around this from clients, support workers and accommodation providers, demonstrates the necessity of a supportive model of crisis accommodation to make the use of purchased emergency accommodation workable.
- Any crisis response within the SHS needs to be combined with a commitment to longer-term responses, including access to long-term housing.
- A lack of outcomes data prevents the Sector from being able to assess the effectiveness of its interventions. However, it is clear that Initial Assessment and Planning (IAP) services have very few housing options available beyond temporary ones, and for many households seeking assistance this is the extent of the assistance they will receive from the system.

- A lack of data measured and recorded around unassisted households means it is impossible to accurately capture demand for assistance. Services are thus trapped in a cycle of being unable to meet demand under current resourcing constraints, while remaining unable to accurately demonstrate the need for additional resourcing.

Looking Towards Alternatives

Outline and articulate other potential crisis accommodation options or models

- Locally, there are opportunities for approaching the provision of crisis accommodation that would represent safer and more suitable options for clients than 'bed only' low quality motels, notably the recent McAuley motel proposal.
- That the SHS was unable to support the McAuley motel model is symptomatic of the structural constraints faced by the Sector, with services trapped in a cycle of conserving and rationing HEF.
- The possibility of rapidly repurposing existing properties for use as crisis supported accommodation has been demonstrated in the establishment of the COVID Isolation Recovery Facility (CIRF) facilities during the pandemic - with the support of government, there are likely to be further opportunities to utilise existing residential or commercial properties in the aftermath of the pandemic.

Recommendations

HEF POLICY AND PRACTICE CONTEXT

1. That the Department, in partnership with the Local Area Service Networks (LASNs), re-works the program logic which underpins HEF and the consequent practices that flow from its allocation to services, recognising that the provision of emergency accommodation is now the primary activity of IAP services, and not an option of last resort.
2. That the Department increases HEF allocation to services at a level commensurate with the aim that emergency accommodation interventions are not only safe and secure, but of sufficient duration to act as a stabilising pathway to housing outcomes. That the HEF increase is viewed as a temporary measure until sufficient funding is provided to enable an appropriate housing first model for those experiencing homelessness.

MANAGING SCARCITY: REVIEWING HEF ALLOCATION GUIDELINES AT THE NWLASNs ACCESS POINTS

3. That the Department works with the Sector to reassess agency/sub-regional HEF allocations against local need to reduce the imbalances that result in funding disparity. This reassessment begins with a dedicated piece of work to determine the true level of unmet demand at each Access Point
4. That the Department facilitates a process of re-alignment and consolidation of HEF allocation policy between agencies to reduce the incidence of households in similar situations receiving different responses depending on where they present. This would require updating agency guideline documentation regarding the prioritisation of resources where HEF rationing is necessary.

FURTHER ISSUES IN THE APPLICATION OF HOMELESSNESS SERVICES GUIDELINES

5. That, in any update to the HEF Guidelines, the Department include a definitive statement regarding the use of HEF for accommodation that is appropriate to varying client need, including clear definitions, using the rating scale, of what is considered appropriate.

CRISIS SUPPORTED ACCOMMODATION (CSA) FACILITIES / RESPONSES

6. That, as per the recommendations of *Crisis in Crisis*, Government invest significantly in the rapid construction of additional emergency accommodation, with integrated support that is appropriate to the needs of people experiencing chronic homelessness and associated trauma.
7. That the Department and the Sector ensure that a trauma-informed, evidence-based approach to support be used to inform the development of any future model of emergency accommodation, whether provided by the Sector or purchased from the private Sector.
8. That, if private accommodation continues to be used as a form of emergency accommodation, the Department and the Sector augment the accommodation with support as a step towards a trauma informed response, such as through the provision of the Hotel Emergency Response (HER) during the pandemic.

EMERGENCY ACCOMMODATION RATINGS REVIEW

9. That the Department resourcing be provided to enable comprehensive implementation of the rating system for private accommodation providers (see Recommendation 10).

Practice principles for application of the rating system would include:

- i. That resourcing enables assessment of any potential new providers against the rating scale.
- ii. That accommodation purchased by services within the NWLASNs aims to meet a rating of 3 ('Meets expectations').
- iii. That services within the NWLASNs agree to cease referral of households to private accommodation providers with a rating of 1 ('Does not meet expectations').
- iv. That the required increase to the allocation of HEF takes into account the higher cost of purchasing better quality accommodation (see Recommendation 2).

IAP MOTEL USE SURVEY SUMMARY

10. That the Department resource two dedicated positions to establish a North and West Regional Accommodation Options Panel.

Key functions of the Panel would include:

- i. The establishment and maintenance of a shared emergency accommodation register visible and accessible to all Access Points within the NWLASNs and with provision to receive feedback on options from services and clients.
- ii. The ongoing exploration of suitable emergency accommodation options.
- iii. The monitoring of accommodation options in use against agreed minimum standards (see Recommendation 9).
- iv. To act as key liaison between agencies and providers, and to log, communicate and

broker resolution of issues reported.

- v. To undertake a regular region-wide collation of data on emergency accommodation option use (by provider – assist volume, HEF spend, cohorts/household profiles).
 - vi. To lead regular inter-agency review of options/cohort usage (within an existing forum such as the NWLASNs' AP/THM meeting).
11. That the Department and the Sector partner to facilitate an exercise to establish clarity around cross-sector use of private accommodation providers, particularly between homelessness and family violence services, to establish a coordinated system of emergency accommodation use across service systems and cohorts.

KEY ISSUES IDENTIFIED WITHIN THE MAPPING, RATINGS, HEF SNAPSHOT AND IAP SURVEY DATA

12. That the Department and the Sector ensure that any approach to the procurement or development of emergency accommodation provides a diversity of options suitable for different cohorts, ranging from women and children leaving family violence to single-person households with complex support needs. This will in turn inform the level of on-site support necessary to manage any associated risks, particularly if concentrating use on key providers.

PRIVATE ROOMING HOUSES AS EMERGENCY ACCOMMODATION

13. That NWLASNs' Access Points cease the use of private rooming houses as a purchased accommodation option unless they meet a rating of 3. Clients residing in these rooming houses are to be offered proactive support to help them find alternate accommodation.

EXPLORING NEW OPTIONS

14. That the Department resourcing (see also Recommendation 10) supports the development of a standard written agreement between NWLASNs' services and accommodation providers regarding the purchase of accommodation through HEF to provide greater clarity and consistency in working arrangements, establishing clear expectations around the standard of accommodation on offer.
15. That the Department considers the most appropriate ways that damages can be underwritten to facilitate access to better quality accommodation.
16. That the Department considers appropriate procurement and tendering options for approved or preferred accommodation providers that meet agreed minimum standards and support the needs of particular cohorts.

OUTCOMES AND SUPPORT PATHWAYS FOR THOSE ASSISTED WITH HEF

17. That, if HEF continues to be a key part of the funded homelessness responses, the Department allocate additional resources to undertake longer-term research into the impact of HEF and pathways out of homelessness in order to identify and amplify effective strategies. This piece of work needs to be undertaken in partnership with the broader services sector and, ideally, with the University sector.

SUPPORTS LINKED TO EMERGENCY ACCOMMODATION

18. That the Department resourcing of the Sector supports the provision of programs offering targeted pathways out of homelessness for single-person households, with long-term housing options built into the design of any such programs. The 'A New Approach to Single Households (ANASH)' trial provides a compelling example of how this might successfully be achieved.
19. That the Department allocates a dedicated proportion of the recently announced *Big Housing Build* towards single-person households along with intensive support to trial the implementation of a Housing First model as part of this major housing infrastructure investment.
20. That the Department and the Sector further pursue approaches that target coordinated responses to high service use households.

MOTEL USE DURING THE PANDEMIC PERIOD: THE CLIENT EXPERIENCE

21. That the Department continues to fund a Homeless Hotel Emergency Response (HHER) for any high use hotels to ensure the safety of residents as well as access to a level of support, and that this be considered the minimum provision of support required to assist people in emergency accommodation. This would also facilitate the provision of other additional responses necessary to effectively support people in hotels, including food, health services, and other material aid.
22. That the Sector and Department prioritise the procurement of emergency accommodation options with self-contained facilities.

LOOKING TOWARD ALTERNATIVES

23. That the Department pursue the possibility of purchasing or leasing hotels to utilise as emergency accommodation to enable the development of more appropriate accommodation options targeted to client needs and reduce the loss of Government funds to private businesses.
24. That, with the advent of Homes Victoria, the Department takes on a greater leadership role in exploring opportunities for alternate models when they arise, working with the Sector to determine how any future models might be realised.

Crisis Accommodation Options Project

Introduction

The Crisis Accommodation Options Project (CAOP) was a year-long project funded by the Department of Health and Human Services (DHHS: The Department) to review and research ways to improve crisis accommodation provision in Melbourne's north and west. The Project was funded in response to the '*Crisis in Crisis: the appalling state of emergency accommodation in Melbourne's north and west*' report, produced by the Northern and Western Homelessness Local Area Service Networks (NWLASNs), which outlined key reforms to homelessness responses in Victoria.

The Project has been auspiced by Launch Housing, governed by a Steering Group consisting of NWLASNs' members and DHHS and has worked closely with the five Access Point services in the Melbourne's north and west (Haven Home Safe, Launch Housing, Salvation Army Western Metro Homelessness Service, Unison and VincentCare).

Access Point services in Victoria are high-volume services that assist households at risk of, or experiencing homelessness, and are often the first point of contact for households in crisis seeking assistance. These services provide an Initial Assessment and Planning (IAP) response, that includes seeking accommodation for those who have nowhere safe to live.

Acknowledgments

The Northern and Western Local Area Service Networks acknowledge the Traditional Owners and Custodians of the Lands on which we live, and work and we pay our respect to Elders past and present.

The Project would like to acknowledge past and present clients of the homelessness system in Melbourne's north and west whose experiences have formed the basis of the development of this project. In particular, the Project would like to thank the thirty-five individuals who participated in the client feedback survey for sharing their experiences of purchased emergency accommodation.

The Project would also like to thank Tenants Victoria's Rooming House Outreach Worker, who is unrelenting in her support to residents in rooming houses and who has been a key source of information about the standards in private rooming houses.

Finally, the Project would like to acknowledge the tireless work of frontline Specialist Homelessness Services' (SHS) staff across the region for providing assistance to those in need during the pandemic.

Overview

Parameters of the Project and Key Project Questions

The Project was tasked with a deeper examination of:

- the provision of purchased emergency accommodation across Melbourne's north and west,
- pathways for households provided with Housing Establishment Funds (HEF), the key tool for the purchase of emergency accommodation; and
- alternative accommodation options or models that would address some of the concerns raised in '*A Crisis in Crisis*'. It was hoped that a concerted effort by dedicated workers and the collective buying power of the services in the NWLASNs might yield access to better quality options for the Sector and reduce or end services' forced reliance on the most problematic of the existing options.

The key components of the Project, as initially envisioned, were:

- Description of the use of HEF/brokerage for crisis accommodation and the current pathways in and out of homelessness as a result.
- Mapping of current accommodation options and completion of rating system, including findings from consultations with clients and staff.
- Identification and costing of alternate/new options.
- Collation of data to explore new options, including costs, use and ongoing maintenance of relationships.
- Outline and articulate other potential crisis accommodation options or models.
- Identification of and recommendations about potential changes for the use of HEF and brokerage.

Impact of the Coronavirus Pandemic on the Project

The Project commenced in October 2019 and began by building a comprehensive picture of the annual HEF spend by Access Points, to map out emergency accommodation use in the region. Using this data, the Project Workers began contacting the most frequently used accommodation providers and completing site visits.

While Project Workers began to seek out new accommodation options for use during this time, responses to enquiries were limited in the initial months of the Project.

This changed in March 2020, when the Victorian Government declared a State of Emergency, followed shortly after by directives from DHHS to accommodate people experiencing homelessness in self-contained accommodation suitable for quarantine or self-isolation, to prevent the spread of the Coronavirus pandemic.

The focus of the project shifted dramatically as a result, and in the early weeks of the pandemic, Project Workers focused exclusively on facilitating access to new accommodation options in anticipation of what would quickly become unprecedented levels of demand for assistance.

Between March 16 and June 22, **1,786** unique households were assisted by the five IAP services in the North and West, with HEF spends in excess of **\$2.7 million**. By September 2020, the HEF spend across the region was **\$11.2 million**.

Many of the tasks in the initial project plan were no longer relevant, or feasible to explore in the drastically changed landscape. Further data for 2018/2019 was requested from DHHS in early 2020, however this was not received during the lifespan of the project as DHHS staff were directed to pandemic-related activities. The client consultation portion of the project had to be modified significantly in the face of continued restrictions, which limited viable options for client contact.

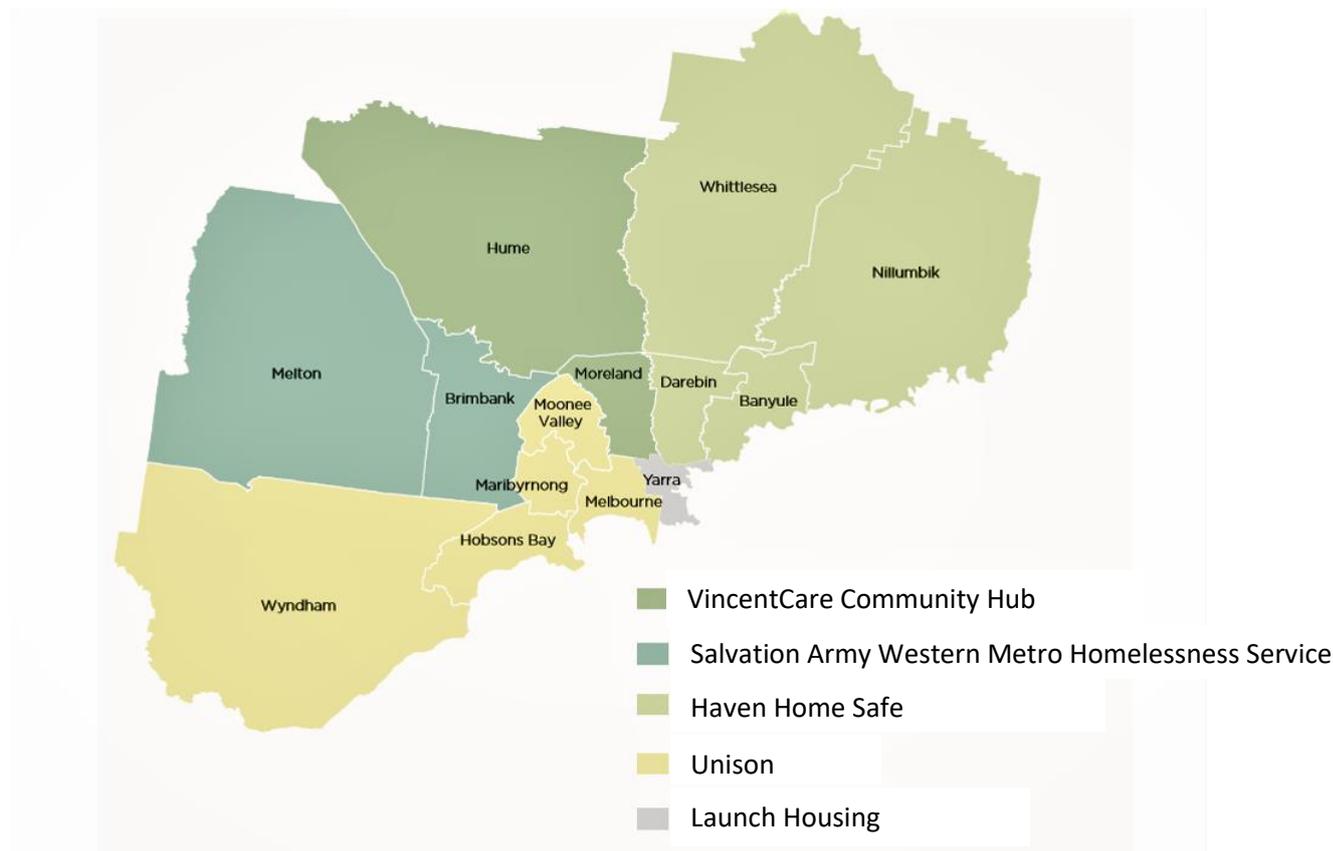
Despite these setbacks, the conditions of the pandemic created some unique opportunities previously unseen in the Sector as services temporarily received an increase in historically underfunded HEF allocations, and access to markedly better quality accommodation; both factors long thought to be necessary preconditions for a better service system.

The pandemic response thus provided an opportunity to see what the Sector could do with access to better quality accommodation and more funding, and most importantly, whether this enhanced capacity to provide better accommodation for longer resulted in a better system for clients seeking assistance.

Background

'A Crisis in Crisis'

The Northern and Western Homelessness Networks (NWHNs) are two aligned networks of fifty Specialist Homelessness and Family Violence Organisations, managing 180 homelessness and family violence programs operating in Melbourne's North and West. These two service networks each meet bi-monthly to improve responses to people experiencing homelessness in Melbourne's North and West through management of coordinated homelessness service system arrangements, consumer consultation, linkages with allied service Sectors and shared professional development.



Whilst they are two separate networks, they are strongly aligned; sharing similar governance models, the same practice manual, and undertake a significant amount of joint work including initiating the 'Crisis in Crisis' campaign.

In 2017 the Networks asked consumers, via an annual consumer survey, what their experience of emergency accommodation had been. The results were devastating. Feedback from female consumers described emergency accommodation as 'horrible', 'terrible', and that they feared violence and sexual assault (one woman reported a rape while in emergency accommodation). They further described it as unclean, not appropriate for children, and that there were no cooking facilities or anywhere to store food.

Male consumers similarly described emergency accommodation as unclean, overcrowded, and unsafe. They also reported that they had poor facilities, were difficult to cook in, and that they were unable to store food.

The survey asked consumers what good emergency accommodation would look like, and despite reporting more positive experiences in government funded crisis facilities than in purchased emergency accommodation, **85%** of consumers surveyed said they would prefer their own self-contained space that could be securely locked, even if it was small. Their experiences are outlined

further in the *Crisis in Crisis* report which was developed as a result of this consumer feedback. The *Crisis in Crisis* report was submitted to the Department of Health and Human Services (DHHS) in December 2018 and was launched publicly in February 2019.

The *Crisis in Crisis* report concluded that:

The 2018 Victorian Homelessness and Rough Sleeping Action Plan offers an approach in which responses to all people experiencing homelessness, not just those sleeping rough, should be framed: intervening early to prevent homelessness, providing stable accommodation as quickly as possible and supporting to maintain stable accommodation. Currently, we are failing large numbers of people presenting to the system by providing sub-standard and potentially damaging emergency accommodation, with little or no immediate follow up support to access more suitable housing, and no support to maintain that housing once accessed.

We are contributing to peoples' experience of trauma and adding to their feelings of hopelessness. We must urgently address this situation by providing adequate funds to purchase better quality accommodation, and by increasing resources to support people to exit rapidly into sustainable long-term housing.

The Northern and Western Homelessness Networks can no longer tacitly accept causing harm by accepting high cost poor quality emergency accommodation as a necessary evil for those people who come to us for assistance because they do not have a home.

The report recommended the following three-stage approach to addressing the current crisis in the provision of emergency accommodation:

Stage 1 – Immediate (Year 1 and 2)

- *The Victorian Government increases Housing Establishment Fund (HEF) brokerage funding across Northern and Western Melbourne to enable the purchase of safe and appropriate self-contained emergency accommodation as required;*
- *The Networks agree on an approved list of private accommodation providers for a range of cohorts and cease using providers that are considered sub-standard;*
- *The Victorian Government funds Crisis Accommodation Outreach Support workers at each homelessness access point in Northern and Western Melbourne (total of 12 FTE) to provide assistance aimed at rapidly rehousing people placed in emergency accommodation;*
- *The Victorian Government sets social housing growth fund targets/KPIs for people experiencing homelessness;*

Stage 2 – Intermediate (Commencing immediately, completion within 3- 4 years)

- *The Victorian and Commonwealth Governments, in partnership, construct a variety of secure, self-contained, temporary accommodation options for individuals and families as a safe alternative to existing motels and rooming houses;*

Stage 3 – Long Term (Commencing immediately, completion within 5 years)

- *In line with the Everybody's Home campaign, the Victorian and Commonwealth Governments, in partnership, construct sufficient social housing to enable rapid access to a 'Housing First' model of housing and support that eliminates reliance on private motels and rooming houses for emergency accommodation.*

Following the release of the '*Crisis in Crisis*' report, DHHS provided funding for two Project Workers for a 12-month period to map the current system in greater detail, and to explore whether there were ways to improve the provision of emergency accommodation in Melbourne's Metropolitan north and west.

This Crisis Accommodation Options Project has provided the NWHNs with the resources to explore the issues outlined in the '*Crisis in Crisis*' in far greater depth and to identify some alternate approaches to use of private Sector accommodation as emergency accommodation.

Glossary

ABS	Australian Bureau of Statistics
ACSS	Annual Consumer System Survey <i>An annual survey of service users conducted by the NWLASNs.</i>
AHURI	Australian Housing & Urban Research Institute
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drugs
ANASH	'A New Approach to Single Households' model was developed as part of the Launch site trial in Hume Moreland
AOF	Accommodation Options for Families <i>Program funded by the Victorian Property Fund to assist households with dependent children who are at risk of entering private and unsuitable rooming house accommodation to be diverted into more appropriate forms of accommodation, including private rental. This program includes private rental brokerage assistance.</i>
APs	Access Point Services <i>Catchment-based designated homelessness service system 'entry points'. A key function of Access Points is to provide initial assessment and planning as well as urgent practical assistance to households experiencing or at risk of homelessness.</i>
CALD	Culturally and Linguistically Diverse
CAOP	Crisis Accommodation Options Project
CAV	Consumer Affairs Victoria
CHP	Council to Homeless Persons
CSA	Crisis Supported Accommodation <i>Specialist short-term accommodation facilities, funded primarily by government and operated by community organisations, providing safe shelter and 'wrap-around' supports to people experiencing homelessness and often a range of complex or unmet needs.</i>
DHHS/DFFH	Former Department of Health & Human Services, now <i>DFFH: Department of Families, Fairness and Housing.</i>
DOJ	Department of Justice
DVVIC	Domestic Violence Victoria
EA	Emergency Accommodation <i>Short-term accommodation provided to address immediate need for safe shelter – may take the form of funded crisis supported accommodation where available, but in most instances, it will be purchased private accommodation such as motels, private rooming houses, hostels and caravan parks.</i>
FV	Family Violence
HEART	Hotels Emergency Accommodation Response Teams <i>Established during the COVID-19 pandemic to provide outreach support and planning to homeless households provided emergency accommodation in motels. There were separate HEART service networks established in the North and West metropolitan regions.</i>
HEF	Housing Establishment Fund <i>Provided by the Victorian Government via DHHS to community agencies to fund a range of interventions including the purchase of emergency accommodation.</i>

HHER Teams	Homeless Hotels Emergency Response Teams <i>Established during the COVID-19 pandemic to provide on-site health and homelessness support in motels most frequently used by homelessness services to provide emergency accommodation.</i>
HSS	Homelessness Service System
IAP	Initial Assessment and Planning
IR	Interim Response <i>Short-term, task-based follow-up support provided to households in emergency accommodation and awaiting ongoing support referrals, commonly known as 'IR2' or 'Brief Task Based Response' (BTBR). A more intensive model of this follow-up support has been trialed in the NW metropolitan region, known as 'IR3' and targeted towards families seeking private rental.</i>
LASN	Local Area Service Network <i>Within a given DHHS region the LASN functions as the decision-making mechanism for the regional homelessness network.</i>
LGA	Local Government Area
NLASN	Northern Homelessness Local Area Service Network
NWHNs	Northern and Western Homelessness Networks <i>Aligned regional homelessness networks comprising representatives of all specialist homelessness services across NW metropolitan Melbourne. The NWHNs is responsible for maximising the local effectiveness of the homelessness service system.</i>
NWLASNs	Northern and Western Local Area Service Networks
ODF	Opening Doors Framework <i>The framework of principles and practices that guides access to services, client assessment, referral, resource allocation and coordination across the Victorian Homelessness Service System.</i>
PCLC	Peninsula Community Legal Centre
PRAP	Private Rental Access Program <i>Assists eligible households who are experiencing or at risk of homelessness with funding to access private rental accommodation or to maintain an existing private rental tenancy.</i>
PUH	Presenting Unit Head <i>In the specialist homelessness services data collection, this is the person designated as the primary representative of a presenting household – whether single-person, family or other group – and to whom case and assistance records are attached.</i>
RH	Rooming House <i>Defined in Victoria as a residential building in which one or more rooms are available to be rented by four or more people. In privately-operated rooming houses accessible to Access Points as emergency accommodation facilities such as kitchens, bathrooms and laundries are typically shared.</i>
RSI	Rough Sleepers Initiative
SAMIS	Service and Mission Information System <i>Salvation Army data collection system.</i>
SASHS	Salvation Army Social Housing and Support <i>Now known as the Salvation Army Western Metro Homelessness Service.</i>

SHIP	Specialist Homelessness Information Platform <i>National Specialist Homelessness Services data collection system.</i>
SHS	Specialist Homelessness Services <i>Homelessness services jointly funded by State and Federal Governments through the National Affordable Housing and Homelessness Agreement.</i>
SRS	Service Record System <i>An Infoxchange client management system and database – links with the SHIP data collection.</i>
TCA	Temporary Crisis Accommodation <i>Now more commonly known as Crisis Supported Accommodation.</i>
THM	Transitional Housing Management
TV	Tenants Victoria
VCAT	Victorian Civil & Administrative Tribunal
WLASN	Western Homelessness Local Area Service Network

Homelessness Service System Arrangements and Increasing Level of Need

In 2008, when the need for homelessness services was already well outstripping capacity, the homelessness service system was re-organised in order to:

- create clear access points to the system (to prevent clients from needing to present to multiple services 'telling their story over and over again');
- create a shared and transparent approach to assessing need; and
- create an equitable approach to referring to limited resources to ensure they are used effectively.

Since this redesign, people experiencing homelessness in Melbourne's north and west can present to one of five Access Point services (or their outposts); or for young people, to Frontyard Melbourne Youth Support Service in the city. These services operate as the front end of the service system providing a triage response: completing initial assessments, short term planning and referrals to available resources. Unfortunately, more people present to services than there is capacity for assistance. This can mean waiting at the service all day in the hope of a place to stay that night. As a result, households often start queuing prior to gam to try to ensure they can get an appointment. At the Salvation Army Western Metro Homelessness Service, for instance, it is not uncommon for 50 people to be waiting outside before it opens at gam.



The pressure of the sheer numbers of people presenting is so great that appointments are often no longer than 45 minutes, during which time an IAP Worker works to identify a household's needs, provide information around options, and work on a short-term housing plan, including the provision of accommodation for the night.

If a household requires further support to find housing or to address anything that is impacting on their ability to maintain or access housing, they are placed on a 'prioritisation list', awaiting referral to available resources. However, as noted in a 2019 report by the Western Homelessness Network (WHN), only a small portion of those presenting for assistance will be able to access homelessness case management support (11% in Melbourne's west), or one of the 1,000 transitional housing

properties in the North and West.

Where possible, services will utilise Housing Establishment Funds (HEF) to try to find emergency accommodation for those who have nowhere to stay that night. However, with only 423 government funded crisis beds across Victoria, services are required to look elsewhere to find accommodation for the 9,500 other instances of emergency accommodation generally required each year. The only alternatives to government funded beds are low-cost private hotels, rooming houses, backpackers and caravan parks.

The focus of this report is the challenge involved in providing access to safe, appropriate low-cost emergency accommodation.

Context

Context: Housing Establishment Funds (HEF)

HEF Policy and Practice Context

KEY OBSERVATIONS:

HEF was initially intended to fund a suite of responses that would allow households to exit homelessness into stable housing. Over time the primary use of HEF has become concentrated on the purchase of short-term emergency accommodation in response to ever-increasing need amongst people with nowhere to live.

From the vantage point of Initial Assessment and Planning (IAP) services, HEF no longer functions to 'establish housing', but is primarily a currency for the limited purchase of urgent but essentially 'band-aid' emergency accommodation interventions.

A constant theme in feedback to the Project was that services lack sufficient resourcing in order to fulfil HEF guidelines as intended.

Without resourcing to match HEF's intended purpose, the Guidelines leave services to attempt to fill the gap between the aspiration of HEF provision and the reality of a homelessness system constrained by scarcity.

RECOMMENDATIONS:

1. That the Department, in partnership with the LASNs, re-works the program logic which underpins HEF and the practices that flow from its allocation to services, recognising that the provision of emergency accommodation is now the primary activity of IAP services, and not an option of last resort.
2. That the Department increases HEF allocation to services at a level commensurate with the aim that emergency accommodation interventions are not only safe and secure, but of sufficient duration to act as a stabilising pathway to housing outcomes. That the HEF increase is viewed as a temporary measure until sufficient funding is provided to enable an appropriate housing first model for those experiencing homelessness.

HEF Guidelines vs. Reality

The aspiration underpinning the provision of Housing Establishment Funds (HEF) to the Sector is as a form of leverage to assist households in crisis to move from homelessness to stable housing. The reality, when viewed from the perspective of IAP services operating in an ever-deepening affordable housing crisis, is that HEF has become more akin to a 'band-aid'. Rather than a tool for establishing housing, HEF has become a currency for the repeated purchase of short-term and often disjointed crisis interventions, that are unable to address household homelessness.

HEF was originally implemented as part of a system required to deliver a complex set of responses to a range of different presentations, as outlined in DHHS's Homelessness Services Guidelines (2014: 14):

'Determining an appropriate housing response will depend on what options are available to particular individuals.'

- *Initial assessment will ascertain whether private rental or other private housing options are suitable.*

- *Individuals and families able to access alternative and appropriate housing options, appropriate advice and assistance to access that housing will be provided. This assistance may include referral to other housing providers, support providers or provision of financial assistance.*
- *Where private housing options are unavailable or unsuitable, eligibility for transitional housing should be determined.*
- *Where a suitable transitional vacancy is available, a referral for transitional housing can be made.*
- *If there are no suitable vacancies every effort will be made to access alternative short-term accommodation arrangements, for example staying with friends or relatives, TCA, **private hotels/motels, rooming house or caravan park accommodation, where appropriate and safe.** Homelessness services will maintain contact with clients placed in these settings until appropriate housing and/or support options are arranged.'*

The Guidelines (2014: 116) describe HEF as 'a fundamental tool' enabling services to assist households experiencing or at risk of homelessness, and articulate a range of possible uses for HEF, including purchasing short-term emergency accommodation. The Guidelines emphasise the utility of HEF to secure longer-term accommodation options through payment of private rent in advance and bonds, or arrears payments to shore up existing private tenancies. The range of other possible uses identified - including removal and storage costs, lock changes, and even the purchase of essential furniture items - indicate HEF's intended function beyond the purchase of short-term accommodation.

Over time, with affordable housing options in the private rental market scarcer for vulnerable households, and in the consequent face of increasing demand for emergency assistance, the primary function of HEF for IAP services has become the purchasing and provision of short-term emergency accommodation. This is in the form of night-by-night hotels and motels, or in private rooming house accommodation. Access Points are rarely in a position to use HEF to fund the additional range of preventative or stabilising interventions suggested in the Guidelines, or 'establish housing' in any way recognisable as sustainable or secure.

This is not a recent development: in 2011, the NWHNs' submission to the HEF Review Project observed that between 50-70% of agency HEF allocations were directed toward the purchase of short-term emergency options, arguing that:

'Inadequacy of ... HEF budgets means that the suite of responses that HEF was originally designed to provide is now largely no longer possible' (NWHNs, 2011: 5)

HEF has continued become more concentrated on the provision of crisis responses, and HEF payment data from the three NLASNs IAP programs for the 2018-2019 financial year showed that more than 85% of HEF spending was directed toward the purchase of short-term emergency accommodation.

As observed in *A Crisis in Crisis*, HEF expenditure on purchased emergency accommodation has grown by 500% since 2011 (NWHNs 2019: 3), and yet services consistently report that this is still outstripped by ever-growing demand for urgent assistance.

Uneven Resourcing across Access Points

The overall shortage of HEF to meet the needs of households in crisis is further compounded by a significant disparity in resourcing between the different IAP services. Agency HEF allocations forwarded to the Project revealed that some Access Points receive more than double the allocation

of others. The different geographic and historic demographic profiles of each Access Point's community of coverage accounts at least in part for the variations in allocations between services, but to some degree the uneven resourcing lends weight to the perception that there is a form of 'catchment lottery' at play for households accessing assistance.

Funding for frontline staffing within IAP programs is also reported to be inadequate across both the North and West. The WLASN, for instance, has estimated that both IAP services in the West were at least three fulltime IAP worker positions short prior to the pandemic (Western Homelessness Network, 2019) and it is reportedly not uncommon for there to be a long line of households standing outside the Western Metro Homelessness Service when the service opens at 9am each day, with many of these households being turned away due to a lack of capacity.

Managing Scarcity: Reviewing HEF Allocation Guidelines at the NWLASNs Access Points

KEY OBSERVATIONS:

Pressure on HEF necessitates practices of scarcity such as restrictions on how HEF can be used, limits on HEF eligibility and frequency of assistance.

Rationing is known to occur as a direct result of inadequate HEF resourcing, however it is unclear from agency documents exactly what forms this takes and who misses out when funds are low.

Divergences in HEF allocation practices between Access Points can be seen as responses to managing both overall scarcity and local imbalances between resourcing and demand.

Households in similar circumstances can receive different responses from different IAP services as a result – arguably producing a form of 'catchment lottery'.

RECOMMENDATIONS:

3. That the Department works with the Sector to reassess agency/sub-regional HEF allocations against local need to reduce the imbalances that result in funding disparity. This reassessment begins with a dedicated piece of work to determine the true level of unmet demand at each Access Point (recognising that this is not possible for agencies to capture within present resourcing).
4. That the Department facilitates a process of re-alignment and consolidation of HEF allocation policy between agencies in order to reduce the incidence of households in similar situations receiving different responses depending on where they present. This would require updating agency guideline documentation regarding the prioritisation of resources where HEF rationing is necessary.

The HEF Guidelines (2014: 9) acknowledge the scarcity of resources and the prospect of rationing in order to meet demand, noting 'individual assistance provided through HEF may be limited per transaction as a means of maximising numbers of clients assisted'. However, there is little else in the way of guidelines or suggestions around how services might prioritise or ration demand, beyond advice that the average financial assistance should be **\$250** per transaction.

This figure has long since been outdated, with the average spend across the NWLASNs in 2018/2019 for both rooming houses and motels exceeding the guideline advice at \$297 per instance of assistance. Even this increased amount is frequently insufficient in providing meaningful assistance: a spend of \$297 for a motel would provide, typically, less than three nights of respite for a household, and it would not even cover the initial two weeks rent-in-advance required to secure a room in a

rooming house. The average spend is reflective of the piecemeal provision of purchased emergency accommodation assistance, with many instances of assistance constituting only a single night's accommodation.

The DHHS Guidelines are not intended as an instruction manual for the delivery of responses by IAP services, but they do provide a framework of expectations that informs individual agencies' policies and procedures for managing and prioritising resources. To get a sense of how the Guidelines apply on the ground, the Project requested HEF allocation data on the provision of IAP assistance from the NWLASNs APs in late December 2019. Material received from the agencies (four of the five NWLASNs APs were able to provide some material) varied in form and scope, from detailed frameworks and work instructions, to brief descriptions of practice and procedures.

From what was received by the Project, there was limited reference to the suite of responses originally intended by HEF, with most documents only referencing HEF use in the context of purchasing emergency accommodation. One Access Point's data made explicit mention of the flexibility available in providing airfares, storage and removals on a discretionary basis, while another mentioned assistance with travel as a HEF product - these uses of HEF, where countenanced as a possible IAP response, constitute a negligible proportion of overall spending.

While there is intent within agency HEF allocation policies to assist with flexibility and discretion, most documents reference HEF being a scarce and limited resource, and that practice needed to reflect this to ensure resources are distributed equitably and effectively. Specified criteria in some agency policies around HEF eligibility, in relation to frequency of assistance and indicative maximum amounts for particular cohorts, can be understood as strategies to help limited HEF go further.

Practice experience tells us that rationing strategies are applied by APs at times when HEF is low or completely exhausted, however there was no articulation, in any documents received by the Project, of what IAP responses look like as HEF runs out. For example: how HEF might be rationed where demand for assistance exceeds supply; any household prioritisation protocols to follow when funds are especially low; or whether there are certain cohorts that are more likely to be denied HEF assistance in such circumstances.

Over time, services have developed their own practices and guidelines in order to work within the scarcity of resources. This has resulted in differences in outlined policies with regard to eligibility, frequency of assistance and other practices. One NWLASNs Access Point, for instance, limits HEF assistance for single-person households to a maximum of number of nights, while another specifies a timeframe within which households are not typically eligible for repeat assistance. Funding limits, periods of ineligibility for repeat assistance and HEF usage exclusions that apply at one service may not apply at another, leading to the perception at times of a catchment lottery at play – depending on where a household accesses or is eligible for assistance, responses and outcomes may vary.

One practice to manage pressure on HEF mentioned in several agency allocation documents is that of 'co-contribution' (sometimes referred to as 'co-pay'), where a household in receipt of HEF assistance for emergency accommodation is required to contribute a proportion of their income to the accommodation cost. Typically, co-contribution arrangements are established to extend emergency accommodation responses to families, and only in rare instances to single-person households. This is in acknowledgement both of the specific vulnerability of dependent children without shelter, and of the greater likelihood of success for families accessing some form of ongoing accommodation in the private rental market within the extended timeframe of a co-contribution enabled EA assist. Co-contribution is an example of a practice of scarcity born out of both pressure on HEF and the shortage of viable accommodation options beyond crisis (leading to extended stays in 'short-term' accommodation). As the household pays for at least a portion of the purchased accommodation, co-contribution enables services to provide households with more bed nights for the same expenditure of HEF.

Access Points apply co-contribution arrangements in different ways. For example, one Access Point stipulates an expectation that an assisted household will contribute 40% of household income to the cost of emergency accommodation; another sets this at 55% (as much as \$100-\$150pw difference). Maximum periods of assistance also vary between services, one Access Point applies a maximum of 4 weeks of assistance under co-contribution arrangements, while another provides for up to 8 weeks should an assisted household maintain contributions and meet other engagement expectations.

These differences in resourcing and practice at the different Access Points means that the same household can conceivably receive different responses from IAP services that are ostensibly expected to provide the same service through the Opening Doors Framework.

Further Issues in the Application of Homelessness Services Guidelines

KEY OBSERVATIONS:

There are a range of expectations in the Homelessness Services Guidelines that Access Points struggle to fulfill within current resourcing.

Most Access Points are not able to bulk-purchase rooms ahead of major events or as a general practice due to a lack of HEF and uncertainty around demand, despite severe shortages of available vacancies during such periods.

IAP services have little capacity to track housing outcomes after HEF assistance as service demand inhibits follow up with households in EA, and there is a lack of clear guidance around outcomes data and how this might be gathered consistently across IAP services.

HEF Guidelines are not definitive in their statements around the use of potentially inappropriate private accommodation options, and instead place the burden of oversight on service providers.

Oversight of accommodation providers as outlined in the Guidelines is an unrealistic expectation for services within current levels of resourcing. IAP services lack any capacity to inspect providers in use, with the exception of Launch Housing, and consequently little is typically known about frequently used accommodation.

While the Guidelines suggest the use of written agreements with private providers, without dedicated resourcing arrangements with accommodation providers have developed on an ad-hoc service-by-service basis over time, and virtually no written protocols have been put in place with local accommodation providers, with the exception of those developed by Launch Housing.

RECOMMENDATION:

5. That, in any update to the HEF Guidelines, the Department include a definitive statement regarding the use of HEF for accommodation that is appropriate to varying client need, including clear definitions, using the rating scale, of what is considered appropriate.

Pre-Purchasing Rooms ahead of Major Events

All Access Points report the disruptive nature of major events such as the Australian Open, the Grand Prix, the Melbourne Show, the Spring Racing Carnival and Christmas, where there is often competition for affordable budget accommodation, and a subsequent lack of vacancies for clients.

The Guidelines make allowances for the 'pre-purchase of accommodation to manage local events and seasonal variances' (2014: 8), in order to mitigate the significant reductions in vacancies for budget accommodation seen during major events.

Despite this, most Access Points report they are not able to pre-book rooms to cover such periods due to a lack of HEF and a lack of certainty around demand. As a result, services report having great difficulty finding suitable vacancies during these periods of major events and other seasonal peaks, frequently ending in 'no bed to buy' scenarios, or being forced into paying a higher rate per night in order to fund alternative accommodation. As a result, IAP services reported more households are turned away during such periods.

Tracking Outcomes following Assistance with Emergency Accommodation

Despite HEF Guidelines stating 'homelessness services should have a process of recording and reporting on the housing outcomes of clients accessing private accommodation as an emergency option' (2014: 16), IAP services do not have clearly defined processes or capacity to record housing outcomes after a household is placed in emergency accommodation and the period of that assistance ends.

During the mid-pandemic HEART data collection, for instance, SHIP/SRS/SAMIS data showed that for over a third of all households assisted with EA across the NWLASNs between 16 March and 22 June household accommodation situation post-assistance was 'unknown'. The 'known' figure included households who remained in purchased emergency accommodation (that is, for whom assistance was ongoing). Of those who were no longer in emergency accommodation at the time of data collection, the accommodation situation post assistance was 'unknown' for two-thirds (67%) of households.

There are numerous challenges to measuring and recording this data, including a lack of dedicated resourcing to follow up with households post-assistance, and an absence of clear guidelines around how outcomes data might be gathered and recorded across services. This was identified in a 2018 research report by the Unison Housing Research Lab, which noted:

'At the outset we stated that one of our intentions was to try to establish how people were travelling after they left the service. However, the way data are collected, the nature of the service, and the lack of a control group make it difficult to establish with confidence the impact of IAP services on people's circumstances in any ongoing way.' (Johnson and Watson, 2018: 6)

Oversight of Private Options

The Homelessness Services Guidelines and Conditions of Funding (2014) appear to acknowledge the risks associated with purchasing emergency accommodation, stating that services 'must exercise caution when referring clients to emergency accommodation operated by private providers such as hotels, supported residential services or caravan parks' (2014: 13), and that services 'should be familiar with private accommodation providers in and around their catchment areas, and take note of the features of accommodation available' (2014: 15).

However, much of the oversight and monitoring activity envisaged in the guidelines is not achievable for Access Points without additional dedicated resourcing. With the exception of a specialised Housing Options Worker position at one Access Point (a single position spread across three IAP sites in the North and South), IAP services lack any dedicated resource capacity to go out and inspect the premises of even the most frequently-used accommodation options. The Ratings Exercise completed by Access Points prior to the pandemic illustrated that services often lack a detailed knowledge of accommodation options being utilised, while IAP workers' responses to the CAOP IAP Motel Use Survey similarly indicated that knowledge about emergency accommodation options is limited, and that what is known could be far more effectively shared.

This means that services are referring to accommodation options with very little information or feedback available, particularly for private rooming houses where information is less readily available

online. This was noted as far back as 2011, when the NWHN Submission to HEF Review noted:

'IAP staff report that they have little or no reliable information about where they are sending clients in the private RH context. Often, the address that they are given by the private RH operator may not end up being the place the client is actually accommodated at. IAP staff have no reliable information on the condition of the property, who else is living there or how many other residents there are at the property. It is therefore impossible to adequately assess risk in any real way.' (2011: 7)

DHHS HEF Guidelines also suggest that 'where appropriate, homelessness services will develop written protocols with private accommodation providers' (2014: 15). However, again without dedicated resourcing to formalise referral arrangements with providers, the vast bulk of business transacted between Access Points and private providers occurs on an 'ad-hoc' basis, without any form of written agreements or protocols in place. Unsurprisingly, misunderstandings commonly occur, as evidenced by feedback from providers around the draft NWHNs Motel/RH agreement developed by the Project, where well-established providers took issue with the clause that agencies would not be liable for additional charges, despite this being a long-held stance across all the NWLASNs Access Points.

Context: Crisis Supported Accommodation (CSA) Facilities

KEY OBSERVATIONS:

CSAs have been reformed over time as a stabilising, and sometimes transformative response to people with complex histories of homelessness and associated trauma. The model was designed to provide a period of stability for people experiencing extremely complex needs in a highly supported setting and to give them an opportunity to stabilise and consider their options. Those accommodated in CSAs have access to a wide range of resources, including support, specialist programs, health resources, meals, and technology. However, with very limited existing capacity in the system, only a small proportion of those presenting to services who are most likely to benefit from access to CSA are able to be provided with this assistance.

RECOMMENDATIONS:

6. That, as per the recommendations of *Crisis in Crisis*, Government invest significantly in the rapid construction of additional emergency accommodation, with integrated support that is appropriate to the needs of people experiencing chronic homelessness and associated trauma.
7. That the Department and the Sector ensure that a trauma-informed, evidence-based approach to support be used to inform the development of any future model of emergency accommodation, whether provided by the Sector or purchased from the private Sector.
8. That, if private accommodation continues to be used as a form of emergency accommodation, the Department and the Sector augment the accommodation with support as a step towards a trauma informed response, such as through the provision of the Hotel Emergency Response (HER) during the pandemic.

For clients with more complex support needs and vulnerabilities, referral to crisis supported accommodation can represent far more than simply safe shelter, but a potentially transformative opportunity to stabilise and address the traumas associated with homelessness.

There are three adult CSA facilities located either within or readily accessible to the NWLASNs:

- Launch Housing Southbank (46 rooms, mixed gender)
- Flagstaff Crisis Accommodation (64 beds, male only)
- Ozanam House (60 crisis rooms, mixed gender)

There are different models of accommodation and support in place at these CSA facilities, but all offer extended stays that are measured at a minimum in weeks rather than as days as is the case in purchased EA, and they offer 24-hour on-site support, trauma-informed case management and extensive planning around suitable and sustainable exits. The traditional image of the bed and soup night shelter has been superseded by new approaches to providing this form of crisis accommodation, with a greater emphasis on self-contained facilities, access to holistic supports and a focus on enhancing the potential for lasting recovery from homelessness and trauma (Harding, 2019; Barnes, 2019)

This form of supported emergency accommodation is targeted towards people who have had prolonged or repeated experience of homelessness and, in most cases, a range of associated support needs that might contribute to, or be further exacerbated by, continued exposure to housing instability. Not everyone who presents to IAP services in need of urgent accommodation assistance requires such a comprehensive response, however a significant proportion of households receiving assistance through the NWLASNs APs do have extensive histories of long-term homelessness and rough sleeping.

The NWLASNs IAP HEART data collection in June 2020 revealed that over one-third (**35%**) of all households that received assistance with HEF for emergency accommodation between March and June 2020 had previous experience of 'chronic homelessness including rough sleeping'. Nearly **70%** of all households assisted had some previous experience of homelessness.

As a rough estimate of the potential demand for CSA across the NWLASNs, the HEART figures suggest there could have been in excess of **3,000** instances of assistance to purchased EA during 2018-2019 that might otherwise have been appropriate referrals to CSA should beds have been available.

In total during 2018-2019 there were **412** vacancies across the three CSA facilities above, and even if NWLASNs Access Points had access to all vacancies arising (which they do not, as Southbank, Flagstaff and Ozanam House are statewide resources accessible to all regions) this would have barely scratched the surface of demand for supported crisis options in the region.

As '*A Crisis in Crisis*' observed, the massive shortfall in CSA capacity relative to need means IAP services have no other recourse but to look to private providers to source emergency accommodation options that are without any of the stability, staffing, support and planning that CSA offers to households with complex needs.

Context: Demand vs Capacity

While the Project was able to use HEF payment data received from IAP services to develop a better understanding of purchased emergency accommodation usage, this data only accounts for demand that has been met through the provision of a HEF based response. Rather than capturing total or 'true' demand for housing assistance across the region, this data only reflects the capacity of IAP services to meet demand within the constraints of available resourcing.

IAP services routinely report that far more people present for assistance to their services than they have capacity to see. In one snapshot, the Salvation Army Western Metro Homelessness Services identified that 200 people a month are unable to even access an initial appointment (Western Homelessness Network, 2019).

There is currently no way of accurately determining how many households presenting to IAP services for assistance are turned away across the region, nor is it possible to explore the reasons behind any unmet assistance. While the Australian Institute of Health and Welfare (AIHW) estimated that, on average, 105 requests for homelessness assistance went unmet each day in Victoria in 2018/2019 (AIHW, 2019), this is almost certainly a significant undercount. No IAP service in the NWLASNs uses the 'Unassisted Persons Record' function, and to the Project's knowledge there is no reliable estimate of just how far 'true demand' might outstrip the service system's capacity to respond.

Project Findings Pre-Pandemic

Mapping of Existing Crisis Accommodation Options

2018-2019 NWLASNs Emergency Accommodation Mapping Summary

Given all that has occurred during 2020, the activity of NWLASNs' Access Point IAP services during 2018-19 might seem to belong to some distant past. However, 2018-19 is the most recent year for which we have reasonably complete data to map the use of purchased emergency accommodation by Access Point Services and can be regarded as illustrative of an emergency accommodation 'normal' before the onset of the pandemic. The 2018-19 data is also arguably predictive of a post-pandemic picture without a range of new approaches and interventions informed by the experience of the COVID-19 period.

There is no 'system' guiding the procurement of private emergency accommodation options across the NWLASNs. While there have been periodic attempts over time to consolidate more collective approaches to the sourcing and utilisation of purchased accommodation options (notably the Better Options project in 2010), this key activity of IAP services remains essentially fragmented.

Each Access Point establishes and maintains its own relationships with private providers. Lists of potential motel and rooming house options held by Access Points take various forms from photocopied sheets at one service, passed from one generation of IAP workers to the next, to a detailed accommodation directory at another. **No common register or directory of emergency accommodation options exists, and while some longstanding accommodation providers are routinely used by multiple services, numerous others may be known to a single service.**

An effect of the absence of coordination in sourcing emergency accommodation is that very little consolidated data across the region is available to track the use of specific accommodation options. It may be that HEF payment data collected by each Access Point in the course of service delivery is collated at a Departmental level, but without dedicated resourcing within the region to consolidate and standardise this data, Access Points only know their own patterns of use.

The first task of the CAOP was to combine HEF payment data supplied by the five generalist NWLASNs APs and chart the use of purchased emergency accommodation by IAP services during 2018-19, with the aim of establishing as full a picture as possible of the existing 'state of play' across the region.

KEY OBSERVATIONS:

HEF payment data held by Access Points contains limited detail on the provision of purchased emergency accommodation assistance, enabling aggregate figures of HEF spent and instances of assistance by provider, but no clarity about actual numbers of people or households assisted, how often households might receive repeat assistance, or where different types of households are accommodated.

NWLASNs Access Point Services spent more than **\$2.5 million** in HEF on purchased emergency accommodation during 2018-19, which represented **8,811** instances of assistance.

Purchase of emergency accommodation was primarily concentrated on motels (**74%** of all assists), with rooming houses less prominent (**17%**).

Use of both motels and rooming houses was scattered well beyond the North and West metro regions, with many purchased accommodation options used by NW Access Points located out of region as far as Geelong, Lilydale, Cranbourne and Traralgon in the Latrobe Valley.

Overall, there was a large number of private providers in the picture – **84** different motels or hotels and **51** different rooming house operators used at least once during 2018-19, but usage of both motels and rooming houses was heavily concentrated on a handful of providers:

- **Motels:** The top 20 most-used motels accounted for **94%** of all assists, while the top 10 most-used providers accounted for **82%** of all assists. The Palms Motel alone accounted for **26%** of all assists to motels during 2018-19 (at a cost of \$380,419).
- **Rooming Houses:** The top 3 providers accounted for **59%** of all assists, with almost half of all assists (46%) to one provider – North West Accommodation.

The concentrated reliance on key providers in the data suggests the vulnerability of services to loss of options through closures or provider withdrawal:

- The precariousness of relying on market-sourced emergency options was highlighted by the closure or withdrawal in January 2020 of 5 motels included in the 2018-19 data, which between them accounted for **21%** of all emergency accommodation assists during that year.
- If the NWLASNs' NWA/SLM embargo is included¹, at 1 March 2020 providers accounting for **28%** of all assistance into purchased emergency accommodation in 2018-19 were no longer accessible to NWLASNs Access Point Services.
- While some of these options have become available to Sector again as a result of re-openings and COVID-19 conditions, further significant closures are yet to come, with the Monte Villa (**30%** of all WLASN motel assists during 2018-19) scheduled to close before the end of 2020.

Among the lost options were providers routinely used to assist single-person households with more complex needs. These closures placed further pressure on Access Point Services' ability to source purchased emergency accommodation for this cohort.

Note on absences in the data:

Consolidation and collation of each agency's HEF payment data yielded region-wide figures detailing total instances of emergency accommodation assistance in the period and total HEF expenditure by accommodation provider.

The payment data available to the Project did not offer any detail on several important dimensions of emergency accommodation provision at the Access Points, including:

- Distinct ('unique') people or households assisted. Total 'instances of assistance' as contained in payment data provide no indication of either actual numbers of people (all households, whether singles, couples or families are counted as '1'), or repeat instances of assistance for the same household within the reporting period. It is known that around 9,000 households accessed some form of assistance from IAP services in 2018-19, but the data available to the Project does not offer clarity as to how many of those households received assistance with purchased emergency accommodation.
- A breakdown of assists and HEF spend by household type/cohort, enabling the mapping task to chart how EA assistance is utilised/distributed across cohorts (comparison of household types, the types of EA purchased and a typical HEF spend)
- Data on bed nights purchased, distinguishing between motel and RH assists (this would help clarify what exactly the 'average spend' figures drawn from the existing data set are actually buying)
- 'Presenting need' data for households provided with HEF assistance to access emergency accommodation

¹ See p.54 for a description of the embargo.

Recognition of the limitations of HEF payment data to provide a full picture of purchased emergency accommodation provision prompted the Project, with the assistance of the WLASN Homelessness Networker, to submit an additional data request to DHHS in January 2020 to address the gaps identified above. **This data was not received within the lifespan of the Project.**

A separate data snapshot exercise was undertaken by the Project and Access Points in March 2020, and this provided some limited indicative material to augment the HEF payment data.

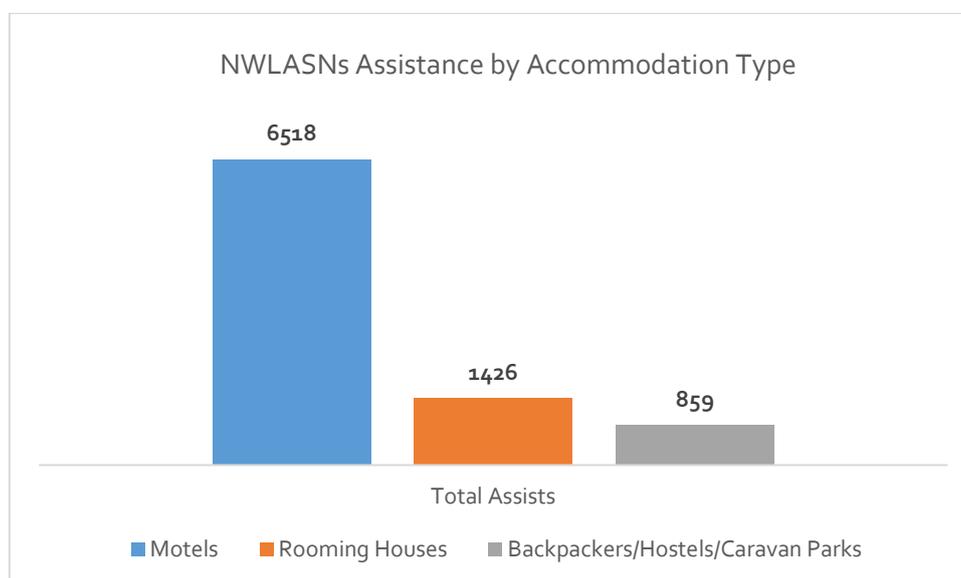
Mapping emergency accommodation provision through HEF payment data

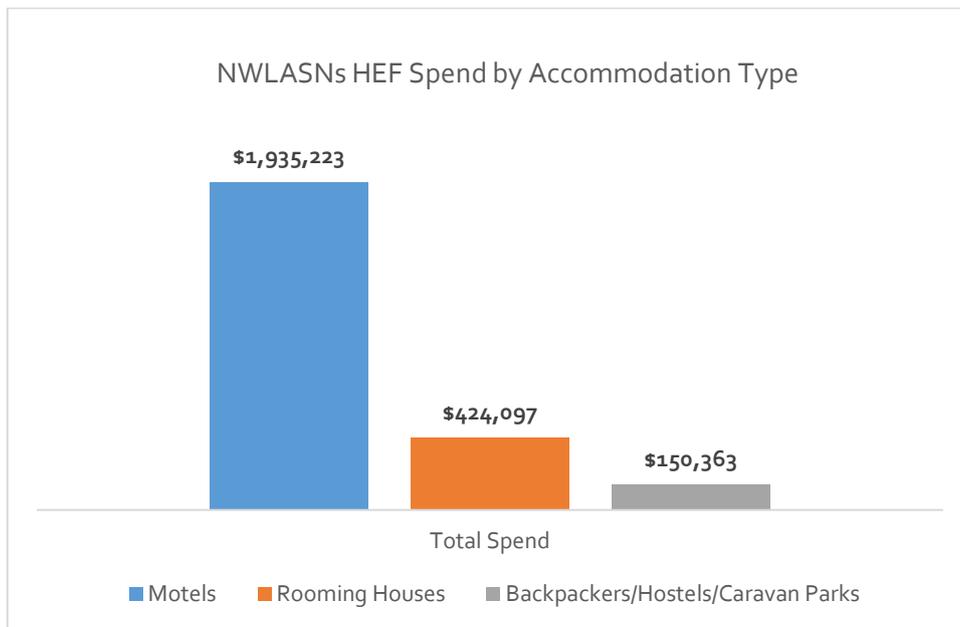
In total, during the 2018-19 Financial Year, the NWLASNs Access Points directed **\$2,512,305** in HEF toward purchased emergency accommodation. This figure represents the bulk of the total annual HEF allocation to the five Access Points, and represented **8,811** instances of assistance to:

- Hotels, motels, serviced apartments and other short-stay accommodation
- Private rooming houses
- Backpackers and hostels
- Caravan Parks

Note that instances of payments to Supported Residential Services, rooming houses run by real estate agencies, community housing providers and all non-accommodation related HEF expenses were excluded from collation.

The data showed that motel usage accounted for the vast bulk of both HEF spending and instances of assistance across the region. **74%** of all instances of assistance entailed purchase of motel accommodation, which accounted for **77%** of all spending. Motels and hostels combined accounted for **83%** of all assists, and **83%** of all spending, with the remaining **17%** of assists and spending relating to private rooming houses.



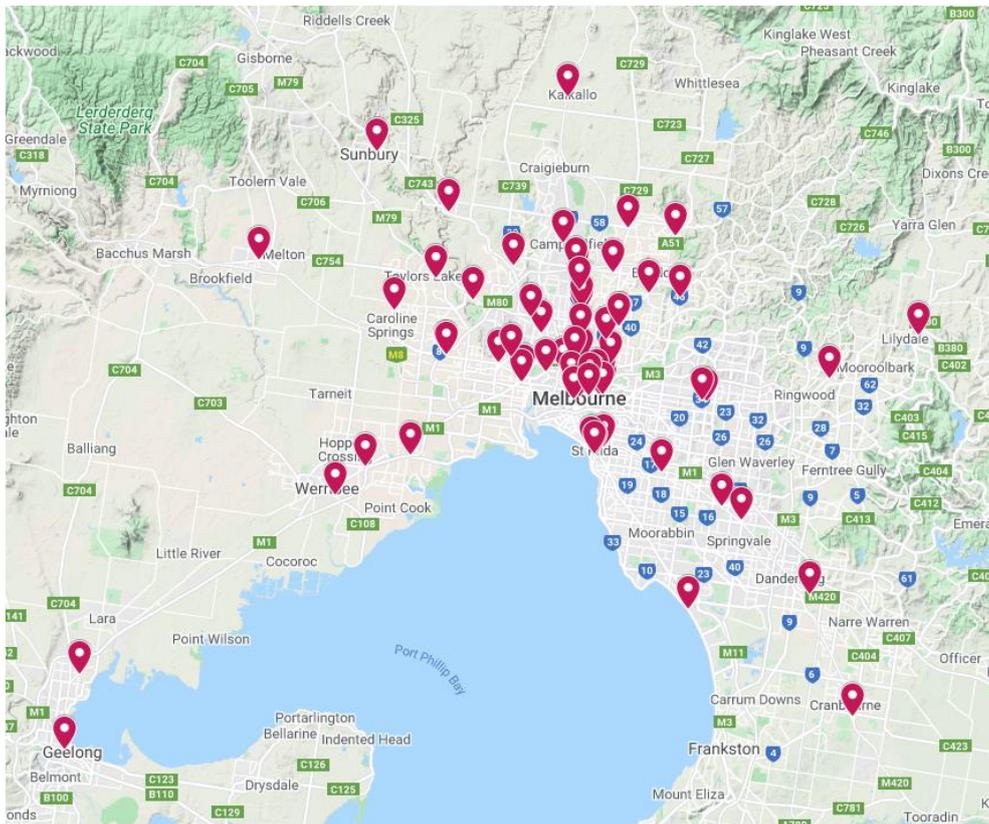


Nb. Figures for caravan parks have been included within the backpackers/hostels figures. Caravan parks only represented around 0.25% of total assists and HEF spend during 2018-19.

The average spend by accommodation type indicated in the data (total number of assists ÷ total HEF spend) suggests a very similar average spend per instance of assistance for motels and rooming houses (approximately **\$297** per assist), and a slightly lower average spend per assist for hostels and caravan parks (approximately **\$175**).

Motel Use

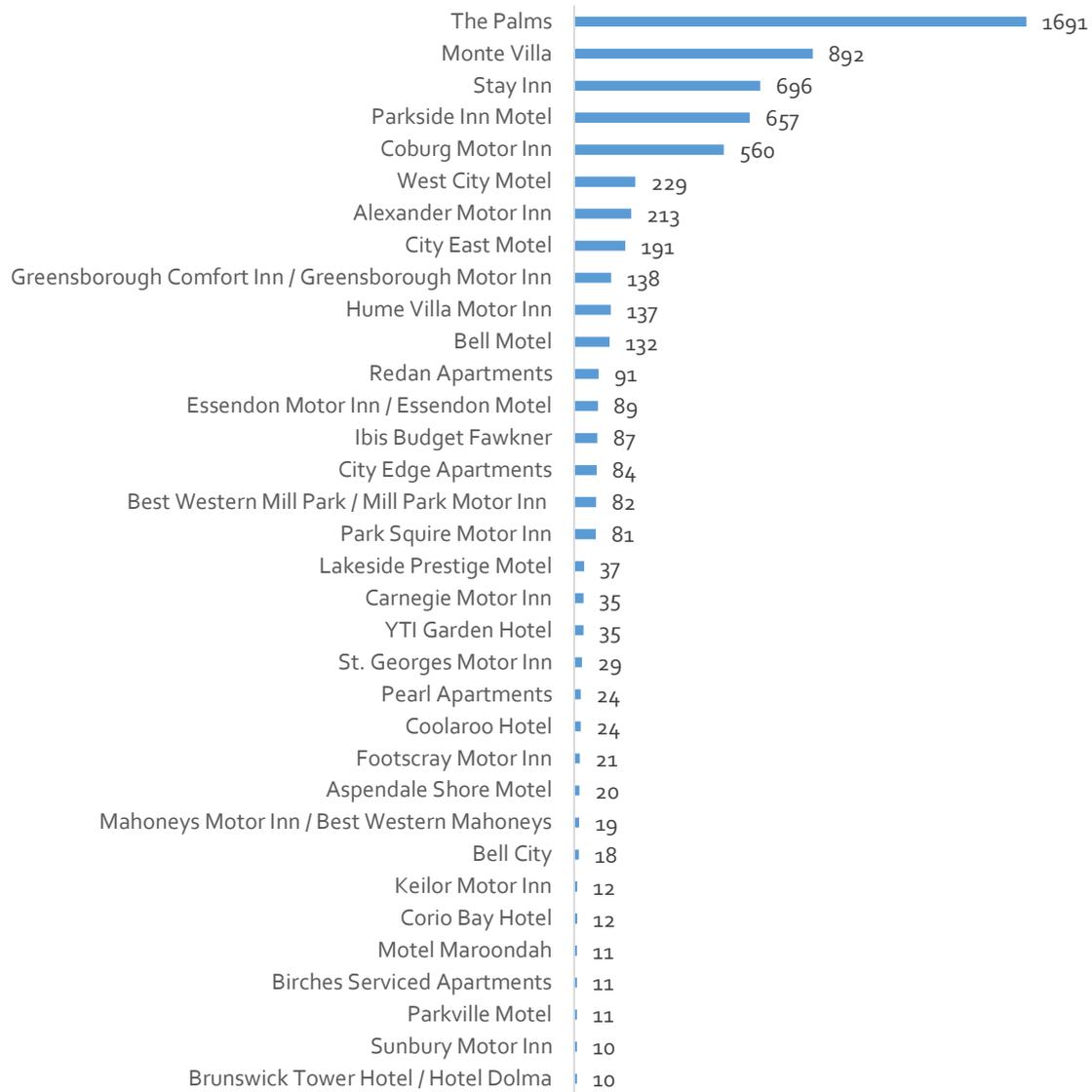
A map showing all motels, hotels and hostels used by NWLASNs Access Point Services during 2018-19 can be found at <https://bit.ly/CAOPMotelMap1819>



Usage of motel accommodation by NWLASNs Access Point Services extends far beyond the North and West metropolitan area. In many instances, households are travelling well beyond the region to access emergency accommodation options, and there is little doubt that a scarcity of appropriate, accessible options within the region is a key factor behind this.

There were 84 different motels used by NWLASNs Access Point Services on at least one occasion during 2018-19. This usage was not evenly distributed however - 60% of those motels were used on fewer than 10 occasions, while the top 20 most-used motels accounted for **94%** of all assists. Further illustrating the concentrated reliance on a small number of frequently used providers, the top 10 most frequently used providers accounted for **82%** of all assists, with the Palms Motel alone accounting for **26%** of the total, at a combined HEF spend in excess of **\$380,000**.

NWLASNs Motel Assists 2018-19
(10 or more assists)

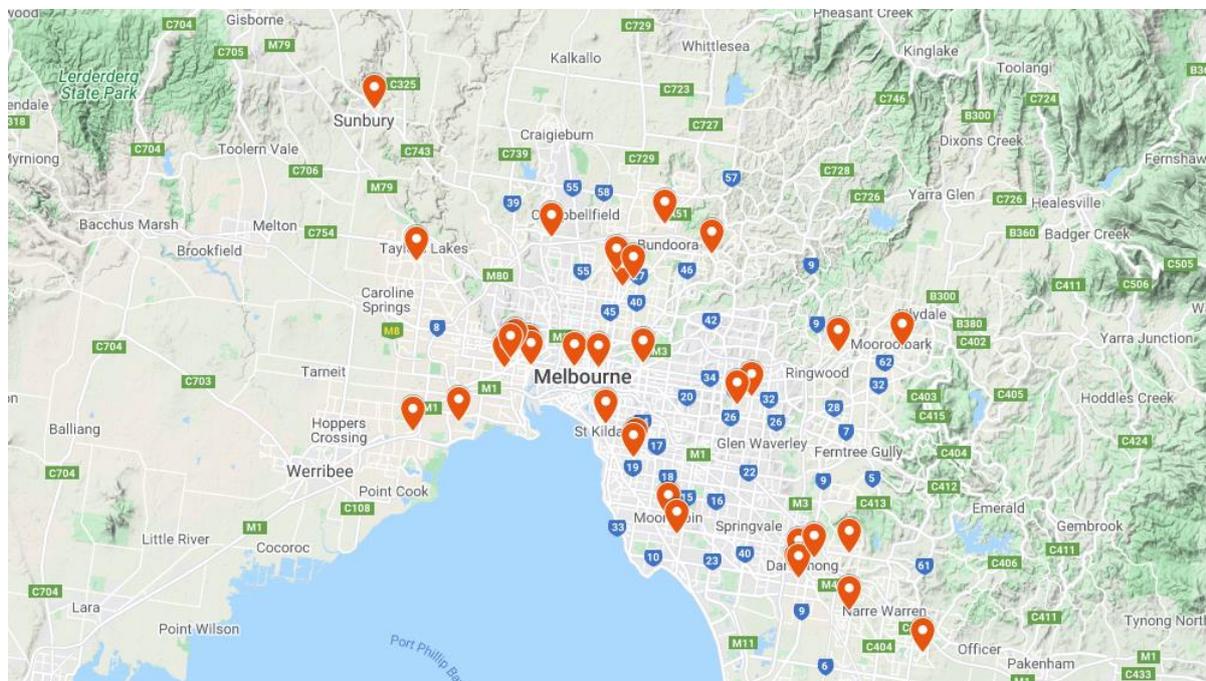


Rooming Houses

In 2018-19 the NWLASNs Access Point Services used 51 private rooming house providers on at least one occasion, and as with motel usage the geographic spread of these options was wide.

A map showing the locations of these options can be found at

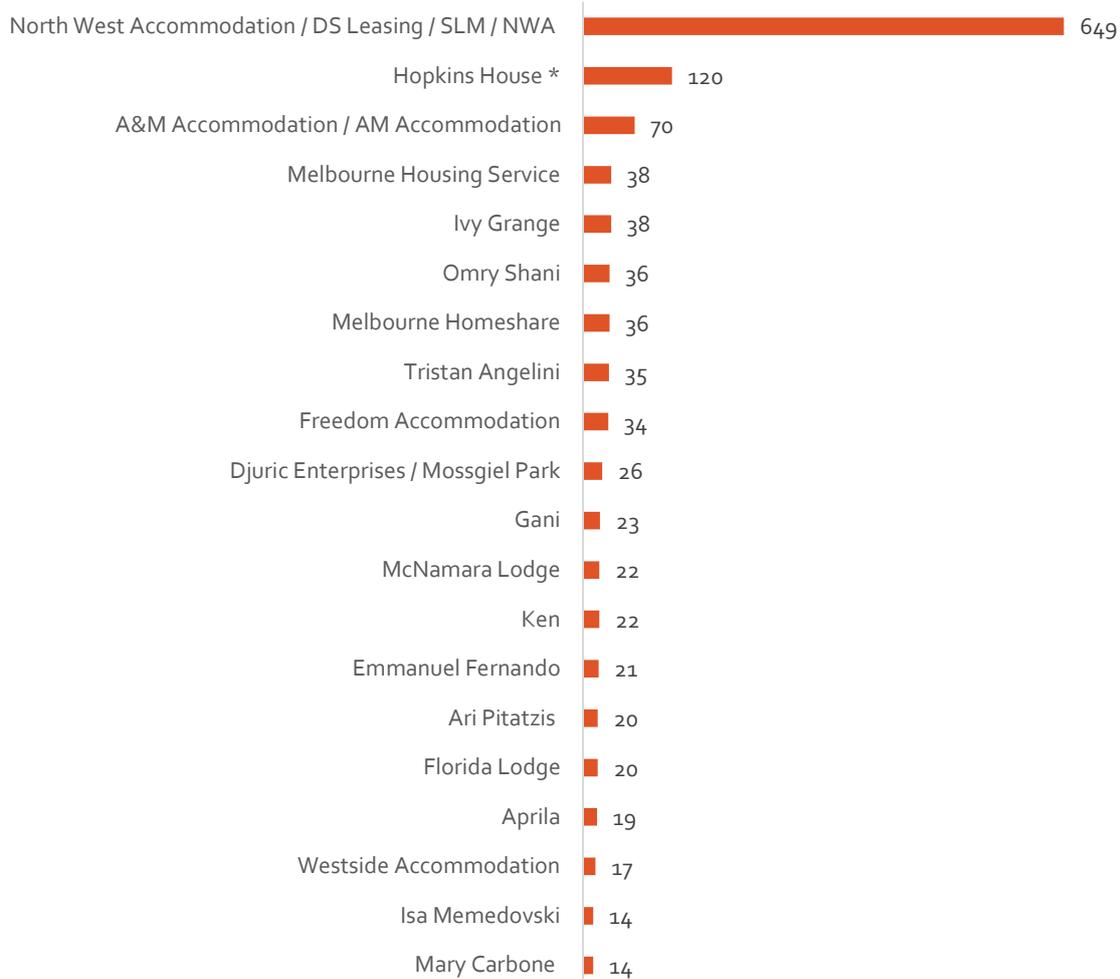
<https://bit.ly/CAOPRoomingHouseMap1819>



NB. This map includes only those rooming houses where the data from APs provides sufficient detail to enable a correlation of specific property location with HEF spending and assists. Operators running multiple properties present a particular challenge in this regard, as in most such cases the HEF data as provided generally links spending/assists to the operator rather than a particular address.

The concentration of usage on a small number of key providers evident in the motel use data was even more striking in the case of private rooming houses. Nearly half of the 1,426 assists into rooming houses during 2018-19 were directed to just one operator: North West Accommodation/ SLM, which was used on 649 occasions (**46%** of all assists). The top three most frequently used providers accounted for **59%** of all assists, with the scale of this concentration made clear in the graph below.

NWLASNs Top 20 Rooming House Providers by Assists (2018/2019)



Emergency Accommodation Ratings Review

As part of its EA mapping activity, the Project was tasked with building upon the ratings exercise conducted during 2019 by the Victorian Homelessness Network (VHN). The Project was asked to consolidate and review ratings information on EA providers relevant to the NWLASNs collected in the course of the VHN exercise, and also to seek ratings information for all accommodation providers who were provided with HEF from NWLASNs Access Points in 2018-19 and not included in the VHN exercise.

The Project focussed its ratings review on the 'top 40' private accommodation providers in terms of HEF spent during 2018-19. These providers, comprising 22 motels, 14 rooming house operators and 4 hostels accounted for 92% of all purchased emergency accommodation activity during 2018/19, both in terms of HEF spent and instances of assistance.

It was evident in the Project's efforts to draw ratings information on providers beyond the 'top 40' that Access Points typically had insufficient knowledge of lesser-used providers to return ratings results – 44 of the 135 different providers used during 2018-19 could not be rated by services, and this included two providers (one motel and one rooming house operator) within the top 40.

KEY OBSERVATIONS:

The Sector has developed a framework for a rating scale based on client feedback and professional judgment about the necessary utility to ensure basic client needs are met.

The inability of services to apply a rating for all providers illustrates how limited knowledge is of many options used as emergency accommodation, largely through lack of capacity at Access Points to visit and inspect properties.

Where ratings were provided, the accommodation purchased by services was overwhelmingly considered to be of low quality:

- Across the NWLASNs top 40 in 2018-19, **40%** of all HEF went to private providers rated overall at 1.0 ('Does not meet expectations') at a total cost of **\$909,385**, and this represented **54%** of all assists to purchased emergency accommodation.
- Just **7%** of HEF went to providers rated at 3.0 ('Meets expectations'), representing less than **3.4%** of all assists.

Safety concerns were especially evident in ratings results, with nearly **60%** of referrals to providers in the NWLASNs top 40 rated by services as unsafe, with a rating of **1.0** ('Does not meet expectations') for safety.

Ratings results further highlight known issues with private rooming house accommodation, with **7 of the 13 rooming house providers within the top 40 rated at 1.0 overall**, and with no rooming house providers in the top 40 perceived to be of the standard required to meet expectations.

RECOMMENDATION:

9. That the Department resourcing be provided to enable comprehensive implementation of the rating system for private accommodation providers (see Recommendation 10).

Practice principles for application of the rating system would include:

- v. That resourcing enables assessment of any potential new providers against the rating scale.
- vi. That accommodation purchased by services within the NWLASNs aims to meet a rating of 3 ('Meets expectations').
- vii. That services within the NWLASNs agree to cease referral of households to private accommodation providers with a rating of 1 ('Does not meet expectations').
- viii. That the required increase to the allocation of HEF takes into account the higher cost of purchasing better quality accommodation (see Recommendation 2).

The Victorian Homelessness Network (VHN) Ratings Exercise

The 2019 VHN exercise was undertaken in response to feedback from clients, and the professional concern of agencies and workers, about the quality of some private accommodation options used to provide an emergency response. Access Points were asked to rate key providers located within their local LASN region, and each Access Point returned ratings for all local providers with which they were familiar. In this process, some commonly used providers received ratings from multiple services, while others received ratings from a single service.

Agencies were asked to rate each provider across the following fields: cleanliness; quality of furniture/linen; safety; amenity; location; and an additional 'rooming house specific' field which rated providers in terms of their particular obligations as RH operators. Each provider was rated 1-3 for each field, with 1 being the lowest and 3 being the highest:

- 1 – Does not meet expectations**
- 2 – Barely meets expectations**
- 3 – Meets expectations**

A ratings template was provided to the Access Points with illustrative considerations for each field (observations, for example, that might indicate a rating of '2' for cleanliness, or a rating of '3' for safety). **While ratings of '1', according to the template, represent sub-standard conditions, it is clear that a '3' rating was not intended to be indicative of a high standard offering, rather, a '3' is best thought of as having reached a benchmark that any paying guest or resident might regard as a reasonable minimum standard.**

Interpreting the Ratings

It needs to be acknowledged in reviewing and analysing these ratings efforts that the criteria according to which the template suggests ratings be allocated are fairly broad and open to interpretation, and that services completing the ratings are often doing so with limited, ad-hoc or anecdotal information, which is unavoidable given the inability of services to resource visits to inspect properties.

As such, rating results are probably best seen as less a definitive assessment of providers' offerings than as illustrative of services' perceptions of the options they have access to. The results are no less troubling for this acknowledgement. It is clear, as the analysis below demonstrates, that due to the lack of viable alternatives NWLASNs IAP services are regularly forced into the position of either referring vulnerable households to accommodation options they perceive to be unsafe, unclean or otherwise inappropriate, or offering no option at all.

Gathering Ratings Information for the 'Top 40'

Collation of the NWLASNs Access Points' submissions to the VHN revealed that of the top 40 providers by HEF spend in 2018-19, 30 of these had been rated by at least one agency. The 10 providers not rated were included in the lists of providers sent by the CAOP to Access Points in December 2019. To generate these lists, not-yet-rated providers were split between those that received HEF from a NLASN or WLASN Access Point, with the reduced lists being sent to the Access Point Services with relevant coverage in order to reduce the size of the task for AP managers.

New ratings information received in response to this request was collated with the VHN results, and the Project proceeded to undertake analysis of the results for the top 40 accommodation providers that received HEF from NWLASNs Access Point Services during 2018-19 (the number of providers included in this analysis is actually **38**, 2 providers having not had a rating completed).

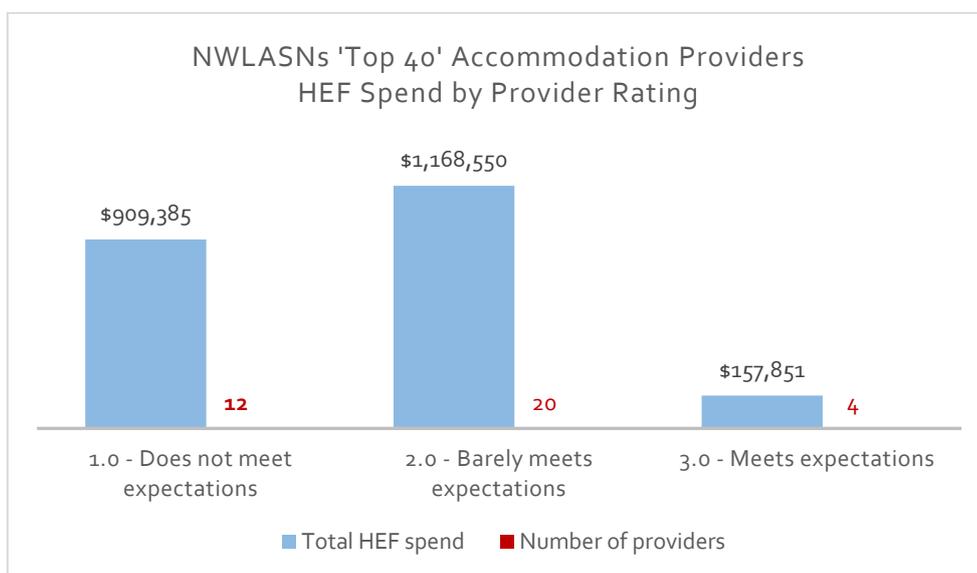
Reviewing Ratings

In reviewing the ratings results the Project initially applied the template used in the VHN's ratings exercise, which produced an 'overall rating' for each provider calculated as the mean average of ratings across each of the 5 (6 for rooming houses) categories.

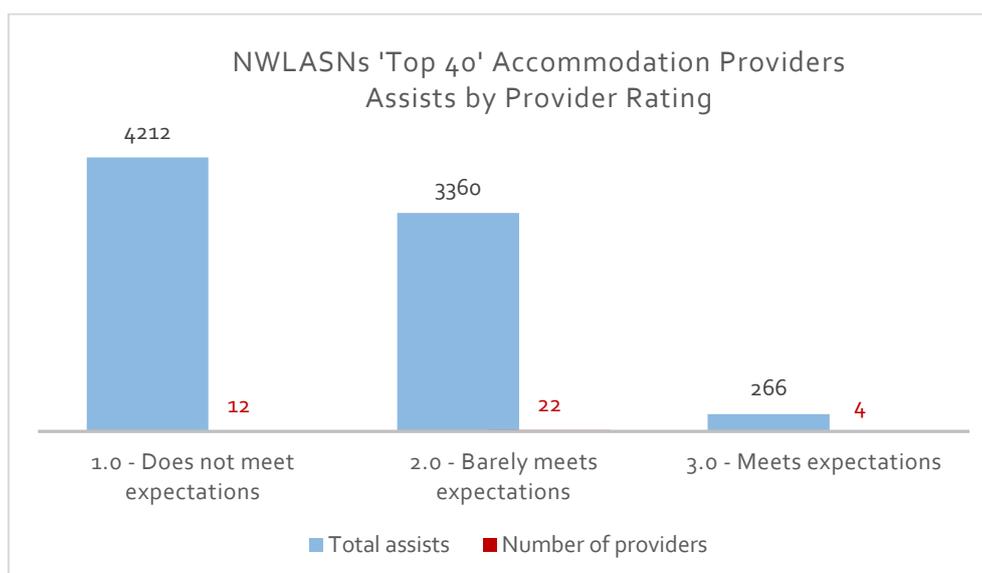
While this certainly produced a stark picture, of the 38 providers rated, 17 were categorised as not meeting expectations, 21 as barely meeting expectations, and no providers were categorised as meeting expectations.

The mean averaging approach arguably over-aggregated the ratings results and risked overlooking those few providers considered by services as offering a satisfactory standard of accommodation. For example, City Edge Apartments in East Melbourne (rated by two services) which returned ratings of '3.0' across all measures bar one rating at '2.5' for location, sat in the 'barely meets expectations' column alongside providers rated at '2.0' across all measures.

The Project ultimately applied a median averaging approach (which produced overall provider ratings based on the median rating across all fields) to the ratings received for the NWLASNs top 40. On this measure, 4 providers were categorised as meeting expectations (ranked at '3' on at least three of five measures), 20 providers as barely meeting expectations and 12 providers as clearly not meeting expectations. Bearing in mind that '3' represents no more than a reasonable minimum expectation of accommodation standard, the median averaging analysis still illustrates services' forced reliance on sub-standard and marginal options:

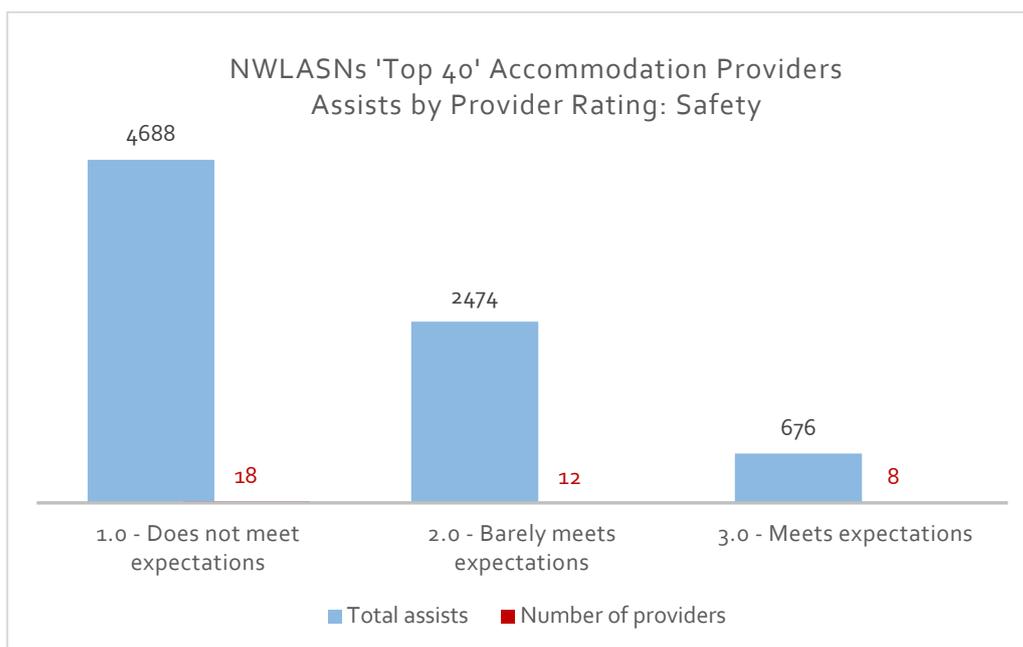


This is even more apparent when looking at assists by provider rating:



Across the NWLASNs' top 40 in 2018-19, **40%** of all HEF went to private providers rated overall at 1.0, and this represented **54%** of all assists to purchased emergency accommodation. At the other end of the scale, just **7%** of HEF went to providers rated at 3.0, representing only just over **3%** of all assists.

If the specific ratings category of 'safety' is considered, the reliance on providers offering sub-standard options was even more pronounced:



Nearly **60%** of referrals to private accommodation providers in the NWLASNs top 40 were to options considered by services not to be safe. While acknowledging the observation above regarding the subjectivity of the ratings criteria and limitations on the information available to services (i.e., that this is a reflection of services' *perceptions* of providers), it is clear from this data that when services assist with purchased emergency accommodation it is with little confidence that clients will feel safe during their stay. This is not due to a lack of care but is a stark illustration of the concerns articulated in *A Crisis in Crisis*: tightly constrained HEF budgets allow access to only the lowest quality private options, significantly compromising efforts to reduce clients' potential exposure to harm.

Who Goes Where? CAOP Access Point HEF and EA Snapshot: March 2020

As an adjunct to the additional data request to DHHS referred to above, the Project planned a 2-week 'live' data snapshot exercise between Monday 16th and Friday 27th of March 2020, in which IAP workers at NWLASNs Access Points would be asked to complete a short Google forms survey every time HEF was used to provide emergency accommodation to a household.

The snapshot was intended to offer some indicative insight, in a 'typical' fortnight, into aspects of emergency accommodation provision not contained in HEF payment data, such as the composition of households assisted and the type and duration of accommodation provided.

The commencement of the snapshot on March 16, however, coincided with Victoria entering a State of Emergency due to the Covid-19 outbreak. On March 22, Victoria's pandemic response escalated with the announcement of a Stage 1 shut down of non-essential activity, and the introduction of mandatory social distancing measures across the community.

This had immediate implications for how Access Points approached the provision of emergency accommodation. In accordance with DHHS guidelines around service delivery, during Week 2 of the snapshot, commencing March 23, Access Points began placing increasing numbers of households into self-contained motel accommodation (often for weeks at a time). Due to this sudden shift away from 'business as usual' in Week 2 of the snapshot, only the data obtained through Week 1 has been considered in the following discussion.

While the survey was designed to minimise disruption to the high-volume workload of IAP workers, it was anticipated from the outset that some assists would go unrecorded in the snapshot. **In the event, responses from the four Access Points returning data ranged from between 25-50% of EA assists provided, and one Access Point did not provide any survey responses in the period. As such, the Week 1 data presented here cannot be claimed to provide a comprehensive look at HEF usage in the region.** However, the data obtained is nonetheless indicative of some trends in (pre-pandemic) assistance and practices at Access Points.

KEY OBSERVATIONS:

In a brief snapshot survey undertaken in March 2020 prior to the impact of COVID-19, the data revealed that **75%** of HEF assists logged were for single-person households, with the majority of these being single adult males.

There were evident differences in the use of HEF between single-person households and families, with only single-person households and couples without accompanying children receiving assistance for rooming house accommodation.

The extent of motel emergency accommodation assistance differed depending on household composition, with families receiving more bed-nights (partly through eligibility for co-contribution arrangements), while single-person households received more limited assistance, usually as overnight or weekend respite.

Cross cohort option use: while services tended to utilise separate providers for singles than families, there was some overlapping use evident, with three motels used in the period receiving bookings for both singles and families.

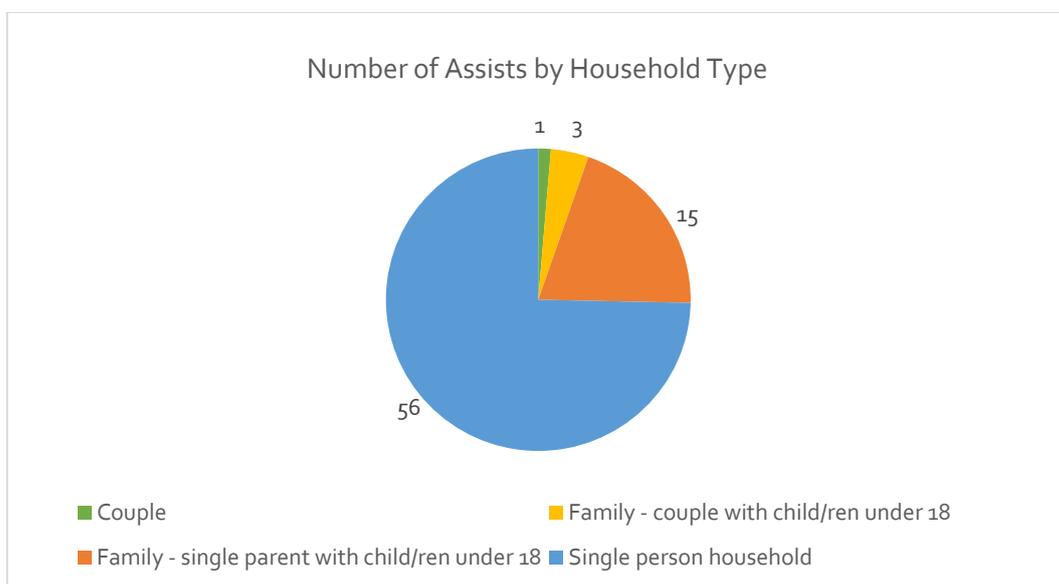
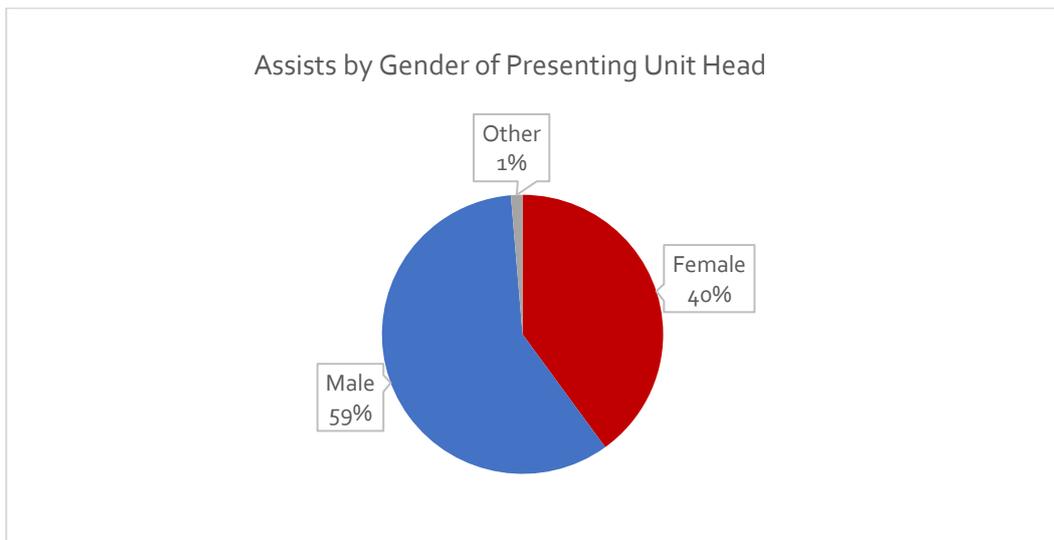
Snapshot Week 1 (Monday 16/03 – Friday 20/03)

In total, **75 HEF Assists** were logged by 4 Access Points in the North and West during this first week.

- 30 of these assists were to female-identifying clients (or to households headed by same)
- 44 of these assists were to male-identifying clients (or to households headed by same)
- 1 assist was to a client who identified as neither male nor female.

\$24,928 was recorded as spent during this period, with **\$14,345** of this being used to assist single person households, and **\$10,023** for families (and one assist of \$560 for a couple).

When accounting for household type, the average assist for single person households was **\$256 per assist**, while for families the average was more than double at **\$557 per assist**.



Household Types

Single person households received **56 assists** (75% of all assists logged).

- **41 assists** of these (73% of singles) were to male-identifying clients
- **14 assists** of these (25% of singles) were to female-identifying clients
- **1 assist** was to a client who identified as neither male nor female

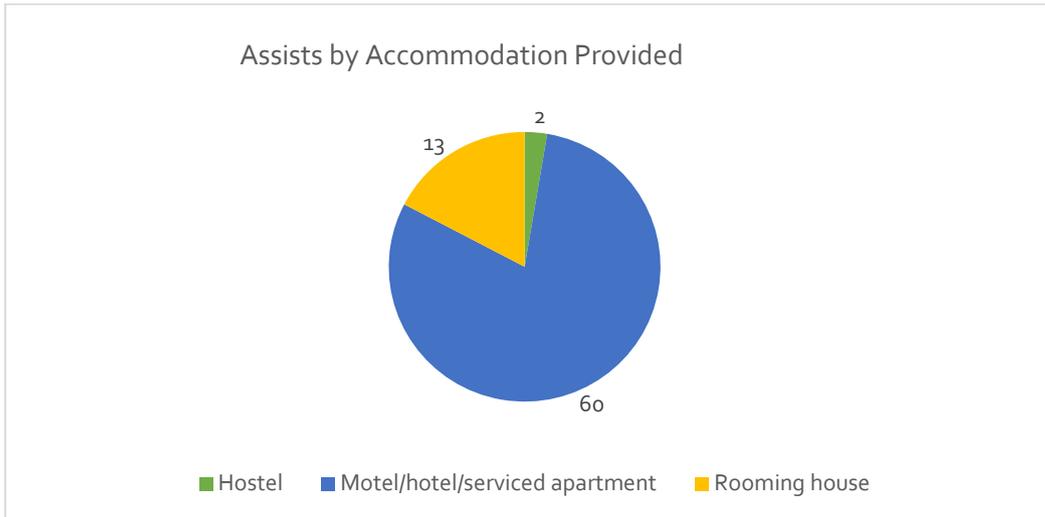
Only one couple (with no children) was assisted during the first week of the snapshot period.

In total, **18 assists** were to families (either a single or a couple with at least one child under the age of 18), which formed **24%** of all assists. Assists to single parent households formed **83%** of all assists to families.

Type of Accommodation Provided

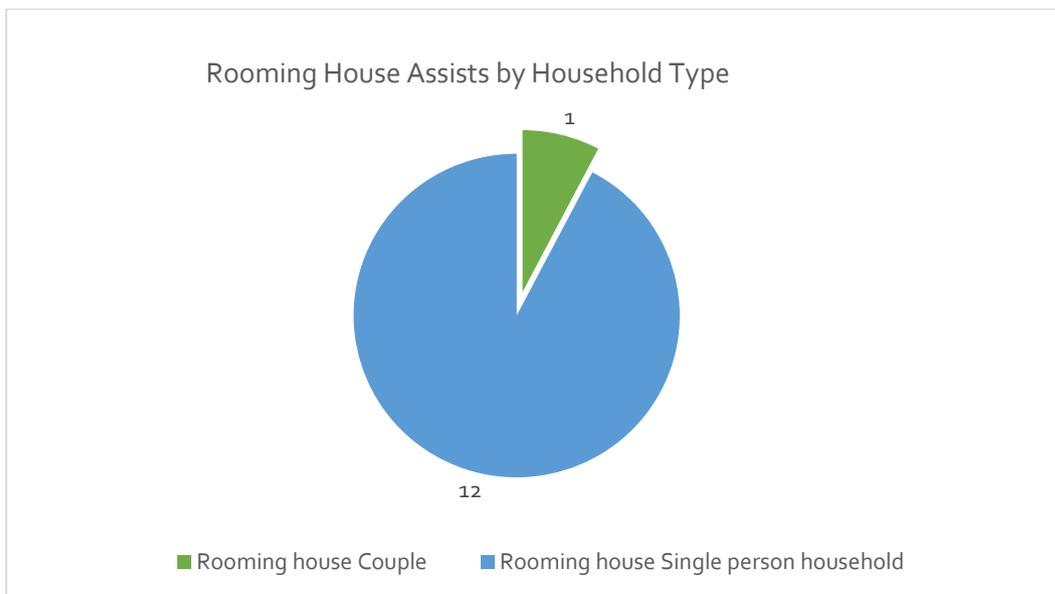
- **17%** of assists were to rooming houses (13 assists)
- **80%** of assists were to hotels/motels/serviced apartments (60 assists)
- **3%** of assists were to hostels or backpackers (2 assists)

This is broadly consistent with 18/19 HEF data, which had motels make up around 74% of all assists, and rooming houses making up 17%.

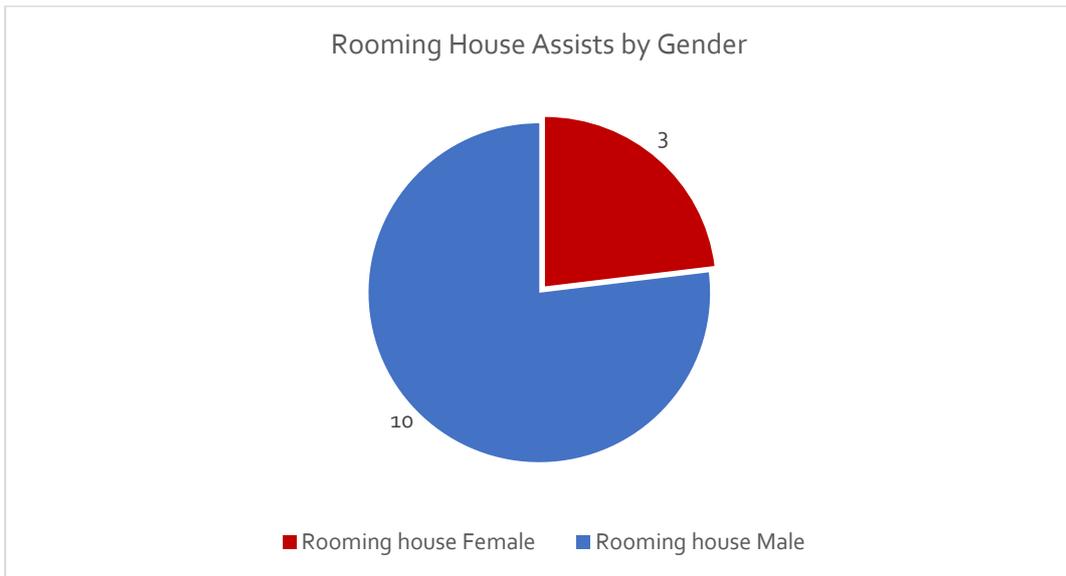


Rooming House Use

Access Points only utilised rooming houses for singles and couples: of the 13 assists to rooming houses recorded during Week 1, all were for singles and couples. No families were recorded as being assisted into rooming houses.



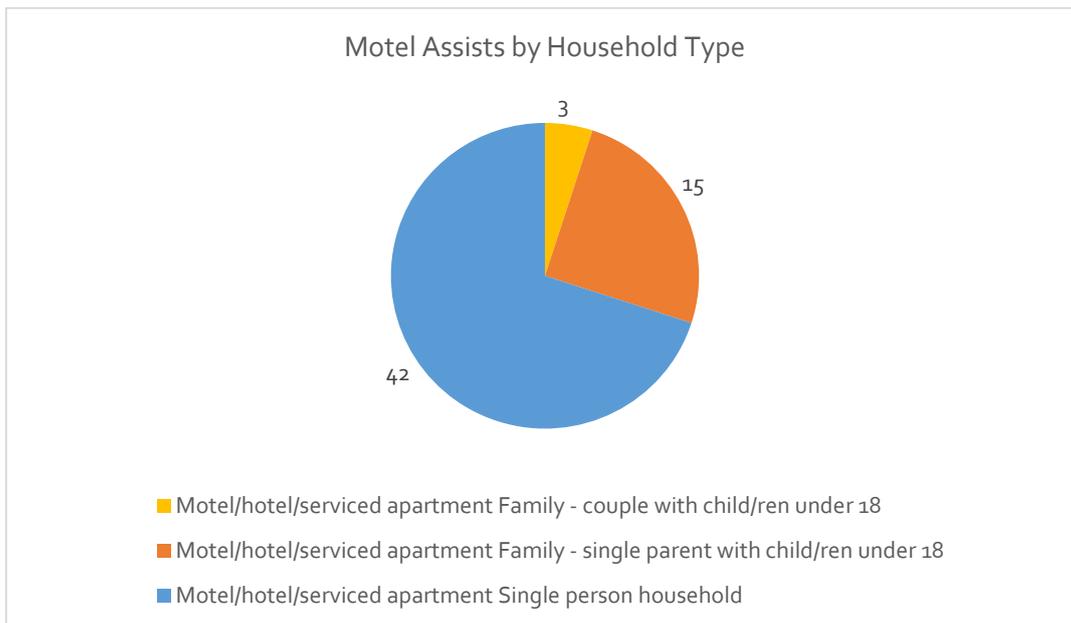
\$6,160 of HEF was spent to provide **189 bed nights** through these 13 assists, or an average of **14.5 nights per assist**. The average cost of a bed night in a rooming house during this period was approximately **\$33**, or **\$456 per fortnight**. This is consistent with standard practice for Access Points providing rent in advance (usually 2 weeks) in order to secure a household’s tenancy in a rooming house, with most rooming house providers charging between \$200-\$250/week.



77% of assists into rooming houses were for male-identifying clients, while the remaining 13% was for female-identifying clients.

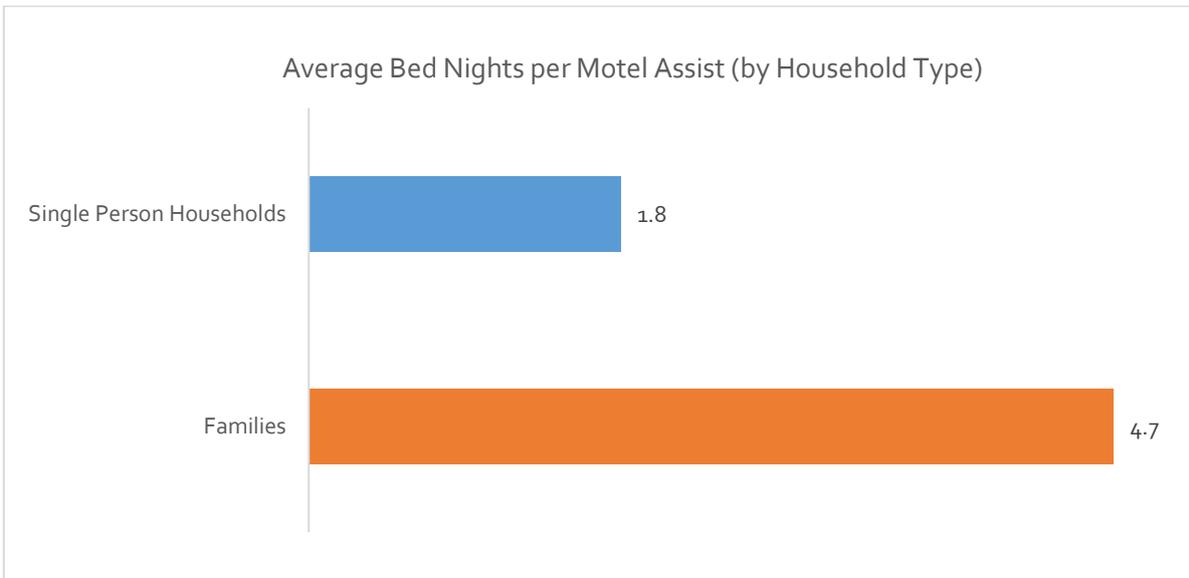
Motel Use

By contrast, motels were utilised more broadly. Of the 60 total assists into motels, 18 assists were to families (30%), with the remaining 42 assists (70%) for single households.



\$18,523 was spent to provide 162 bed nights in motels during this period, with an average cost of a bed night of \$114, or \$1600 per fortnight. However, these bed nights were not distributed evenly throughout different household types.

For single households, 77 bed nights were provided through 42 assists for an average of 1.8 nights per assist. For families, 85 bed nights were provided through 18 assists for an average of 4.7 nights per assist.

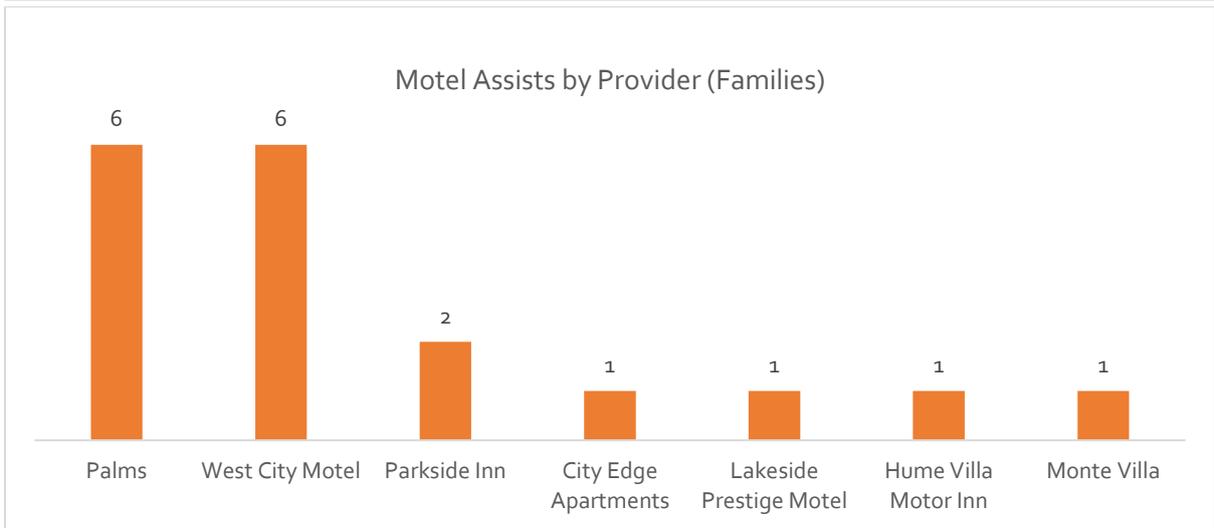
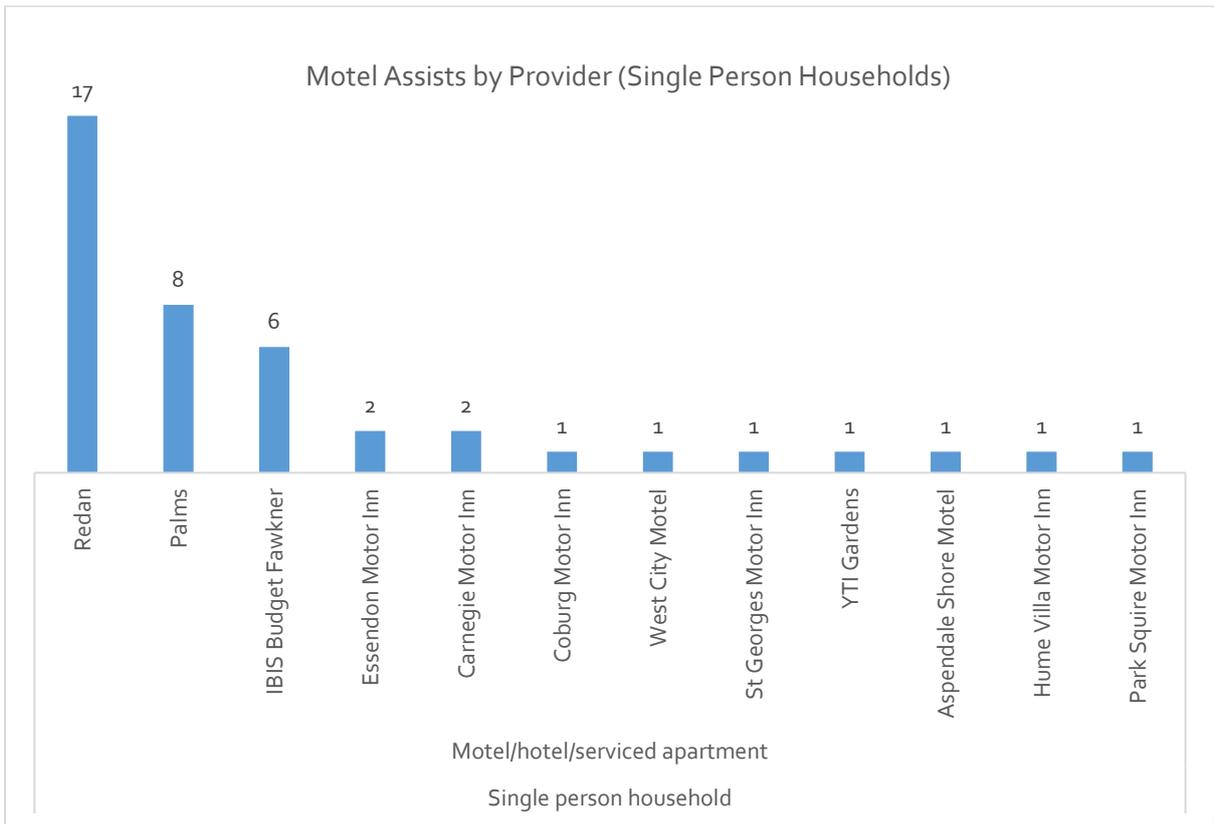


This indicates that motels are generally not used as an ongoing option for singles, but as either overnight or weekend respite, often with a view to exploring rooming house vacancies on the following working day.

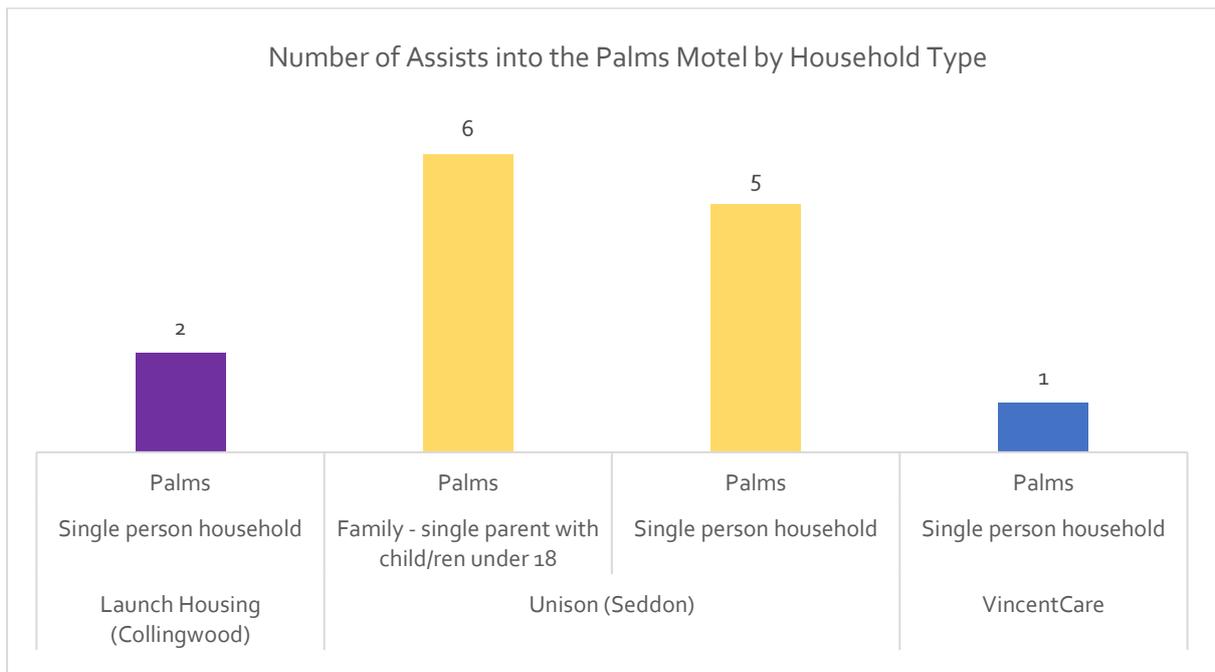
On the other hand, as rooming houses are not a suitable option for children. Access Points will generally look to place families into motel accommodation until a suitable exit option can be found. Families are usually eligible for co-contribution arrangements (where HEF assistance and a proportion of family income is combined to secure longer stays in motel accommodation) and have greater access to support and exit options including the private rental market. Consistent with co-contribution guidelines received from the Access Points, all 8 instances of co-contribution recorded during this period were for families with dependent children.

Provider Use by Household Type

40% of all motel assists to single person households were to the Redan Apartments, an option generally perceived to be manageable only for clients deemed significantly hardened by prior experience of the homelessness service system. In a single week this represented nearly half of the total assists by NWLASNs services to the Redan during the whole of 2018-19, arguably reflective of the additional pressure on sourcing accommodation options for that cohort presented by the closure of motels such as the Coburg Motor Inn and the Stay Inn.



Examining provider use by household type suggests that, in most instances, different motels are utilised for families more often than for single households. However, there is some overlap in the use of certain providers, three providers, most notably the Palms Motel, received bookings for both single households and families during the snapshot period.



In the absence of any formal coordination in the procurement and use of purchased emergency accommodation, it is not surprising that the snapshot revealed instances where households with potentially very different needs and risk profiles were accommodated at the same motel. While it is difficult to draw any definitive conclusions around this from the snapshot data without information around support needs of those receiving assistance (single person households do not necessarily present a risk to children), at the very least it suggests that further discussions are needed across the NWLASNs to establish clarity and consistency in the use of specific accommodation options for different household types.

IAP Motel Use Survey Summary

KEY OBSERVATIONS:

In the case of motel accommodation, there is significant divergence around suitability of motels for various cohorts, including women leaving family violence, families, young people and other vulnerable cohorts, both across and within services.

This points to the possibility that at any one time, one service may be directing bookings for women experiencing family violence to a particular motel, while another is directing bookings for single males with complex support needs to the same accommodation.

Safety and suitability were identified by staff as being the two most important factors in seeking accommodation options.

Evident divergence of perceived quality and suitability, as well as feedback from IAP workers about what they would find useful, points to the need for a shared list, directory or register containing detailed, accurate information about accommodation options.

RECOMMENDATIONS:

10. That the Department resource two dedicated positions to establish a North and West Regional Accommodation Options Panel.

Key functions of the Panel would include:

- i. The establishment and maintenance of a shared emergency accommodation register visible and accessible to all Access Points within the NWLASNs and with provision to receive feedback on options from services and clients.
 - ii. The ongoing exploration of suitable emergency accommodation options.
 - iii. The monitoring of accommodation options in use against agreed minimum standards (see Recommendation 9).
 - iv. To act as key liaison between agencies and providers, and to log, communicate and broker resolution of issues reported.
 - v. To undertake a regular region-wide collation of data on emergency accommodation option use (by provider – assist volume, HEF spend, cohorts/household profiles).
 - vi. To lead regular inter-agency review of options/cohort usage (within an existing forum such as the NWLASNs' AP/THM meeting).
11. That the Department and the Sector partner to facilitate an exercise to establish clarity around cross-sector use of private accommodation providers, particularly between homelessness and family violence services, to establish a coordinated system of emergency accommodation use across service systems and cohorts.

The primary objective of the CAOP IAP motel use survey was to capture a snapshot of how workers engaged with clients and with exploring accommodation options considered suitable as the most frequently used motels for particular cohorts or household profiles. The survey also explored some of the factors under consideration by workers when seeking suitable options for clients, the sources of knowledge workers are able to draw upon for information about accommodation options. The survey also sought feedback from IAP workers on changes wrought by the conditions of the COVID-19 pandemic responses.

The survey was run between August 17 and September 2 via a Google form circulated to all IAP teams at the five NWLASNs Access Points. **In total, there were 35 responses received from across the five services.** The following discussion summarises results relating to the first three sections of the survey. Responses to the final part of the survey, which moved beyond consideration of accommodation options information, are addressed in the Project's review of system and service responses to the pandemic.

Why the interest in workers' perceptions of accommodation options?

As noted in the Project's summary and analysis of the NWLASNs Access Points' 2018-19 HEF and emergency accommodation usage, available data does not offer insight into any practices or patterns of cohort matching with particular accommodation options. Anecdotal indications from services suggested that while there is a measure of informal (or assumed) agreement about certain accommodation options that might be more or less suitable to particular cohorts, there was no uniform approach across the region.

In the course of site visits undertaken in the early stages of the CAOP pre-COVID, the Project Workers heard from a number of frequently used providers that bookings from services were routinely made across a diversity of cohorts and household profiles. This was not necessarily problematic, however in more than one instance, as noted in CAOP's summary of the 18-19 HEF data, the Project Workers were concerned to hear reports of vulnerable households accommodated at motels widely recognised to be significantly below acceptable minimum standards.

It is not a given that targeting or restricting the use of specific accommodation options by household type or cohort is desirable, there is likely a variety of views across the Sector on this. There are many challenges presented by the prospect of uniform suitability matching, not least of which, is that posed by the difficulty of sourcing sufficient vacancies within the purchased accommodation market to make suitability matching viable.

Informing the CAOP's exploration of the possible implications of the absence of any agreed approach across services to matching options with household profiles are two indicative sources: the KPMG evaluation of The Salvation Army's Grovedale Motel initiative, which found that women experiencing or at risk of family violence perceived a lack of safety when placed in unsupported accommodation in proximity to single men; and, more broadly, established protocol in the specialist family violence Sector, which is to seek wherever possible to utilise motel options that are not routinely used by generalist homelessness services.

The CAOP's assumption in reviewing responses to the IAP motel use survey is that, while not necessarily or always problematic, where services have varying perceptions of motel suitability there exists the potential that the safety of more vulnerable clients may be impacted.

Section One: IAP Perceptions of 'Option Suitability' for Different Household Profiles

For each of the NWLASNs Access Points, the Project Workers drew on HEF and emergency accommodation data from the first 12 weeks of the pandemic emergency response to generate a list of the ten most frequently-used motels. Across the five Access Points, there were a total of 34 motels included in the survey, 12 of which were frequently used by more than one service in the period. The motels were a mix of established options known and used prior to the pandemic period and options which had been sourced, either through the CAOP or by services directly, since the beginning of the emergency response.

For each motel, respondents were asked to indicate whether they felt the option was suitable for a variety of cohorts/household profiles. Respondents indicated motel suitability, reflective of their practice experience, by selecting from a list of 10 different cohort/household profiles as applicable. Respondents were also asked for a subjective rating of relative quality, where '1' represented the worst of accessible motel options and '10' the best.

In anticipating a degree of divergence both within and between services in how accommodation option suitability might be perceived, it must be said that perceptions of suitability and quality are directly related to the availability of good, detailed information about options. It is clear from many responses to Section Three of the survey, that IAP workers feel the gathering and sharing of accurate information about accommodation options both within and between services could be greatly improved.

Looking at the 12 motels frequently used by more than one NWLASNs IAP service, the survey responses revealed instances of divergence in workers' perceptions of suitability for particular cohorts for 10 motels. **For 9 motels, there was divergence in relation to at least one vulnerable cohort** (women experiencing or at risk of family violence, families with children under 18 and young people).

Of particular note:

- For **5 motels**, there was divergence about the motel's perceived suitability as an option for women leaving or at risk of family violence. For those instances, at least one survey response from at least one service indicated the motel was regarded as a **suitable** option for that cohort, while at least one service's responses were unanimous that it was regarded as **not suitable**.

- This was also the case for **6 motels** with respect to the motel's perceived suitability as an option for families. Again, in those instances at least one survey response from at least one service indicated the motel was regarded as a **suitable** option for that cohort, while at least one service's responses were unanimous that it was regarded as **not suitable**.
- There was also notable variation in relation to perceptions of motel suitability for young people. For both males and females under 25 there was divergence in perceptions of suitability in relation to **5 motels**. There were also 4 motels that services agreed were unsuitable for females under 25.

While it might be anticipated that there would be some variance between services in the perceived suitability of specific accommodation options, the survey responses also suggested that **even within services there is a substantial degree of divergence around whether or not frequently used options are suitable for vulnerable cohorts**.

On average, across all five services, survey responses indicated that:

- For **6 in 10** frequently used motels there was divergence in perceptions as to suitability for women experiencing or at risk of family violence
- For **7 in 10** motels there was divergence in relation to suitability for families
- For both young males and young females there was divergence evident, on average, for **6 in 10** motels.

Responses to the survey request to provide a relative 'rating' for each motel (between 1 and 10, with one the 'worst' of available options and 10 the 'best') also reflected a degree of divergent perceptions within services.

Across all five services, there was most commonly a range of 4 between the best and worst perceived ratings for any given motel and, in several instances, the range was as small as one, however in others the range was as great as 7.

Why Does This Matter?

While not constituting definitive data on exactly how different services, or different workers within services, use particular motel options, these responses raise the possibility that diverging perceptions of suitability can lead to particularly vulnerable clients being accommodated at motels deemed by other services, or other workers, to be unsuitable.

Returning focus to the 12 motels frequently used by multiple services, each of those motels was perceived, according to at least one response from at least one service, as a suitable option for women leaving or at risk of family violence. Conversely, none of those 12 motels was unanimously perceived across services as an unsuitable option for single men with high/unmanaged support needs.

This points to the possibility that at any one time, one service may be directing bookings for women experiencing family violence to a particular motel, while another is directing bookings for single males with complex support needs to the same motel. The prospect that services may unknowingly be using these motels concurrently for cohorts with such contrasting risk and vulnerability profiles is an issue of significance and bears out the anecdotal information provided to the CAOP by established motel providers, in the course of site visits conducted early in the Project.

There were two motels among the 12 providers frequently used by multiple services of particular concern in this regard, Redan Apartments and the Coburg Motor Inn. Both are long-established

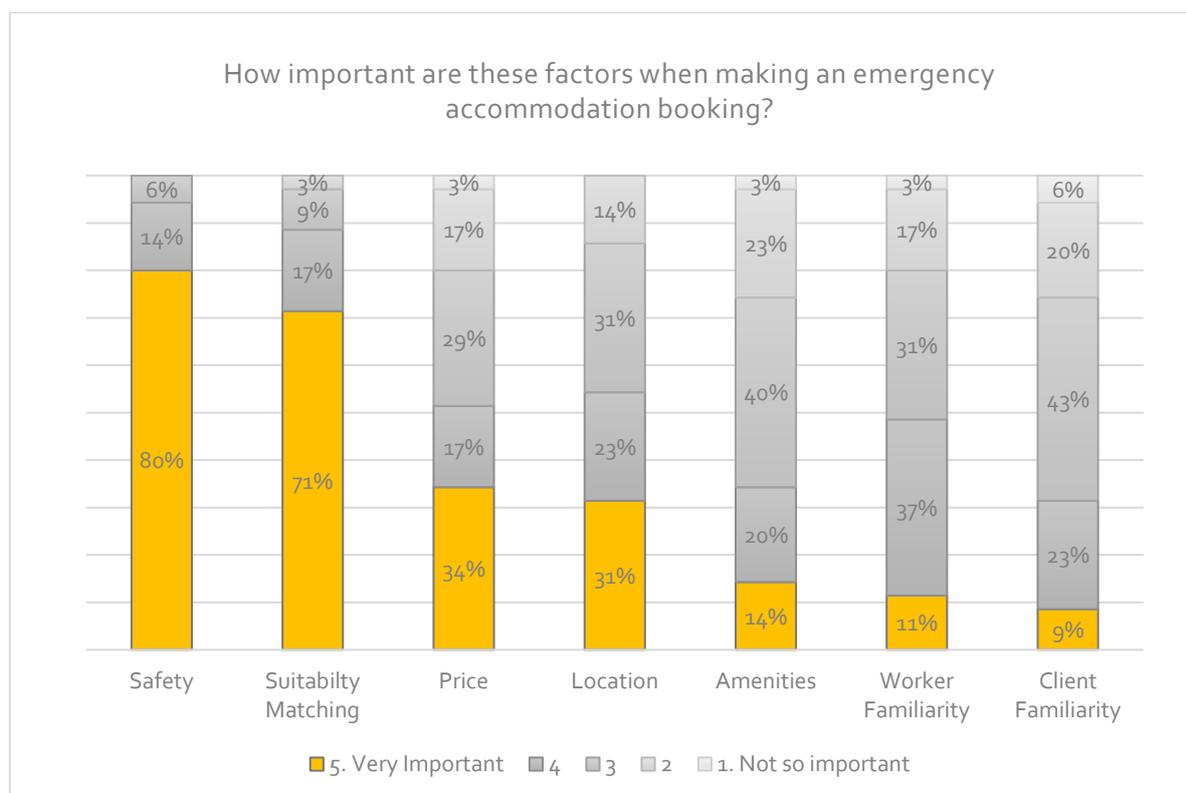
options and were among the worst-rated in the NWLASNs' 2019 emergency accommodation ratings exercise.

Responses to this survey indicated that there is uneven awareness across services of known issues at those motels, with some responses perceiving them as suitable only for single men with high or unmanaged support needs, reflective of numerous ratings as the 'worst' of available options. While others perceiving them as suitable options for women leaving or at risk of family violence, families with children, and/or for young people.

Section Two: Factors under Consideration When Seeking Accommodation Options

The second part of the survey listed a number of possible factors that might come into consideration when seeking an emergency accommodation option for a household, and asked, in general, how respondents regarded the importance of each factor when trying to find an appropriate option. The factors listed were: matching household/provider suitability, price, location, safety, amenity (e.g. self-contained cooking facilities), familiarity with the option (client) and familiarity with the option (worker). The option was also provided to indicate any other factors of importance relevant to seeking appropriate accommodation options.

Across all survey responses there were two factors identified as of greatest importance: safety and suitability matching. **Nearly 80% of responses identified safety as 'very important'**, and 95% of responses identified safety as more than moderately important. **Just over 70% of responses identified suitability matching as 'very important'**, with nearly 90% of responses indicating this factor to be of more than moderate importance.



Given the perceived importance of safety and suitability matching, it is perhaps surprising that only around 12% of respondents indicated that a worker's familiarity with options was a 'very important' factor when seeking appropriate accommodation. This is possibly indicative of an under-defined survey question; it may be that 'familiarity' could be interpreted to mean having used or communicated with a particular accommodation provider previously.

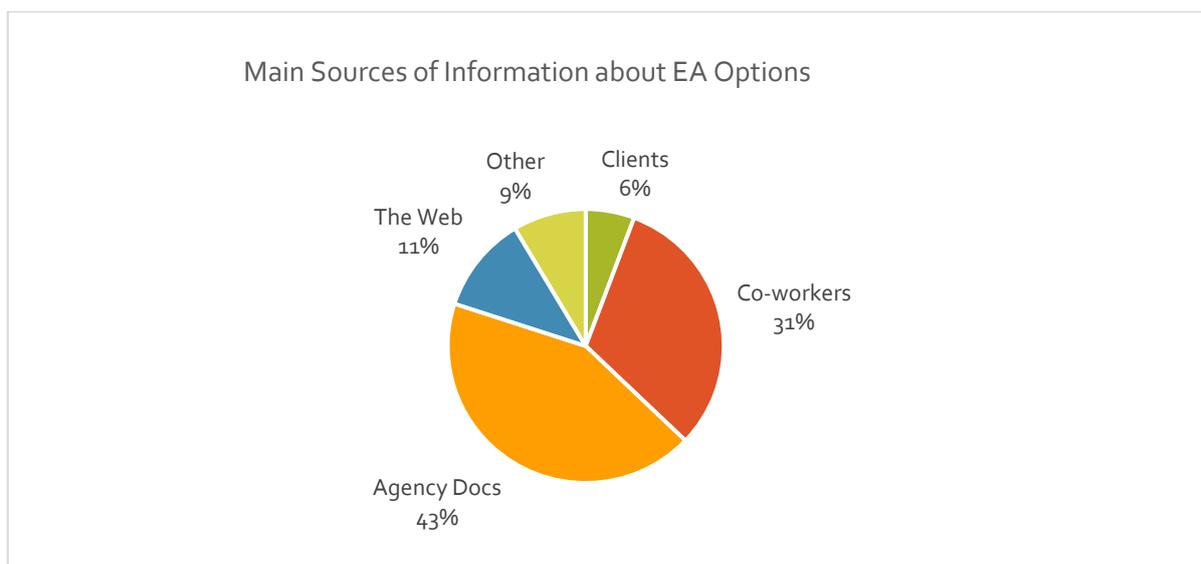
Notwithstanding the relative lack of importance attributed to worker familiarity, however that may be interpreted, **it is clear that any meaningful consideration of safety or suitability matching would have to be predicated on a worker's level of existing knowledge, or access to accurate information, about potential options.**

There were a small number of survey responses that identified other factors of importance when considering accommodation options, several of these indicated the need for quite detailed knowledge of the particular requirements of any given option, for instance whether ID would be required on check-in, how payment for bookings would need to be made, and how a worker felt staff at a given motel would respond to their client. **Again, the paramount need for detailed, accurate information about options was evident.**

A final question in Section Two invited respondents to identify any factors they believed had become either more or less important in seeking emergency accommodation options under the conditions of the COVID-19 pandemic. One clear theme to come through responses to that question was that, with longer stays in motel accommodation being provided to many households, access to amenities such as cooking and laundry facilities was more important than ever. Several responses emphasised suitability matching as even more important than it had been before the pandemic period, not only due to longer stays in accommodation but also because of the need to maintain relationships with providers, especially new providers that had come on board since the beginning of the pandemic response.

Section Three: Where Do IAP Workers Source Information on Accommodation Options?

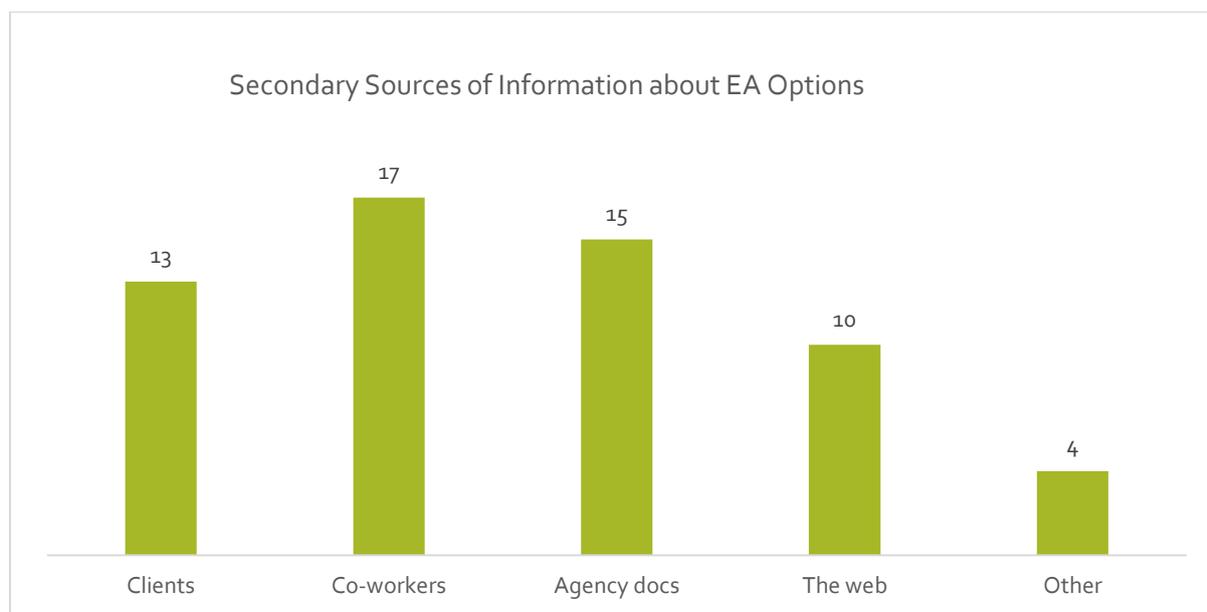
Section Three of the survey focused on IAP workers' sources of knowledge about accommodation options. Respondents were asked to identify their main source of information, other sources of information they found to be useful, and invited suggestions for how knowledge about different accommodation providers might be better gathered and shared within and between agencies. Nearly 75% of survey respondents nominated their main source of information as either agency documentation (such as accommodation lists or registers) or from co-workers (whether direct colleagues or managers). **Common to both of these sources of information, whether formalised or not, is that they reflect knowledge about accommodation options held within the service, and they are ultimately useful as sources of information to workers only to the extent that they reflect knowledge of options that is sufficiently accurate, detailed and up-to-date.**



Survey responses suggested there is not a great deal of information flow about options that derives from outside existing service knowledge, with feedback from clients or general web searching representing just over 15% of respondents' main source of information.

While a number of respondents selected 'other' as their main source of information, nearly all of these in fact identified co-workers or some form of internal communications (such as emails) as that source.

For secondary sources of information, survey respondents could select multiple options as applicable, and again formal or less formal sources from within services were predominant, with clients' knowledge about options also cited by just over a third of respondents.



One comment in response to the survey's prompt to specify 'Other' as a secondary source further emphasised the potential value of client feedback in informing knowledge of accommodation options, with the remaining comments citing web reviews and searches, or seeking information from providers directly.

The final question in Section Three invited IAP workers to suggest ways they thought information about accommodation options might be better gathered and shared within and between agencies. **Overwhelmingly, respondents who answered this question pointed to some form of shared list, directory or register as a means of improving access to accommodation options information.**

Comments included:

"Having a shared register"

"One big accommodation provider list with contact details, pricing etc."

"If there could be a list or phone book that would make life easier for IAP, the list would include all important info plus supports that are available at each hotel"

"I think being able to share this information with other agencies would be so beneficial, often we get calls on front desks from workers at other services asking about hotel options that might be suitable for a client of theirs, if all agencies had same information it would save time"

"Ensuring agencies have access to the same list/info of accommodation providers ensures consistency"

"It would be good to pull together a big live document of all the motels, prices, and if it is good for say women leaving family violence, young people, etc. This can be distributed to all the access points in the area"

"Collaborate [about] information and provide an info sheet to organisations"

The weight of suggestions in support of some improved form of inter-agency information sharing points toward a means of addressing some of the divergence in perception of accommodation options observed in Section One of the survey.

As acknowledged above, responses to the IAP motel use survey do not tell us definitively how different services or workers within services actually use the motel options accessible to them. In the absence of service data with which to map the distribution of household profiles across accommodation providers, the survey does indicate the range of perceptions workers have of some key accommodation options with regard to suitability and quality.

IAP services provide emergency accommodation assistance to a wide range of households and cohorts, reflective of the broad demographic experience of homelessness and a variety of risks, vulnerabilities and complexities of need. Clearly, there are numerous structural factors that impact IAP services' ability to source suitable emergency accommodation options in any given instance, many of which, like access to sufficient funding, or the availability of appropriate vacancies in a private market, lie outside their direct control. As a starting point, for bringing a measure of clarity to how different services utilise the options that are accessible, and for reducing such risk as there may be in services' use of options across household profiles, **the establishment (and maintenance) of a shared accommodation options directory or register would present a significant step forward.**

Key Issues Identified within the Mapping, Ratings, HEF Snapshot and IAP Survey Data

KEY OBSERVATIONS:

HEF payment mapping and ratings review demonstrate services' reliance on sub-standard motel and rooming house providers as emergency accommodation to hundreds of vulnerable households annually. Nearly **60%** of all assists to providers in the NWLASNs top 40 were to options rated by services themselves as being unsafe with a rating of 1.0 for safety.

The Sector's reliance on private accommodation providers is vulnerable to closures, provider withdrawals and Sector embargoes, with providers accounting for **21%** of all assists in 2018/2019 not available for use at the time of the mapping exercise. **These five providers combined accounted for 1,856 assists during 2018/2019.**

Many of these lost options were used to accommodate single adults with complex support needs, placing pressure on IAP services to source accommodation for this cohort without the ability to offer suitable options.

Most assistance is to accommodation without self-contained facilities, with only **8%** of all assists into hotel accommodation going to providers offering any cooking facilities.

Providers offering some self-contained cooking facilities cost on average over **40%** more than providers offering none, posing a challenge for services in providing better quality accommodation under strict budgetary constraints.

There are both cross-sector and cross-cohort inconsistencies in the use of purchased emergency accommodation, with a number of providers reporting they frequently accommodate different cohorts from different services at the same time, creating potential risks for the safety of vulnerable households.

There is a significant question raised about the suitability of private rooming houses as an emergency accommodation option when only one in every ten assists is to a provider offering a level of safety to residents perceived to meet even the barest of acceptable standards.

RECOMMENDATION:

12. That the Department and the Sector ensure that any approach to the procurement or development of emergency accommodation provides a diversity of options suitable for different cohorts, ranging from women and children leaving family violence to single-person households with complex support needs. This will in turn inform the level of on-site support necessary to manage any associated risks, particularly if concentrating use on key providers.

Loss of options: impacts of closures, provider withdrawals and Sector embargos

On 1 March 2020, providers accounting for **28%** of all assistance into purchased emergency accommodation in 2018-19, were no longer accessible to NWLASNs Access Point Services.

At the time of the initial mapping exercise completed in January and February 2020, two motels prominent in the data, The Coburg Motor Inn and the Stay Inn had ceased operation. In addition to these closures, Nico's Backpackers, the hostel option most frequently used by the NWLASNs Access Point Services (**60%** of all assists into hostel accommodation) had also closed permanently. These three providers were used **1,511** times in 2018-19.

Additionally, while trying to arrange site visits, the CAOP learned of two other motels (Bell Motel and Alexander Motor Inn) that had stopped taking bookings from services (345 assists in 2018-19). At the time, these five providers combined accounted for **1,856** assists during 2018-19, or **21%** of all emergency accommodation assists across the NWLASNs.

The Coburg Motor Inn would go on to re-open after an 18-month closure in mid-March 2020, and both the Alexander Motor Inn and the Bell Motel began accepting referrals from services again during the Covid-19 crisis due to low occupancy rates.

To make observations about the scale of these 'losses' is not intended to infer that this is necessarily unwelcome news for the Sector, or for clients of the Access Points. In ratings exercises conducted during 2019 across the NWLASNs, several of the providers identified (The Coburg Motor Inn, The Stay Inn and Nico's Backpackers) were perceived to be among the most unsafe, lowest quality options accessible to services. The prominence of these providers in the 2018-19 data does however suggest that, if not for the changed conditions brought about by the pandemic, their closure would likely have placed critical additional pressure upon the NWLASNs Access Point Services' capacity to source emergency accommodation, particularly for single adults with complex or unmanaged support needs.

Fewer options for singles with more complex needs?

From what the Project was able to glean from the use of emergency accommodation options across the NWLASNs, and the targeting of particular options to specific cohorts, it is reasonable to expect that the impact of the closures will have been most sharply felt in relation to single adults who present with complex or unmanaged support needs.

While there is no single defining characteristic in common to this cohort, they frequently present with histories of trauma resulting in substance use, serious mental health issues or substantial physical health problems. For some, this can manifest in challenging behaviours that present a risk to themselves or others, leading to evictions or barring from accommodation options, and services have traditionally had great difficulty finding appropriate options for this cohort as a result.

Despite being demonstrably sub-standard in many respects, options like the Stay Inn, Coburg Motor Inn, and Nico's Backpackers have typically been used by services to provide emergency accommodation for these households due to a perceived tolerance of the potential for challenging behaviours. For many of these clients, the alternative is to sleep rough.

Mention must be made also of the commencement, on March 1 2020, of the NWLASNs' planned embargo of the rooming house operator known most commonly as SLM or North West Accommodation. The decision to cease doing business with an operator notorious for sub-standard practice, while justified, was a very difficult one for services, knowing the potential impact this action would have on the capacity of services to source emergency accommodation options for a significant cohort of clients.

It is also worth noting that just prior to the beginning of the pandemic response, the Palms Motel, historically regarded and utilised by services as an option suited to single-person households with complex support needs, had advised some services of growing reluctance to accept single clients, indicating an intention to instead focus on providing accommodation to families. The Palms accounted for 1,691 instances of assistance from NWLASNs Access Point Services in 2018-19, a significant proportion of which, based on established practice at Access Point Services, would have involved assistance to singles. The loss to services of this long-standing option would undoubtedly have placed further pressure on Access Point Services' ability to source purchased options for this cohort.

Precarity of options sourced in the private market

The scale and potential impact of the loss of some key options, even if not immediately borne out with the arrival of the pandemic, is illustrative of how vulnerable Access Points are to the decisions of private operators that unexpectedly close their doors or stop taking bookings from services. In having no choice but to source options in the private market, services are entirely at the mercy of market fluctuations and the business priorities of operators.

Another closure looms, which is further illustrative of how precarious the supply of emergency accommodation accessible to Access Points can be. Shortly after completion of the Project's initial mapping exercise, the Monte Villa Motor Inn in Hoppers Crossing confirmed that it would be closing in late 2020 due to works associated with Level Crossing Removal Project. The Monte Villa was the second biggest motel provider in the NWLASNs in the 2018-19 financial year (\$280,668 through 892 assists total), representing **30%** of all motel assists in the WLASN, and **14%** of all motel assists across the NWLASNs. Even in the context of the pandemic, in which new motel options have (at least temporarily) proliferated, the Monte Villa remains one of very few options accessible to services in the outer West, and its closure will leave a hole for which there is no ready replacement.

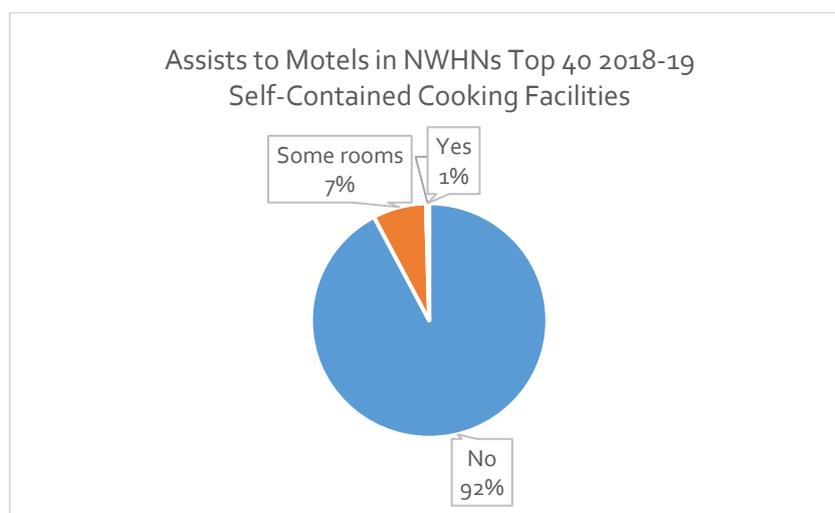
Lack of access to self-contained facilities in purchased emergency accommodation

One of the key themes identified during the NWLASNs 2017 Annual Consumer System Survey, and highlighted in *A Crisis in Crisis*, was the desire among people assisted by services to have access to self-contained facilities, including cooking facilities, in emergency accommodation. This need is particularly acute for families, for whom the inability to cook not only places great pressure on limited income, but also means an even greater disruption to family routines.

To the best of the Project's knowledge, no private rooming houses or hostels accessible to the NWLASNs Access Points during 2018-19 offered access to self-contained facilities. Rooming house accommodation is in part defined by shared essential amenities such as kitchen, cooking facilities and bathrooms, and this is also true of hostels, where in some instances even bedrooms are shared. It is assumed, that none of the 2,285 assists to rooming house, hostel or similar accommodation during 2018-19 were to options offering self-contained facilities.

While some degree of self-containment, bathrooms at a minimum, is expected at motel accommodation, access to self-contained cooking facilities was extremely limited at the motel options frequently used by NWLASNs Access Points. Looking at the cooking facilities on offer at the motels within the NWLASNs top 40, only 5 offered cooking facilities in any rooms, with only one sole provider offering cooking facilities in every room.

Overall, in terms of assists to motels in the NWLASNs top 40, only 8% were to providers offering any cooking facilities at all.



Cost is undoubtedly one of the reasons for this: a comparison of providers found that those offering some self-contained cooking facilities cost on average over 40% more than providers offering none, with nightly rates averaging approximately \$160. This presents a challenge for services that would much prefer to accommodate households in better quality accommodation with higher levels of amenity, while facing budgetary constraints posed by already-overstretched HEF budgets.

Cross-cohort (and cross-sector) use of purchased accommodation options

Both HEF payment mapping and emergency accommodation snapshot data suggest that many of the most frequently used purchased accommodation options routinely receive bookings from multiple agencies within the NWLASNs. Given the broad geographic spread of options used by the NWLASNs agencies, it is also certain that in many instances there would be cross over with bookings from Access Points in other metropolitan regions.

The challenge of establishing anything like a uniform approach to matching accommodation options with household risk and vulnerability profiles, even among the NWLASNs Access Points, was recognised in the *Crisis in Crisis* report, which called for immediate action to consolidate an 'approved provider' list for a range of cohorts.

The challenge of bringing clarity to the use of options is even greater when it is recognised that many of the options frequently used by the SHS are the same options used by agencies across a range of other Sectors, including justice and corrective services, hospitals and mental health services, and specialist family violence services.

Efforts by the Project to establish with any precision to the degree of cross-sector use of accommodation options mapped in the NWLASNs HEF data were of limited success, testament to the diversity and range of sectors and services that regularly need access to short-term accommodation for clients. The number of sources that the Project was able to draw on lent weight to the view that the degree of cross-sector use of options is significant.

Project site visits to the top 20 motel providers used by the NWLASNs' Access Points confirmed that both cross-sector and cross-cohort inconsistencies occur, with a number of providers reporting they frequently accommodate different cohorts from different services at the same time.

Typically, accommodation providers visited reported receiving regular bookings from services outside of the homelessness system, including:

- The Family Violence Sector (Safe Steps, Orange Door)
- Asylum Seeker/Refugee support services (AMES, Red Cross)
- Hospitals (including acute psychiatric services)
- Services and programs providing accommodation responses through the justice and corrections systems (JSS, ACSO, CISP)

Conversations with one agency providing post-release support to men exiting the prison system confirmed that motels and rooming houses among the most frequently used by NWLASNs Access Points were also routinely used to provide accommodation to men immediately post-release, with assists to emergency accommodation in the range of 500-600 annually.

Cross-over between homelessness specialist family violence services of particular concern:

A key agency within the region providing emergency accommodation assistance and support to women experiencing or at risk of family violence indicated to the Project that, whilst establishing and monitoring their list of suitable accommodation providers, they would periodically become aware that a motel, thought to be used exclusively by family violence services, was in fact also being used by services from within the SHS.

Despite considerable effort and resourcing directed toward the establishment and maintenance of options beyond the likely reach of SHS services, knowledge about possible mixed use of motels would only arise by chance, usually only disclosed by the accommodation providers themselves. In the absence of any formalised cross-sector coordination around options, it could never be guaranteed that mixed-use between family violence services and generalist services, and the potential risks to vulnerable clients, would not occur.

The practice of specialist family violence services not disclosing the details of emergency accommodation options beyond the Sector is longstanding due to the need to reduce potential exposure of victim/survivors of family violence to further risk. However, **given that the cross-sector use of some accommodation options is undoubtedly occurring, and that the risk of this occurring is always present, there is a strong argument to establish a means of safely sharing and coordinating accommodation options between homelessness and family violence services.**

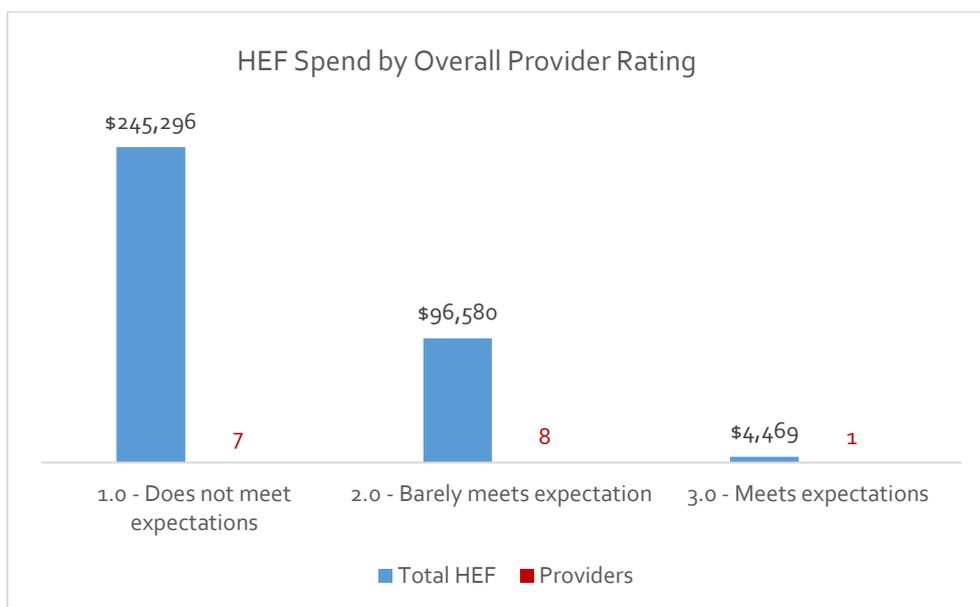
Separating motels and rooming houses in the ratings: concerns about safety at rooming houses especially evident

In the 'top 40' ratings analysis the Project considered all forms of purchased emergency accommodation together, on the basis that the Project was considering the most prevalent uses of HEF to provide an immediate response to households in crisis, in whatever form that response might take.

It is arguable, however, the extent to which motels and rooming houses can be meaningfully compared or jointly considered. Unsurprisingly, motels generally received higher ratings across the categories considered, and the marked prevalence of sub-standard providers in the NWLASNs top 40 is amplified to some extent by the presence of private rooming houses among the most frequently used options.

If ratings for rooming houses are considered separately, whilst results across the board undoubtedly demonstrate significant concerns about the quality, in particular safety, of the options accessible to Access Points during 2018-19, including motels, concerns are especially acute and pressing in relation to private rooming houses.

Across the top 20 most used private rooming houses during 2018-19 (by HEF spent), **70% of all HEF went to providers rated at 1.0 overall, accounting for over three-quarters of all assists. In terms of safety, 90% of assists were to providers rated at 1.0.**



This is an alarming figure, consistent with the concerns expressed in *A Crisis in Crisis*, and the NWHNs' consequent embargo action from March 2020 against the predominant rooming house provider in the region, NWA/SLM.

There is significant concern about the suitability of private rooming houses as an emergency accommodation option when only one in every ten assists is to a provider offering a level of safety to residents perceived to meet even the barest of acceptable standards.

Private Rooming Houses as Emergency Accommodation – Further Discussion

"I have been from pillar to post and treated like a second-class citizen. I preferred sleeping on the streets compared to where you good people sent me"

Feedback from NWLASNs Annual Consumer Systems Survey 2017

KEY OBSERVATIONS:

In the absence of viable alternatives, whether crisis or longer term options, rooming houses function as both an emergency and an ongoing accommodation option for certain cohorts.

The continuing short-term use of motels to accommodate adult singles is indicative that vacancies in rooming houses accessible to services can be in short supply. Vacancies are most likely to arise at rooming houses with the highest turnover of residents, with high turnover likely to be indicative of poor quality.

Issues such as lack of safety and security, poor cleanliness and amenity, unaffordability and lack of adherence to regulatory requirements remain widespread.

Clients reported the experience of rooming house accommodation remains very poor.

RECOMMENDATION:

13. That NWLASNs' Access Points cease the use of private rooming houses as a purchased accommodation option unless they meet a rating of 3. Clients residing in these rooming houses are to be offered proactive support to help them find alternate accommodation.

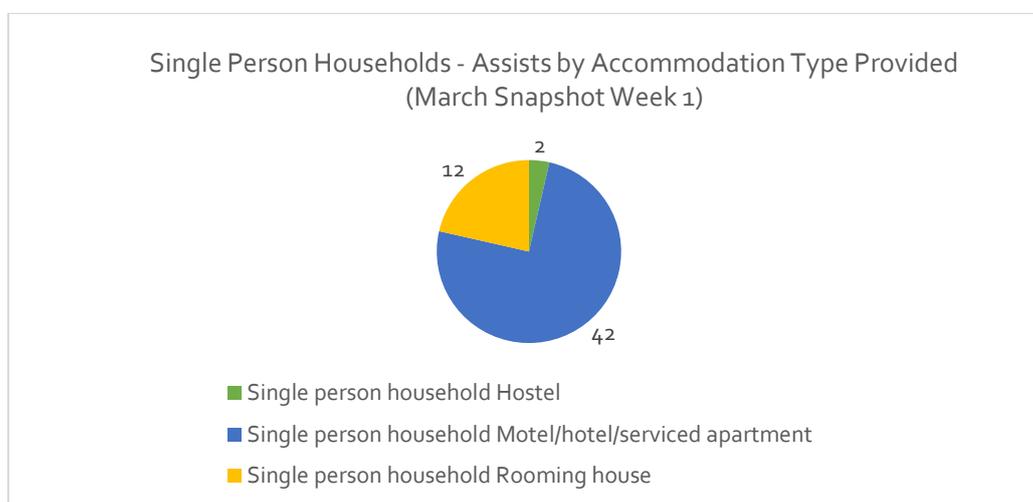
Prior to the onset of the pandemic, the Project Workers had commenced site visits to motels and rooming houses in the NWLASNs 'top 40'. Arranging visits to rooming houses was immediately shown to be far less straightforward than visits to motels. Rooming house operators tended to be harder to contact, more hesitant to engage with Project Workers, and even when prepared to engage were far more reluctant to agree to site visits. Nonetheless, although this project activity ceased entirely with the State of Emergency declaration on March 17, a small number of visits to key providers were undertaken. Alongside discussions with Tenants Victoria's specialist Rooming House Outreach Worker, the Project found nothing to challenge the picture established in the EA ratings exercise or in the numerous research and advocacy efforts undertaken over the past decade to address this form of accommodation **Only in a setting without viable alternatives could the private rooming houses currently accessible to services be deemed either a suitable or sustainable emergency or longer-term accommodation option.**

More than just an emergency option for certain cohorts

While categorised alongside motels as a form of crisis accommodation purchasable with HEF, there are significant differences in how services designate and utilise motels and private rooming houses for certain cohorts. Under certain conditions services may enter into arrangements with families in crisis that establish stays in motels longer than a few days at a time (generally under a co-contribution arrangement to share the costs of accommodation). For singles and couples without children a motel stay is typically considered a short-term option, often only overnight or over a weekend, to provide immediate respite or time to source private rooming house vacancies. For those singles and couples, private rooming houses often constitute both an emergency and, in the short-to-medium term, an ongoing accommodation response, 'emergency', to the extent services are able to source a vacancy and provide HEF for the initial stay, and 'ongoing', in the expectation that beyond an initial HEF assistance the client will self-fund their continued stay.

As illustrated in week one of the Project’s HEF snapshot exercise, standard practice is for agencies to negotiate access to a rooming house vacancy and fund with HEF the initial rent in advance (usually 2 weeks) required for the client to move in. The client is then expected to sustain this tenancy afterwards from their following payday without further financial assistance. Motels, on the other hand, are generally utilised for singles and couples only when there are no rooming house options available to them on the day. Often, the intent with this overnight provision of emergency accommodation is to provide some temporary ‘one-off’ respite, or for the client(s) to then return to the service the following day to re-explore whatever rooming house vacancies may become available. During the first week of the snapshot period, it was evident that single person households received far fewer bed nights per motel assist than families (**1.8 bed nights per motel assist for single households, 4.7 bed nights per motel assist for families**).

As the Project’s EA mapping and HEF snapshot data illustrates, motel use far outweighs rooming house use, even for singles and couples, both in terms of total HEF spend and total number of assists. That motels are used much more frequently than rooming houses for single person households’ hints at the difficulties AP have in sourcing timely rooming house vacancies even where this might be considered the first-choice accommodation option.



Fit for purpose? The dire state of private rooming house accommodation has been extensively documented over many years

The 2009 “Call This A Home” campaign, and the subsequent Rooming House Standards Taskforce report (Rooming House Standards Taskforce, 2009) commissioned by the Victorian Government were watershed efforts to expose, document and improve the experiences of marginalised people living in private rooming house accommodation in Melbourne. The Taskforce report recommendations, informed by damning findings about the state of private rooming houses, ultimately led to the establishment of specific legislation and regulatory controls over the licensing and operation of private rooming houses which aimed to improve safety, amenity and respect for the legal rights of residents, and put ‘rogue’ operators out of business.

In the years since the implementation of the rooming house reforms, however, evidence continues to suggest that many private rooming house residents remain subject to extortionate rents, unsafe and unsanitary conditions, and the persistent threat of violence and other disruption. CHP’s 2014 post-reform Rooming House Project report (Council to Homeless Persons, 2014), *A Crisis in Crisis* (NWHNs, 2019) and the Peninsula Community Legal Centre’s recently released report into rooming house accommodation in Melbourne’s South-East (PCLC, 2020) all articulate themes of unaffordability, sub-standard quality, low levels of regulatory enforcement and, crucially, persistently poor experiences of private rooming house residents.

As noted in the Project's EA ratings review, IAP services overwhelmingly perceive private rooming houses to be of poor quality, with 7 of the 13 rooming house providers included within the NWLASNs top 40 (and accounting for the vast bulk of all referrals to RHs) rated at 1.0 overall ('Does not meet expectations'), while not a single rooming house provider within the top 40 was rated at 3.0 ('Meets expectations'). This accords with the reported experiences of those referred to or living in private rooming houses, **indeed, they are perceived by clients to be of such poor quality that it is not uncommon for people to opt to remain without shelter rather than accept a rooming house option.**

In 2017, a Launch Housing report on the experiences of clients supported by Launch Housing's Rough Sleepers Initiative (RSI) program found that households sleeping rough had commonly refused rooming house options in the past. Many clients declined these options due to prior negative experiences, concerns around safety, and wanting to avoid being around drug-use (Kolar, 2017). It was found that clients were also reluctant to explore rooming house options for fear of exacerbating their own mental health issues. CHP's 2014 rooming house report recorded similar feedback from its consultation, finding that 'the environment in rooming houses can be one which makes people feel incredibly unsafe', and that 'some individuals would rather sleep rough than stay in a rooming house' (CHP, 2014: 18). PCLC's 2020 report paints a similarly troubling picture of the experiences of residents. Almost half of all residents surveyed (48%) described their living conditions as 'very poor', 'bad' or 'unsafe', with data held by the PCLC's Rooming House Outreach Program indicating that more than 40% of rooming houses in its South-East suburban catchment were in 'a significant state of disrepair and lack of maintenance' (PCLC, 2020: 3).

There is a connection between regular vacancies and high resident turnover at the poorest quality private rooming houses

The Project's emergency accommodation ratings analysis revealed that over 75% of all assists to private rooming houses, and that \$245,292 or around 70% of all HEF spent on that accommodation by services, involved providers with an overall rating of '1 – Does not meet expectations'. As with motels, this is not due to a lack of care on the part of services, and nor is it primarily to do with cost – rather, it is reflective of where vacancies are most likely to arise on any given day. Better quality private rooming house options are much more likely to offer some degree of stability for residents, to have lower turnover, and thus less likely to have regular vacancies. The opposite is also true and goes some way towards explaining the high number of assists by the Sector into rooming houses known to be of poor quality. Services continue to refer into these rooming houses because of a lack of accessible alternatives.

Anecdotally, it is well known to workers in the Sector that tenancies in lower quality rooming houses break down frequently, with the client(s) sometimes unable to see out even the initial period paid for by the referring agency after encountering difficulties at a property. Operators are adept at turning over unused stays very rapidly, often vacated or unused beds will be made available later that same day or the following day as a vacancy for another client to be booked in. This phenomenon is long established and noted in the North & West Homelessness Networks' Submission to the Housing Establishment Funds (HEF) Review Project back in 2011:

'IAP staff state that it is common for HEF to be used to pay for a week's accommodation at a private RH (in the absence of any other alternatives) but that the poor conditions of these properties mean it is also common that once the client arrives there, they find the condition of the property unsafe, frightening and unbearable, therefore return to the service that day or the next day requesting alternative assistance.

It is rare for a private RH operator to reimburse AP's for rent paid for unused accommodation. Given many services have to place limits on the amount of HEF that an individual household can receive, this can mean that future requests for financial assistance via HEF can be negatively

impacted. Thus, the client is in effect, further disenfranchised by the failings and gaps of a system that should be able to assist them but can not due to inadequate resourcing from government.' (2011: 7)

It should also be noted that, while this is known to remain a common occurrence, in most cases the client does not return to the service, and the incident remains unreported to and undocumented by the referring agencies. It is thus impossible to even estimate how much funding the Sector may be spending on unused bed-nights in private RHs.

Are private rooming houses ever an 'affordable' option for clients presenting to IAP services?

The Sector's resort to private rooming houses as a housing option for particular cohorts, whether temporary or over a longer term, is a direct consequence of the critical shortage of more appropriate alternatives. Private rooming houses are seen as effectively the only 'realistic' ongoing option for many single people and couples seeking assistance from IAP services, due to the well-documented decline in the proportion of public and social housing properties in Victoria (AHURI, 2017) and the lack of affordable conventional housing in the private market. Anglicare's annual Rental Affordability Snapshots have consistently found that less than 1% of properties available on the rental market are affordable for single-person households in receipt of Centrelink payments (Anglicare, 2020:9).

Private rooming houses are in fact rarely 'affordable' under commonly agreed definitions, particularly for single people on Centrelink incomes. Data collected by the Project during EA mapping activities indicated that the weekly rents charged by commonly used private rooming house operators started at a minimum of \$200/week, with many operators charging more than this. During the first week of the CAOP snapshot period, the average rent recorded for a single room in a private rooming house was **\$456/fortnight**. For single adults in receipt of Jobseeker Allowance, this far exceeds the 55% affordability guidelines set out by DHHS, with respect to the Private Rental Assistance Program (PRAP) or bond loan eligibility and is nearly three times the 30%-of-income threshold commonly considered to place a household into rental stress.

The picture of unaffordability gleaned by the Project is confirmed in the Peninsula Community Legal Centre's (PCLC) 2020 report on the dire state of private rooming house accommodation in Melbourne's south-east, which found that:

'Most rents in rooming houses we visit far exceed 30% of income, with 52% of the residents in our survey spending between 50-60% of their income on rent.' (PCLC, 2020: 6)

In speaking to residents, the report noted that:

'Rooming house operators set rental prices on the basis of residents' pension amount rather than the quality of the accommodation, the higher the pension the higher the rent demanded.' (PCLC, 2020: 6)

One rooming house operator prominent in NWLASNs HEF data, visited by the Project in the course of its work pre-pandemic, stated they knew very well that the rent being charged was high for people on Centrelink payments or low incomes, but in their view that was 'the market' and they were confident residents (and homelessness agencies) would continue to find ways to pay whatever was asked.

The practices of 'meet and move' and sham share housing

While NWLASNs APs share a commitment to deal only with rooming house operators licensed by Consumer Affairs Victoria (CAV), and to refer only to properties listed on the CAV register, it is apparent that some operators continue to flout licensing and registration requirements while maintaining the appearance of legitimacy. As a result, the phenomenon of 'meet and move' whereby

residents are moved by operators from registered to unregistered properties continues to persist. It is not a new phenomenon, and was detailed in the NWHNs' 2011 Submission to the HEF Project:

'IAP staff report that they have little or no reliable information about where they are sending clients in the private RH context. Often, the address that they are given by the private RH operator may not end up being the place the client is actually accommodated. IAP staff have no reliable information on the condition of the property, who else is living there or how many other residents there are at the property. It is therefore impossible to adequately assess risk in any real way.'

Tenants Victoria confirmed the continued and widespread existence of this practice among well-known and frequently used private RH providers. **Clients are often moved between different rooming houses run by the same operator, in many cases into properties that are not registered with the local council.** The practice is difficult to monitor and quantify, however, not least because those directly affected by it are often not in a position to make the requisite reports to CAV or other authorities. This practice was documented in CHP's 2014 post-reform rooming house report, which found residents were often not reporting sub-standard conditions or illegal practices for fear of eviction and the risk of being left without any form of accommodation (CHP 2014: 21).

In discussions with the Project, Tenants Victoria identified one frequently used provider in the Western suburbs who, while possessing a rooming house operator's licence, ran only unregistered properties. The Project arranged a site-visit to one of the rooming houses run by the provider in January 2020, and subsequently noted that the property did not appear to be listed on the rooming house register. The provider did not show up to the accommodation on the day, and thereafter did not return calls to rearrange the visit.

An apparently recent variation on the practice of 'meet and move' is that of sham share housing, whereby private rooming house operators run unregistered 3 bedroom shared properties, splitting a lease with residents to establish, on paper at least, a conventional share house arrangement beyond the purview of local councils and CAV's rooming house-specific oversight. According to Tenants Victoria this is an increasingly common practice among private operators, and one frequently used provider visited by the Project freely disclosed that they ran numerous 'share houses' created by moving existing tenants from registered rooming houses into unregistered properties, and then getting them to sign onto a shared residential lease. The provider stated that this was done to circumvent CAV and local council oversight. Among the implications for residents moved into such arrangements is that these properties are further obscured from the view of services and of regulatory authorities, meaning operators are even less likely to be called to account for substandard offerings.

Taking action against sub-standard operators: the potential effectiveness of embargoes

In March 2020, the NWHNs placed an embargo on one notorious rooming house provider who had consistently failed to meet basic standards of cleanliness, safety and amenity across their network of properties over several years. The provider was thought to have at least 60 rooming houses, both registered and unregistered. Agencies across the NWHNs agreed to no longer refer households to this provider and committed to assisting any current residents who presented to access points to find alternative accommodation.

As the embargo coincided with the Coronavirus pandemic, and a general shift by APs away from using accommodation with shared facilities as an emergency response, it is difficult to ascertain just how effective the embargo was. However, within a month of the embargo commencing, one of the Directors of the group began personally calling, emailing and visiting Access Point agencies in an attempt to repair relationships, with promises of registered properties and rooms that had been thoroughly cleaned.

This embargo action was unequivocally intended to end all NWLASNs AP use of this provider, rather than an attempt to improve the provider's level of amenity, a decision justified by the provider's long-established track record of egregious non-compliance with RH regulations. However, the rapid attempts by the provider to offer undertakings around improvements suggests that targeted embargos could be an effective strategy for leveraging better standards from RH providers.

Exploration of New Options

KEY OBSERVATIONS:

Prior to the pandemic, there was considerable reluctance among new providers approached to consider whether arrangements with services might be workable. The Project had approached 38 new hotel, motel and serviced apartment providers enquiring about their interest in discussing the establishment of booking arrangements with any or all of the NWLASNs APs. Only 7 expressed any interest in further discussions.

In discussions with those providers willing to explore potential arrangements, there was positive feedback received about the benefits of a written agreement to clearly establish processes and expectations between services and providers.

In reviewing a draft agreement, however, in almost all cases it became clear that services' inability to provide sureties in addition to accommodation costs would present a significant barrier to the establishment of booking arrangements with new providers.

The Project's pre-pandemic efforts to source new private rooming house options were unsuccessful and revealed no evidence of better quality 'untapped' options as alternatives to those in current use. Exploration suggested that better quality options, such as there may be, are likely to be targeted towards students and low-wage or temporary workers and inaccessible to homelessness services.

RECOMMENDATIONS:

14. That the Department resourcing (see also Recommendation 10) supports the development of a standard written agreement between NWLASNs' services and accommodation providers regarding the purchase of accommodation through HEF to provide greater clarity and consistency in working arrangements, establishing clear expectations around the standard of accommodation on offer.
15. That the Department considers the most appropriate ways that damages can be underwritten to facilitate access to better quality accommodation.
16. That the Department considers appropriate procurement and tendering options for approved or preferred accommodation providers that meet agreed minimum standards and support the needs of particular cohorts.

Beginning the Search for 'New' Options

What the Project found in its examination of the use and suitability of existing purchased emergency accommodation was not a surprise. Services do not continue to use sub-standard options through a lack of care, as *A Crisis in Crisis* (NWHNs, 2019) clearly articulated, it is only sheer necessity, the absence of viable alternatives, which forces services into the position of continued use of options known to be problematic.

Having established an existing 'state of play' regarding the use of purchased emergency accommodation by NWLASNs' Access Points, in January 2020 the Project commenced its search for 'new' options. This activity was aimed at identifying whether there were any untapped options in the region; this essentially meant motels and similar accommodation or rooming houses that would potentially be 'open' to receiving bookings for emergency accommodation from Access Points. The accommodation sought would be of comparable cost to existing options, offer at minimum, acceptably safe, clean and comfortable, and ideally with a level of amenity consistent with the expressed needs of clients.

This was to be a significant component of the Project's brief. It offered a rare opportunity for a concerted exploration of potential options on behalf of all the NWLASNs Access Points, where usually, in the absence of dedicated resources, this activity could only occur (if at all) on an ad-hoc, service by service basis. The hope underpinning this activity was that, with the benefit of a targeted and sustained focus, several new options might be found during the Project that could offer the possibility of reducing, or even ending, services' forced reliance on the most problematic of the existing options. The more realistic expectation, however, was that significantly better, cost comparable options prepared to engage with the Sector would be very hard if not impossible to come by.

CAOP/NWHNs Draft Working Agreement between Agencies and Accommodation Providers

One of the early initiatives of the Project was to develop a basic working agreement for use between IAP services and private accommodation providers. This was prompted by the recognition that **the considerable business transacted between the NWLASNs APs and accommodation providers of nearly 9,000 assists, costing in excess of \$2.5 million, during 2018-19, took place in the absence of any form of underpinning written agreement.** The only exception to this encountered by the Project was a memorandum of understanding developed by the Housing Options Worker at Launch Housing, which covered some basic expectations of a working relationship including terms of payment, protocols around cancellations or unused nights, and limitations around Launch Housing's liability for damages or other additional costs resulting from agency bookings.

The view of the Project Workers was that a standard written agreement could aid both clarity and consistency in the establishment and maintenance of arrangements between agencies and providers, especially in relation to new providers and those used by multiple agencies. For providers, a common agreement could reduce the likelihood of confusion and misunderstanding in managing ad-hoc arrangements with multiple services, while from the agencies perspective such an agreement could provide a reference point in circumstances where disputes arose with providers, particularly regarding requests for payment of additional costs. Another potential function of an agreement would be as a means of making agencies minimum expectations about the quality, safety and amenity of accommodation options explicit to providers, especially relevant in relation to private rooming houses.

Using Launch Housing's accommodation provider MoU as a template, the Project Workers, with the support of the CAOP Steering Group, developed a draft motel working agreement under the banner of the NWHNs. The intention was that the agreement would be tested with potential new providers, reviewed and refined in response to feedback from both providers and agencies, and ultimately taken up by each of the NWLASNs' APs in establishing arrangements with any new options secured in the course of the Project.

Initial steps in testing and refinement of the draft agreement were undertaken in February and March, when the Project Workers commenced discussions with a small number of potential new motel providers who had indicated a willingness to explore arrangements with the Sector.

Feedback from providers on the draft working agreement

The early efforts of the Project Workers in seeking provider feedback to the draft motel working agreement suggested that the ad-hoc arrangements prevailing with established providers left a great deal of room for misunderstanding and dispute, particularly around the issue of liability for damages and other additional costs. While feedback on the draft agreement was positive in general, every potential new provider approached by the Project prior to the pandemic identified the clause addressing liability for damages and costs as an issue of concern, with several indicating that they would not accept this aspect of the agreement. Project Workers also sought feedback from several established providers on the draft document, and it was apparent that even these

providers had concerns about agencies' stated inability to assume liability in cases where additional costs arose from bookings.

It was determined soon after the onset of the pandemic that efforts to finalise what was still very much a formative document had been swamped by the need to rapidly secure many new relationships, and as a result the consolidated approach to new providers envisaged by the CAOP Steering Group was set aside. The early work undertaken on the draft agreement proved useful in the Project's efforts to sound out new providers in the early stages of the pandemic response, as it enabled the Project Workers to offer providers without previous experience working with agencies an indicative example of what might be expected in establishing new arrangements.

It remains the view of the Project Workers that there would be significant value in the NWLASNs APs pursuing the development of a common agreement with private accommodation providers. While the Project had some opportunity, limited though it was, to test how a common agreement might work with respect to motel providers, there is arguably an even more compelling case for the utility of an agreement with rooming house operators, especially in light of the concerns about standards and safety raised in the 2019 NWLASNs ratings exercise and elsewhere. Such an agreement would enable services to establish greater clarity and consistency in their routine working arrangements with accommodation providers and make clear to providers agencies' expectations about the standard of accommodation on offer.

New Options Exploration (Pre-Pandemic)

The Project's opportunity to assess the potential for uncovering new options in the environment that prevailed pre-pandemic turned out to be very brief. Barely had contact been made with the few providers that had expressed a willingness to explore potential arrangements with services when the pandemic arrived to radically alter the calculations of the entire commercial accommodation Sector. Where the Project had encountered scant appetite for working with services there was an immediate shift evident, with providers previously unknown to services even cold calling Access Points with the aim of establishing booking arrangements.

The short period pre-pandemic in which the Project was able to begin exploring new options however did reveal the challenges services were facing in trying to secure new and improved options beyond the well-known and often highly problematic providers. **The Project's approaches to potential providers for even initial discussions were met with very few positive responses, it was evident that there was considerable reluctance among providers approached to consider whether arrangements with IAP services might be workable.** Where there were positive responses to the Project's enquiries in almost all cases it became clear that services' inability to provide sureties in addition to accommodation costs would present a significant barrier to moving from a tentative, in-principle willingness to work with services to the establishment of booking arrangements with new providers.

Motels, Hotels and Serviced Apartments

Initial exploration of new motel, hotel and serviced apartment options was largely web-based, with the Project Workers using Google Maps searches and accommodation booking and review sites to identify potential options to approach.

Advertised room costs and location were key considerations in narrowing the general search to providers within any realistic reach of services. Having estimated the average cost of a motel night to NWLASNs Access Points in 2018-19 at around **\$120pn**, this was used as a benchmark to assess (in relative terms) the affordability of options within scope (though of necessity many options approached advertised rates over **\$120pn**), and the search did not consider options located beyond the catchment boundaries of the NWLASNs (an area far smaller than the footprint of emergency accommodation used during 2018-19).

Prior to March 16, the Project approached 38 new motel or serviced apartment providers, enquiring about their potential interest in discussing the establishment of booking arrangements with any, or all, of the NWLASNs' APs. These providers represented a mix of offerings, from standard motels without self-contained facilities to serviced apartment style accommodation (invariably at nightly rates above \$120) offering extensive amenity. The majority of the Project's enquiries received no response, and 5 providers responded to decline discussions around taking bookings from the Sector. Only 7 providers were open to meeting with Project Workers to discuss potential referral arrangements, with some explaining that their willingness to do so stemmed from concern that their usual business from tourists, commercial travelers and international students had fallen significantly after a summer of bushfires and growing fears, even during January and February, over the Coronavirus.

In opening conversations with those providers willing to discuss potential arrangements, the Project used the draft working agreement as a template for what might be expected of the relationship. The document described the processes by which 'third-party' bookings would typically be made, expectations and undertakings around payment processes and timeframes and, importantly, the limitations around services' liability for any additional costs incurred by guests booked into accommodation under such arrangements, specifically:

Agencies can only pay for accommodation, and cannot fund security deposits, or additional costs such as in-room services.

Agencies cannot be liable for client actions, and assume providers have appropriate business practices and measures in place to manage any unexpected incidents.

While providers' responses to the draft working agreement were generally positive, in almost every discussion the clauses addressing services' limited liability was identified as a cause of concern. Providers indicated that during their usual business they either requested of guests a credit pre-approval to cover additional costs, or in some instances requested a cash deposit to be refunded on departure. While some providers indicated willingness to explore alternative security arrangements, the prevailing expectation was that, should additional costs be incurred arising from a booking, the service would ultimately bear responsibility should efforts to recover costs from guests be unsuccessful.

A number of these providers indicated that this expectation was informed by existing referral arrangements with services in other Sectors, where these services were able to provide recompense for additional costs when required. Services such as Safe Steps, NEMA Orange Door and ACSO were among those identified as being willing to address additional costs when issues arose.

In addition to the seven providers approached by the Project willing to have discussions about the potential establishment of referral arrangements with NWLASNs APs, there was one further provider that came to Project's attention having contacted one AP actively seeking to initiate a working relationship. This provider had an offering which ticked several boxes as a 'better' option, including a central location readily accessible by public transport, a range of room configurations all with fully self-contained cooking facilities and some with laundry facilities, and 24-hour staffing. Significantly, the manager indicated previous experience working at a motel which had in the past been regularly used by homelessness services, and so had a reasonable expectation of what a working relationship with services would entail, and of challenges that might arise in providing an emergency accommodation option.

The suggested nightly price point for this option would have placed it at the higher end of what services would usually be able or prepared to pay (around \$20pn above the NWLASNs average spend), which would likely have limited its utility as a regular EA option regardless of the quality of its

offering. The more significant barrier was the provider's stipulation that each booking be backed by a \$500 credit pre-approval to cover any additional costs that might arise, including damage or smoking in rooms. Even in a scenario in which services had some limited capacity to provide sureties to providers for additional costs, a bond of that scale on each booking would have represented an unmanageable risk, and the Project was clear with the provider that this would exclude the option from services' considerations. As an example of what it might take for services to purchase a significantly better motel EA this instance was illustrative of just how far out of reach (under normal circumstances) better options in the private market can be.

Issues encountered in attempting to source 'new' private rooming house options

The initial energy of the Project's 'new' options exploration was primarily focussed on motels, hotels and serviced apartments. One reason for this, apart from the clear predominance of motels and similar accommodation in the HEF data, was the more immediate accessibility of information on potential 'untapped' motel options, private RH operators, , do not run public-facing websites or have Google searchable listings, and while CAV's registers of rooming houses and operators record some basic details of property locations and trading entities, making contact with operators is not a straightforward undertaking.

The private RH 'market' is, effectively, invisible beyond the networks of clients, services and Sectors that intersect with it, which means any exploration of potential options beyond those already known is slower and usually via word of mouth. While the Project's efforts in this regard were curtailed by the onset of the pandemic, some early insights gained pointed to the likelihood that few options would have emerged beyond the providers already well known to homelessness services.

At an early stage of the Project's new accommodation options exploration, Project Workers were contacted by the owner of a brand new, purpose-built private rooming house in the outer Western suburbs. The property had nine rooms, each with ensuite bathroom, refrigerator, and microwave, with shared full kitchen and laundry facilities. While the quality and degree of self-contained amenity at the rooming house far exceeded what the Project Workers had found on offer at other RH properties, the owner made clear that they did not intend for the property to be used as crisis accommodation, the target market were to be low-wage workers seeking longer-term tenancies (6+ months). The owner indicated they were intending to charge rent of up to \$280 per week for a single room, which is unsustainable for most single households seeking assistance from services.

The Project was also provided a lead around a newly established 'eco-friendly' private rooming house in the outer Northern suburbs. When contact was made, the operator advised that the property was at full occupancy, and that they had no interest in meeting Project Workers or discussing the possibility of establishing booking arrangements with homelessness services. It was apparent the operator had no intention of making the property available as a potential crisis accommodation option.

These two properties were the only private RH options not known to services that the Project had managed to identify prior to the onset of the pandemic and the redirection of the Project Workers' efforts toward the establishment of new motel options. Without making any claims about what these encounters reveal, the reluctance of providers to engage with homelessness services or consider their potential utilisation as crisis accommodation is indicative of a segment of the private RH market, targeted towards students and low-wage or temporary workers, that is inaccessible to services.

The state of the broader private rooming house market in Melbourne appears to support the theory that while searches for specific properties or providers yield few results, real estate consultancies are promoting the benefits of rooming houses to investors wanting to capitalise on a burgeoning demand for 'single-occupancy' accommodation among students and key workers. One such operation, The Property Room, claims that the target demographics for 'new model' rooming house

accommodation are 'students... young professionals and single divorcees', stating that the rooming house model they promote 'is very different from providing housing for the homeless by community managed not for profit organisations' (The Property Room, 2020).

Outcomes and Support Pathways for those Assisted with HEF

KEY OBSERVATIONS:

There are clear differences in the Sector's capacity to respond to families and single-person households. Whilst families can access co-contribution and various support programs (PRAP, AOF, IR3), little is available to support single-person households.

Single-person households have few options in terms of accommodation options and support, contributing to households 'churning' through the system. Single people receive a disjointed service response from Access Points, which generally offer them little other than temporary options such as rooming houses, leading to inadvertent practices of 'HEF and forget'.

An absence of data around housing outcomes prevents IAP services from being able to map pathways out of homelessness.

RECOMMENDATION:

17. That, if HEF continues to be a key part of the funded homelessness responses, the Department allocate additional resources to undertake longer-term research into the impact of HEF and pathways out of homelessness in order to identify and amplify effective strategies. This piece of work needs to be undertaken in partnership with the broader services Sector and, ideally, with the University Sector.

Single Person Households, 'HEF and Forget' and Churn

'HEF provision is coordinated with complementary support services to allow for a cohesive service system targeted at assisting individuals and families in housing crisis.' (DHHS, 2014: 4)

'Longer term housing options need to be available so that people don't cycle through two week stays in hotels, crisis accommodation and the street over extended periods of time.' (Kolar, 2017: 7)

While the Guidelines state that 'the intent of the HEF program is to provide effective one-off assistance resulting in a pathway to long term housing outcomes' (2014: 9), this one-off assistance is no longer enough to facilitate pathways out of homelessness during an affordable housing crisis.

That HEF alone is not sufficient to assist households in housing crisis is acknowledged within the guidelines, which then go on to identify the importance of timely referrals to support:

'In recognition that clients experiencing an immediate housing crisis are likely to have other significant support needs, all clients assisted into short term private accommodation must be offered appropriate referrals and follow up support.' (2014: 16)

However, amid the conditions of scarcity that the Sector operates under, agencies simply do not have the capacity to follow these guidelines and provide follow up support to households placed into short term emergency accommodation.

Single person households in particular face a structural absence of options, both in terms of affordability and support. While families can access co-contribution arrangements and coordinated responses and assistance to obtain private rental, single-person households are excluded from the private rental market due to their low incomes and are often reliant on social housing, where they are further disadvantaged by the lack of one-bedroom housing stock.

As a result, Access Points have little capacity to offer single people much beyond private rooming houses, caravan parks and backpackers, or a long wait on the prioritisation list for a bed at a CSA facility. Thus, when single-person households are provided with motel accommodation, it is often done as respite, rather than as part of a plan:

'We would previously only book motels on a night by night basis, and only if unable to source any appropriate ongoing options, such as a rooming house, [CSA] or hostel.' (Feedback from IAP staff)

With little in the way of options for housing or support, single-person households receive a somewhat disjointed 'HEF and forget' response: they are placed in purchased crisis accommodation as one-off assistance without any meaningful resolution to their lack of housing. These clients then cycle through the system again at a later date, further entrenched in homelessness, a phenomenon referred to across the Sector as 'churn'.

'Pre-COVID, usually when someone presents for assistance, we would be attempting to secure them an ongoing option ... we know due to the poor quality, high prices and lack of support in these options, clients often did leave these options and need to represent, but (hopefully) not immediately' (Feedback from IAP staff)

A Launch Housing report on rough sleepers supported by the Rough Sleepers Initiative (RSI) program found that more than half of the sample group of rough sleepers had experienced periods of rough sleeping *'interspersed with bursts of temporary stays in crisis accommodation and/or short-term emergency accommodation, such as hotels, motels or rooming houses'* (Kolar, 2017:14). **It was found that *'there was a common theme of using up funding for emergency accommodation or HEF and therefore being ineligible for further support (usually for up to six months to one year) without a longer-term, or even medium-term, housing outcome'*** (Kolar, 2017:6).

Supports Linked to Emergency Accommodation

KEY OBSERVATIONS:

HEF is most effective when combined with support. Successful interventions share key factors:

- Specificity for target cohort
- Tangible and realistic housing outcomes built into the design of the response
- Stabilisation of immediate accommodation needs to facilitate engagement with support
- Successful responses may be geographically targeted, building on local knowledge and service linkages.

Where there is inter-agency collaboration, the process involves coordinated 'wraparound assistance' with clearly defined roles, expectations and responsibilities to maintain accountability and achieve positive outcomes.

Effectiveness of support programs can be undermined without access to housing suitable for the target household.

Responses that rely on accessing the private rental market are effective for low-need households, but less suitable for households with more complex needs.

Head-lease programs are most effective when targeting households that are 'private rental ready'. These programs can be undermined by lack of affordable housing stock in the private market, particularly for single-person households.

Stabilisation of immediate accommodation is crucial for households with more complex needs to facilitate engagement and bridge the gap between homelessness and a housing outcome.

RECOMMENDATIONS:

18. That the Department resourcing of the Sector supports the provision of programs offering targeted pathways out of homelessness for single-person households, with long-term housing options built into the design of any such programs. The 'A New Approach to Single Households (ANASH)' trial provides a compelling example of how this might successfully be achieved.
19. That the Department allocates a dedicated proportion of the recently announced *Big Housing Build* towards single-person households along with intensive support to trial the implementation of a Housing First model as part of this major housing infrastructure investment.
20. That the Department and the Sector further pursue approaches that target coordinated responses to high service use households.

Program Case Studies on the Impact of Support

The following are some examples of models of support that the Project was able to explore, both at Access Points and through external support providers. While not an exhaustive list of support pathways out of homelessness in the NWLASNs, the variety of examples of coordinated approaches discussed here share some key themes and provide useful learnings for the Sector.

Co-contribution

Co-contribution effectively facilitates the provision of emergency accommodation until a suitable housing exit or support vacancy becomes available, and allows IAP services to make referrals to a variety of programs, including:

- Private Rental Access Programs (PRAP)
- Interim Response 2 (IR2)
- Accommodation Options for Families (AOF) programs,
- Crisis Supported Accommodation
- Prioritisation Lists for transitional housing

As one of the practices developed by Access Points to manage scarce resources, co-contribution enables services to provide households with more bed nights for the same expenditure of HEF. However, feedback received from IAP services pointed out that this too was limited by budgetary restraints, and that it is a significant cost both for the Access Point, and the clients who are already on a very limited income:

'Clients' low affordability impacts the amount of HEF that has to be spent on the hotel – larger families are extremely expensive to keep in co-payment.'

'It can be a large amount of money for clients, particularly when living in a motel that does not have cooking facilities, or if families have other costs i.e. childcare.'

'Limited time in motels can be offered due to lack of HEF.'

While the practice is mainly targeted for families, some services offer this to single-person households in certain situations (e.g. vulnerable singles and couples staying in motels). However, as with families, this is predicated on there being an exit plan into other accommodation, meaning, more often than not, that single person households are excluded due to their limited income.

'Families are the only cohort that access co-contribution assistance, with some exceptions made for singles based on assessments of their vulnerabilities and circumstances.'

'It is not a fair approach, as only offered to families.'

'Very, very occasionally very vulnerable people might access a co-payment arrangement while waiting for another option, if there is a solid plan of when the other option may be obtained.'

Under a co-contribution agreement, regular appointments are scheduled to ensure the household is adhering to the contract. Further extensions to stays in purchased EA are only booked after requirements of this contract have been met, and client's contribution on payday has been confirmed. Access Points will end co-contribution arrangements at any time if there has been a lack of engagement around co-contribution, completing PR applications, or attending scheduled appointments.

When asked under what circumstances co-contribution works best, staff suggest it works best for clients who are motivated, pro-active, and with prior experience in the private market, and pointed out the importance of prompt referrals to support:

'When PR is ultimately the client's housing plan.'

'It works best when they actually want to find a rental and this is enhanced by a prompt referral to support if they need help.'

'It's beneficial when we can link them in with a support worker quite fast, who has time to look over their applications, give advice, help them fill the application in, source inspections with them and assist them to write a cover letter.'

However, staff identified that not all clients are suitable for PR, and that co-contribution can be difficult for certain clients:

'Clients sometimes present fearful of entering PR.'

'Often people are being forced to look for private rental due to lack of other options, despite PR not actually being ideal due to debts, low affordability, mental health capacity etc.'

'The general unaffordable housing market is pushing clients out to areas outside of where their supports are, schools are etc.'

'Difficult for CALD clients, clients who have children who attend school in other areas and don't drive

Difficult for clients who don't drive to inspect properties

Difficult for clients who want to address other debt'

'It can be a large amount of money for clients, particularly when living in a motel that does not have cooking facilities, or if families have other costs i.e. childcare'

'No amount of practical help is going to make them attractive to housing providers or bridge the gap between wanting their own place and being on Newstart.'

Enforcing co-contribution arrangements, where staff are put in a position to potentially withdraw further financial assistance for a family, was identified as having a negative effect on frontline workers:

'Where people are really hoping for a public or social housing outcome, policing their rental applications is an unpleasant task for the IAP team although they do it.'

While it has been suggested that co-contribution arrangements may act as a motivator for households to address their housing issues, staff responses to this suggestion were mixed and far from conclusive:

'[Co-contribution] provides a tool for workers to encourage engagement.'

'This entirely depends on the clients' situation; some are happy to be in a hotel and are unmotivated to leave, however some people hate living in hotels and paying the amount they do towards the hotel and would rather be paying the same amount to get a whole house.. so they are motivated to obtain housing faster'

'Often, it's actually when we cut the co-payment (due to non-engagement with the rules e.g. looking for private rental/paying what is required) that they start properly applying for houses and they get one quite quickly.'

'Co-contribution is not always a motivator. Clients sometimes present fearful of entering PR.'

'Some say yes, as motel can be seen as 'dead money' and realisation that PR is cheaper.'

'Workers observed that families often ... engaged with co-contribution and continuing to look for private rental only due to the lack of other options available.'

Interim Response 2 (IR2)

In response to the growing gap between demand and capacity at Access Points, Interim Response 2 (IR2) was initially developed as a demand management strategy to direct short-term support capacity to:

- Divert households from the homelessness system, or
- Contain acute crises until more appropriate housing and support resources become available.

The NWLASNs piloted several approaches to IR2 to address the many shortfalls in the model. The most recent version is a 'task-based response', allocating IR2 resources to clients who need assistance with one or two discrete tasks to divert from the homelessness system or reduce their current crisis.

While practice guidelines exist, over time different agencies have developed a variety of approaches on how to provide this response. IR2 responses are often used alongside co-contribution, with clients tasked with engaging with IR2 support around their search for private rental.

Case workers at one NWLASNs' support service, with experience of a number of different interim responses, provided the Project with a frank assessment of its limitations, as well as identifying some key conditions that can help to make it a more effective intervention.

'A plug for a dam wall'

It was felt that the potential effectiveness of IR2 is significantly undermined by the prevailing conditions of the Sector, as demand increases at Access Points and the lack of both stable accommodation options and long-term support vacancies places increasing pressure on IR2 to

provide responses far beyond its intended function. **Clients are increasingly being referred to IR2, in the midst of ongoing and unresolved housing crisis, to support services that have neither the capacity to address what clients identify as their most pressing need (namely stable accommodation), nor the capacity to contain the complexity of needs often accompanying crisis.** Given the tightly defined, time limited and task-based nature of IR2, workers felt that clients were often being referred to them under circumstances where they were overwhelmed by urgent, unmet needs and not able to engage with the discrete tasks set out.

It was noted that this happened frequently with young people, who were often referred to IR2 while still actively in crisis, having been provided one or two nights of purchased accommodation by Access Points, and uncertain of any further assistance with accommodation. Because of this, IR2 workers found themselves having to respond to the client's immediate crisis rather than engaging in any of the tasks identified. It was also noted that they would often receive IR2 referrals for youth people with complex needs more suited to long-term case management.

It was reported that IR2 referrals are often made by Access Points with the expectation that IR2 workers assist clients to seek private rental, however workers felt strongly that this was not an appropriate IR2 task as the activities involved are more complex and time consuming than is possible within a time limited, task-based response. Workers found that their limited capacity to assist with private rental related tasks, (e.g., finding affordable listings or helping to complete applications) meant they did not have the capacity to provide the intensive support for clients with significant barriers to accessing private rental, or that they were addressing tasks private rental ready clients were capable of doing themselves without the need for referral to other services.

Due to the regular mismatch of referrals to the limited capacity of the program, workers often felt as though they lacked capacity to meet the needs of the client, aware that the tasks identified for attention were being perceived by clients as irrelevant and secondary to their housing crisis. A client once remarked to a worker that it was 'insulting' to expect them to focus on brief tasks while they were still experiencing an ongoing housing crisis.

Confusion around external referrals/providers

Workers found that many clients are confused when contacted by an external IR2 provider, unsure of why or to which service they have been referred. This is compounded by the nature of the tasks, with clients often disengaging from tasks that they do not perceive to be of immediate importance. Anecdotally, workers have heard that that IR2 potentially works better when integrated within with a hub/drop-in service model where multiple services, including where Access Points are co-located, rather than referring clients to an external agency they are unfamiliar with.

When IR2 works well

Wombat had previously provided IR2 to families residing in City Gate Apartments (short-term community run accommodation used for families), and this was cited as an example of a setting in which IR2 interventions worked well. The key condition identified was that **clients were stabilised in accommodation for the duration of the IR2 engagement**, better enabling engagement around organising Centrelink issues, enrolling children into school, and other discrete tasks. This model allowed workers to identify and address support needs in a sustained way, rather than these efforts being constantly delayed or derailed by the need to address immediate accommodation needs.

Further Feedback

Other IR2 providers in the North and West were asked for feedback on the benefits and challenges of IR2. Support providers agreed that the response works best when clients are engaged, understand

the brief nature of the intervention and are motivated to seek private rental:

'It works well with clients that are motivated to work on tasks at that time and that the tasks are identified and led by the women rather than Access Point identifying private rental because that is an expectation of HEF Co-payment agreements.'

'When the women are motivated to get private rental as a goal we have been able to effectively support over 65% in a BTBR capacity to secure private rental as an outcome. In other cases we have been able to assist with addressing barriers and build capacity during the BTBR support period and we have found out later that women have secured private rental themselves.'

'When the referrals received from the access point were appropriate and the tasks were task specific and goals were achievable within an appropriate time frame.'

Again, it was identified that there were frequent issues with the tasks not being appropriate for the short-term nature of IR2, particularly with complex presentations more suited to case management support:

'Task involves too many steps i.e. -Obtain Private Rental when client does not have all Centrelink entitlements, referrals from access points are slow and difficult to find appropriate clients as they need to provide a lot of information for a very brief specific intervention, inconsistent understanding of what IR2 is amongst services.'

'Other challenges are appropriateness of referrals from Access Points – delays in referrals being sent from when vacancies are advertised and the woman has had an IAP assessment which can result in the tasks no longer being relevant for the woman.'

'Limited time to get housing outcomes when there are barriers such as lack of ID, previous rental arrears or damage to property from violent ex-partners.'

'Trying to keep BTBR focused on tasks when other support needs are identified (in these cases we will be feeding back to the Access Point progress with working on BTBR tasks and that the woman is likely going to need a case management response).'

'Sometimes IR2/BTBR is not appropriate for women who have complex support needs and find it difficult to focus on doing tasks in a short-term timeframe.'

Services also reported that obtaining private rental could be particularly challenging for certain cohorts of clients:

'In our experience IR2/BTBR works better in terms of outcomes for women with children as they have higher Centrelink income than a single woman on Newstart which opens up more housing options.'

'There are some cohorts such as CALD women with larger families, women with complex mental health, disabilities, AOD and/or FV in co-payment agreements in motel through Access Points where it takes more intensive support to focus on managing risk and safety before being able to focus on tasks connected to housing.'

'There are also challenges in getting housing outcomes due to discrimination on the basis of race and lack of larger affordable properties available.'

Again, the prevailing conditions of the Sector were cited as a major challenge:

'Lack of vacancies to specialist support services, affordable appropriate safe accommodation, lack of funding, lack of social housing and lack of income.'

An external IR2 provider outlined the tension experienced by clients while in co-contribution arrangements:

'There are additional time pressures for women to get quick housing outcomes when in co-payment agreements in motel through the Access Point. There are some women who feel like they 'have to' apply for private rental otherwise the Access Point won't continue funding them in motel crisis accommodation.'

Other IR2 providers agreed that the response could be improved by having these services co-located at Access Points:

'Co-located BTBR outposts at Access Points or other locations identified as relevant for groups of women who may not access mainstream homelessness Access Point services. This would improve the responsiveness of IR2/BTBR to work on tasks promptly after being assessed by IAP as needing an IR2/BTBR/short term response.'

Interim Response 3 (IR3) Pilot

Key pre-conditions such as the integration of service responses and the stabilisation of the immediate housing crisis for the duration of the interim intervention were successful features of the IR3 Pilot undertaken as part of the Melton/Brimbank Housing Reform Launch Site during 2019.

A partnership between the Salvation Army Western Metro Homelessness Service, Melbourne City Mission and Crossroads, the IR3 pilot was designed to provide intensive support to households in emergency accommodation to secure a suitable private rental property. The response sat within the Private Rental team at the Western Metro Homelessness Service, offering up to 6 weeks assistance to families in purchased crisis accommodation with the aim of securing and establishing a private rental tenancy within this time.

While the support period under the pilot was funded for up to 6 weeks, on average households working with IR3 successfully secured private rental within 3-4 weeks.

The vast majority of IR3 clients are families, however a small number of single clients in receipt of DSP also accessed the program via Melton Housing Service.

Integrated Assessment & Referral

Families who present to the Salvation Army Western Metro Homelessness Service's IAP service in crisis are briefly assessed for private rental suitability by an IAP worker. Following this, a full assessment using a specific assessment tool (Private Rental Readiness and Sustainability Form) is completed, on the same day, with an IR3 worker.

Families assessed as appropriate for IR3/PRAP support are then engaged in a discussion around establishing a co-contribution agreement for purchased emergency accommodation and accompanying expectations around active engagement with the process of securing private rental.

Weekly case coordination meetings are held between MCM, the Western Metro Homelessness Service, Crossroads and Melton Housing Service to discuss progress and any issues with the current caseload.

Stabilisation of Immediate Accommodation Needs

A key early learning of the IR3 Pilot was recognition of the link between securing appropriate short-term accommodation and the capacity of families to engage effectively with the search for private rental. It was noted that families who were staying for extended periods in sub-standard motel accommodation, where they were subject to constant disruption and unable to re-establish basic routines, such as cooking, had great difficulty engaging effectively with support. In response, a practice was established whereby, under the IR3/PRAP co-contribution agreement, families entering the program were moved immediately into self contained serviced apartment style accommodation, where they were better able to attend to basic needs. Workers found this practice led to a more enhanced capacity to engage with the program.

Throughout the period of the IR3 Pilot, PRAP funding was used to pay for purchased accommodation for families in these co-contribution agreements, substantially relieving the pressure on HEF this would otherwise cause. Additionally, the flexibility of this funding also helped facilitate access to purchased emergency accommodation options with better amenities and allowed the program to provide guarantees to providers in the form of compensation for any damages, additional charges, or cleaning fees at the end of a family's stay.

At the conclusion of the pilot in January 2020, DHHS advised that PRAP funding could not be used to purchase emergency accommodation, even where families remained actively engaged with PRAP support. All funding for emergency accommodation now comes from the Western Metro Homelessness Service's general HEF pool, and it remains to be seen how this increased pressure on funds for emergency accommodation will impact program effectiveness.

A New Approach to Single Households (ANASH)

Trialled during 2017 and 2018 as an initiative of the Hume Moreland Area (HMA) Reform Launch Site, A New Approach to Single Households (ANASH) was another example of a successful program that employed the provision of stable, good quality emergency accommodation as a bridge to longer term outcomes.

Conceived as a targeted response to address the 'drift' of rough sleepers from the HMA towards the CBD, ANASH sought to demonstrate that where local services combined to integrate support responses with tangible offers of housing it would be possible to achieve sustainable, long-term housing outcomes even for those deemed by services as 'hardest' to house.

ANASH responded to 15 participants with complex support needs and extensive histories of homelessness including rough sleeping, and those whose experiences were reflective of multiple service system failures. ANASH was designed to provide a genuine 'housing first' response, not just in principle but in practice, and was resoundingly successful in achieving long-term housing outcomes for all 15 of its participants.

One building block of the success of ANASH was that participants were not expected to continue cycling through short-term options or rough sleeping while awaiting a housing outcome. Upon being picked up by the program, participants were placed in good quality, self-contained purchased emergency accommodation while work could begin toward securing housing and addressing support needs. This assistance was not rationed or time limited as it would be within a standard HEF constrained IAP response but was instead resourced to ensure stability between commencement of participation in the program and the provision of an appropriate housing offer.

It took less than 10 weeks on average from point of referral before each client was able to secure a transitional or permanent property through the ANASH panel.

The cost of supporting each client in emergency accommodation was on average just over \$2,000. While this might appear to be a substantial sum compared with average HEF spending across the NWLASNs, however, **the NWLASNs HEF spent at the Palms Motel alone during 2018-2019 would have provided an ANASH style response to nearly 200 complex and 'hard to house' single households across the region.**

Support at CSA Facilities

The resources available to households accommodated in CSAs are vastly different to those available to those in emergency accommodation purchased with HEF, yet the needs are generally the same. Those in CSAs receive 24 hour support, meals, security, and access to a variety of support programs, activities and other resources. This model has developed over time as a good practice response to what people in crisis, experiencing homelessness, need to create stability in their lives to move forward.

The CSA model provides 24 hour support for an average of six weeks. Onsite programs and resources are provided, all aimed at assisting residents to reduce their crisis and stabilise their situations sufficiently to be able to consider and work towards longer term options. All residents residing at CSA facilities are provided with support to work towards a housing exit, including THMs, community housing (including rooming houses run by community housing organisations), private rental, share houses and private rooming houses.

While CSAs have long been considered good options, particularly for single-person households with complex support needs, these households are constrained by the same housing scarcity as those seeking assistance from IAP services, with a steady reduction in the number of suitable exit options resulting in bottlenecks and lack of throughput.

It was suggested to the Project by one CSA manager that the models were designed and implemented back when the landscape looked very different (less demand, more affordable exit options, and more support vacancies), and arguably had not kept up with the landscape changing over the years.

The growing lack of exit options, for instance, has meant that workers at CSAs have encountered the same challenges faced by their IAP counterparts, a significant bottleneck in the system as a result of a lack of exit options. Workers felt that despite their best efforts, exits to rooming houses had become increasingly common, and these tenures frequently broke down within a short time. It was also reported that many residents refused exits to rooming houses due to prior experiences, preferring instead to exit into rough sleeping.

At another CSA facility where private rooming houses are not deemed to be reasonable long-term housing options, stays are extended until other long-term options can be secured. It was observed that there were fewer planned exits because of this, and a corresponding decrease in vacancies.

Targeted Support to High Service Use Households?

One approach to addressing the 'churn' in the system is through approaches that specifically target high service use households. Unison's analysis of six years of IAP service data (Taylor and Johnson, 2019) found the majority of households only presented to Unison's IAP service for assistance in one year (**79%**), with the majority of those households only accessing support once. On the other hand, nearly half of all support periods (**41%**) and support days (**43%**) were consumed by just **21%** of households, who returned for assistance over multiple years.

'Indeed, in contrast to previous studies, we found no evidence that a single attribute or set of attributes will predict whether households will return or not.' (Taylor and Johnson, 2019: 5)

Rather than trying to provide targeted intervention based on certain household characteristics, the report recommended that Unison explore the possibility of trialling a prioritisation approach to the more frequent service users to facilitate priority access to resources to break this cycle.

An approach based on targeting high service use individuals was trailed through Launch Housing's Frequent Service Users (FSU) Project (Hatvani, 2017), which identified the top 100 most frequent service users based on presentations to Launch's three IAP services. The research found that a small percentage of clients had a disproportionately high number of service contacts over the years, with little in the way of outcomes. The client with the most contact with Launch Housing, for instance, had over 600 service contacts over 15 years.

The project was then able to employ a dedicated FSU worker to provide intensive case management support to the top 25 households with the most service contacts, the aim being to secure long-term housing outcomes. The model also provided support to maintain housing through enhanced internal linkages and pathways within the organisation.

After the initial 12 months, 19 of the 25 (76%) individuals had either secured or successfully maintained affordable long-term housing after 12 months, though the program's evaluation included both transitional housing and community rooming houses as long-term housing. The evaluation suggested that targeting resources towards these individuals may free up capacity in other parts of the system and found that that these clients had a combined decrease of 326 contacts with Launch's IAP services compared to the 12 months prior.

It was felt that effective interventions for these individuals experiencing housing breakdown required an intensive level of support requiring resources from a number of different programs, "as well as the authorising environment to prioritise individuals towards certain resources, rather than 'starting at the beginning' again. The capacity to look at these households more broadly at a systemic level to better understand their issues was also cited as a strength of the model, allowing the support to be flexibly tailored to the needs of the individual. This stands in stark contrast to the response the Sector is currently able to provide due to the constraints on limited budgets and consequently tight eligibility requirements for assistance.

Frontyard - Melbourne Youth Support Services (MYSS)

Unlike other Access Points, Frontyard receives only a small fraction of HEF allocation to spend on emergency accommodation, with funding intended to cover just 80 supports a year. With 30–40 young people presenting for assistance daily, HEF alone is insufficient for Frontyard to address this demand.

While referring young people to internal programs for support has always been a core practice, there has been a concerted effort in recent months to map out support options available for young people across the Greater Melbourne region, with a view to establishing referral pathways to various youth support across the region.

This came about after it was noticed that the same young people were often presenting back day after day, slowly becoming embedded within the city's street homelessness culture, and were often observed visibly deteriorating between presentations through exposure to the drug scene.

By establishing these referral pathways and partnerships with organisations across numerous geographic regions, Frontyard are now able to address inner city drift by encouraging young people to remain in their region of origin through linkages into local support providers. They have also encouraged case managers to be actively involved with the housing plan to prevent young people from presenting to Access Points, meaning young people no longer have to present to multiple services and repeat their story to multiple workers.

While this practice has only recently been implemented, it was noted that they were already starting to see a difference. By referring people back to their region of origin and providing support at a young person's first point of contact with the homelessness system, they have effectively been able to prevent unnecessary links to the CBD from being created, thus preventing young people from becoming embedded into the culture of youth homelessness in the CBD. As a result, Frontyard are no longer seeing the same young people presenting back day after day.

Private Rental Access Programs (PRAP)

Private Rental Access Programs, aimed at assisting households to establish or maintain private rental tenancies, have been expanded across Victoria in recent years. With a continued lack of investment in social housing options, assisting low-income households to access private rental is often the only available potential pathway out of homelessness.

For households able to access PRAP, recent research has shown that the program effectively delivers housing outcomes and prevents households from experiencing homelessness. Unison's evaluation of its PRAP program (Watson, Johnson and Taylor, 2020) estimated that approximately **8 in 10** households who received assistance through Unison's PRAP were able to maintain their tenancy. Launch Housing's phone survey of past PRAP clients found a similar success rate, with **85%** of 150 households found to still be living in the property for which they received assistance.

Unison's report identified that 'the success of the program is in part derived from having a clearly identified target group: low-need, low-income households' (Watson, Johnson & Taylor, 2020: 6), and found that the program works well primarily with families (**73%**). Single-person households, who are generally excluded from private rental market, make up only a small proportion of PRAP assistance, largely due to a lack of affordable housing options for this demographic:

'A group that the PRAP has less success assisting is single households. There are virtually no affordable private rental properties for low-income single households anywhere in the Greater Melbourne metropolitan area. For single households, this often means that rooming houses are the only option. Although rooming houses tend to be technically within the means of people receiving single Centrelink payments (and not over 100% of this amount, as for many one-bedroom flats in Melbourne), they represent an unsatisfactory housing outcome for multiple reasons including but not limited to safety, privacy and general housing conditions.' (Watson, Johnson & Taylor 2020: 53)

The evaluation goes on to warn against the expectation that PRAP can provide a catch-all solution:

*'The PRAP is designed to offer short-term support for low need households in acute housing crisis. This type of intervention is less suitable for households with more complex needs because sustaining private rental over a longer period is difficult due to their ongoing circumstances. While the PRAP is more likely to refer these households to the IAP, **over time and in the context of increasing demand on the IAP service and in a housing market where social and transitional housing is in such short supply, there can be pressure to push the limits of the PRAP simply because there are no other options for homeless households with more complex needs. This could potentially undermine program outcomes.**'* (Watson, Johnson & Taylor 2020: 50)

Head Lease Models – Rapid Housing Assistance Fund (RHAF)

Staff involved in Launch Housing's Rapid Housing Assistance Fund (RHAF) program provided feedback to the Project around the benefits and challenges of head lease models. Under the RHAF model, tenants had their rent subsidised for the first twelve months and were only required to pay 40% of the market rent for the first six months, followed by 80% for the next six months. Rent would then revert to market rent, and it was expected that households would maintain the tenancy from

this point. The program had a mix of demographics, including families, single women with experiences of family violence, and rough sleepers.

It was reported that the program had mixed results: While some households were able to successfully take over the lease and continue living in the property at the end of the 12 month period, many other households were unable to sustain their tenancies at the end of the subsidised period, and returned to rough sleeping after the first twelve months.

One of the key challenges was the significant pressure to fill properties according to strict timelines, leading to a rush to place households into the program at the expense of cohort suitability. Rather than having the necessary time to find households who were assessed as being private rental ready and thus suitable for the program, staff were often advised that a property needed to be filled within weeks.

It was further identified that the head lease properties were sourced prior to participants being recruited into the program, so housing stock did not take into account household area preferences. The program thus had difficulty getting households to accept properties in areas they were unfamiliar with, or far from existing support networks.

The program initially aimed to have comprehensive coverage of available properties across LGAs, regardless of whether the areas were affordable or not. This was abandoned after it was identified that some LGAs did not have a single property affordable for households on Centrelink incomes.

A key aim of the program was to house rough sleepers in some of the head lease properties, and key to this approach was the use of Launch Housing Southbank as an intermediate step. It was recognised that there were numerous challenges and barriers for someone sleeping rough to move into a private rental tenancy, and the use of a CSA facility in the interim provided clients with a measure of stability that facilitated engagement with the program.

Summary

'Cycling through short-term crisis or transitional accommodation is not an appropriate intervention for people who are rough sleepers, especially if they are long-term– the evidence shows that stability is crucial' (Kolar, 2017: 5)

The examples of support models explored illustrate that housing outcomes can be enhanced through targeted interventions and provide examples of approaches that could be replicated throughout the region.

Successful interventions are designed with pathways to actual housing stock or specific outcomes in mind that are realistic for the target cohort.

Support interventions are targeted and specific for the relevant cohort, with referrals being made to an appropriate support service in the household's geographic region of origin.

Where there is inter-agency collaboration, the process involves coordinated 'wraparound assistance' with clearly defined roles, expectations and responsibilities in order to maintain accountability and achieve positive outcomes.

However, not every household in need of support will be able to access support due to the lack of capacity within the Sector. **The Sector's response to single person households is particularly lacking, and there is an urgent need for more targeted pathways out of homelessness for single person households, with housing options built into the design of the program.**

Not all models of support are appropriate for every cohort, and the examples illustrate the importance of targeting support by cohort and ensuring the model design is suitable to the household's situation.

Where purchased emergency accommodation is provided as part of a support response, this is often provided on an extended basis with a level of certainty in order to facilitate a support or exit option. This certainty allows for households in crisis accommodation the opportunity to stabilise and better engage with the support provided.

The ANASH and IR3 examples speak to the importance of being able to access better quality emergency accommodation, with both able to offer guarantees to accommodation providers (security deposits and damages) to provide households with good quality accommodation where they can be safe, enjoy privacy and be self-sufficient.

Approaches that target high service use households may be effective ways of addressing churn and free up capacity for other parts of the service system.

The success of any model can also be compromised by a lack of suitable exit options, with many cohorts reliant on social housing as the only affordable housing option. It is tempting to look towards the private market for solutions in the midst of a critical shortage of social housing.

However, private rental is not generally an appropriate option for households with complex support needs and is simply unaffordable for the majority of single-person households presenting to IAP services. Where affordable private rental can be found, this tends to be in outer suburban areas, far from services and other existing support networks.

Changes to the System during COVID-19

The Project began with mapping and analysis of an essentially static emergency accommodation landscape, and with the hope that a dedicated effort might yield a handful of previously untested private options. The expectation was that the Project's work would provide support to the prevailing view that the private emergency accommodation 'market' was essentially exhausted, as this had indeed been the case pre-COVID.

With the onset of the pandemic, that static landscape was substantially disrupted and, in some respects, the previously unimaginable became possible.

Updated DHHS Homelessness Services Guidelines encouraged services to seek emergency accommodation options suitable for self-isolation (that is, self-contained as far as possible), and enabled this with substantially increased HEF allocations to Access Points. Some long established practices driven by scarcity, such as the tight rationing of HEF assistance to single adults, were supplanted by responses driven by the housing and health needs of clients. Typical stays in motel accommodation for singles that had been limited to handful of nights at most, shifted in some instances to weeks and even months.

Accompanying the increased provision of emergency accommodation assistance was the almost overnight collapse of the market for tourist and business travel accommodation. This meant that the profile of options accessible to services shifted immediately and dramatically. As a result, services in the region were able to cease their usage of private rooming houses as an emergency option for adult singles that was fraught with issues around safety, amenity and affordability. In terms of hotels and motels, services obtained access to numerous options offering improved levels of safety, comfort and amenity, many of which had previously never provided emergency accommodation to households experiencing homelessness.

The Project was well placed to play a role in sourcing, briefing and linking new accommodation providers with NWLASNs Access Points, and offered a degree of coordination and consolidation of accommodation options information across services that had not previously been present in the region.

As new initiatives to provide outreach case management and on-site support to households in extended emergency accommodation stays were developed and rolled out, principally through the Homelessness Emergency Accommodation Response Teams (HEART) and the Homeless Hotels Emergency Response (HHER), it was observed, that some motels became almost defacto crisis supported accommodation facilities.

Where pre-COVID there was no resourced capacity in the system to offer housing focussed outreach to even the most frequently used motels, the policy and resourcing response during the pandemic came to acknowledge that provision of a bed alone was insufficient to ensure safety, stability and health for many assisted households. The resourcing of onsite support under HHER increased the sense of safety and security felt by clients and providers, while outreach case management through the HEART offered the opportunity for supportive engagement to a significant proportion of households with complex and previously unmet support needs.

Within this field of new possibilities, numerous familiar challenges remained:

- For some Access Points, pandemic HEF allocations remained insufficient to provide responses to clients consistent with the updated DHHS Guidelines, and feedback from services suggested an uneven emergency accommodation response across the region.

- While many households were provided with emergency accommodation and support on an extended basis, little is known about the ongoing housing situations of those whose assistance came to an end without support.
- Providers' expectations around the provision of deposits and guarantees remained a barrier to the uptake of many better options, this may have been a reason why, even with increased HEF and reduced tariffs, only a small proportion of assists were to accommodation options offering fully self-contained facilities.
- It remained the case that certain established high-volume, low-rated motel providers continued to be extensively used by services, factors driving this included proximity to services (with the bulk of 'new' options concentrated in the CBD and surrounds), and concern about new providers' willingness and capacity to tolerate the degree of disruption large-scale bookings from services would likely entail.
- There was still no formal coordination of emergency accommodation options and while the Project sourced and shared options information, each service still had to establish separate arrangements with providers meaning the profile of potential options varied across Access Points.
- In the absence of a shared register of accommodation options, issues remained regarding divergent perceptions of option suitability for different cohorts.
- Relationships with private providers remained vulnerable to sudden disruption or withdrawal, especially so with no agreements in place around working understandings, mutual expectations and processes for dispute resolution.

Changes to HEF Guidelines

Within weeks of the Victorian Government declaring a State of Emergency on March 16, DHHS released the COVID-19 Amendment to Homelessness Services Guidelines Conditions of Funding (2020), which outlined changes to practice guidelines for services specific to the pandemic conditions:

'The department has increased the HEF allocation to existing service providers to assist people experiencing homelessness who have been impacted by COVID-19. This funding can be used flexibly to meet the needs of people impacted by COVID-19, this includes the purchase of mobile phones to the value of \$250. Homelessness services should ensure that they are working within their allocated HEF budget and manage service demand to their allocation. Where possible, services should endeavour to purchase emergency accommodation that is self-contained (bathroom and cooking facilities) to allow for quarantine or self-isolation. Services should leverage existing relationships with motels/hotels and consider bulk purchasing where practicable.' (2020: 13)

A shift in service responses was in fact already evident before the formal release of the amended guidelines, captured to some degree in data received by the Project from Access Points as part of the CAOP HEF and EA Snapshot, which ran during March coincidentally at the point when the pandemic response began to unfold.

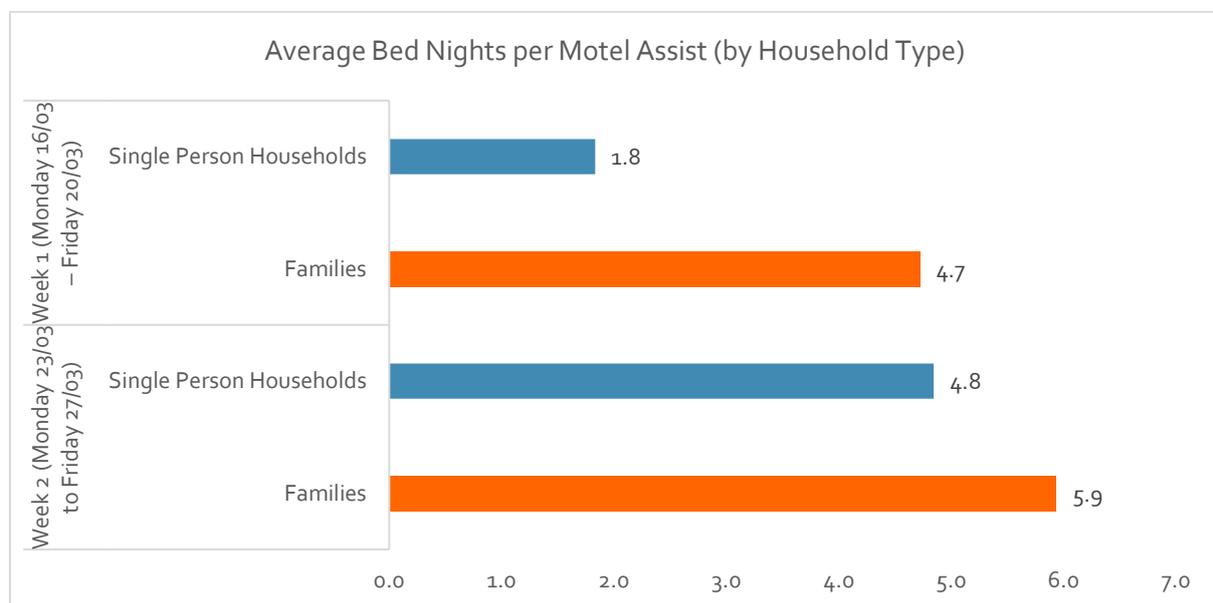
March Snapshot Week 2 (Monday 23/03 to Friday 27/03)

The second week of the March snapshot coincided with Victoria entering a Stage 1 shut down of non-essential activity. Data obtained during the second week of the snapshot provides an indication of the changing response as services began to pivot from usual practice towards the initial Covid-19 response.

Three Access Points recorded data during this second week, and **80 assists** were logged for a total HEF spend of **\$42,245**. The breakdown of assists by household type remained broadly similar to the first week, as did the proportion of assists by accommodation type.

However, during this week services increasingly began accommodating households into motel accommodation for longer periods of time, and this could be seen in the increase to the average number of bed nights provided in motel accommodation. While families were already being accommodated in such arrangements as standard practice, there was nonetheless a slight increase in the average number of bed nights, with **95 bed nights** provided through 16 assists for an average of **5.9 nights per assist**.

Single person households saw a significant increase in average motel bed nights, with **218 bed nights** provided through 45 assists for an average of **4.8 nights per assist**, more than double the number of average motel bed nights from the previous week. During this time, many motel assists for single households were for 7-14 nights of accommodation, already a far cry from the usual practice of overnight accommodation seen a week earlier.



The early additional pressures on HEF budget were already apparent during this week, with the average HEF spend for all household types increasing **59%** from **\$332 per assist** to **\$528 per assist**.

When accounting for household type, once again families saw a small but significant increase in average HEF spend of 35% to **\$749 per assist**, while assists to single person households increased significantly to an average of **\$479 per assist**, which represented an **87% increase** from the previous week.

This trend of more bed nights being provided (and a corresponding increase in HEF spend) only increased in subsequent weeks, and weekly HEF data was sought from the Access Points to provide further analysis of the Covid-19 response.

12-Week Pandemic Period HEF Data Summary

KEY OBSERVATIONS:

In the first twelve weeks of the pandemic period, the five NWLASNs Access spent over **\$2.74 million** across **4,624** assists, which represents *more than the entire HEF spend on purchased emergency accommodation for all five NWLASNs Access Points during 2018-19 (\$2.5 million)*, and over half of all assists into emergency accommodation recorded for that year (**8,811**).

At the peak of activity in the period (week seven), assists across the region increased by **150%** compared to week one, while HEF spend increased by over **400%**.

The combined spend for the 12-week period was **460%** of the equivalent 12-week pre-COVID allocation, with individual Access Points spending between **166%** and **816%** of their equivalent pre-COVID 12-week allocation. During the region's peak during Week 7 (April 27 to May 3), the five IAP Services' combined HEF spend was **645%** of their combined pre-COVID weekly budget.

In the effort to assess the impact of the COVID-19 pandemic on the activity of NWLASNs IAP services, the CAOP was asked to gather, sort and analyse data from each of the five NWLASNs Access Points for the initial 12 weeks of the pandemic period, **16 March to 7 June 2020**. The beginning of this period aligned with the Victorian Government's State of Emergency (from midday 16 March 2020), and with the commencement of DHHS' special pandemic HEF/emergency accommodation reporting requirements.

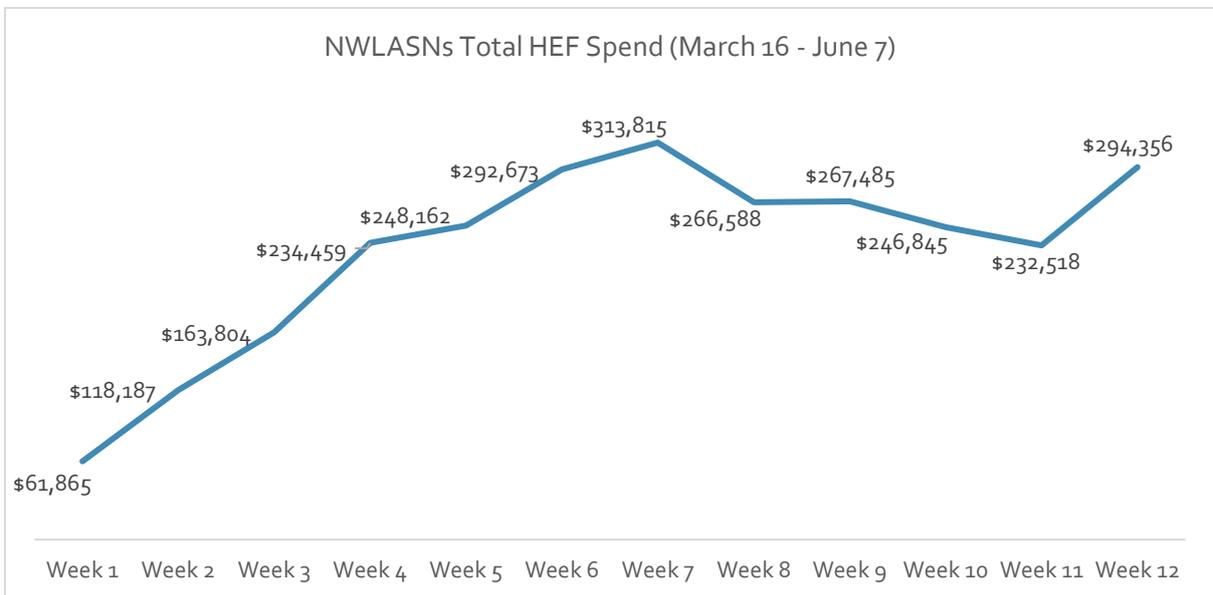
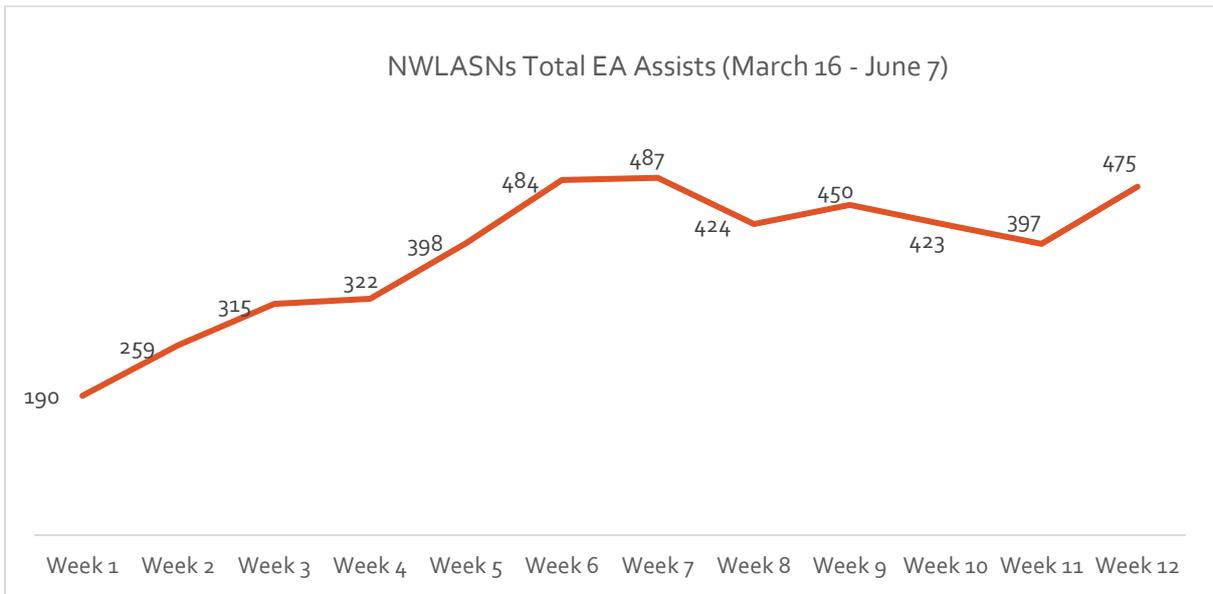
CAOP also requested each Access Point's regular (pre-COVID-19) HEF allocation in order to contextualise the HEF spend during this period.

In collating the data available for the period, the CAOP's interests were:

- Establishing the extent of emergency accommodation assistance and HEF expenditure across the NW region under the changed operating conditions of the pandemic.
- Commencing a comparison between activity under pandemic conditions and pre-COVID 'business as usual', the reference point for the latter being 2018-19 HEF/emergency accommodation data (as insufficient data available to the Project for July-March 2019-20) and each Access Point's regular HEF budget.

Collated NWLASNs HEF Payment Data (March 16 to June 7)

As expected, HEF data illustrates that all the NWLASNs Access Points experienced large increases in purchased emergency accommodation assists and HEF spending.



Across the NWLASNs' Access Points there were a total of **4,624** emergency accommodation assists recorded during the 12-week period under consideration, and there was a combined HEF spend in excess of **\$2.74 million**. These are significantly higher figures, representing *more than the entire HEF spend on purchased emergency accommodation for all five NWLASNs Access Points during 2018-19 (\$2.5 million)*, and over half of all assists into emergency accommodation recorded for that year (**8,811**).

In the absence of pre-COVID 2019-20 HEF data, a robust region-wide comparison of 'business as usual' immediately pre-pandemic was not possible. It is worth noting that week one of the period coincided with the commencement of CAOP's HEF/EA snapshot exercise, and at the time the activity recorded by the participating Access Points during that week was not regarded as anything out of the ordinary. It was not until the second week of the snapshot (commencing March 23) that IAP activity was perceived to have departed significantly from business as usual.

As such, week one of the pandemic period data might be considered a useful working baseline against which to interpret the extent of increased activity that occurred across the region in subsequent weeks.

At the peak of activity in the period (week seven), assists across the region increased by **150%** compared to week one, while HEF spend increased by over **400%**.

Following the peak, there was a gradual region-wide decrease in both assists and HEF spend, reflective of a corresponding decrease across all Access Points except Unison. The HEF data does not speak to possible reasons for this but might include factors such as reduced demand volume as the early impacts of the pandemic stabilised, some changing practices in regard to the length of bookings (longer booking periods meaning fewer instances of assistance) and uncertainty over HEF availability. Even with a decrease from peak numbers, at week twelve, region-wide assists were still more than double those of week one, while HEF spending remained nearly five times greater.

Increased activity in both assists and HEF spend was most pronounced for the services with inner-suburban coverage. For Launch Housing (Collingwood IAP), assists increased by over **400%** at their peak (Week 6) compared to the first week, and weekly HEF spend had increased by **1,075%** at their peak in Week 7. Unison's peak for the period was in Week 12, with assists increasing by **215%** and HEF spend by **670%** above Week 1 figures. Unison further reported that HEF spend and total number of assists continued to increase week by week in the weeks after.

While Haven also witnessed a peak of significant magnitude, with a **160%** increase in assists (Week 6) and an **750%** increase in HEF spend (Week 7) compared to Week 1, the rising trend was somewhat less pronounced for the other outer-suburban APs. The Western Metro Homelessness Service's peak during the period (Week 7, beginning 27/4) presented a **50%** increase in assists from the first week, and a **60%** increase in HEF spend. VincentCare's peak (Week 5, beginning 13/4) saw assists up **75%** and HEF spend up **72%** compared to Week 1. These figures still represent a significant increase in activity, especially when considering that pre-COVID 'business as usual' already represented a perceived over-capacity service response.

Comparison with Pre-COVID HEF Budgets

One way of contextualising the increase in HEF spend is by comparing the figures seen during these 12 weeks to each Access Point's 'pre-COVID' HEF allocation.

The combined spend for the 12-week period was **460%** of the equivalent 12 week pre-COVID allocation, with individual Access Points spending between **166%** and **816%** of their equivalent pre-COVID 12 week HEF allocation. During the region's peak during Week 7 (April 27 to May 3), the five IAP Services' combined HEF spend was **645%** of their combined pre-COVID weekly budget.

Put another way, the **\$2.74 million** spent by the Access Points over just 12 weeks exceeded the combined *annual* HEF allocation for these agencies (**\$2.53 million**) under normal circumstances.

Emergency Accommodation Responses During the Pandemic Period: Accommodation Options Mapping

KEY OBSERVATIONS:

During the early weeks of the pandemic, details of over 50 new motel and serviced apartment providers were circulated by the Project to NWLASNs Access Points, with most of these providers having not previously worked with homelessness services. In the absence of a formal consolidation of accommodation options, the Project's region-wide role proved valuable to services.

Previously unthinkable opportunities arose as a result of the pandemic, with newer, better quality providers with high levels of amenity, offering competitive tariffs and discounts.

Despite this, old challenges of security deposits and additional charges remained. As a result, despite guidelines encouraging the purchasing of self-contained accommodation suitable for self-isolation, only a small proportion of assists into motels (**14%**) were to providers who reported all rooms on offer

had fully self-contained facilities.

Provider use across Access Points was concentrated on a small number of key providers, in some instances to an even greater extent than what was found during the CAOP's 18/19 HEF/emergency accommodation mapping exercise.

Most services continued to mainly use existing providers (between 65%-74% of all assists). The exception to this was Launch Housing Collingwood, with 62% of all assists going to new providers

Location, familiarity and the perceived capacity of providers to manage the challenges of agency referrals were guiding factors behind usage patterns.

Only 2.5% of all assists during this period were to private rooming houses (compared with 17% in 2018/19), with a further 0.7% of assists to backpacker hostels (compared with 9% in 2018/19).

Securing new options under pandemic conditions

During the early weeks of the pandemic period, the CAOP workers focussed activity on sourcing additional motel and serviced apartment accommodation options for use by the NWLASNs Access Points, in anticipation of the increased demand predicted with onset of the pandemic. While this activity was undertaken with a view to sourcing accommodation that would, ideally, allow for effective self-isolation (i.e., with self-contained facilities, in line with DHHS' revised guidelines for IAP service delivery), the new options sourced consisted of a range of accommodation types, including standard motel rooms, motel rooms with kitchenettes, and serviced apartments with extensive amenity.

In sharp contrast to efforts made to contact providers prior to the pandemic, the Project attempted contact with 95 hotels between March to June, with some of these options uncovered only after providers themselves actively contacted services. 47 providers responded to enquiries, with all but one of these agreeing to accept bookings from agencies in the NWLASNs.

The Project compiled and circulated the details of over 50 motel and serviced apartment providers to the Access Points during these early weeks. While some were previously known to particular services within the region, the great majority had not previously been used for emergency accommodation by NWLASNs Access Points.

Pandemic Conditions: New Opportunities, Old Barriers

The operating environment for motels and serviced apartments changed dramatically as the social and economic consequences of the Covid-19 pandemic took shape. Faced with occupancy rates below 10%, providers with no previous experience of working with services responded enthusiastically to enquiries from the Project, and indeed in many instances actively approached services such as Launch offering reduced nightly tariffs, longer-stay discounts and other incentives in an effort to sustain business.

Even in this radically changed environment, however, the security deposit and damages liability issue remained a barrier to services sourcing much-needed accommodation options, especially so in relation to serviced apartment providers offering higher levels of amenity appropriate for households needing to self-isolate through this period. A number of providers with whom the CAOP workers had been in discussion with had been prepared, given the extraordinary pressure to fill vacancies in the current conditions, to waive requirements for deposits or credit pre-approvals – in each of these instances, however, the provider's expectation that services will pay recompense for damages or other additional costs was re-iterated.

Between March 25 and April 8, the CAOP workers established 'in-principle' understandings with

nearly 40 motel or serviced apartment providers who had not previously had arrangements in place either with Launch Housing specifically nor, in most instances, with any of the other NWLASNs Access Points. All of these had indicated willingness to accept bookings from homelessness services, and in most instances had offered rates below, and in some cases significantly below, pre-COVID prices. With few exceptions, however, the requirement for a security deposit of some kind and/or an acknowledgement by referring services of liability for damages remained.

Missing out on better quality and more affordable options in the current conditions

An observation from one NWLASNs IAP manager approximately one month into the pandemic was that even while 'new' high quality fully self-contained accommodation options, being offered to services at knockdown rates, remained virtually empty, the 'usual suspects' – motels such as the Palms, the Redan and the Coburg Motor Inn – continued to be booked out on an almost nightly basis despite no reduction in tariffs in line with broader market conditions.

The 'room only' cost disparity between established providers and many of the new options was significant. For instance, one chain of serviced apartment hotels (with 12 properties across the Melbourne metro region) were offering Access Points in the NWLASNs discounted rates from \$54/night for extended stays. Numerous other new providers willing to work with the NWLASNs APs for the first time were offering comparable prices, which would have offered substantial savings, particularly as changes in practice during the pandemic meant more clients were being placed in motels, hotels and serviced apartments for longer periods. Meanwhile, rates at established providers such as those mentioned above remained unchanged, with rates for the most basic of rooms at \$100/night or more.

Information gathered by the CAOP workers on new motel options arising in the context of the pandemic was progressively collated and circulated to Access Points, but despite significant temporary increases in HEF for emergency accommodation having been flagged by DHHS, services were understandably hesitant to depart from past practice on deposits and damage liabilities, these were untested waters, both in respect of providers not previously utilised, and the terms on which bookings and payments were made. Services had to negotiate a tricky balance between the imperative to source a volume of accommodation with increasing demand, while assessing their capacity to hold the financial risk potentially presented by new providers' expectations for security or recompense should issues arise.

Accommodation Options and Cohort Suitability: Pre-COVID Challenge, Writ Large

While the HEF data available to the Project does not provide detail of the composition or assessed support needs of households assisted with purchased EA, anecdotal feedback from the Access Points suggests that a significantly higher proportion of EA assists in the period have been provided to single adults with complex needs than would be the case during 'business as usual'. As noted in the Projects summary of 2018/19 NWLASNs HEF data, sourcing purchased emergency accommodation options for this cohort is an ongoing challenge for IAP services, and this has continued to be the case even as the field of potential accommodation options has expanded under the period of the pandemic.

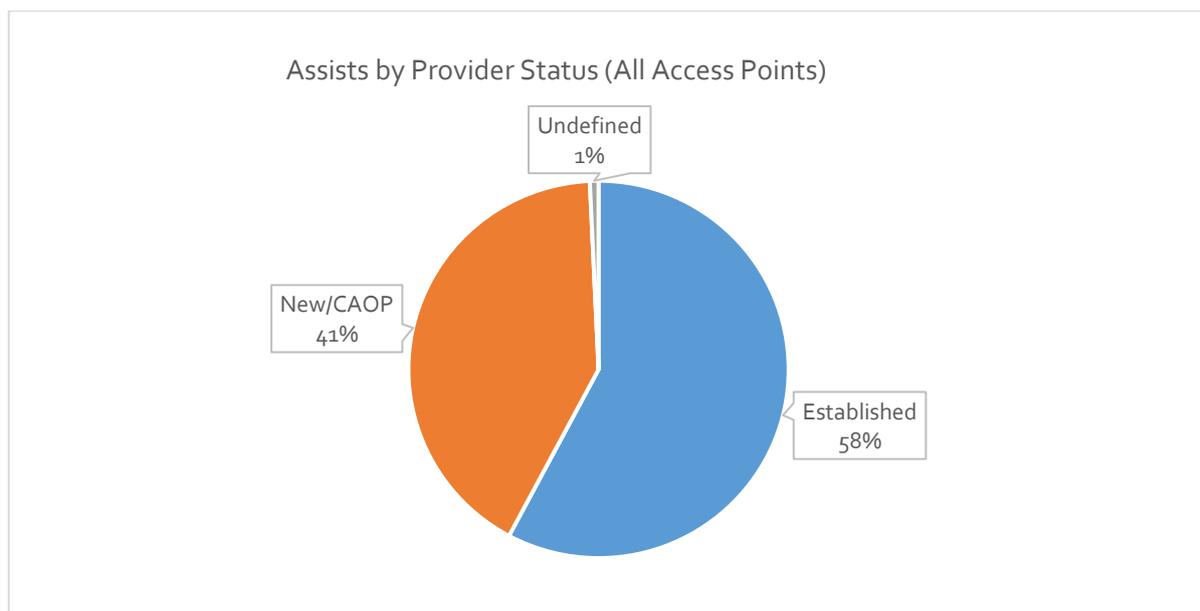
Most new providers circulated to the Access Points during the period indicated preparedness to accept bookings from services only on the basis of a guarantee (whether upfront as a deposit or in principle) that additional costs for damage or significant disruption would be met by the referring agency. Regardless of how attractive the accommodation offer or reduced tariff proposed, such an expectation represents both a financial and reputational risk to agencies seeking to source options for single clients with complex needs. As such, only a handful of the options circulated to Access Points were identified as suitable for higher needs referrals, and this may be a key reason why relatively few of the new options identified were taken up on a large scale by the agencies.

Among the new options, the Ibis Kingsgate was a notable exception in not requiring deposits or additional costs guarantees from agencies, though the motel made explicit that the nightly tariff

offered in the absence of a security deposit would be twice the rate on offer if a deposit were provided (\$110 vs \$55/night).

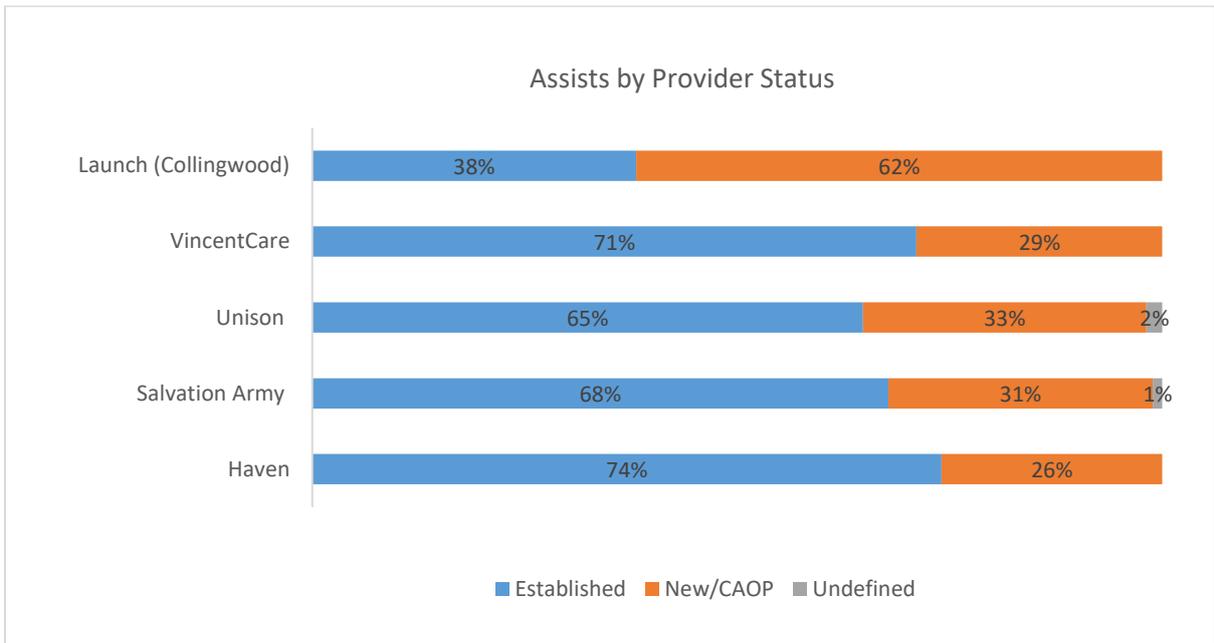
The Uptake of New Options

In sorting the pandemic period HEF data provided by the Access Points, the Project was interested in tracking the uptake of new options to ascertain which of them had been utilised by the Access Points, and how use of new options in the period compared to use of established options. For the purposes of categorisation, providers that had appeared in HEF data prior to the pandemic period were designated as established, while new options were those not previously known to have been used by any of the NWHNs Access Points (whether sourced via Project or the agencies themselves).



Overall, the use of emergency accommodation options was split approximately 60/40 between established and new providers. The overall picture, however, obscures very different usage patterns between the Access Points.

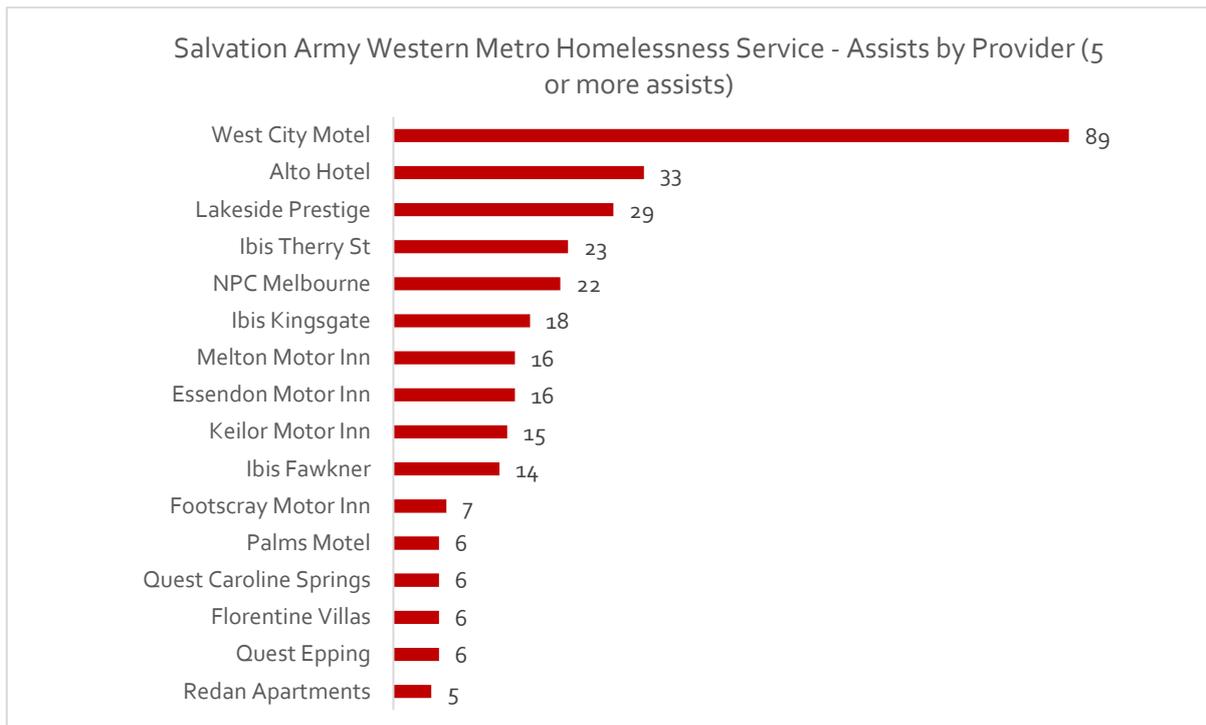
For Unison, the Salvation Army Western Metro Homelessness Service, Haven and VincentCare, established providers in fact saw a much higher proportion of usage, while only Launch Collingwood's data indicates a proportionally higher take-up of new providers.



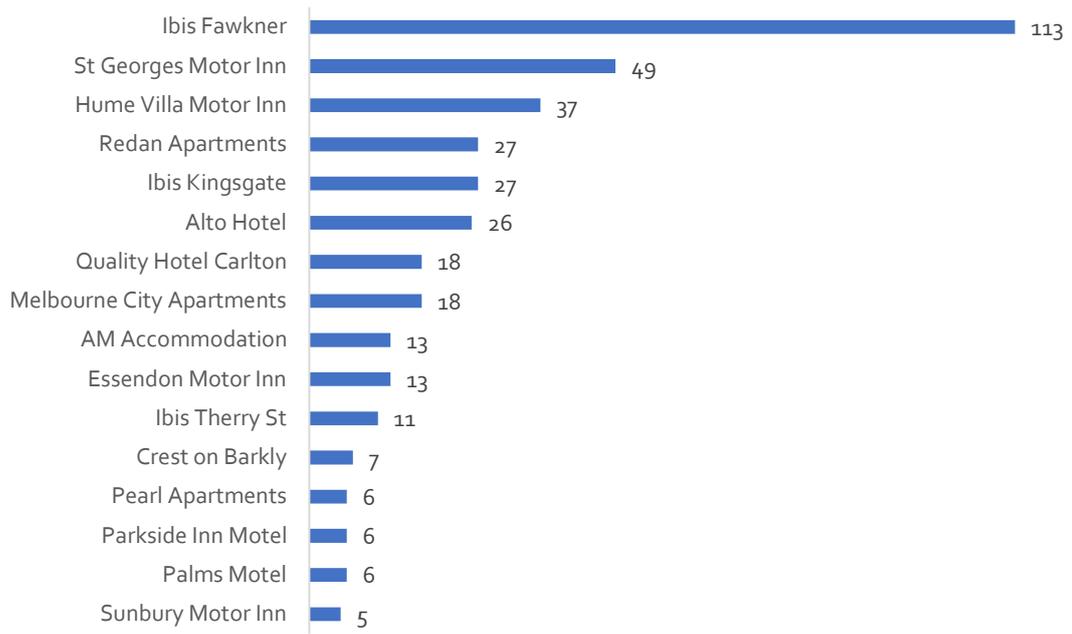
For all Access Points, usage tended to be concentrated on a small number of key providers, in some instances to an even greater extent than what was found during the CAOP's 18/19 HEF/emergency accommodation mapping exercise.

Ibis Budget Fawkner, for example, made up 25% of all assists provided by VincentCare, while the **West City Motel** also made up 25% of all assists for the Western Metro Homelessness Service. Reliance on key providers was even more pronounced at Unison's IAP sites; for Seddon IAP, it was **The Palms**, accounting for 33% of all assists, and for Werribee IAP it was the **Monte Villa Motor Inn**, accounting for 38% of all assists in the period.

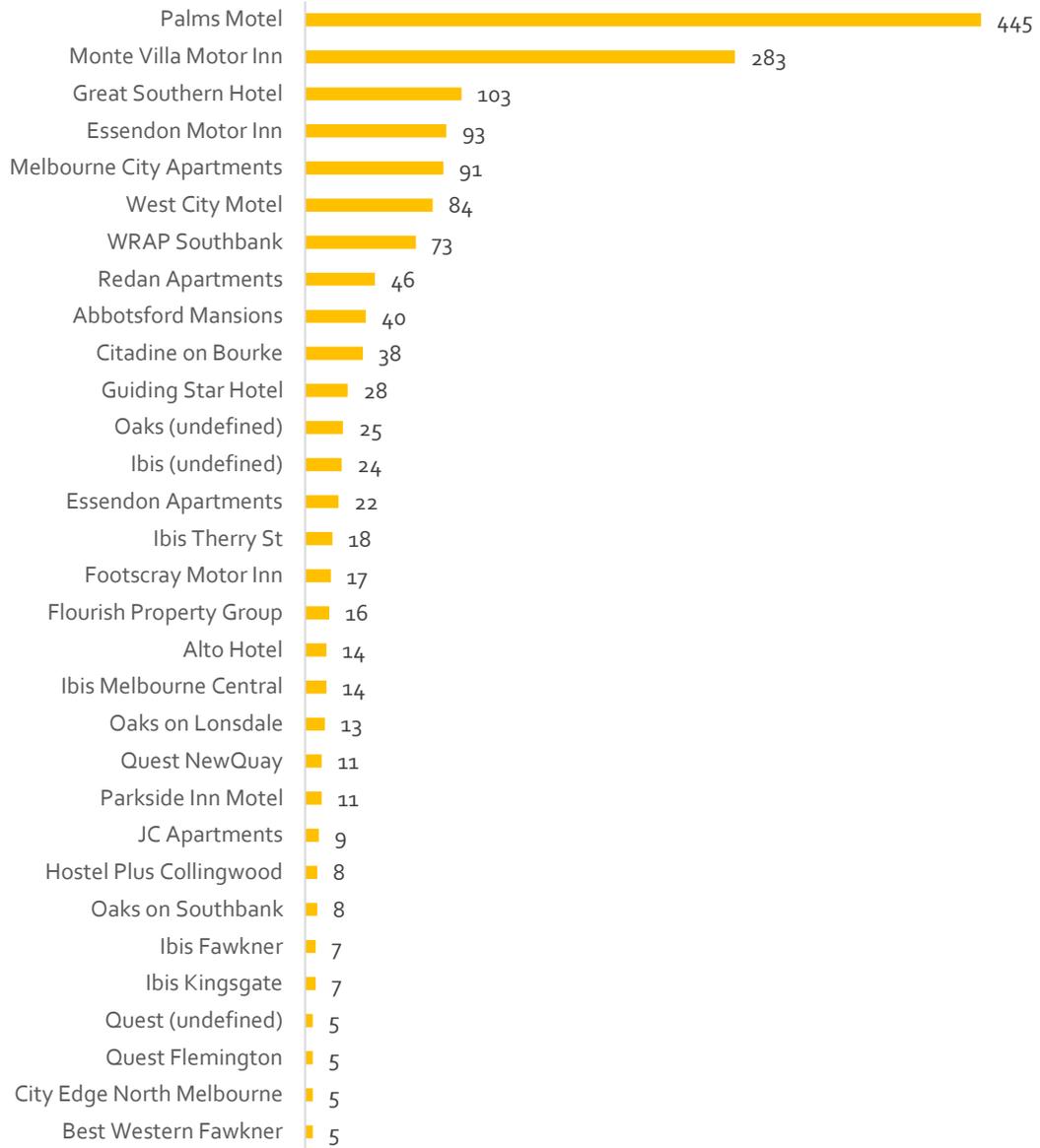
For Haven Home Safe, the top 3 providers (**Comfort Inn Greensborough**, **Parkside Inn Motel** and **Eltham Gateway**) accounted for 45% of all assists for the period.



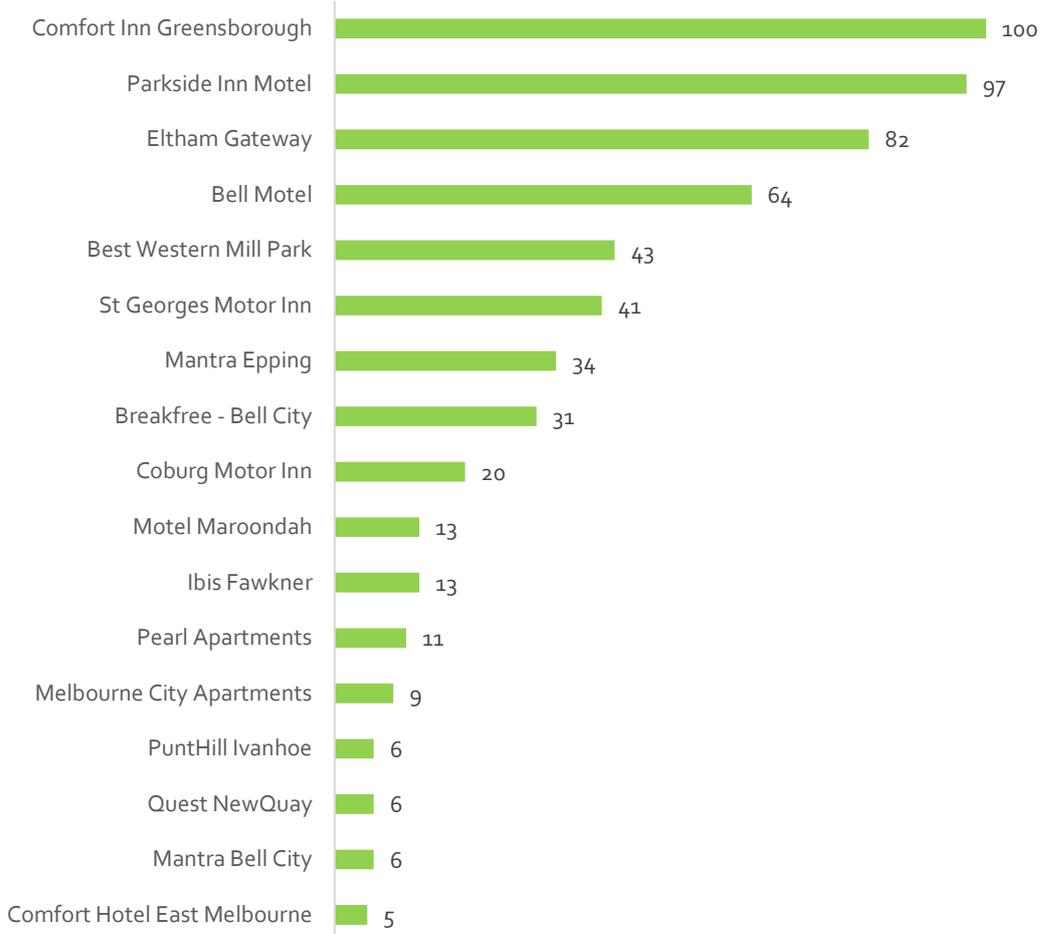
VincentCare - Assists by Provider (5 or more assists)



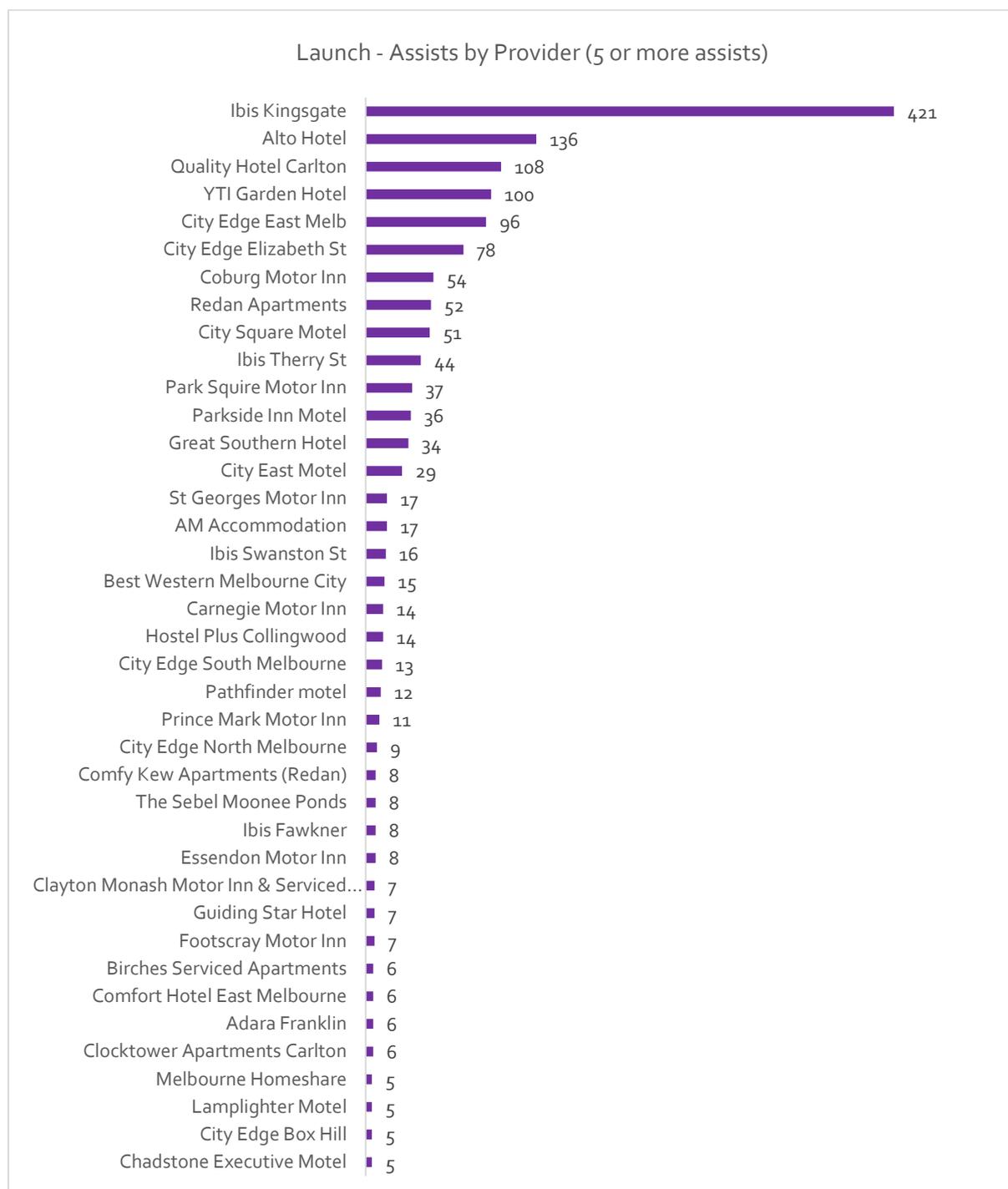
Unison - Assists by Provider (5 or more assists)



Haven - Assists by Provider (5 or more assists)



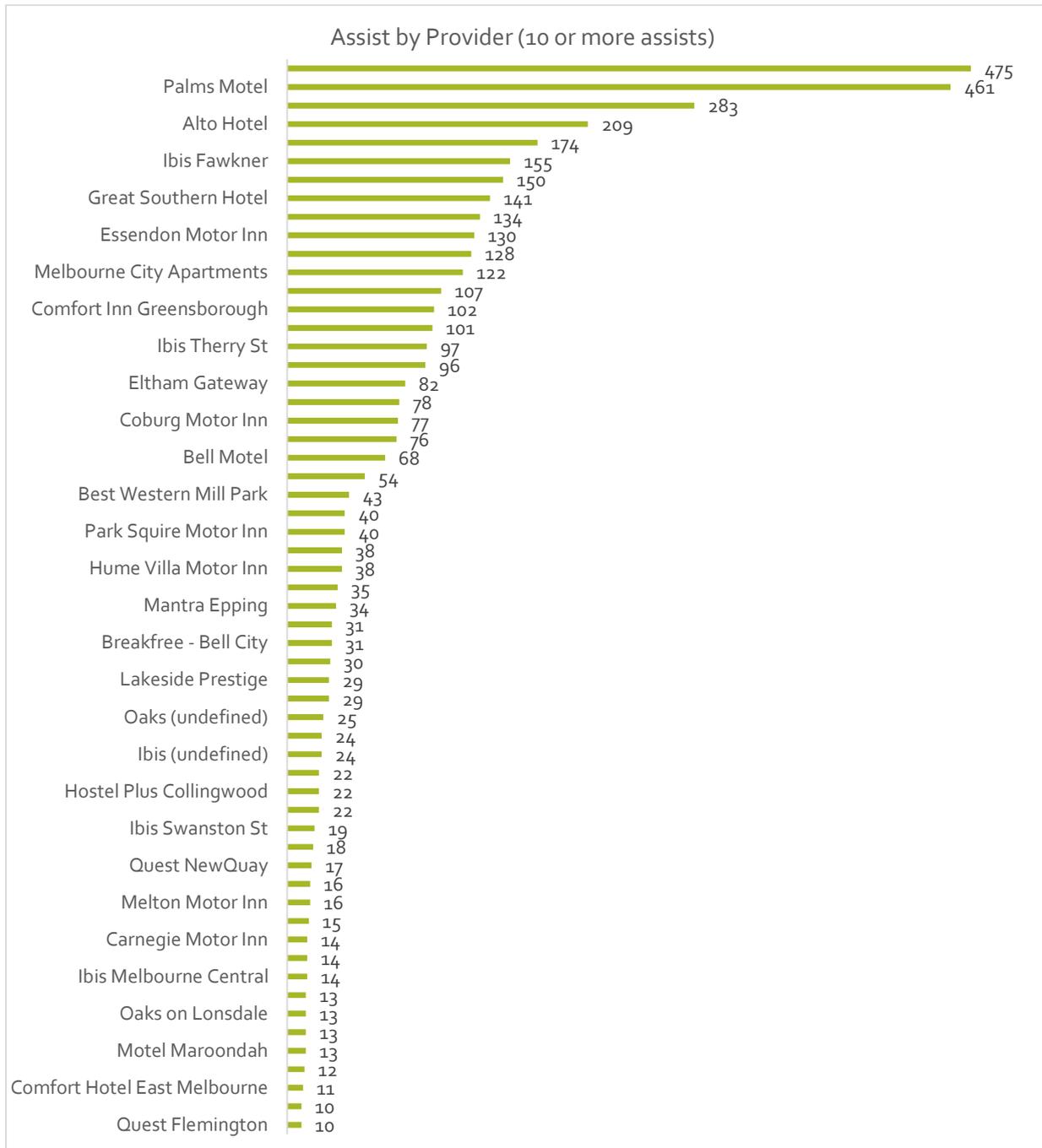
For Launch Collingwood, the most frequently used provider was a new option, the **Ibis Kingsgate**, which accounted for 27% of all assists (421 total) during the period.



There are several factors guiding the concentration of referrals to a few key providers. For the established options, familiarity and the reassurance of longstanding working arrangements with providers may be a factor, and for all Access Points the most frequently used option was also in relatively close proximity to the agency location.

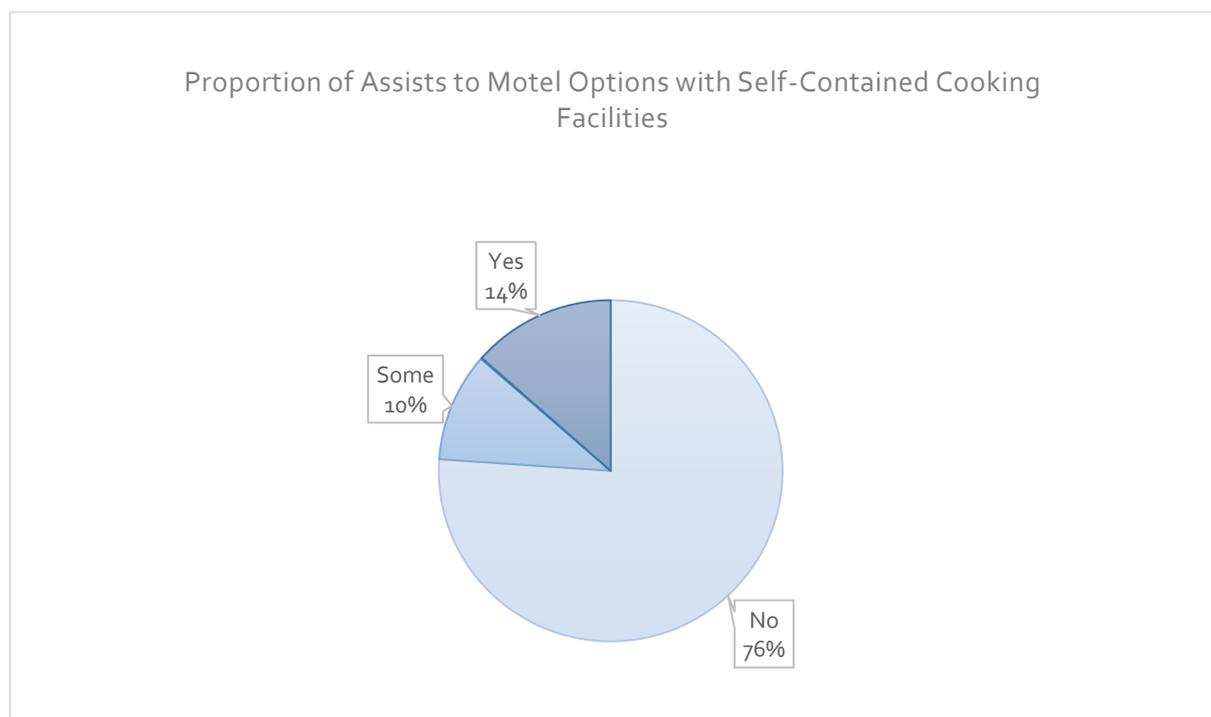
The fact that most of the new options sourced during the pandemic period, particularly those at a price point comparable to or better than established options, were in and around the CBD and less accessible for clients of Access Points located away from the inner-metro area, may also have been a factor in the limited uptake of new providers circulated by the Project; particularly for VincentCare and the Salvation Army Western Metro Homelessness Service.

Perhaps most significantly in common to all the most frequently used options, whether established or new, was their perceived sustainability as an option for higher acuity single households.



Access to Self-Contained Facilities

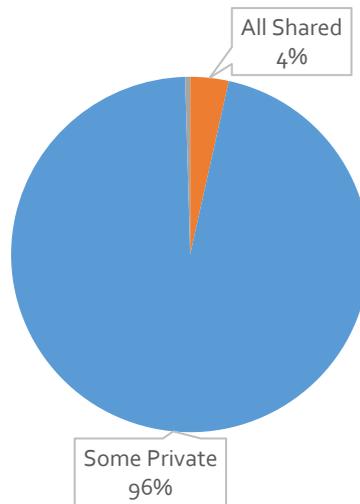
To some degree reflective of the above, among the accommodation options used during the initial 12-week pandemic period, and notwithstanding DHHS' guidance around sourcing options appropriate for self-isolation, only a small proportion of the assists into motels (14%) were to providers who reported all rooms on offer had fully self-contained facilities (defined here as offering in room cooking facilities). Approximately 76% of all assists reported in the available data were to providers offering no rooms with cooking facilities. Approximately 10% of assists were to providers offering a mix of rooms with and without facilities (categorised as 'some' in the following charts). In most cases these providers offered only a limited number of rooms with facilities and typically at a premium, suggesting it is reasonable to assume that the bulk of assists to those providers will have been to rooms without facilities.



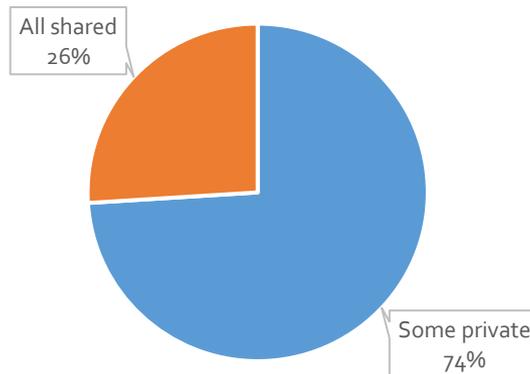
Even at 14% of the total, the proportion of assists into providers with fully self-contained facilities is still much higher than what was seen in the 2018/2019 HEF data, where only 1% of motel assists were to providers with fully self-contained facilities, and approximately 92% of all assists to providers offering no rooms with cooking facilities.

It is also notable that assists to private rooming houses dropped off significantly during the period, and accordingly the proportion of assists to accommodation options offering at least private bathroom facilities (arguably a reasonable minimum threshold for pandemic-appropriate emergency accommodation) was markedly higher than in the 2018-19 HEF data. During the 12 weeks considered here, only 2.5% of all assists were to private rooming houses (compared with 17% in 2018-19), with a further 0.7% of assists to backpacker hostels (compared with 9% in 2018-19).

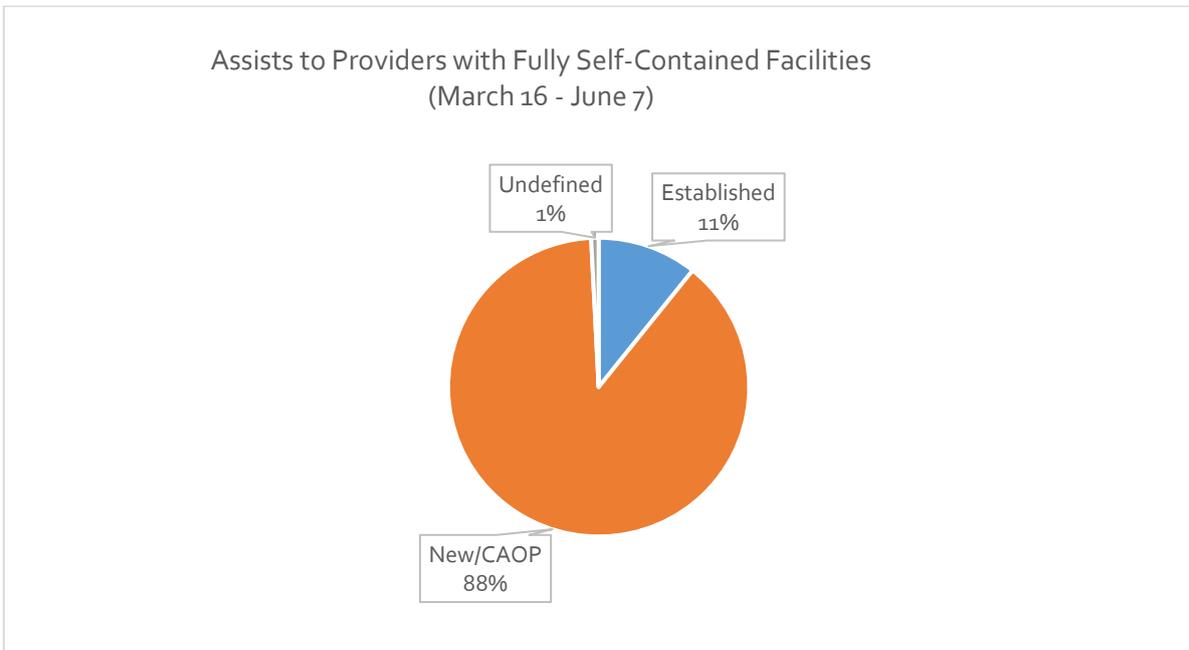
Proportion of Assists to Options with 'Some Private' vs 'All Shared' Facilities
(March 16 - June 7)



Proportion of Assists to Options with 'Some Private' vs 'All Shared' Facilities
(2018/2019 Financial Year)



Of the 47 providers with fully self-contained facilities used during the initial 12-week pandemic period, 38 of these (81%) were new options sourced either directly by Access Points or distributed via CAOP. Approximately 88% of the assists into providers with cooking facilities during this period were to new providers.



It is difficult to draw conclusions about how this may affect provider use following the return to pre-pandemic conditions. Many of these new providers were providing fully self-contained serviced apartments at nightly rates comparable to prices for a standard motel room through existing options, and in some cases were offering prices lower than existing options by some margin. Some serviced apartments, for example, were initially offering nightly rates as low as **\$65/night**, which no doubt incentivised the use of this option. However, as the pandemic continued into the second half of 2020, many IAP services reported the substantial discounts ending. It also remains to be seen how many of these options will continue to take referrals from the Sector in the long-term.

Emergency Accommodation Responses During the Pandemic: Demographic Data

Demographic Data for Households Assisted by NWLASNs IAP Services

The DHHS HEART data collection, undertaken in late June 2020, was an effort to demonstrate the work undertaken within the SHS to provide an emergency accommodation response to households experiencing homelessness during the early months of the COVID-19 pandemic, and to establish a picture of the range and complexity of need faced by those households requiring emergency assistance. It proved crucial in securing the backing of DHHS and the Victorian Government for an extension of assistance and support to households in crisis as the pandemic continued.

From the Project’s perspective, this data collection offered a snapshot of the attributes of households assisted with HEF for emergency accommodation by IAP services that was not visible through HEF payment data. It made clear that a high proportion of those needing assistance through IAP services face accompanying challenges of considerable complexity, and that previous interventions through the homelessness service system had represented, for the majority, only temporary solutions. It also demonstrated that that the Sector knows little about what happens to people once HEF-purchased emergency accommodation ends – **for 7 in 10 households for whom assistance had ended nothing further was known about their ongoing situation.**

In total, 1,786 unique households across the North and West received HEF-purchased emergency accommodation assistance through one of the five NWLASNs IAP services from March 16 to June 22 2020, with this total comprising of 1,124 households in the North, and 662 in the West.

Of these households, 686 households were recorded as still being assisted to stay in short-term, temporary accommodation as of June 22 (312 in the North, 374 in the West). While the overwhelming majority of these were in HEF-purchased hotel, motel and serviced apartment accommodation, this

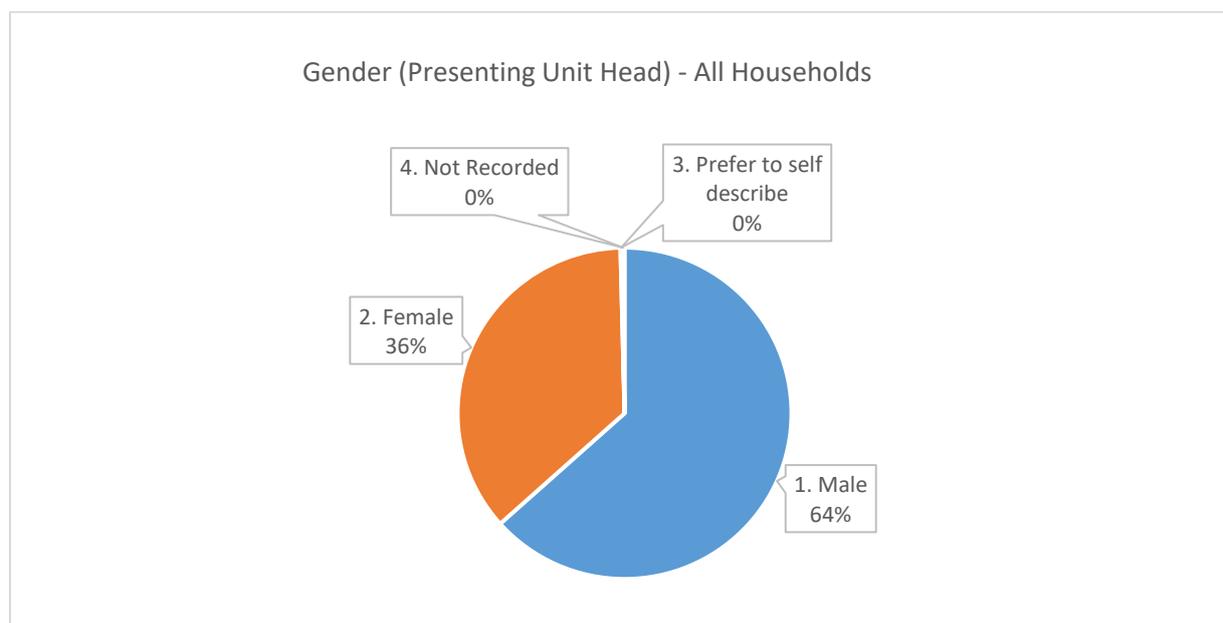
figure also included a small number of households who had moved into Crisis Supported Accommodation facilities.

Key observations emerging from the NWLASNs data collection were:

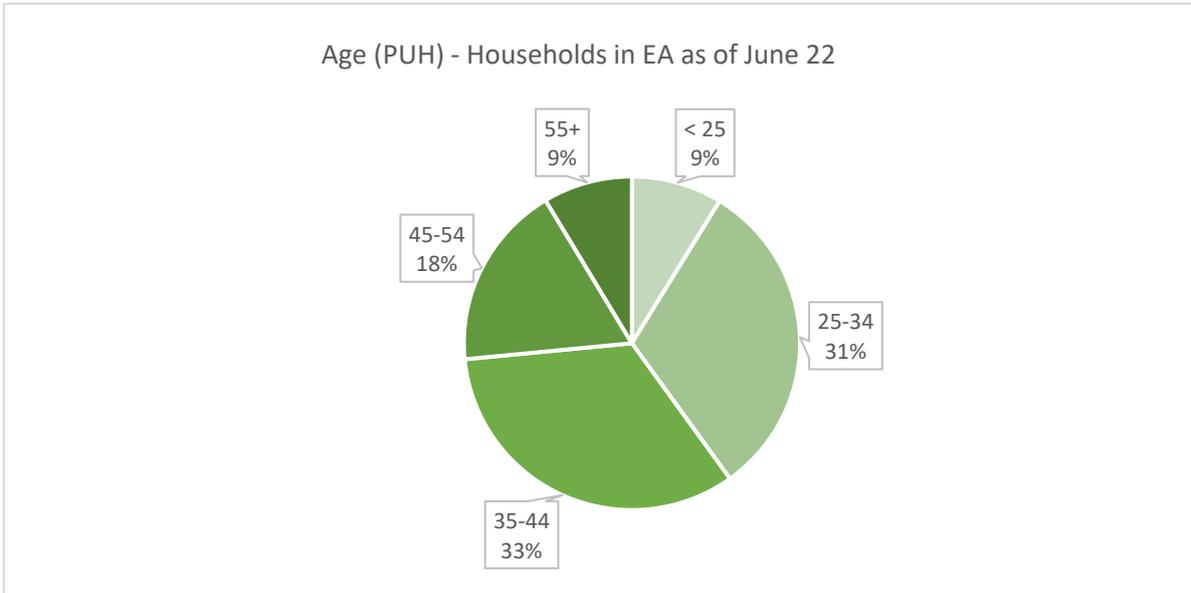
- **79%** of all households assisted in the period presented as single-person households.
- **10%** of households assisted were families (lone parent or couple) with dependent children.
- For **83%** of all households assisted since March 16, the Presenting Unit Head (PUH) was between the ages of 25 and 54.
- Almost two thirds of all households assisted during the period had experienced homelessness previously (**62%**), and at least **29%** had an articulated experience of 'chronic homelessness including rough sleeping'.
- For **41%** of all households assisted in the period, the accommodation situation post-assistance was not known. For households that had been provided a limited emergency accommodation response – that is, they were no longer in EA on June 22 - the proportion whose accommodation situation post-assistance was unknown was **67%**.

Note that these figures do not include approximately 560 other households in the North and West assisted by other Launch Housing programs, including those assisted by Launch's St Kilda and Cheltenham IAP services, as well as the Rough Sleepers Initiative that operates out of the city, that were included in the original Northern HEART data submission.

Gender (by PUH)



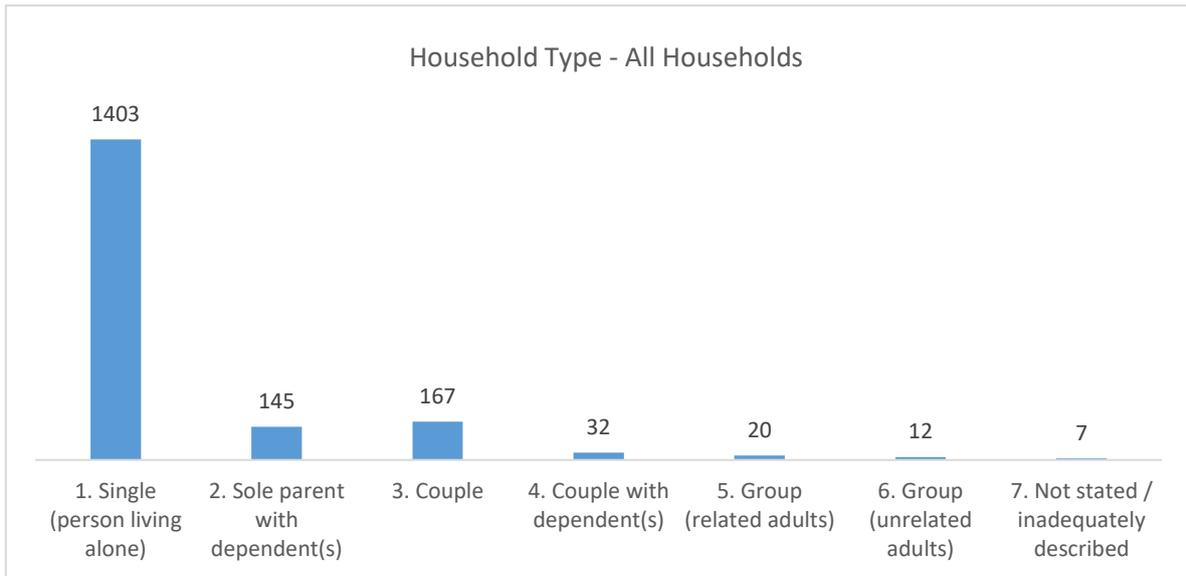
25-34	547
35-44	573
45-54	360
55+	139
Not recorded	5
Grand Total	1786



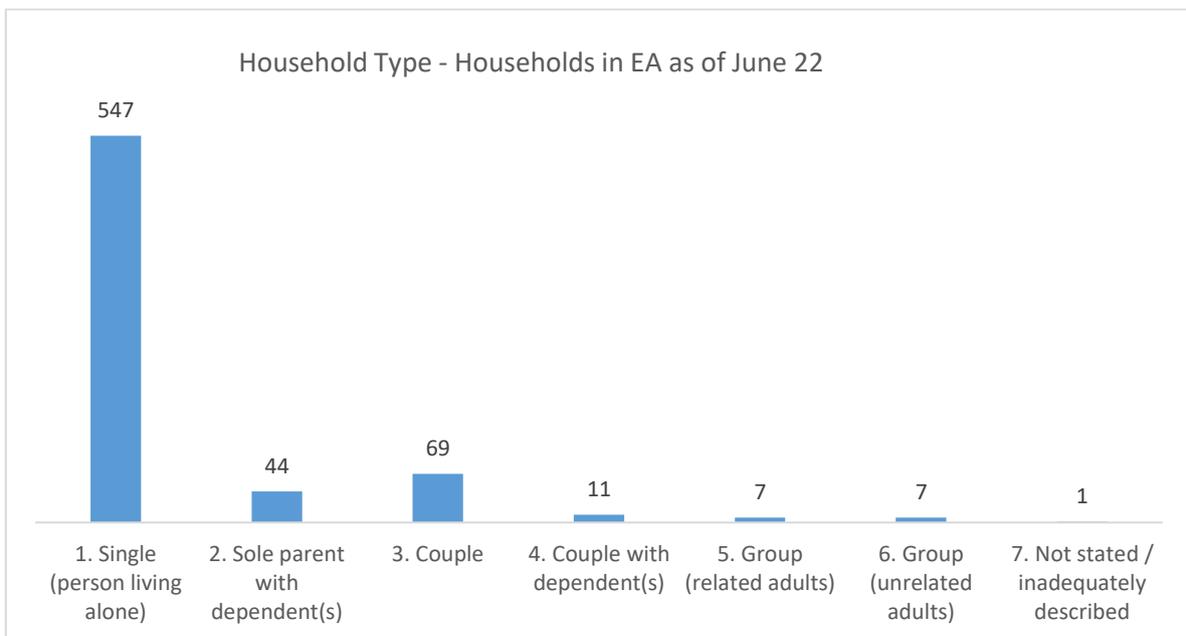
Housing Situation (22/06) 2. Short term temporary accommodation

Age Range	Count
< 25	60
25-34	215
35-44	229
45-54	123
55+	59
Grand Total	686

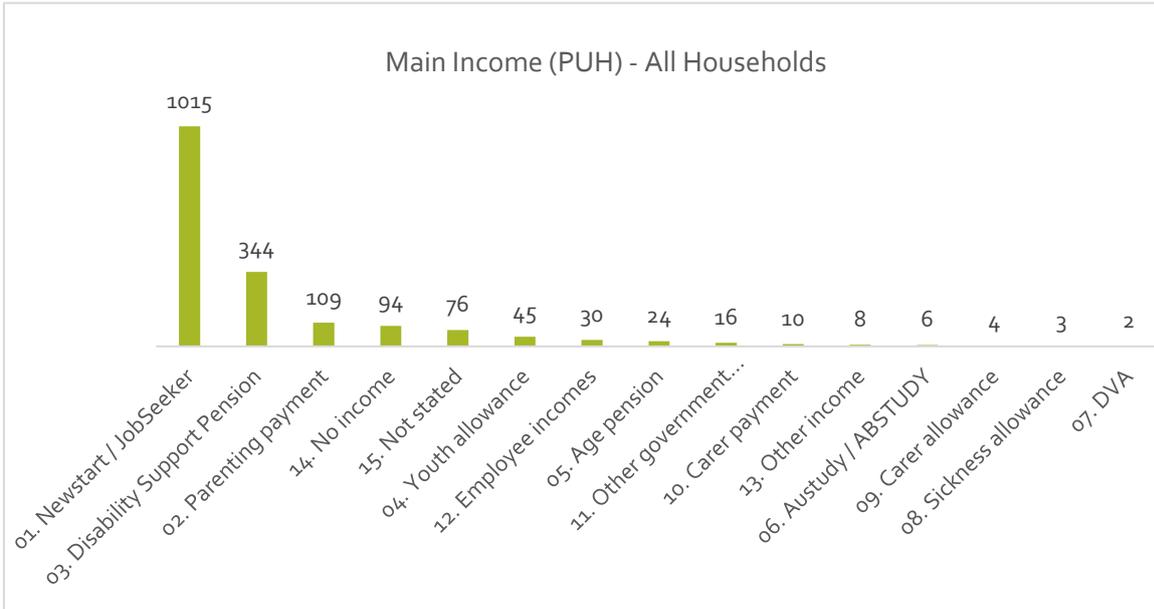
Household Type



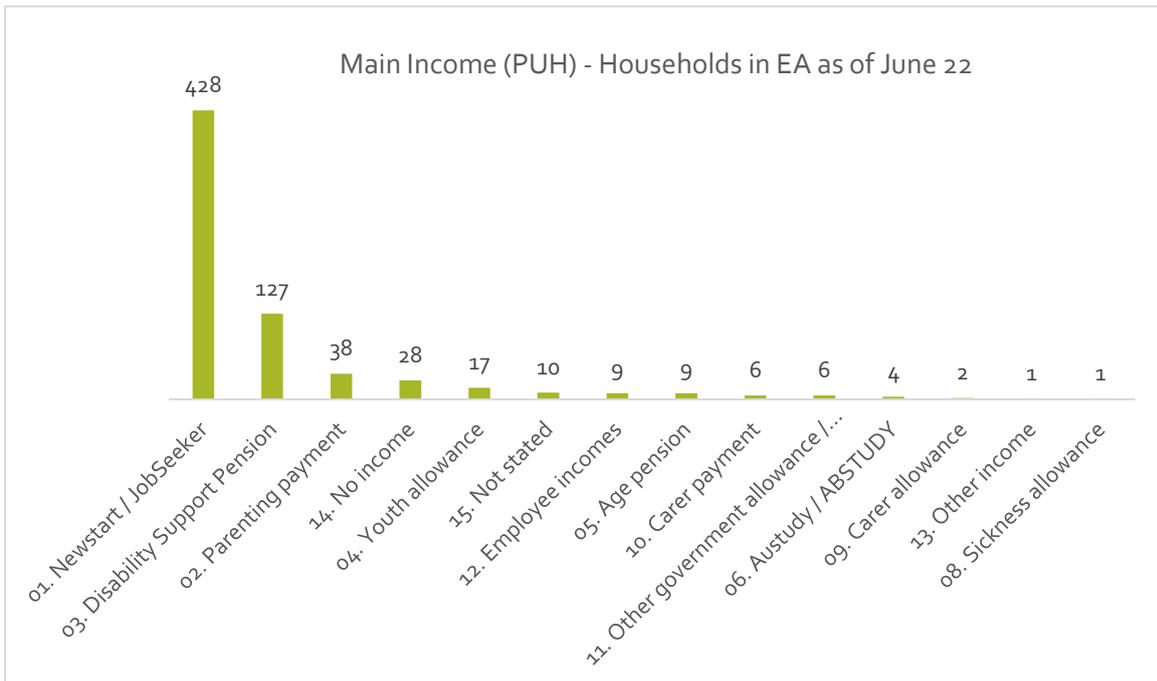
79% of all households assisted in the period presented as single-person households. Only **10%** of households presented as families with dependent children.



Income Type

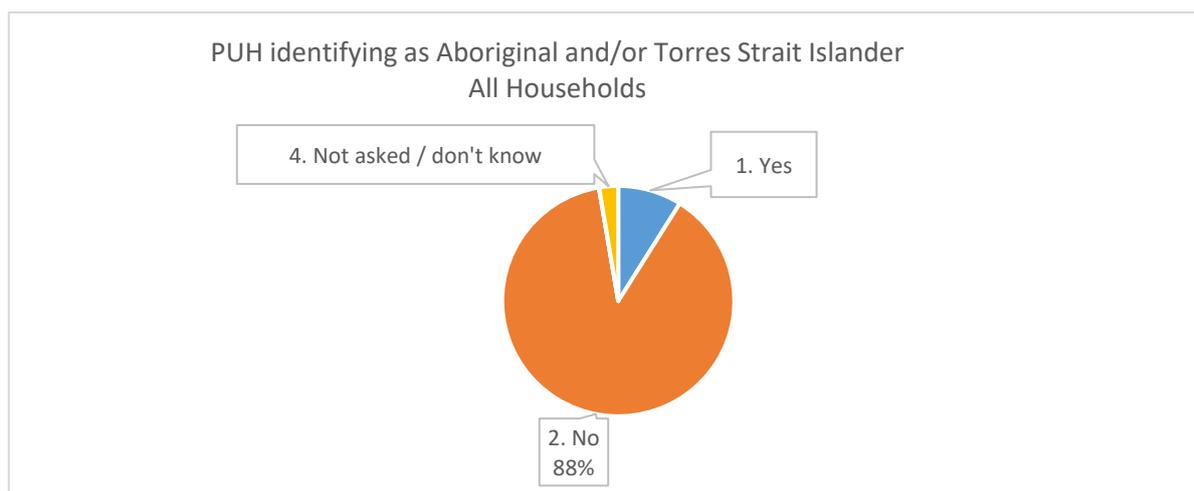


57% of households assisted in the period were recorded as being in receipt of JobSeeker on presentation. **5%** of households were identified as without income of any kind on presentation.

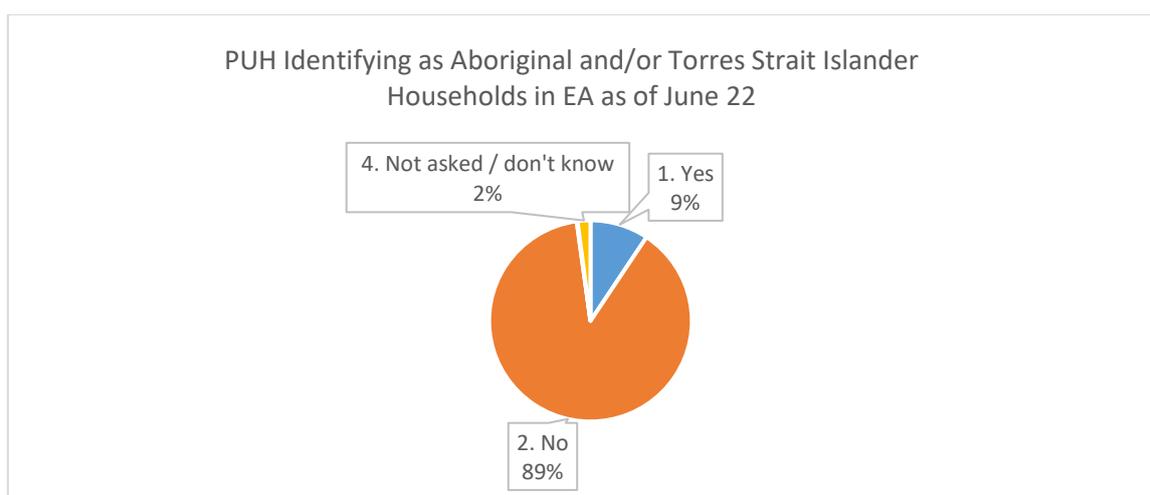


A slightly higher proportion of all households in EA as of June 22 were recorded as being in receipt of JobSeeker (**62%**).

Aboriginal and/or Torres Strait Islander Households



ATSI	Count
1. Yes	159
2. No	1579
3. Prefer not to say	1
4. Not asked / don't know	47
Grand Total	1786



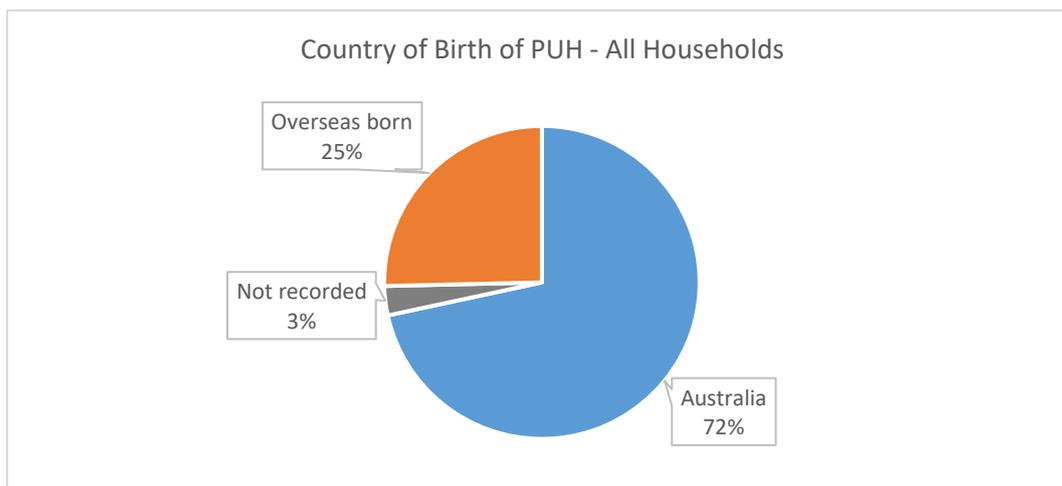
Housing Situation (22/06)

2. Short term temporary accommodation

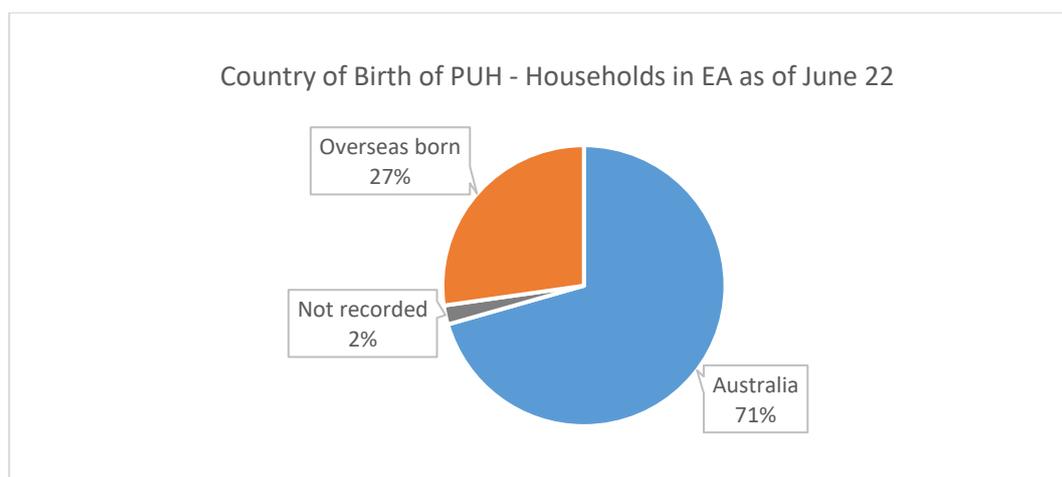
ATSI	Count
1. Yes	64
2. No	607
3. Prefer not to say	1
4. Not asked / don't know	14
Grand Total	686

According to ABS data, around 0.5% of the population of metropolitan Melbourne identifies as Aboriginal and/or Torres Strait Islander. The much higher proportion of households within the HEART data collection identifying as Aboriginal and/or Torres Strait Islander is arguably reflective of the disproportionate impact of homelessness and acute housing stress on those communities.

Country of Birth

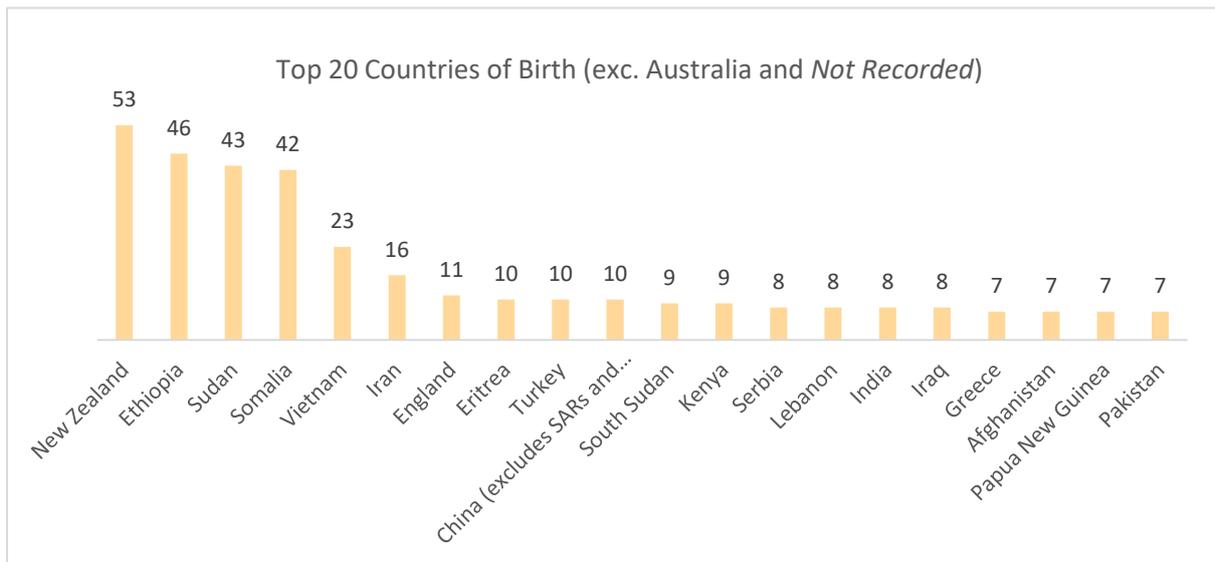


Country of Birth	Count
Australia	1279
Not recorded	54
Overseas born	453
Grand Total	1786



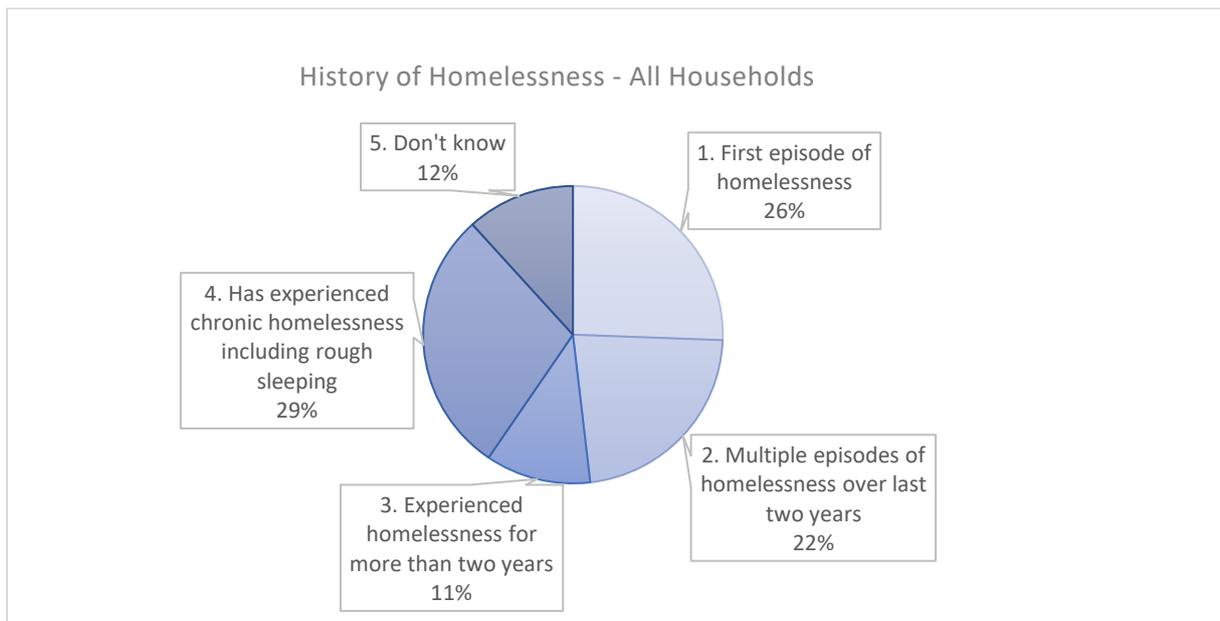
Housing Situation (22/06) 2. Short term temporary accommodation

Row Labels	Count
Australia	484
Not recorded	15
Overseas born	187
Grand Total	686



Housing and Homelessness Data

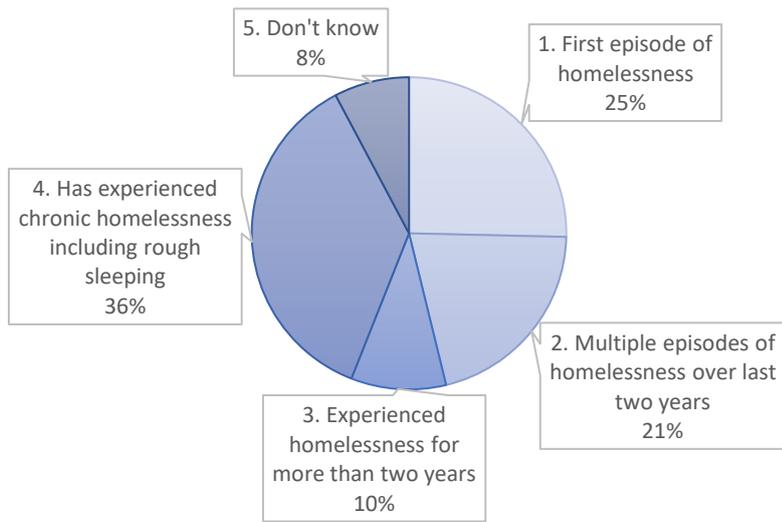
History of Homelessness



'Don't know' was recorded in instances in which detail recorded in case files did not articulate households' prior experience of homelessness sufficiently to respond to the specific options available within the HEART data collection template.

Almost two thirds of all households assisted during the period had experienced homelessness previously (**62%**) – this is undoubtedly an underestimate, as 'don't know' encompasses some households with a known but not sufficiently detailed prior experience of homelessness.

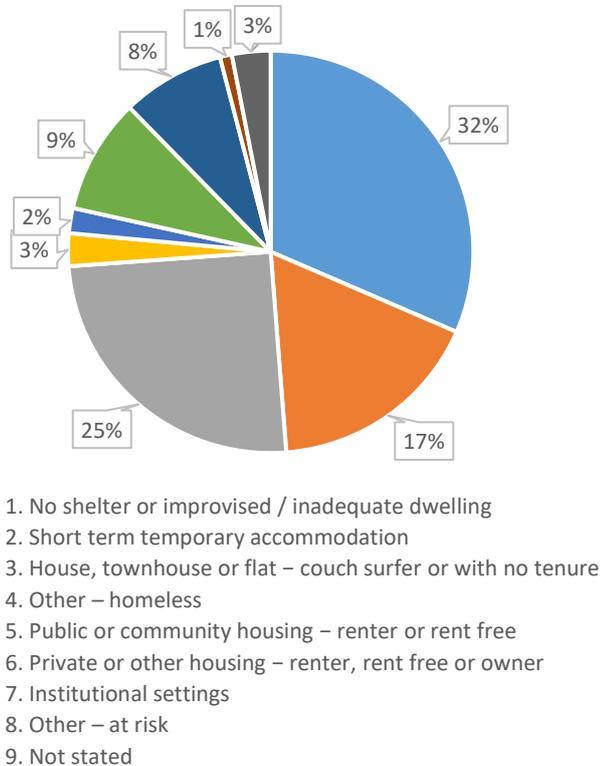
History of Homelessness - Households in EA as of June 22



The greater proportion of households active in EA on June 22 with a recorded history of 'chronic homelessness including rough sleeping' may indicate targeting of intensive HEF/EA support toward those presenting with more complex needs and vulnerabilities.

Accommodation Prior to Presentation

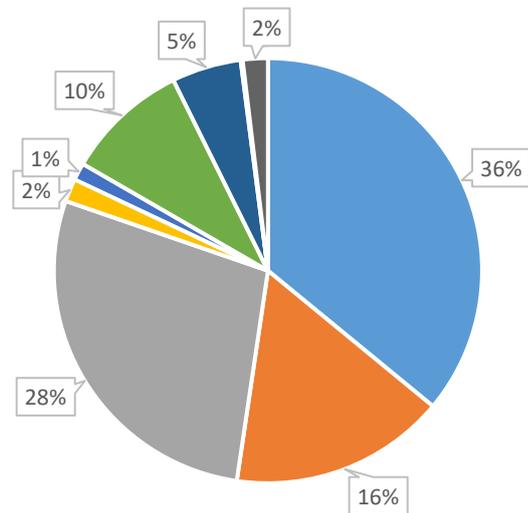
Accommodation Prior to Presentation - All Households



A higher proportion of households recorded as having been rough sleeping (including sleeping in vehicles and squatting) immediately prior to first presentation in the HEART collection period remained active in EA on June 22 (36% vs 32%).

Recent Housing History	Count
1. No shelter or improvised / inadequate dwelling	563
2. Short term temporary accommodation	308
3. House, townhouse or flat – couch surfer or with no tenure	448
4. Other – homeless	47
5. Public or community housing – renter or rent free	36
6. Private or other housing – renter, rent free or owner	165
7. Institutional settings	147
8. Other – at risk	17
9. Not stated	55
Grand Total	1786

Accommodation Prior to Presentation - Households in EA as of June 22

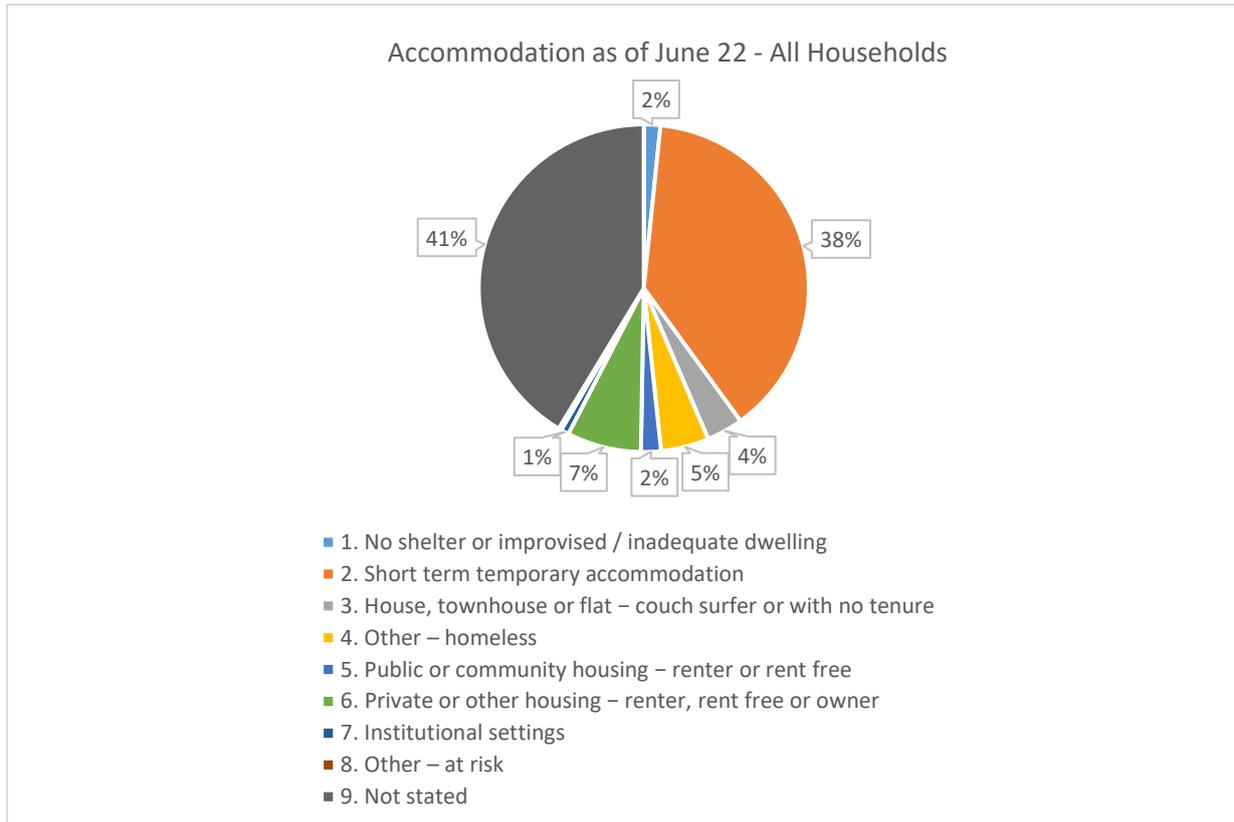


- 1. No shelter or improvised / inadequate dwelling
- 2. Short term temporary accommodation
- 3. House, townhouse or flat – couch surfer or with no tenure
- 4. Other – homeless
- 5. Public or community housing – renter or rent free
- 6. Private or other housing – renter, rent free or owner
- 7. Institutional settings
- 8. Other – at risk
- 9. Not stated

Recent Housing History	Count
1. No shelter or improvised / inadequate dwelling	247
2. Short term temporary accommodation	112
3. House, townhouse or flat – couch surfer or with no tenure	192
4. Other – homeless	12
5. Public or community housing – renter or rent free	9
6. Private or other housing – renter, rent free or owner	64
7. Institutional settings	36
8. Other – at risk	1
9. Not stated	13
Grand Total	686

'Current Accommodation' as of 22/06/20

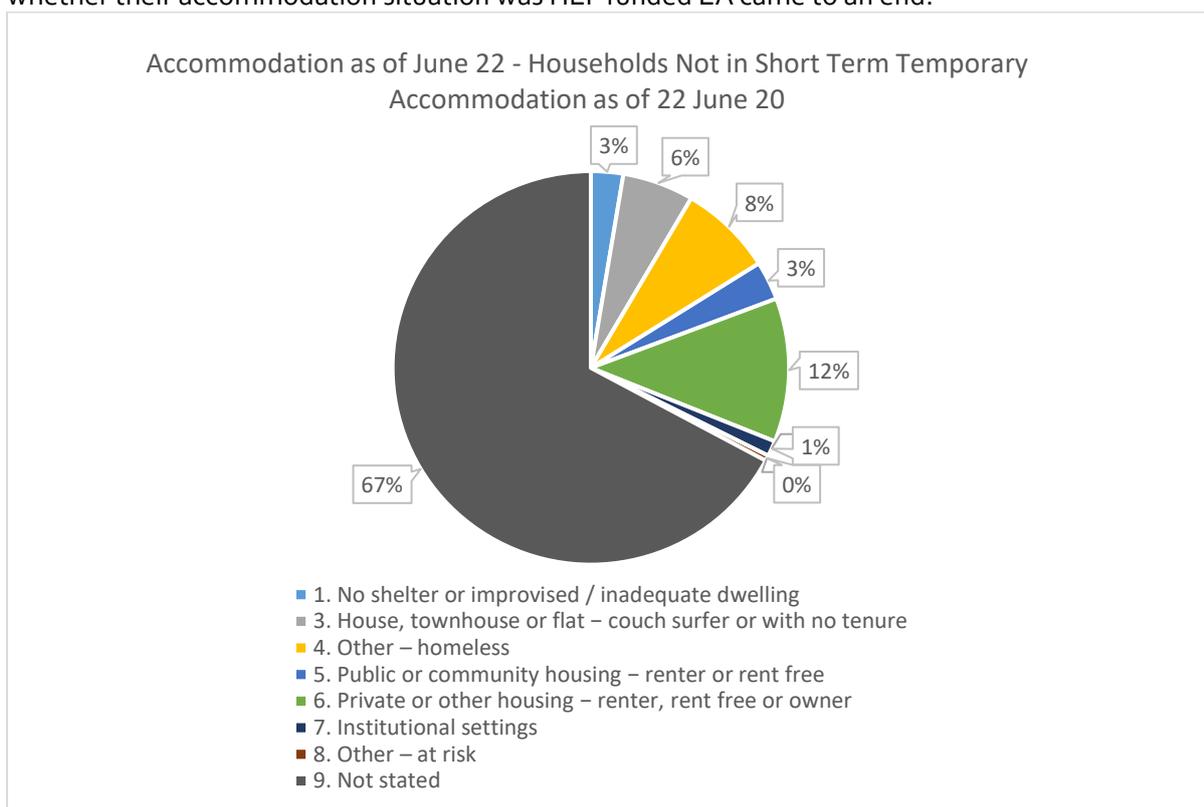
(Current accommodation refers to accommodation situation recorded following the last instance of EA assistance during the HEART data collection period)



Housing Situation as of 22 June 20	Count
1. No shelter or improvised / inadequate dwelling	29
2. Short term temporary accommodation	686
3. House, townhouse or flat – couch surfer or with no tenure	64
4. Other – homeless	84
5. Public or community housing – renter or rent free	35
6. Private or other housing – renter, rent free or owner	130
7. Institutional settings	14
8. Other – at risk	5
9. Not stated	739
Grand Total	1786

'Not stated' includes all households for whom no further accommodation detail was recorded within case files, whether or not there was further service contact. The HEART data collection template did not allow for distinction to be made between instances in which requests for further EA assistance were refused (for example, due to HEF rationing/exhaustion) and instances in which services either lost contact with households or households no longer requested assistance.

For **41%** all households assisted with EA during the HEART data collection period, it is not known whether their accommodation situation was HEF funded EA came to an end.



For the **1,100** households no longer in IAP HEF-funded EA on 22 June, the accommodation situation of two-thirds (**67%**) of all households was unknown.

Households whose current accommodation was recorded as 'Other – homeless' were predominantly those whose accommodation post-EA assistance was known to be a private rooming house (whether HEF-funded or self-funded). Of those households no longer in SHS HEF-funded EA on 22 June, just under 8% were known to have entered private rooming house accommodation.

Homelessness Emergency Accommodation Response Teams (HEART)

Homelessness Emergency Accommodation Response Teams (HEART) were established in May 2020 across LASNs in Victoria in order to begin to address the support needs of the large number of households residing in purchased emergency accommodation across Melbourne. Under this framework, each LASN was tasked with coordinating the COVID-19 response for households in purchased emergency accommodation, including allocating resources based on assessed need. Support providers in the region were required to 'pivot' to case management support to households in emergency accommodation.

With very few support agencies funded to work with single person households, support providers across the region found themselves needing to adapt in a variety of ways to provide support to single-person households, with some youth services extending their age limit, and family programs expanding their criteria to include single people. Agencies across the region formed new HEART teams in response to demand, with existing staff drawn together from a range of program areas.

Some HEART providers in the West established a 'by motel' approach to providing a response to households in purchased accommodation, where each HEART agency took on support at specific motels in order to provide a response to as many households as possible. This was reported to have been an efficient way of allocating support in terms of consolidating outreach visits and also provide effective in developing relationships with accommodation providers.

Homeless Hotels Emergency Response (HHER) Teams

In response to concerns around the high numbers of unsupported households residing in hotel accommodation during the pandemic response, HER teams were implemented at hotels accommodating more than 20 households:

'The response will include a team of 3 at each site including a Community Support Officer, Health Concierge and Security personnel. The Community Support officer will provide daily on-site psycho-social support to hotel residents, the Health Concierge will monitor the health and wellbeing of people moving in and out of the building (including temperature checks) and security will monitor all people entering and exiting and maintain a visitor log.' (DHHS, 2020: 1)

While this was primarily a preventative health response to prevent outbreaks in hotels, the presence of trained support staff and additional security on-site was well-received by both clients and hotel staff. Clients reported feeling safer and more comfortable after HER teams were established, while providers identified that the support made an immediate impact for hotel staff and led to a reduction in the number of incidents.

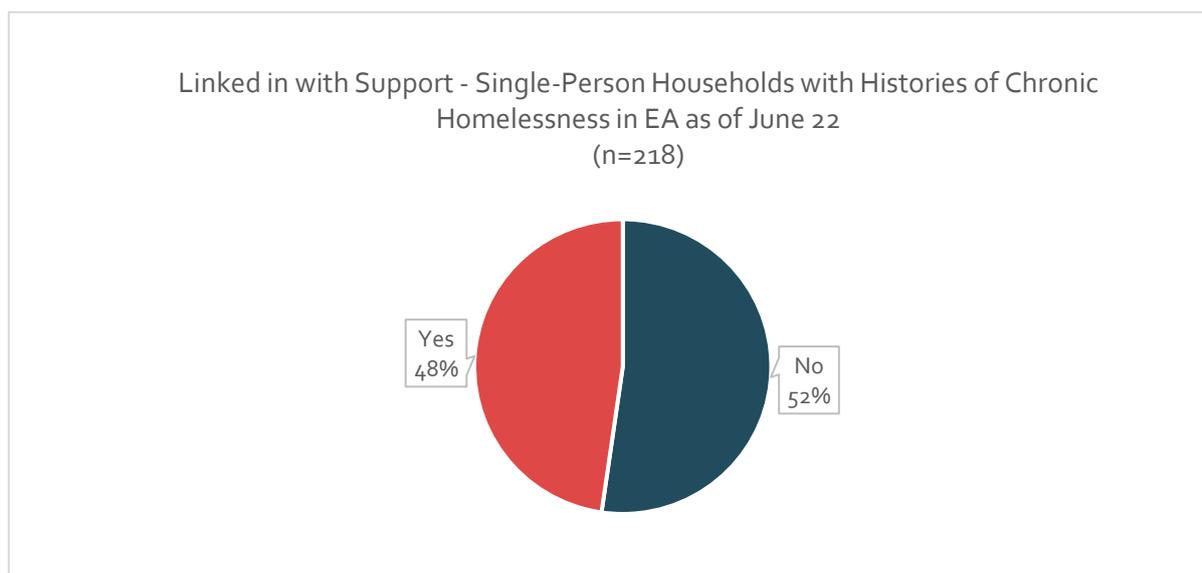
Who received support during COVID-19?

Despite the increased support capacity across the region, it is clear that unmet need still exceeded capacity across the Sector. As of June 22, just under half of the **686** households who were in SHS funded EA through NWLASNs IAP services were recorded as being linked with support (**48%**). This meant that more than half of all households in hotels received no housing support beyond rebooking contacts with the IAP services.

Of these, only **48%** of the **547** single-person households and **58%** of families were linked in with supports. This is considered an overestimate of housing specific support, as a variety of non-SHS support providers were listed in the data collection in addition to HEART case management supports. This included family violence, justice and mental health services, with significant variance in the type and length of support provided.

While not all households in emergency accommodation would want or require case management support from the SHS to access a long-term housing option, it is worth noting that less than half of

all single person households recorded as having histories of chronic homelessness were linked in with support as of June 22 (**48%**), despite being the cohort with the greatest need for long-term support:



Motel Use during the Pandemic Period: The Client Experience

CAOP COVID-19 Emergency Accommodation Client Feedback Survey

KEY OBSERVATIONS:

Almost all respondents were staying in accommodation with on-site Hotels Emergency Response (HER) support during the survey period.

A far greater proportion of households staying in new accommodation options indicated that they felt 'Very safe' and 'Very comfortable' (56% for both), compared with households staying in established accommodation options (just 6% and 12%).

50% of households residing in accommodation with self-contained cooking facilities reported finding their accommodation 'Very comfortable', compared with just 26% of respondents in accommodation without.

For single-person households, a greater proportion of male identifying respondents reported finding their accommodation comfortable or very comfortable (58%) compared with female identifying households (33%).

14 respondents provided responses to questions around comfort and safety relative to previous experiences in emergency accommodation, with almost two thirds (65%) indicating they felt safer compared to previous experiences, and only 14% indicating they felt less so.

Where respondents indicated they felt safer compared to prior experiences, many of the responses identified security measures and staffing to be key factors.

Respondents who identified concerns around their safety identified issues from the behaviour of other guests or visitors at the accommodation.

A number of comments identified the importance of 24 hour hotel staffing, security and additional support, particularly compared to prior experiences.

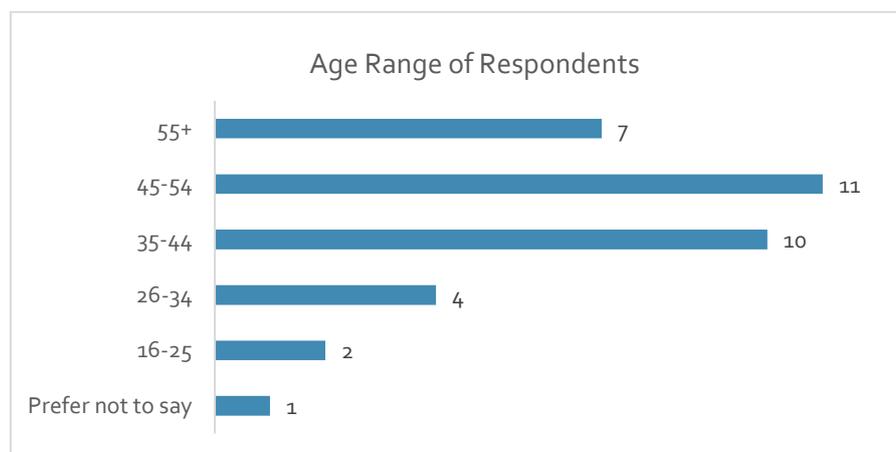
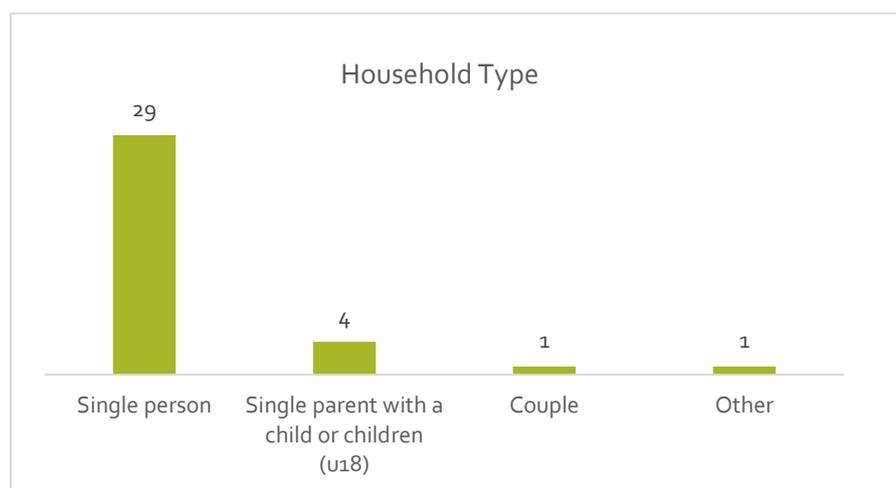
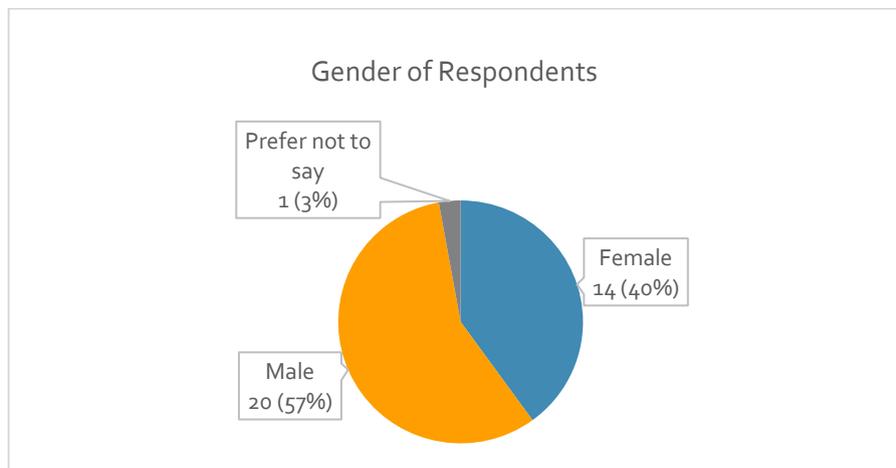
Despite the small sample size, many of the priorities and concerns identified in responses to the CAOP Client Survey mirror what was found during the 2017 Annual Consumer System Survey, particularly around the importance of safety and access to amenities. A key difference was that, in many cases, clients reported feeling safer and more comfortable compared to prior experiences, which is most likely attributed to the existence of the Homeless Hotel Emergency Response.

RECOMMENDATIONS:

21. That the Department continues to fund a Homeless Hotel Emergency Response (HHER) for any high use hotels to ensure the safety of residents as well as access to a level of support, and that this be considered the minimum provision of support required to assist people in emergency accommodation. This would also facilitate the provision of other additional responses necessary to effectively support people in hotels, including food, health services, and other material aid.
22. That the Sector and Department prioritise the procurement of emergency accommodation options with self-contained facilities.

Demographics

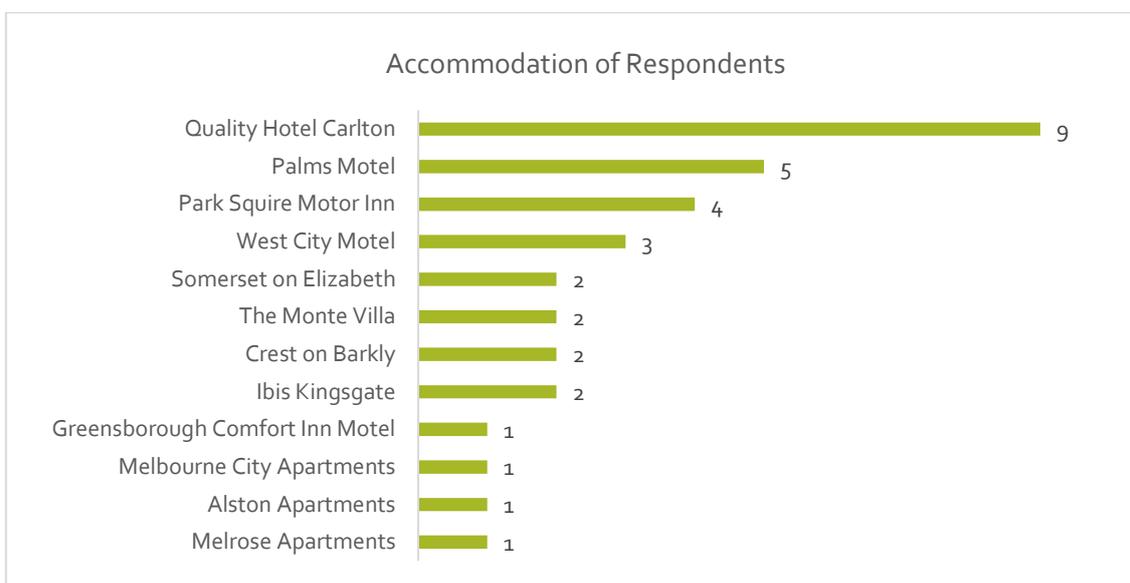
A total of **35** households participated in the CAOP Emergency Accommodation Client Feedback Survey, which ran for three weeks from **August 31** to **September 25**. The survey was circulated to HEART Case Managers within the North and West who were providing HEART support to households in EA. The low response rates to the survey reflected the challenges faced by frontline staff, with virtually all support providers across the region stretched beyond capacity.



ATSI	Count
Aboriginal	2
Torres Strait Islander	0
Prefer not to say	2
Neither	31

While respondents reported staying in a variety of different hotels, **almost all of these hotels had Hotels Emergency Response (HER) support on-site during the survey period**, with the exception of Melrose Apartments and Greensborough Comfort Inn. The presence of this support almost certainly contributed to respondents' experience of safety and comfort.

Two respondents listed multiple accommodation providers where it was unclear which provider comments and ratings were referencing.



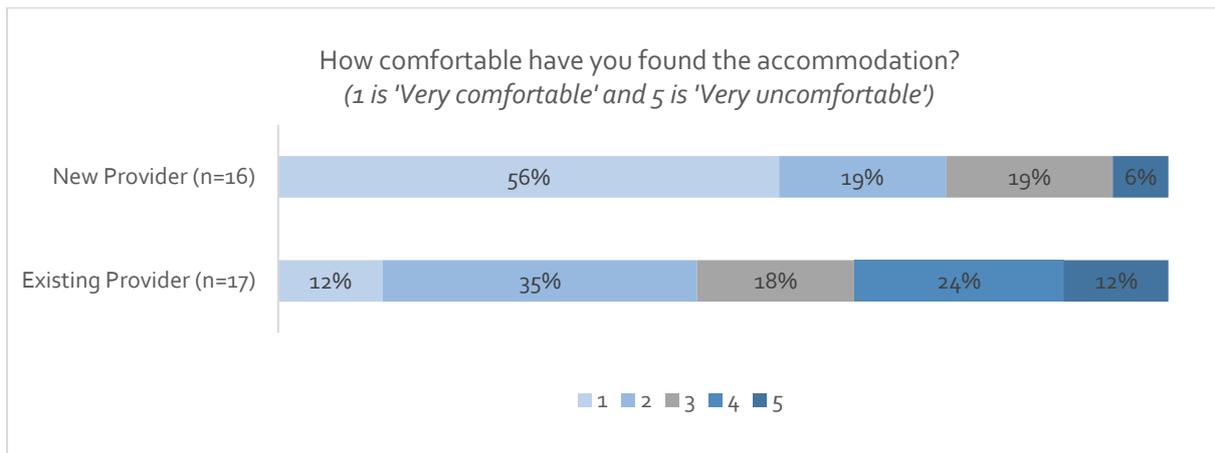
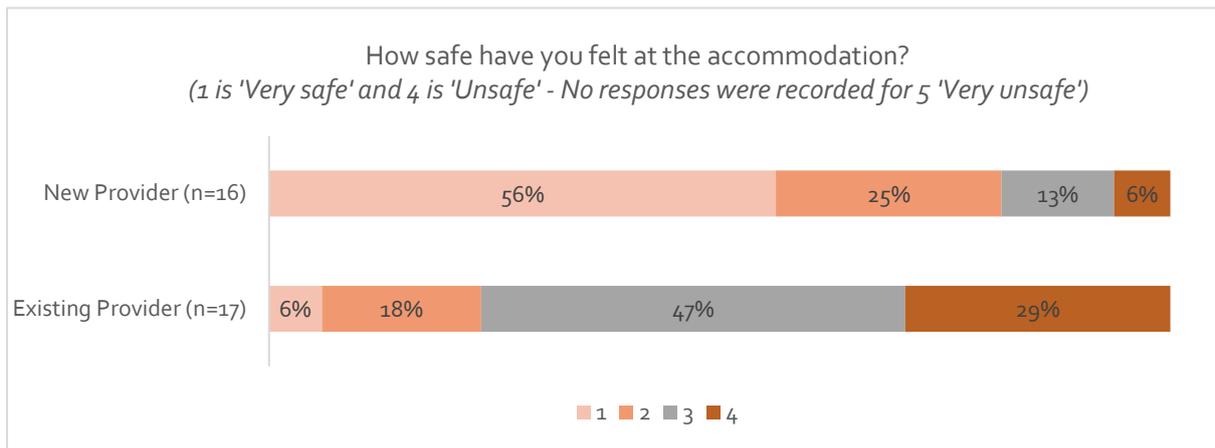
Perceptions of Safety and Comfort at New or Established Accommodation Options

Respondents were asked to rate their safety and comfort on a numerical score from 1 to 5, where 1 is 'Very safe' or 'Very comfortable', and 5 is 'Very unsafe' or 'Very uncomfortable'. This assumes a response of 3 indicates that the respondent felt neither safe nor unsafe, or neither comfortable nor uncomfortable.

** Two responses were removed from this analysis due to the responses listing multiple accommodation providers where it was unclear which provider the ratings were referencing.*

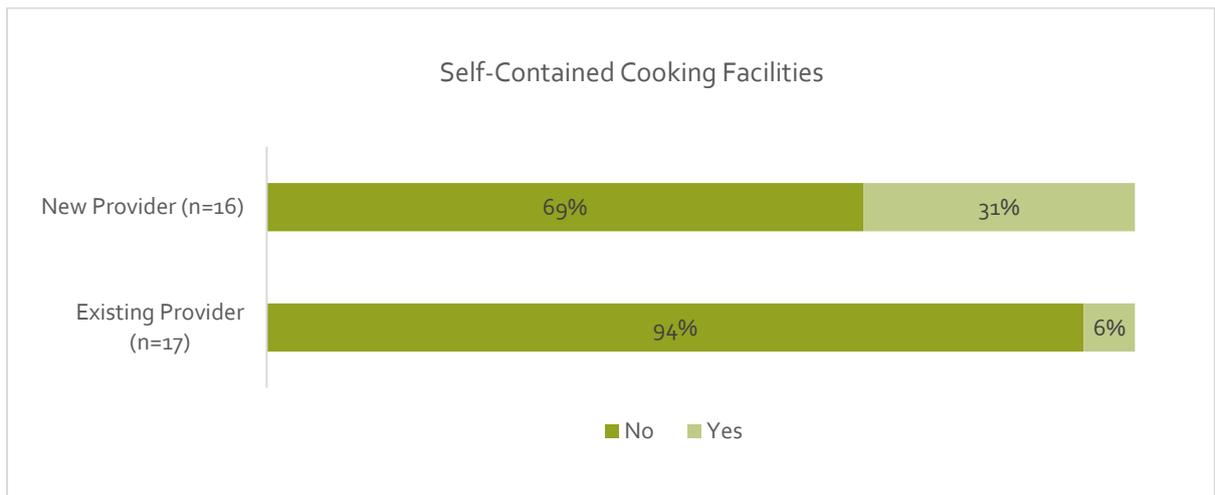
A far greater proportion of households staying in new accommodation options indicated that they felt 'Very safe' and 'Very comfortable' (**56%** for both), compared with households staying in established accommodation options (just **6%** and **12%**).

While none of the 35 responses to the survey responded with a score of 5 for safety ('Very unsafe'), a greater proportion of households staying in established accommodation options (**29%**) indicated that they felt unsafe compared with those in new accommodation (**6%**). A greater proportion of households in established options indicated they felt uncomfortable or very uncomfortable (**36%**) compared to households in new options (**6%**).

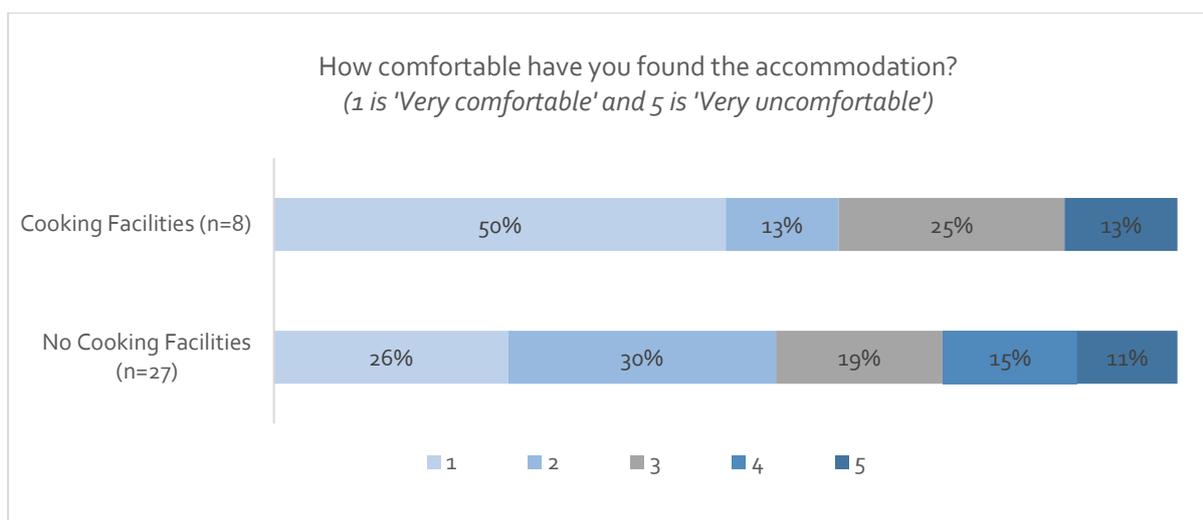


The Importance of Amenities

While the vast majority of respondents (77%) to the survey reported having no self-contained cooking facilities at their accommodation, a higher proportion of respondents in new options reported having self-contained cooking facilities (33%) compared to respondents in established options (just 6%).



50% of households staying in accommodation with self-contained cooking facilities reported finding their accommodation 'Very comfortable', compared with just 26% of respondents in accommodation with none. A greater proportion of households residing in accommodation with cooking facilities reported finding their accommodation comfortable or very comfortable (63%), compared with respondents staying in accommodation without cooking facilities (56%).



As in the 2017 NWLASNs' Consumer Survey, many of the comments identified a lack of cooking facilities to be a key issue, with several comments outlining challenges in food security as a result. Numerous comments indicated a desire for accommodation with cooking facilities, particularly when asked to describe their 'ideal' emergency accommodation:

'Cooker would be good'

'Would like cooking facilities'

'A bit expensive considering you cannot cook in the room.'

'I have to rely on hand out or take away and this is costing me a fortune'

'No cooking facilities. I had to buy a couple of pots and pans and a small cooking top to cook as I don't eat junk food due to health concerns.'

'I have stayed at the [hotel] and [hotel] and they are far better than this property. At least I could cook a meal in the room before and it was quieter.'

'It's like I'm in a prison.'

A number of responses also identified the importance of on-site laundry facilities, with many comments indicating a preference for free in-room laundry facilities:

'Washing machine and dryer that you don't need to pay for.'

'Downstairs car park is washing machine but very expensive.'

'1 room with all facilities in.'

'Laundry facilities (free).'

The Experience of Families

Only 4 out of the 35 responses to the survey were from single parents (all female) with children. None of the responses were from a couple with dependent children.

The 4 families were all staying at different providers and reported a mix of experiences, with one parent staying in an established motel option reportedly feeling both uncomfortable and unsafe as a result of the lack of amenities and the mix of cohorts staying at the accommodation:

'Different kind of people arriving and taking drugs and having a 2-year old made it unsafe.'

'Not able to do cooking. No kitchen and very very hard because would have to buy take away food.'

Another parent at a different established motel option provided positive feedback around comfort and staff at the motel despite a lack of amenities, however highlighted some of the challenges experienced by families with children during long stays:

'Not ideal for long term residents – for someone staying 3 months like me. No space for children. Only carpark in front.'

One parent staying in a new self-contained serviced apartment option provided favourable responses across a variety of measures at their current accommodation, particularly around cleanliness, safety, comfort and staffing, while comparing this with previous experiences in other accommodation options:

'This place has great staff and a great location. The place I stayed at before was dirty and the staff were rude and men who made me feel intimidated and uncomfortable and my kids felt really unsafe there too. Also, having my worker meant that I felt supported and protected especially when I was going through a rough time.'

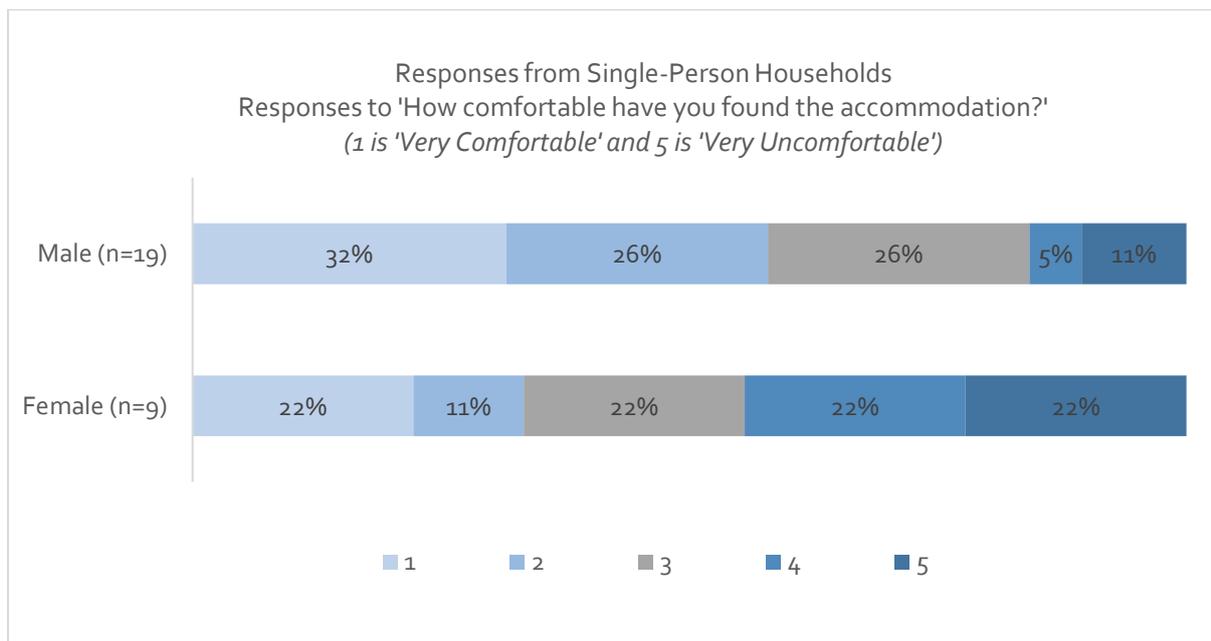
'The place in the past had rats and was filthy and I couldn't cook...'

'I know if I had to stay in that old place we would not have lasted.'

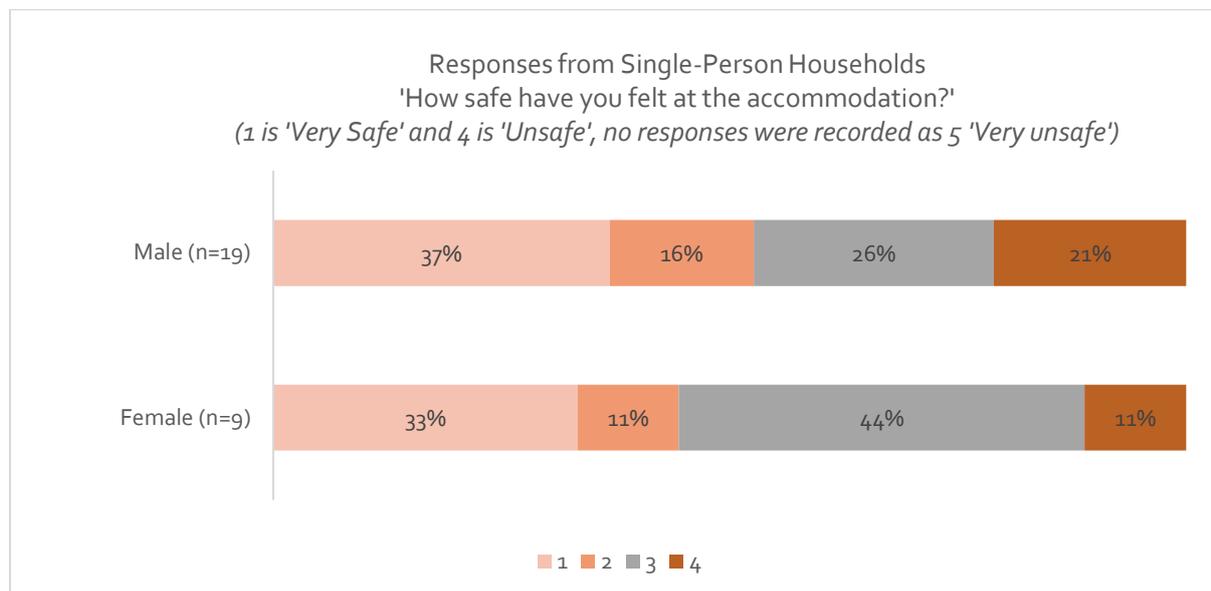
Single Person Households – Gender

For single-person households, a greater proportion of male identifying respondents reported finding their accommodation comfortable or very comfortable (**58%**) compared with female identifying households (**33%**).

A greater proportion of female identifying respondents reported finding their accommodation uncomfortable or very uncomfortable (**44%**), compared to male identifying respondents (**16%**).



Surprisingly, these differences did not extend to responses around safety. While female respondents had a lower proportion of responses reporting either 'safe' or 'very safe' in their accommodation than male respondents (44% vs. 53%), a slightly greater proportion of male respondents reported feeling unsafe compared to female respondents (21% vs 11%).



Comparisons with Previous Experiences

14 respondents provided responses to questions around comfort and safety relative to previous experiences in emergency accommodation. Almost two thirds (65%) indicated they felt safer than previous experiences, with only 14% indicating they felt less safe.

For comfort, half of these responses indicated they felt more comfortable than prior experiences, with only 21% indicating they felt less comfortable.

Note that these comparisons include not just prior experiences in hotel accommodation, but other forms of temporary accommodation as well, including CSA facilities, community rooming houses and Supported Residential Services (SRS).

Where respondents indicated they felt safer compared to prior experiences, security measures and staffing were identified as key factors:

'Since there has been security and support staff at the motel, I feel safer.'

'It is about the same level of comfort but the security makes me feel more comfortable.'

'I am glad that we have security here as previously I have stayed at places where there was no security at all.'

'Being in a building staffed 24/7 is much better for anxiety & sense of safety. I came from a rooming house (communal kitchen, dining, bath/toilets/showers), and it was very dangerous and unsecured compared to this.'

'Security guys and reception to help, I appreciate it. Access card to your own room and your own level, no one else can get in.'

'At [hotel] anyone could walk in and do whatever, although the police was always there. Things

were better at [hotel] as there were security guards controlling who was staying there, ticking off names from a list, gave the opportunity to keep belongings in a safe space.'

'[Hotel staff] are so polite, calm, and very diplomatic when informing other residents to curb their behaviour. I respect the staff here very much, special mention to the manager, he is so quick to act on inappropriate or violent behaviour etc., I know he will keep everyone really safe.'

One respondent identified that a sense of familiarity and stability had contributed to their improved experience of comfort compared to prior experiences:

'I guess because I've been here the longest time and have gotten to know most of the staff, it has been a very safe feeling because I've got to know the staff and also some of the tenants 'cause they have also been here as long as I have so I have got to know them. Which makes all the difference.'

Respondents who identified concerns around their safety identified issues with the behaviour of other guests or visitors at the accommodation, often as a consequence of mental health or drug and alcohol issues:

'Other tenants are causing trouble. Fighting. Police every day.'

'This is adequate accommodation but is far from satisfactory. It is noisy, people are fighting all the time and police are attending every day. The staff are very supportive however.'

'Too many bad people.'

'Some shady characters about, especially out the front.'

'While at [hotel], the young person had her things stolen. Other people residing there did not respect the rules. Hotel staff did not do much to help with this.'

'Initially I didn't feel safe, I felt very scared, the room doesn't have proper lock and it's very easy for anyone to break in. There's always lots of activity and noise during the night and it's hard to sleep due to the noise and anxiety of someone breaking in the middle of the night. There's a lot of unknown people regular coming and out of the premises.'

'People ring phone all night. And bang on doors at 2am, 2 times last night 9.30pm and 2am today.'

'Shouting and screaming by drug affected persons. Especially during the early hours of the morning.'

'People knocking at my door whilst sleeping.'

'I have witnessed aggressive people here at times. I know some people here use drugs and drink regularly. Most of the residents don't wear face masks most of the time or keep a social distance.'

One respondent identified the specific challenges of staying in EA during the pandemic:

'I have been keeping away from all the other people who socialise outside the rooms due to fear of contracting COVID 19. I have felt quite isolated during my stay at the hotel. I have been at [hotel] since March 2020.'

Additionally, many of the responses to what a respondent's 'ideal' emergency accommodation might look like revealed a desire for additional security measures:

'Own room, own bathroom, staff on the site, only allowed people legally permitted to stay there (no walks in)'

'A room with a good door and safety locks.'

The Experience of Support

A number of comments noted the importance of 24 hour hotel staffing, security and additional support, particularly compared to prior experiences:

'Because I've got staff to talk to, and workers who visit me.'

'The security and the staff that engage with me'

'Thank you for the little things like milk, soap, organising regular free food for us and thank you for the big things like always making sure we are safe, comfortable & respected.'
'I didn't have support then and having it now has made such a difference'

'2 people that came to see us while we were there ... really awesome, really good at what she did, so helpful, set us up with everything, made the move a whole lot easier, good furniture, very supportive'

Many responses to what 'ideal' emergency accommodation might look like also focused on the potential for support on-site:

'It is supporting the person during COVID-19, it is good to have this support. Excellent support during COVID-19, no changes or improvements, I have my room, TV, cooking facilities and everything I need.'

'Social workers. Regular check-up services.'

'Privacy, safety, all the amenities, plus kitchen, microwave, toaster, safe for my personal belongings, somewhere to have my carers and support workers visit and provide care that's private, close to shops, parks.'

Responses also identified the importance of being treated with dignity and respect:

'Everything is clean here and the staff were helpful when I needed things, I felt respected'

'When you can get the things that you need and when there always available is a good thing and when you get treated fairly and politely is also nice, when you get treated with the same respect which you treat others is also nice.'

Other Feedback

While there were numerous positives to take away from respondents' experiences in emergency accommodation during the pandemic, numerous responses also highlighted the challenge of staying in temporary accommodation for long periods, and the need for long-term options:

'It is a hotel, people cannot visit me, only option I have, I prefer a permanent place to live.'

'Serviced Apartments are a great option however not all apartments are ideal for longer than a

few days.'

'For short-term it's an okay accommodation, but not for long-term.'

'The communication with case managers has been okay, but I'm still waiting for a positive result like to actually receive somewhere to rent instead of just talking about it. I need a definite result for long term accommodation.'

On Co-Contribution:

'I am very disappointed that other people who have been staying here are paying NOTHING and I am required to co-contribute 30% of my income, this is so unfair.'

Summary

Despite the small sample size, many of the priorities and concerns identified in responses to the CAOP Client Survey mirror what was found during the 2017 Annual Consumer Survey, particularly around the importance of safety and access to amenities. A key difference was that, in many cases, clients reported feeling safer and more comfortable compared to prior experiences, which is most likely attributed to the existence of the Homeless Hotels Emergency Response (HHER).

Many of the comments indicated that much of this improved sense of safety and comfort derived from the implementation of specialist staffing at the hotels, particularly the HHER support. While implemented as a health response to prevent the spread of infections during the pandemic, the positive feedback from clients highlights how much on-site support at motels can contribute positively to a household's experience of emergency accommodation.

There were, however, still numerous responses detailing safety concerns regarding other guests and visitors at the accommodation, which highlights some of the inherent challenges of utilising motels as high volume crisis accommodation.

As with the 2017 Consumer Survey, access to self-contained cooking facilities was again identified as an important factor for people's experience of comfort: as noted by many respondents, being able to prepare their own meals is key to food security, particularly for families with dependent children. Households without cooking facilities, on the other hand, are forced to rely on alternatives such as take-away food, which is both harder to access and more expensive. Free laundry facilities were also cited as an important factor.

A much higher proportion of respondents in new options (whether those sourced through CAOP or by services themselves) reported feeling safe and comfortable compared to those staying in established options, however the responses to the survey do not give a clear reason for this difference. While some of this may be attributable to the higher proportion of new options with cooking facilities, in fact more than two-thirds of respondents in new options reported having no self-contained cooking facilities.

One straightforward explanation may simply be the difference in quality between new and established options. The newer options included in the responses were all either 3 or 4-star motels or serviced apartments, while all but one of the established options were budget motels or motor inn-style accommodation.

Despite some positive feedback from clients, there were responses that served as a reminder that, regardless of amenity, motels and serviced apartments are not suitable long-term options, particularly for families with children.

Finally, several respondents reported positive experiences of being treated with dignity and respect by motel staff, in contrast to themes of discrimination found in the 2017 Consumer Survey, where many of the respondents reported poor treatment from staff, a sense of exclusion, and being made to feel unwelcome.

Motel Use during the Pandemic Period: Feedback from IAP Staff and Coordinators

KEY OBSERVATIONS:

Numerous new options were offering competitive prices; however, most agencies were more likely to book with existing providers they were already familiar with.

IAP staff reported feeling more confident in the capacity of existing providers to accept and manage clients with more complex needs, while location was also a key factor for clients who prefer to stay in geographic areas that they are familiar with and have links to.

New providers required time and effort to develop relationships and were identified as lacking the experience to manage certain cohorts. They were also more likely to have barriers to use such as security deposits.

Lack of support for households in motels not included in the HER response was identified as a key issue, with IAP staff identifying the potential to provide additional support to households in motels such as the provision of food and other material aid.

Emergency Accommodation Options

AccessPoints reported temporary reductions in nightly tariffs as a result of the pandemic, particularly in the early weeks from new providers contacting the SHS for the first time:

'Places that would not usually be available to this Sector suddenly wanted our business although some of our clients were a bit of a shock to the system for them.'

'Places that would not normally be available suddenly were – Mantras, Punthills, Quests – and many offered generous deals in their scramble to fill rooms.'

'At the start of COVID, some of these options were offering very reduced rates.'

However, it was also noted that most providers with existing relationships with the SHS did not reduce their prices, though some exceptions were noted and generally appreciated.

'Most of the hotels usually deriving their clientele from the homeless Sector didn't drop rates'

'Hotels have made some adjustments to their costs which has assisted us. IBIS Fawkner have created a weekly set price which has been great!'

'A lot of the usual providers did not appear to change their pricing ... It more appeared that other providers who have not traditionally accepted our bookings either changed their price or willingness to accept bookings'

During this time, numerous services reported that hotel providers were much more willing to accept 'challenging' cohorts than what they would generally accept under usual circumstances. On the other hand, providers who required security deposits, or those who were less tolerant of potentially challenging behaviours, saw much less use during this period.

'A big change was the number of motels willing to accept bookings from homelessness services. Included in this was a change in the type of households they were willing to accommodate. At the start there was a challenge in finding options that were able to accommodate clients with complex behaviours and support needs, as a lot of the providers that came on board offering their hotels had very little experience in this area, and as such tolerance of challenging

behaviours. We have now been able to identify the new providers, who are willing to accommodate this cohort. '

'Willingness to accept all cohort as opposed to pre-COVID.'

'We had a lot of providers open to taking bookings from homelessness services, but then having a low tolerance of challenging behaviours, or who wanted a security deposit. For the most part, we are not using these options as much, and have focused on working with providers who agreed to work with us in the way we requested (not requiring security deposits, and for the most part, accepting invoices rather than credit card payment).'

We have continued to assess which provider is appropriate for different clients based on their support needs, but for the most part utilise providers that have demonstrated a tolerance or more realistic expectation on working with people experiencing homelessness, which may differ from their pre-COVID guest base.'

'Some providers that initially advised would accept [agency] bookings are not being utilised as much due to their policies on things such as smoking or bonds, or tolerance towards MH, AOD or challenging behaviours.'

It was also identified that prices slowly increased over the course of the pandemic, with staff suggesting that providers may have done so to cover the additional expenses of accommodating households from the Sector:

'Price seems to change, and a lot dropped initially but now increased due to extra costs- cleaning and security on site.'

'Properties using COVID as reason to increase rates (more cleaning?) and specifying "type" of clientele as reason to increase rates.'

'A few motels have increased their rates significantly throughout the covid-19 period and quality may have decreased, partly due to the high number of clients being booked into a few particular motels.'

EA Usage Patterns:

Access Points generally suggested location and existing relationships to be key factors when deciding where to place households, with agencies having more confidence in providers who had experience accommodating households from the SHS:

'[Agency] primarily uses providers they have an established relationship with. Location (within funded catchment) may also be a contributing factor. Some of the newer options found our clients – especially several at once – a real challenge. It was easier in many cases to work with the people we know and who know us and who we are helping.'

'Even when homeless, people remain resolutely geographical and often have a comfort zone they are reluctant to leave.'

'Already established relationships'

'Clients request to stay in area that they are familiar with.'

'I think when dealing with such high demand, it is much easier for workers to work with

accommodation providers whom we have an agreed upon process with, such as managing re-bookings, co-contribution and payments. Over the course of the pandemic, workers have got a good sense of the type of behaviours that particular providers are willing to accept, such as AOD use, mental health, or challenging or aggressive behaviours.'

Challenges in working with New Providers:

A number of agencies reported difficulty establishing relationships with some of the new providers, largely due to factors such as additional charges and challenging client behaviour:

'More providers on board whilst amazing been challenging too - prices changing regularly - educating providers about cohort.'

'Relationship repair is time-consuming and exhausting although in fairness, most people were understanding.'

'Difficulty establishing relationship with new providers.'

'After a client threatened to jump off the roof, and a call to the police brought around 20 officers rushing in, [provider] wasn't keen on further bookings.'

'I think it was very hard for some providers to deal with property damage and wanted agencies to pay.'

'Some motels not being patient for the invoices to be paid – some tried to say we couldn't book more until the bills where paid.'

One agency identified losing access to a number of options as a result of challenging incidents or behaviours, but noted that these occurred in the absence of support:

'This occurred before additional supports were put in place, both through HEART and the Hotel Emergency response workers on site.'

Ideas for improving the EA response to clients

IAP staff were asked for their thoughts on what IAP services could be doing differently to improve the experience of emergency accommodation for clients. Several responses identified the potential to provide additional support to households in hotels, including the provision of material aid and food:

'Check in call would be great if resources permitted.'

'Food - even if minimal.'

'Ideally have someone see client in person with basic essentials if not able to access any.'

'Build greater rapport with hotels and assist with more material aid to hotels.'

'Look at ways [of] addressing issues around access to food for clients in motel accom ... Use excess HEF for hotel bond, insurance fees, to provide better facilities in basic rooms'

'Expanding the number of hotels Hotel Emergency Response teams are in. Having a system across the board of ensuring clients have access to meals. Having a more coordinated response with services (AOD, MH etc.)'

Motel Use during the Pandemic Period: Feedback from Providers

KEY OBSERVATIONS:

From early in the period providers reported challenges arising from service bookings, including safety concerns for staff and other guests.

Providers felt they were expected to manage the challenges posed by the unmet support needs of guests, with little information or support.

HER teams were seen to have an immediate impact, with providers noting that this has made a marked difference, particularly in terms of staff safety and client support.

Most Access Points reported very few lost options, with familiarity with SHS bookings and concentration of households suggested as factors.

Providers that no longer accept bookings from the Sector indicate they have done so as a result of unpaid damages, while providers who continue to work with the Sector continue to report challenges in covering costs.

Early feedback to the Project

During the initial 12-week pandemic period, the Project maintained contact with a number of new motel providers to track any issues they experienced since commencing bookings from NWLASNs APs. Some common issues emerged from these discussions:

- Non-staying visitors entering the premises or staying in rooms
- Theft
- Property damage
- Smoking in rooms
- Aggressive behaviour towards staff and other guests
- Fights between clients
- Drug-related issues including dealing on site, affected behaviour and uncapped syringes
- Safety concerns for staff and other guests, including threats of violence
- Emergency Services Attendance

"We have had multiple instances of asking guests to leave or denying a renewal of accommodation largely due to behaviours creating an unsafe environment for other guests and staff by being visibly drug affected onsite, bringing multiple people onsite (constantly & often carrying suitcases and ignoring staff), notably being involved in suspected drug trade and being confrontational with staff or other guests."

Providers were keen to point out that these incidents represented the exception rather than the rule. Nonetheless, the severity of these issues represented a significant risk to motel providers, and some began implementing various strategies to manage disruption, with some providers implementing a strict 'no visitor' policy, including refusal of booking extensions for guests who did not comply. Other providers brought in additional security measures such as 24 hour security guards.

City Edge Apartments, who manage six different sites, began taking bookings for all sites through a central reservation line, allowing them to allocate different cohorts of households to different hotels (e.g. rough sleepers in one property, families in another). It was identified that this minimised incidents and the need for additional cleaning, though it was mentioned that there was reportedly an increase in disruption around their South Melbourne and Elizabeth Street sites, and more regular police attendance at these sites.

A number of providers with high concentrations of bookings reported experiencing 'neighbourhood fatigue' as a result of guest behaviour. In some instances, there was notable media coverage around this, as well as police involvement prompted by reports and complaints by the local community.

Mixed-use apartments appeared to be particularly vulnerable to backlash from the community, with one provider (Adara Franklin St) eventually coming to the reluctant decision that they would no longer take new bookings from the Sector due to pressure from the private residents of the mixed use property. Another hotel provider (Melbourne City Apartments) encountered an issue where private residents lodged a number of complaints with DHHS, resulting in a request from DHHS that services refrain from making bookings at the property until the matter was investigated.

Other providers reported some success in proactively addressing these issues: City Edge South Melbourne and East Melbourne reported they were in constant discussions with the residents surrounding their motels to make sure grievances were being heard and resolved. They further reported that many of the issues seemed to resolve once HEART and HER support had been established.

CAOP Provider Feedback survey – August 2020

In August 2020, shortly after the Hotels Emergency Response (HER) Teams had been rolled out at some of the most frequently-used hotels, Project Workers made contact with approximately 40 providers that had received bookings from NWLASNs services during the pandemic period (including some who had stopped taking bookings entirely), to source further feedback around their experiences working with the Sector. A total of 10 providers (some overseeing multiple properties) responded to the Project's enquiries.

Booking profile: Mostly Singles and Couples

Consistent with demographic data found in the HEART Data Collection exercise, most providers reported accommodating singles and couples, with only a few providers reporting that they had accommodated families with children.

Benefits, from a commercial perspective, of working with agencies

Many providers reported that they appreciated the business during the pandemic, which allowed them to continue operating during the pandemic despite historically low occupancy rates across the hotel industry. This in turn also enabled them to retain staff that they would have otherwise needed to stand down. Several providers also remarked that they were pleased to have been able to contribute to people's lives in a meaningful way by providing them with safe accommodation.

Bookings beyond the NWLASNs APs

Providers identified that they had received bookings from numerous agencies in addition to the NWLASNs APs, including:

- ACSO
- The Salvation Army Crisis Centre
- Respite Australia
- Melbourne Health
- Maple Plan (NDIS Plan Manager)
- SECADA
- CoAbility

Managing Challenging Behaviours

As discussed previously, almost all providers reported having difficulty with the challenging behaviours of some guests, with this representing a significant safety concern for staff and other guests:

'Our staff have experienced many encounters with aggressive, unruly guests, some staff were even harassed, mentally and physically.'

'Our work environment started to feel unsafe to our staff and our customers, which is unacceptable.'

'Clients are putting other tenants and staff in risk of danger. We have staff that got assaulted by clients and clients breaking into other tenants' rooms ... Not just that they smoke in the room, have visitors/friends throughout the day and night, rooms are being trashed frequently with breaking things and graffiti on the walls.'

This would have been particularly challenging for providers who had not taken bookings from the Sector prior to the pandemic. Many of these providers struggled to manage the volume of households, and one provider that stopped accepting bookings identified that they had blacklisted more guests in three months than in the previous three years combined.

Lack of Information and Support

Many providers felt that there was a lack of support (both for the guests and the hotel themselves) and communication from agencies that might have enabled them to better manage the bookings:

'Part of the issue we encounter is that we have no shared information about guests' history that could lead to potential challenges (mental health issues, AOD, family violence towards partner) and even when we try to get a bit more information on specific customers confidentiality is invoked which means we are poorly armed to assist them or manage them appropriately.'

When asked how working relationships with agencies might be improved, some providers identified that they would like to receive more information on potential issues with guests at the time of booking:

'Provide us additional information on what to expect or how to handle some customers when booking them in if they have past disorder history. It doesn't have to be super detailed but general guidelines would help. (few examples: Guest has past history of domestic violence with his/her partner, she/he should not be given access onsite; Guest is taking medication for mental disorder and is looked after by XYZ from XYZ hospital, call them if anything happens; Guest is on a mix of medication that could give the impression they are intoxicated if taken at once; etc.)'

'More background information required from client as in if client had an history/ongoing use of substances, if client have been released from prison in the last 6 months, being violent at his previous accommodation places funded by agencies, any mental health concerns that cannot be managed on his/her own. This information will enable better working relationship between agencies and accommodation providers'

This highlights some of the issues inherent in relying on private accommodation providers to provide ad-hoc crisis accommodation. It is worth noting here that the number of households staying at many of these hotels exceeds the maximum capacity of even the largest Crisis Supported Accommodation facilities, without any of the specialist on-site support to manage associated risks.

One provider suggested that introductory material be provided to new providers to better prepare them for bookings:

'Onboarding' material for new properties working with agencies to allow for understanding of the breadth of what they may encounter from the get-go. This may include appropriate responses to situations, additional resources available or information that should be passed back to bookers to forward on to case managers.

While this would be a novel approach for the SHS, a similar approach was already in place pre-pandemic through NEMA Orange Door, where providers were sent training material (for example, around trauma) in order to enable staff to better manage bookings for victim/survivors of family violence.

Challenges with IAP Rebooking Processes

Providers identified ongoing issues with rebooking practices at IAP services, with bookings often not extended until hours after the original booking had ended:

'After the booking has been made, we had no further contact from the agency, unless the guest wished to extend their stay. And even then, we would often have to wait for several hours after our check-out time passed for the agency staff to contact us and pay for the guest's extension or new booking.'

Some providers identified that one of the issues was that the rebooking process was dependent on guests themselves being asked to contact the referring IAP service at gam on the morning their booking ended:

Requirement of guests to contact agencies directly to extend their stay can be a challenge since some of them live majorly at night.

Other providers also identified issues with the co-contribution process, while others shared frustrating experiences attempting to get in touch with referring agencies:

'Some booking would have co-contribution from the guests. It would be sometimes difficult for us to chase this amount as some people would claim that they are waiting payment to come through on a certain day and when it is on that day, they would say they don't have the money or delay to us every day.'

'Sometimes [agencies] are just too busy to reach and usually not contactable after 5pm'

Issues with Invoicing and Payments

The majority of providers also indicated they had issues with the timely payment of invoices.

'Very slow payments which are affecting our cash flow'

'Payment arrangements from services needs to be improved, we barely had our invoices paid promptly'

To some extent this was inevitable given the sheer volume of bookings occurring, and numerous providers identified this to be a key problem, and hoped for a more streamlined system going forward:

'Streamlining of payment process and clear guidelines on what format or other specifics are expected from hotel operator would have been very useful. Timely payment is still lacking.'

'One aspect of the relationship is the invoice handling. We are fully aware that the scale of this project has been overwhelming to all. As all agencies slowly settle into their roles, I am sure that

a standardised invoicing system would assist all hotels to ensure that the invoices are not missed.'

Very Few Significant Issues Working with Multiple Agencies

Feedback was also sought on how working with multiple agencies was experienced by providers. It was anticipated that the experience of working with multiple agencies (all with slight differences) may have been experienced with some confusion. However, none of the providers identified any issues with managing bookings from multiple agencies.

'Whilst every agency specialises in managing a certain type of clientele, overall, the experience has always been good. The key to this is of course the communication and the working rapport that we have built with all agencies (and continue to build with new ones).'

A number of providers did, however, remark that it would be helpful to have a specific contact at each agency:

'It would be good to have a general manager level person to deal with so things can get done.'

'If we can have just contact 1 person for each org that would be great. We often have too many contacts for one org.'

Providers were also asked whether they would have more confidence in working arrangements with services if this was negotiated and overseen by a government body (e.g. through DHHS), rather than through multiple individual services. While most providers identified that they would be open to such an arrangement, not all believed this would necessarily make things simpler:

'I guess from your perspective it would streamline the database. We have had occurrences of guests staying with us apparently being booked at another hotel by another agency. Otherwise I don't have an issue dealing with multiple agencies.'

'I don't know what difference it would make, maybe if all under one umbrella would make it simpler, I am not sure'

'Streamlining would be effective for operations however adding another layer of tape would likely slow down response times and ability to react in a timely manner to issues as they arise.'

Damages

Unsurprisingly, providers identified that damages and additional charges posed a huge challenge for them.

'Damages – lack of security deposit from agency and guest led to substantial damage bills, including from one family who did not allow housekeeping staff to enter the room, and left the room in such a state that it took five days to clean.'

'Significant amount of damages incurred to the property and were never covered by the guests nor the agencies'

'We don't have a way to deal with the damage yet, we just keep paying for it.'

A number of new providers briefly in use by agencies were lost to the Sector in the early months of the pandemic response. Almost every provider that had stopped taking bookings from services advised that they had come to this decision due to agencies declining to pay additional charges:

'We accepted bookings under the assumption that [organisations] would take financial

responsibility for the damages especially knowing the risk would be higher and we are disappointed to learn that this was not the case'

'The agencies refused to take financial responsibility for the damages done to our property by their clients'

While often willing, these providers advised it was simply not viable on their end to continue absorbing these costs, with a number of providers identifying a desire for this to be addressed going forward:

'We would love to work with services going forward but this is not viable without assurances around additional charges.'

'The hotel cannot continue to accept bookings from any organisation that claims to not be liable for damages in a room they have booked'

'My only suggestion is potentially grant agencies a fund from government to help cover some of the property damages their guests caused. To have accommodation providers absorb all the cost of damages can be frustrating and expensive.'

'Perhaps a deposit paid by the agencies to cover potential damage caused by their clients to the hotel and acceptance of liability for costs incurred by bookings made by the agencies'

Significance of HER Teams and On-site Support

While initially implemented as a public health measure to prevent COVID-19 outbreaks amongst people experiencing homelessness, providers receiving Homelessness Response Teams were almost unanimously positive about the effect this had at the properties.

'The support team made a huge difference in increased awareness of Covid19, support guests with PPE, daily temperature check and MCM staff supports all guests who encounters hardships, help them with mental recoveries. Security staff made our guests and team members feel much safer and secure.'

'Alleviated constant stress which had been being managed entirely by the business/staff. Allowed guests to have an alternative outlet of support and security showed an immediate reduction in people trying to bring others onsite.'

'24/7 security is nice, makes staff feel more comfortable.'

By contrast, one provider who ceased accepting bookings early on in the pandemic identified that a lack of support to manage guests was a key issue:

'We were hoping each agency would appoint a personnel to at least check on/supervise their group of clients, but that didn't happen.'

The importance of safety (or the perception thereof) cannot be overstated – Earlier in the pandemic, one provider came to the decision that they would no longer accept bookings largely due to safety concerns from staff at the hotel, who were no longer wanting to come to work following a string of incidents.

Another provider advised that they had experienced issues with exposed syringes and reported two incidents where their housekeeping staff had suffered needlestick injuries.

Further Feedback from IAP Workers and Coordinators on Pandemic Period EA Response (IAP Motel Use Survey)

'[A] positive is obviously the ability to actually provide a service to every homeless client that approaches the service - feels like we are actually doing what we are supposed to do instead of constantly turning clients away/acting punitively because we don't have the resources we need.'

'It feels like an entirely new system. It has its challenges, but it is so much better than the past system in every way. Clients are getting so much more service; they are safer and have much greater stability. Not having to refer to dodgy rooming houses is the best part.'

Feedback from NWLASNs' IAP workers to the Project's Motel Use Survey

KEY OBSERVATIONS:

Even under the changed conditions, the Sector faced familiar challenges:

- Lack of resourcing – directives and guidelines not matched by adequate resourcing, increase in resources did not scale up with demands of updated guidelines and pandemic conditions.
- Agencies were still constrained by limitations of HEF (e.g., unable to bulk purchase rooms)
- Uneven resourcing resulting in fragmented response across the Sector, ultimately affecting clients who receive different responses from different services.
- Despite staff indicating there was significant demand for assistance that was unmet due to lack of capacity, no quantifiable data around this unmet demand has been kept.

While IAP services still reported difficulty responding to demand, the capacity for services to respond to urgent need was improved to some degree not only by increased funding, but changes to service delivery and practice.

As a result of new practices and a wider range of accommodation options, IAP staff felt that clients were receiving a much better response than under 'normal' circumstances due to longer stays, greater stability in accommodation and greater provision of support.

Lack of support for households in motels (pre-HER, or at motels without a HER response) was identified as a key issue, with IAP workers identifying the potential to provide further support to households in hotels, including the provision of food and other material aid.

IAP services reported challenges with the mental health and wellbeing of staff due to volume of demand and a constantly changing practice environment.

The potential for bulk booking did not offer the benefits that might have been anticipated.

The final section of the IAP Motel Use Survey conducted in August 2020 sought feedback from IAP workers on how changes wrought by the conditions of the COVID-19 pandemic responses had impacted aspects of their work. The Project also sought feedback from coordinators and managers of IAP programs about how practice shifted as a result of the updated Guidelines.

Changes at an agency level in response to the updated guidelines

Most Access Points reported changes in internal guidelines and practices in the early stages of the pandemic, with services reporting that prior guidelines or limits around eligibility were no longer relevant in relation to advice and Guidelines from DHHS. More households were able to receive assistance with emergency accommodation once services no longer had to apply strict budget limitations.

'The request that people be placed in hotels for at least a month led to initial placements being arranged very quickly and with few questions asked.'

'We no longer considered HEF eligibility, or any limits on assistance (unless someone had been evicted from multiple options due to anti-social behaviours).'

'We had to put more people in more rooms for longer and largely ignore pre-existing limits. We threw the time limits out of the window and became a lot less rigid with the eligibility, certainly in the initial stages.'

Pre-COVID, services would look to secure households an ongoing option, such as a rooming house, hostel, or crisis supported accommodation, only using motels on a night-by-night basis. This quickly changed, with accommodation at motels effectively becoming ongoing bookings to ensure households were able to remain in accommodation, rather than fall into old 'HEF and forget' patterns:

'IAP were able to 'work' the situation in a way that was beneficial for clients WHERE NECESSARY, e.g. placing a complex client, who is hard to engage, into a hotel and ensure they received supports ASAP rather than placing them into a rooming house and letting them drop off the service system's radar'

Services reported modifying their service delivery model in a variety of ways to adapt to the changing conditions of the pandemic, including moving to split A&B team models, moving to a phone-only service, and recruiting additional staff into frontline roles from other areas of the organisation.

Was the increased HEF allocation referenced in the updated guidelines sufficient?

While Access Points made every effort to secure self-contained accommodation, feedback received from IAP coordinators and managers indicated that the increase in HEF provided by the Department was not enough to meet the increase in demand, particularly given the updated guidelines around self-contained accommodation. Only one service reported being able to meet the increased demand with the additional HEF allocation, noting:

'The increase of HEF allowed us to change the way we worked, [even] prior to DHHS guidelines being released (e.g. longer hotel bookings, utilising hotels of a higher standard).'

However, other Access Points reported that the increase in HEF allocation was insufficient:

'Not even slightly enough and there was, as there still is, some conflict between directives on provision and funding available to pay for it.'

'The guidance around supply of funding for EA was clearly written, however, unrealistic considering amount allocated.'

One Access Point suggested different agencies were providing vastly different responses as a result:

'I don't believe it was sufficient ... organisations either had to go into debt, or cut off clients in motels due to running out of funding. This created a situation where different IAP services were providing different responses to clients in the same situation, such as ongoing financial assistance in motels, or a time limit on this/use of rooming houses.'

'Having different access points providing really different responses has led to confusion and frustration for clients, as well as increased demand on some services.'

A number of Access Points identified that the lack of certainty around funding prevented services from providing a comprehensive response, including the provision of extended bookings:

'Uncertainty about HEF reflected on length of booking.'

'Without clear guidance about what funding was available or might become available in the future, services could not plan. All of our responses were very reactive, which I think disadvantages clients, as we could not plan for stability or support.'

'A challenge that arose from this was ... uncertainty around length of support being provided. It was difficult to plan a housing pathway without knowing where the restrictions will lead.'

Co-Contribution

The amendments to the guidelines also outlined expectations around co-contribution arrangements:

'It is expected that housing and homelessness services providing clients with emergency accommodation in hotels will request a co-contribution by the client where they are able to do so.'

'As per existing Sector practice, service providers should consider and assess a person ability to make a co-contribution and apply this expectation with discretion. It is expected that any co-contribution made will:

- only be initiated after two weeks for long term bookings of four weeks or more*
- be no more than 30% of a person's income (not including recent Commonwealth increases to Centrelink payments in response to COVID-19)' (2020: 3)*

As practice shifted towards providing all households with hotel accommodation, a number of Access Point services reported being able to offer co-contribution arrangements to single-person households for the first time:

'Pre-COVID we only sought co-contributions from families. It was not something we offered in most cases to singles. At the start of COVID, we began seeking 50% co-contribution for everyone in EA, not including the COVID supplement. The benefit was that this assisted financially in maintaining more people in EA for longer.'

'We are able to offer co-cons to single people and this is something we were not able to do pre-COVID.'

'We have historically not offered co-cons to singles and we started doing so, initially requiring 50% of all income then moving, as per guidelines, to 30% of non-COVID income.'

'We previously placed families in co-contributions and singles mostly in [rooming houses] unless there were compelling reasons such as exceptional vulnerability / disability.'

However, services reported having difficulty enforcing co-contribution arrangements, which were at odds with directives to provide ongoing accommodation:

'A challenge that arose from this was the resistance to adhere to the agreement / conditions of the [co-contribution].'

'We had direction that we must get contributions from all clients in EA – and at the same time could not deny a rebooking even if they didn't pay. Clients started to work this out and repeatedly paid nothing towards accommodation, it was hard to set boundaries with these directives.'

'Another challenge has been the strain it puts on staff to continually have to try to enforce co-contributions. Following direction, staff are spending huge chunks of the day trying to set boundaries with clients to get them to pay, when ultimately, we have been told to rebook them anyway. This is distressing for clients, adds to demand, and can lead to some clients becoming elevated/aggressive towards staff.'

Services also reported issues with the new 30% co-contribution guideline that DHHS stipulated during the pandemic, which was significantly less than agencies' own co-contribution policy (all between 50-55%). It was reported that this acted as a disincentive for households to engage with the service:

'Pre-COVID [agency] requested 50% co-contribution from clients. New DHHS guidelines saw co-con reduction to 30% of client's base income. Clearly of benefit to clients, challenges for [agency] in managing HEF budget.'

'Two weeks free in hotel upfront and then only 30% of pre-COVID income being contributed meant clients stopped engaging or working towards private rental.'

It was also identified that different practices around co-contribution across services and programs, as well as constant changes to service delivery, meant that these policies were applied inconsistently for different households, something which clients became well aware of. It was also noted that households in receipt of the Disability Support Pension (DSP) were ending up with much less than the guidelines intended due to the way co-contribution was calculated:

'Clients have obviously felt a lot of frustration and confusion about different people paying different amounts. For example, those being supported by [program] haven't had to co-contribute. Those being assisted since the start of COVID have always been asked for 50%, whereas those who came on after guidelines changed are only asked for 30%. Similarly, as we take 50% before the COVID supplement, people on Jobseeker pay less than those on Disability Support Pension, but people on DSP don't get the supplement, so despite often having more complex support needs, are left with less money.'

'Reduce DSP co-contribution amount. This seems unfair given clients on JSA/NSA are receiving coronavirus supplement and DSP clients are not leaving them with less income when due to their disability supports they may have more expenses as well.'

Changes to Capacity and Staffing

Many services reported needing to prioritise the provision of accommodation over other tasks, particularly in the early stages of the pandemic, to meet the increased demand:

'During April/May staff were dissuaded from undertaking initial assessments and subsequent referrals and case planning ceased ... IAP standard practice, assessments, referrals and planning resumed in June in line with Opening Doors framework and in conjunction with HEART Initiative.'

'We have a lot less capacity to do anything other than basic assessments, put the client on the PL and book EA'

'We are doing less complex work and more accommodation booking'

One Access Point felt that the demand they were able to meet was only possible as a result of the shift to a phone-only service:

'I feel I can state undeniably that we could only help the many people that we did by being on phone only ... Phone based has increased our capacity to assist more clients due to not having to manage the physical presence of clients and social distancing and cleaning.'

While most Access Points reported prioritising booking accommodation, one service reported that from an early stage they worked to ensure households in hotel accommodation were linked into supports as early as possible by continuing to provide a full Initial Assessment and Planning response:

'We did not book hotels beyond a day or two without a plan/assessment'

'Majority of clients would have got the 'full' IAP service in terms of referrals to: Crisis Accommodation, Support etc.'

'Capacity was still focused on the plan; where to from the hotel / referrals etc.'

Agencies reported difficulty meeting demand under current staffing levels, particularly in order to provide a more comprehensive response:

'Ideally we need more staff to deal with the demand, in order to provide more thorough support.'

Another Access Point reported being able to meet demand by redeploying staff from other areas of the organisation, but noted that this did take time to implement, particularly with the recruitment of additional staff:

'At times but this was more of a staffing skill issue rather than a respond to demand? – e.g. we had to train staff up initially / source staff - it's a skill to have, working in IAP/Intake'

In one extreme case, an Access Point in the West lost three IAP positions during the pandemic, with two of the positions being made redundant due to a restructure. This was in addition to understaffing under normal circumstances, where it has been estimated that both IAP services in the West were short at least three fulltime IAP positions.

It was also noted by the Western LASN that the lack of a Prioritisation List Worker at the two Access Points was compromising the response the agencies were able to provide, particularly around timely referrals to support providers.

Challenges for Staff

The changed conditions of the pandemic presented a number of practical issues for staff at Access Points, such as limited capacity for secondary consults and challenges in completing comprehensive assessments over the phone:

'A & B model while effective at times it is a challenge in the sense of 'bouncing ideas' it's not just turning to the person next to you to quickly as a question...'

'Due to not seeing clients face to face and or supports face to face- at times it has been noted 'accountability' has slipped'

'Such a challenge to complete a thorough assessment of women's risk of DV over the phone - there is no way to ensure we are able to safely separate her from the perp for over-the-phone IAPs ... In general, completing thorough assessments over the phone is difficult due to the loss of visual/non-verbal information.'

Managing the increased demand for assistance was identified as a key challenge by numerous staff across multiple Access Points:

'The challenge is that on top of new clients calling every day, clients continue to have to contact us every fortnight on their payday for assistance. The demand therefore feels unmanageable in IAP.'

'Reoccurring contact, seems like more case management. Not being able to work on longer term housing plans.'

'The high volume of calls and lack of resources is making it difficult for many service users to receive a service'

'Demand has also been a big thing for us. The demand for most of the pandemic has been greater than what we can provide. The phones have been going crazy and we know that we can only cover a small percentage of the people in need in our area.'

While the number of unassisted persons turned away from IAP services are not formally collected by services, a number reported that there has been an increase in unmet demand during this period:

'I know there has been an increase, however, has not been formally recorded.'

'We don't collect these numbers formally, but there has definitely been an increase in those we can't assist each day.'

Staff from multiple services further identified that staff wellbeing had been significantly affected during this time:

'Challenges with staff MH. Experiencing high levels of anxiety and difficulty adapting to demand and expectation.'

'All I know is we have been extremely busy and are doing the best we can every day. We are exhausted.'

'Initially we were provided extra staffing, but stage 4 2.0 has resulted in a withdrawal of even our basic funded EFT – so we are now expected to assist the same number of clients without the 'surge' staffing. It's very challenging to an already exhausted IAP staff group.'

'Staff stress is high, and burnout is very real.'

Impact of changed service conditions on clients – some benefits, some challenges

Despite these challenges, staff also identified positives from the changed practices, increase in HEF, HEART support and new accommodation options, and reported that the service system was now providing a better service now than under normal circumstances:

'Positive is obviously the ability to actually provide a service to every homeless client that approaches the service - feels like we are actually doing what we are supposed to do instead of constantly turning clients away/acting punitively because we don't have the resources we need.'

'It feels like an entirely new system. It has its challenges, but it is so much better than the past system in every way. Clients are getting so much more service; they are safer and have much greater stability. Not having to refer to dodgy rooming houses is the best part.'

'Clients have welcomed over the phone support to keep them safe from COVID.'

'This is an improvement to not being reliant on sub-standard, unsafe, overpriced rooming houses.'

'More options means clients having better experiences in motels'

'HEART - great as support needs addressed in a timely manner'

'Extra funding able to accommodate more people'

However, some Access Points felt that the increased demand and lack of capacity was negatively experienced by clients:

'I'm sure this also negatively affected clients, as staff had less time to spend in each duty, meaning less time to follow up and make referrals. As well as the effect interpersonally of having less time to spend working with each client, which may reinforce trauma of experiencing homelessness without someone able to spend time and validate and respond appropriately to each individual's situation.'

It was also reported that the inconsistencies across the Sector were leading to issues around client expectations, while others also noted that this had become more difficult since the announcement of the *From Homelessness to a Home* funding:

'Having different access points providing really different responses has led to confusion and frustration for clients, as well as increased demand on some services.'

'Clients talking to each other in hotels noting the difference in service practices, e.g. our clients saying "well XY has been in a hotel since March and hasn't been asked to pay a cent, why do I need to pay? / why can't I stay in the hotel instead of looking at other options?"'

'Having to respond to clients' expectations as other access points accommodating clients for long periods & workers having to manage that level of expectations etc. - appears to be inconsistencies in Sector.'

'Clients are aware of differences and trying to explain reasons why this is when I am face to face with clients is a challenge.'

'Be great if all IAP services in Melbourne having similar process as I believe that we get a lot of clients from other access points coming to [agency] as they don't want to go into RH options as offered by other providers. Or people cannot get other IAP services on the phone.'

It is the also the expectation that clients can stay in motels and TSA will keep funding them until April next year. Alternative options have been sourced but clients are choosing to stay in motels instead.

Numerous responses also identified the lack of support as problematic, particularly in the uncertain early stages of the pandemic:

'Mental health of clients in much poorer state- sick of hotel and needing support- challenging to deal with for hotels and IAP staff...'

'I don't think it is wise to place clients in hotels with no plan in place. This has happened where a client was frustrated to hear that the extension of hotel is not will not go ahead due to it being 3 weeks with no other plan. This sets the client up for unrealistic expectations.'

'I don't think we should be keeping people in motels for extended periods of time without support.'

Bulk Purchasing

While the Guidelines mention that Access Points should consider bulk-purchasing, services reported being constrained by lack of certainty around how long the additional funding would continue for. It is somewhat unsurprising that there was a general lack of bulk-booking given that some agencies reported not being able to pre-book weekend accommodation under normal circumstances ahead of major events.

'No bulk booking made. Reluctance to bulk purchase room due to HEF uncertainty.'

One Access Point did not engage in bulk purchasing as a strategy to ensure that clients remained engaged with the service:

'We did not do 'block' bookings and still don't do block bookings for clients – whilst admin heavy it keeps the client engaged/accountable as well as supports engaged'

Somewhat tellingly, another Access Point reported that they had only been able to enter in bulk bookings arrangements in September, six months into the pandemic, and only after the certainty of the *From Homelessness to a Home* funding was announced by the State Government:

'This has just come into effect from today with 5 accommodation providers identified as "preferred providers" ... where [agency] now have established relationship and processes and where there [are] hotel emergency response workers in place.'

Another Access Point service entered into bulk purchasing arrangements in the initial stages of the pandemic, but reported that it was not found to be especially useful, with staff feeling pressure to fill the pre-booked rooms that they had already funded, often at the expense of cohort suitability.

'We made a few bulk bookings at the start of the process and venues were happy to have them. However, it placed pressure on the team to use those rooms in preference to ones that might suit the clients better.'

There were some minor economies of scale, weekly rates better than night by night for example, but we did not seem to find block booking particularly helpful. We ended up feeling strongly that we could most effectively mitigate risk by matching clients to hotels on a case by case basis.'

Another agency was in discussions with a chain of serviced apartments in order to come to an agreement around bulk-booking and pre-purchasing of rooms, however this was not finalised. While the nightly rate on offer was a competitive one, the main barrier was the provider's requirement that the service provided a \$1,000 bond on bookings, which was to cover damages up to \$10,000. The agency also reported that the provider was very particular about the needs profile of guests they would accept at their property and made it clear that they wanted to avoid any sort of complexity. As a result, the option was deemed too restrictive and not suitable for use by the IAP service.

Potential for Further Practice Changes

IAP staff were asked for their thoughts on what IAP services could be doing differently to improve the emergency accommodation experience for clients. Despite the above-mentioned challenges, numerous responses from staff indicated that bulk-purchasing would have been something that would have been well-received by both clients and staff by streamlining the re-booking process, and that the opportunity to book for longer periods would enhance stability for clients and reduce the burden on staff.

'The EA extension/bookings system could be made simpler in a way that saves time for workers and stops so many clients and hotels having a lot of stress on check out days.'

'Having longer rebooking periods would assist.'

'Enter into contracts with proprietors to ensure ongoing access, stable pricing, safe and reliable service.'

'Much longer bookings - why have we been keeping clients in a state of anxiety for months on end with fortnightly bookings? Why can't [agency] book out entire motels to house clients on a more stable basis? This would also free up worker time to allow us to plan how to work better in this environment and think creatively about the future of IAP and how we can improve our service.'

A number of responses also identified the potential to provide additional support to households in hotels, including the provision of material aid and food:

'Check in call would be great if resources permitted.'

'Food - even if minimal.'

'Ideally have someone see client in person with basic essentials if not able to access any.'

'Build greater rapport with hotels and assist with more material aid to hotels.'

'Look at ways [of] addressing issues around access to food for clients in motel accom ... Use excess HEF for hotel bond, insurance fees, to provide better facilities in basic rooms'

'Expanding the number of hotels Hotel Emergency Response teams are in. Having a system across the board of ensuring clients have access to meals. Having a more coordinated response with services (AOD, MH etc.)'

Opening Doors

Staff from multiple services felt there were issues with Access Points failing to follow Opening Doors guidelines. It was felt that this led to many clients not being able to receive assistance, and additional demand falling on other Access Points.

The unequal and insufficient resourcing across the region was identified as a key factor behind this, and it was identified that addressing this would make the service system more equitable for clients seeking assistance across the region:

'We need to stop asking what address is on their Health Care Card then send them away. Assess & assist what you can on the day then a courtesy call to the access point with a handover or if too late in the day, motel them overnight then ask them to present there the next morning.'

'Insufficient staff and other entry points pushing back and not adhering to "Opening Doors" policy'

'We need a fairer access to resources for our clients. it is not fair that different access points struggle with such things as funding and that on any normal day, we can't place our singles in motels, even for a night, due to our limited funding.'

'There should be a better understanding of "opening doors" policy. This means that clients can attend whatever access point that they want even though they live outside a catchment area. This makes the whole system fairer. Too many access points are still asking what is on someone's HHC and then refusing to help people based on this, even though they may not have been in the area for a while.'

'Make sure that all APs follow the Opening Doors Framework and don't turn clients away because of the address on their HCC.'

Key Findings from the Pandemic Period: What did changes in response to the pandemic teach us about the current model?

True Demand Exceeds Sector Capacity

The sheer number of households assisted during the pandemic response illustrates that true demand for housing assistance far exceeds what is normally reported by the Sector, with data on assistance only reflecting demand that services can afford to meet within resourcing constraints.

That IAP services were still having difficulties meeting this demand despite increased HEF allocations and the reallocation of staff to frontline services strongly suggests that services are under-resourced to meet true demand, and an increase in both HEF funding and staffing are necessary to have any hope of meeting this demand going forward.

The Need for Support in Hotels

There is a stark difference between what those in CSA facilities receive compared to those in hotels, with CSAs providing on-site support, meals, security, and access to a variety of programs, activities and other resources. For those in hotel accommodation, there is usually no additional support available despite having the same needs. These additional supports at CSAs have long been understood to be what people in crisis require to create stability in their lives to move forward.

The pandemic response period highlighted the numerous challenges in using hotels as emergency accommodation, with some hotels accommodating more households at any one time than even the largest CSA facilities, but without the onsite support offered within these facilities. Following the implementation of HER support in several hotels, responses from the client feedback survey indicated that many households felt safer and more comfortable compared to prior experiences as a result of this support. Feedback from providers also suggested they felt the support made an immediate impact in addressing many of their concerns. **With the use of HHER teams during the pandemic demonstrating that support can be provided to those outside of CSAs, the Sector should no longer accept any less for households in hotel accommodation.**

Liability and the Familiar Risk of Damages

Even with new providers offering competitive tariffs for better quality accommodation, the risk of agencies' exposure to costs arising from damages or other disruption continued to pose a significant barrier for services and limited the use of new accommodation across the North and West.

This was one of the key factors behind the majority of assistance during the period directed to established options, and also helps to explain why only a small proportion of assistance was to providers offering self-contained rooms with cooking facilities.

With agencies unable to provide guarantees towards this risk and understandably hesitant to use new providers, in general IAP services instead continued to utilise established options seen to be more tolerant of issues and damages even when these were more expensive and known to be of poorer quality.

The Cycle of Scarcity and Unmet Demand

Despite reports from Access Points during the pandemic response that significant demand for assistance was unmet due to lack of capacity, no quantifiable data around this was recorded. The lack of accurate data on unassisted households prevents services from providing meaningful data on demand for assistance and encapsulates the Sector's cyclical problem of being under-resourced: Without adequate levels of HEF funding or staffing, services lack the capacity to meet demand, all the while remaining unable to accurately record how much unmet demand remains.

Services thus remain trapped in a feedback loop: where not only are they unable to meet demand, they are unable to accurately demonstrate the need for additional resourcing.

The end result is a network of homelessness services forced to operate at a capacity far below what is necessary to meet demand. This is most problematic for households in lesser-resourced regions, who may be inherently disadvantaged through simply being in the LGA.

While the Opening Doors framework was designed to provide equitable access and prevent households from being disadvantaged in this manner, once again a lack of adequate resourcing prevents services from being able to follow these guidelines. When services are struggling to meet the demand that exists at the local level, it should come as no surprise that they lack the capacity to address additional external demand from other regions.

The End of the Pandemic Response

'The other challenge, is finding appropriate accommodation for our singles when this pandemic is over. We all know what a majority of the rooming houses are like. It is trying to get them that better option.'

Feedback from NWLASNs IAP workers to the Project's Motel Use Survey

Following the easing of restrictions in metropolitan Melbourne in November, services saw a reduction in funding back to pre-COVID levels of HEF allocation, with new guidelines making it clear that services were to revert to working within their pre-pandemic budget allocations and to 'business as usual' practices.

While some priority households were able to remain in purchased emergency accommodation while awaiting ongoing housing outcomes under the *From Homelessness to Home* package, the majority of households in purchased accommodation as COVID-19 restrictions eased were no longer able to have their bookings extended further and were once again required to explore options such as private rooming houses. With a lack of alternative housing options, hundreds of households were likely to return to homelessness, with many at risk of returning to rough sleeping.

Did more HEF and better accommodation options lead to an improved system response?

The pandemic response was successful in providing emergency accommodation to households who would otherwise have had nowhere to stay during the pandemic, allowing thousands of people to self-isolate and prevent the spread of COVID-19.

The response illustrated the range of improvements that could be made to the current service system including providing better quality accommodation for longer periods of time, support to households in emergency accommodation, and supporting providers to accommodate clients. Feedback from IAP staff received during the ongoing response indicated that many felt clients were receiving a much better response than under normal circumstances. Despite these changes, however, it is debatable as to whether this was a better homelessness system for clients.

For those households who will access support and move into one of the 1,845 head-lease, spot purchase and public housing properties, properties under the 'From Homelessness to a Home' package, the Sector's response to homelessness during the pandemic is likely to be seen under a positive light. **However, for the hundreds of other households who exited hotel accommodation at the end of lockdown without a secure housing outcome, it is questionable as to whether the pandemic response was an improvement in any meaningful sense, when ultimately, the end result was a return to homelessness.**

Despite positive feedback from clients staying in hotel accommodation during this period, the use of hotels remains a short-term response to a long-term problem, regardless of the level of amenity or length of stay. That so many households were exited from hotels without a housing outcome in no

better circumstances than before the pandemic illustrates once again how responses to homelessness, no matter how well thought-out, will continue to be undermined by a lack of tangible affordable housing stock. While improvements can and should be made to the existing system, any crisis response needs to be combined with a commitment to longer-term responses, including access to long-term housing.

Anticipating a further surge in homelessness post-pandemic

As restrictions in metropolitan Melbourne eased in November, IAP services reported that the majority of clients presenting to IAP were new households, rather than returning households seeking extensions to their emergency accommodation.

With income protection measures implemented in the early months of the pandemic scaled back, and eviction moratoriums set to expire in March 2021, Australia faces an imminent surge in homelessness, with many more households likely to present for housing assistance as a result.

Without immediate increases in resourcing, many of these households will be turned away from services through no fault of their own. Without changes to the existing service system and significant increases in long-term housing options, very few of these households are likely to receive a response beyond a few nights in a hotel or a bed in a private rooming house.

Looking Toward Alternatives

KEY OBSERVATIONS:

Victoria is not alone in confronting the issue of forced over-reliance on unsuitable private options as emergency accommodation.

Action is being taken in some other jurisdictions to provide alternatives. NSW and Tasmania have seen renewed emphasis on supply of crisis supported accommodation, South Australia has intervened with motel providers around price and suitability, while further afield in Ireland the Family Hubs model has been established.

Locally, there are opportunities for approaching the provision of crisis accommodation that would represent safer and more suitable options for clients than 'bed only' low quality motels, notably the recent McAuley motel proposal.

That the SHS was unable to support the McAuley motel model is symptomatic of the structural constraints faced by the Sector, with services trapped in a cycle of conserving and rationing HEF.

The possibility of rapidly repurposing existing properties for use as crisis supported accommodation has been demonstrated in the establishment of the COVID Intensive Recovery Facilities (CIRF) facilities during the pandemic, with the support of government, there are likely to be further opportunities to utilise existing residential or commercial properties in the aftermath of the pandemic.

RECOMMENDATIONS:

23. That the Department pursue the possibility of purchasing or leasing hotels to utilise as emergency accommodation to enable the development of more appropriate accommodation options targeted to client needs and reduce the loss of Government funds to private businesses.
24. That, with the advent of Homes Victoria, the Department takes on a greater leadership role in exploring opportunities for alternate models when they arise, working with the Sector to determine how any future models might be realised.

The wider Australian context: reviewing crisis accommodation responses in other jurisdictions.

A scan of service system responses to immediate homelessness in other Australian jurisdictions suggests Victoria is far from unique in its increasing reliance on emergency options sourced in the private market.

While systems differ in structure – Victoria's network of catchment-based Access Points, for example, a contrast to NSW's highly centralised, telephone-based Link2Home service – the story that can be gleaned is strikingly similar: increasing demand at the crisis end overwhelming the capacity of funded, supported crisis accommodation services to meet need, leaving little alternative but to rely on motels, caravan parks and rooming/boarding houses to provide emergency options.

There is evidence that in NSW and Tasmania a policy shift is occurring to address reliance on private operators to provide crisis responses. In NSW, this has taken the form of funding for additional supported crisis accommodation, and in Tasmania an initiative to commission repurposed shipping containers as accommodation 'pods' has provided some increased capacity at two key existing crisis accommodation facilities. In South Australia there have been efforts to establish agreements with 'preferred' private accommodation providers. While not an alternative to the use of motels as crisis accommodation, these agreements have sought to establish benchmarks for quality and safety and

a degree of consistency in what services can expect to pay to secure crisis accommodation.

NSW

In NSW, where emergency accommodation sourced in the private market is provided under the Department of Communities and Justice (Family and Community Services) and administered through the Temporary Accommodation (TA) program, Sector peak bodies such as Homelessness NSW, Domestic Violence NSW and Shelter NSW have over several years voiced concerns about the capacity of the system to adequately respond to the needs and vulnerabilities of those seeking assistance.

Spending on purchased emergency accommodation in NSW is steeply on the rise, up from \$14 million in 2014 (Homelessness NSW, 2016) to an allocated budget of \$25.8 million in 2019-20 (Shelter NSW, 2019) with the program assisting well over 20,000 clients annually. The TA model provides for 1-2 nights in a single instance of purchased accommodation in motels, hotels, hostels and caravan parks, assessed and referred via local FACS offices or Link2Home, a statewide centralised telephone-based service which operates daily from 9am-10pm. The expectation is that local FACS offices and SHS services pick up housing and support needs from there, the reality as Homelessness NSW have observed, is that such a brief crisis response is in many cases unlikely to be sufficient to stabilise a household's situation for the time it takes to access medium and long-term options through the SHS. A 2017 HNSW/DVNSW policy paper (Homelessness NSW & DV NSW, 2017) observed that of the 21,500 clients assisted through TA during 2015-16, only 24% were identified as having subsequently secured long-term housing options, and the long-term outcomes for the other 76% (one-third of whom had accessed repeat TA assistance within the period) were unknown.

In 2017, Shelter NSW conducted consultations with SHS providers in regional NSW about the design and delivery of homelessness services across the state. The resulting report observed that feedback from participants on the TA program was largely critical, and remarkably consistent, throughout the consultation, providing this summary of Sector concerns:

'One aspect of the system which was critiqued at every single workshop was the system of subsidising temporary accommodation in budget hotels or other accommodation, run through local FACS offices. The core of this critique, repeated across the State with local variations, is that the accommodation used is inappropriate for the people being housed. Feedback included:

Poor quality of accommodation, with the use of run down hotels/motels that are often in poor physical condition. In a number of cases the accommodation used has a local reputation as a venue for drug misuse or other anti-social behaviour. This raised safety issues for people placed there, especially families with children.

The use of hotels/motels without cooking facilities for families with children, meaning they are unable to feed themselves and have to pay for expensive takeaways.

Poorly located accommodation, typically on the edge of towns where there is no transport into town, for people who often don't have a car. This adds to stress where people are then expected to attend follow up appointments at the FACS office (typically in the centre of town) and look for longer term accommodation.

Concerns about safety, especially for women who are leaving domestic violence or who may have suffered such violence in the recent past, accommodation is insecure and is well-known in local communities as being used for this purpose, so services felt women could be put at risk of further violence.' (Shelter NSW, 2017: 24)

The parallels with the Victorian experience, and specifically with the findings of *A Crisis in Crisis*, are striking.

Sector peak bodies have called on the NSW government to thoroughly review the TA program framework, identifying accommodation options, assistance timeframes and system design/navigation as priorities. They have also specifically advocated for investment in models of emergency accommodation provision - referred to as Supportive Temporary Accommodation (STA) that can provide more responsive and effective alternatives to motels and caravan parks (HNSW & DVNSW, 2017). There is some indication that the government has taken at least elements of this feedback on board, having allocated \$10 million in 2018 to fund ten STA initiatives 'to replace other forms of accommodation such as motels' (FACS, 2018). The extent to which this investment in alternative models is having a material impact on the TA program and its effectiveness is as yet unclear, but funding has flowed to establish or enhance STA facilities that offer safe, and in some instances self-contained, accommodation with access to both immediate and ongoing supports.

In Sydney, two accommodation services to receive additional funding under the STA initiative are Vincentian House in Surrey Hills and Jewish House in the city's Eastern suburbs. Both facilities offer crisis accommodation responses to a range of households, with Vincentian House especially distinctive in being able to accommodate single fathers with children and mothers with teenage sons, as well as mothers with younger children and single women (SVDP, 2019).

Tasmania

The use of purchased emergency accommodation in responding to homelessness is also a live issue in Tasmania.

State-wide, there are only twelve services providing supported crisis accommodation to adults, with an additional nine services assisting unaccompanied children and to young people. Beyond these facilities, the services tasked with responding to immediate need for accommodation under Tasmania's Housing Connect system are Colony 47 in the South and Anglicare in the North and North-West; both turn to the tourist accommodation market for options.

Sourcing sufficient vacancies in the market to meet need appears to be a growing challenge in the Tasmanian context, to the extent that the state government announced in mid-2019 a plan to offer cash incentives to private operators, above market rates, to aid access to emergency beds (Anderson, 2019).

As an alternative to the purchase of private accommodation, the Tasmanian government has directed a portion of its \$5 million 2019 Emergency Homeless Response toward the commission of repurposed shipping containers to boost the state's supported crisis accommodation capacity (Department of Communities Tasmania, 2020). Two crisis accommodation services (Bethlehem House, a single men's service, and the Hobart Women's Shelter) have had capacity boosted by the installation of self-contained 'pod'-style units, with the family pods at Hobart Women's Shelter large enough to provide two bedrooms, a bathroom and a kitchenette/living space. To date, the Tasmanian Department of Communities has funded a total of 28 crisis accommodation pods, with an estimated 1600 people sleeping rough in the state prior to the COVID-19 pandemic. This is a small start but might point a way toward further expansion of supported crisis accommodation into the future.

South Australia

Figures from the South Australian Housing Authority (SAHA) suggest that, as in NSW, spending on purchased emergency accommodation is also on the rise, and in fact at a rate (pre-pandemic) far in excess of either Victoria or NSW. SAHA (formerly the SA Housing Trust) annual reports, which detail spending on 'temporary hotel/motel emergency accommodation' as a specific line item (SA Housing

Trust, 2018: 45), reveal a near six-fold increase in spending between 2012 and 2018 from \$1.3 million in 2011-12 to \$7.65 million in 2017-18. Funded crisis accommodation beds are in very short supply, with only one women's crisis accommodation facility accessible to the SHS in the Adelaide region.

SA shares with NSW a centralised telephone-based assessment and referral service for households in crisis, called the Homelessness Gateway. The Gateway is operated by Uniting Communities, a community agency, with funds to purchase accommodation directly administered and allocated by SAHA. The generalist Homelessness Gateway service (which operates 24/7) is augmented by two specialist services, the Youth Gateway and the Domestic and Aboriginal Family Violence Gateway (the former operating during business hours only), and smaller SHS agencies providing local responses in regional areas.

A 2016 paper on crisis responses to young people facing homelessness in SA (Sandstrom, 2016) observed that despite best efforts, Gateway services were increasingly forced, for the lack of alternatives, into the private market to source emergency accommodation options. The paper identified numerous issues of concern, quite apart from the cost impacts, raised by this reliance on motels, equally applicable across vulnerable cohorts. The lack of any screening of providers or of any control over the quality of facilities was one issue identified; another was the concern that highly vulnerable clients could unwittingly be placed in accommodation in proximity to others who might pose a risk. As the author observed, 'it would be absurd to suggest we build an accommodation service with such a client mix [providing an example of a male perpetrator of violence exiting custody alongside a family seeking refuge from a violent partner] in adjacent rooms; yet given the high use of the same motels in some locations, this is precisely what is occurring' (Sandstrom, 2016: 32-33).

In response to issues such as these, as well as concern that the pool of motels willing to engage with services was shrinking, the SHS Sector in SA organised around a push for the key state funding body, Housing SA, to take a more active role in the purchased emergency accommodation market. This has been successful in engaging Housing SA directly in negotiations, on behalf of the Sector, with motel operators. Housing SA have established a set of minimum standards for motel operators related to amenity & safety and have negotiated around price benchmarks and high demand period tariff fluctuations. There is now a common 'preferred provider' list of motels which have met expectations or taken steps towards improving facilities and the experience of clients. While not a perfect solution, indications from key providers such as Uniting Communities are that the preferred provider list gives services a measure of confidence in what they are able to offer clients, and a degree of accountability between services, operators and the department that had not existed previously.

An example from further afield: Ireland

The prevalence of the use of purchased emergency accommodation, particularly in responding to family homelessness, has become an issue of national attention in Ireland in recent years.

Homelessness in Ireland, and attendant systemic responses to it, concentrates in Dublin, the capital and largest city. Around three-quarters of all incidence of homelessness occurs in the Dublin region, with spending on responses similarly concentrated. It has been observed that the 2008 global financial crisis and its aftermath was key to a dramatic acceleration in rates of homelessness in Ireland, particularly among families, with the result that systems and resources have become increasingly overwhelmed (Waldron et al, 2019).

As the numbers of people needing assistance have grown, and spending on private emergency accommodation in the form of motels and bed & breakfasts has risen dramatically - around €50million (approx. \$80million) in Dublin 2017-18, up from around €10million in 2012-13 (Fitzgerald, 2019; O'Sullivan 2016) - increasingly urgent concerns have been raised as to the adequacy of these forms of accommodation in providing an appropriate response to homelessness, particularly for families.

In the Dublin region, the response to immediate homelessness is centralised via the Central Placement Service (CPS), a telephone-based assessment and referral service, auspiced by the Dublin City Council. The CPS is the gatekeeper for referral to supported crisis accommodation, where available, as well as for access to emergency accommodation in private motels and B&Bs. Assistance with private emergency accommodation can take a number of forms. Families assessed as homeless may be provided with a 'rolling booking' (ongoing accommodation with the same provider), night-to-night or 'one night only' (ONO) accommodation, which typically necessitates daily contact with the CPS and movement between different accommodation providers each night, or 'self-accommodation', where families are tasked with contacting accommodation providers and securing vacancies themselves, for which funding is then provided.

There is a wealth of research and advocacy material detailing the deleterious impacts of private emergency accommodation on families experiencing homelessness in Dublin and Ireland more broadly, and in particular highlighting the impacts on children (Walsh & Harvey, 2015; Irish Human Rights and Equality Commission, 2017; Mercy Law Resource Centre, 2019). There is consensus among advocates that the more disrupted and disjointed the private emergency accommodation experience is, particularly the case in relation to ONO and self-accommodation practices, the greater the likelihood of negative impacts.

The Irish alternative: "family hubs"

The Irish government has taken some steps to address the deteriorating situation under its 2016 "Rebuilding Ireland" national housing and homelessness plan. Specifically, with respect to emergency accommodation provision, the plan laid the groundwork for the establishment of 'family hubs', supported emergency accommodation facilities intended to provide an improved alternative to motels and similar accommodation. The hubs model leases or purchases existing or former motels, unused church properties and office blocks, and re-purposes the facilities as family-suitable quasi-communal accommodation. By late 2018, there were 22 family hubs operating in Dublin of a total 26 nationally (Daly, 2019), and Dublin City Council has projected expansion of this model of emergency accommodation provision in coming years (Dublin City Council, 2019).

A local alternative: the McAuley House Essendon proposal

The commencement of the Project in late 2019 coincided with the release of a proposal by McAuley Community Services for Women (MCSW) to establish a Sector-run, motel-style crisis accommodation facility, targeted at women and women with children experiencing or at risk of family violence (MCSW, 2019; MCSW, 2020).

MCSW were approached during 2019 by the owners of a motel in Essendon about the possibility of taking on a long-term lease for use as emergency accommodation. As a commercial operation, the motel had at one time been known as an option of reasonable quality accessible to homelessness services, however the motel's previous operators had since withdrawn access to services. On offer was a 40 room, 72 bed property fitted out as a standard motel configuration, with in-room bathrooms but without cooking facilities, and with a commercial kitchen and function rooms also on site.

Under the model developed by MCSW, the property would have been significantly upgraded to provide self-contained cooking facilities in all rooms, enhanced security features, a children's playground, communal and group-program spaces as well as office spaces for support and administrative staff.

The idea of a 'community motel' was not new within the Victorian homelessness system. For several years from 2003 the Grovedale Motel in Geelong was leased and operated by The Salvation Army SASHS for use as emergency accommodation, established in response to local recognition of a lack of accessible alternative private options. The Grovedale model was a fairly bare-bones offering – it

retained the basic elements of a standard 'bed-only' motel set-up, without the capacity for self-containment, and resourcing allowed for only limited staffing, with no capacity for after-hours staffing presence or on-site support. A 2005 evaluation of the Grovedale (KPMG, 2005) indicated that this model was not well suited to all cohorts – it found that women, and in particular women experiencing or at risk of family violence, were likely to have a compromised experience of safety due to the lack of security on site and the mixed use of the facility to accommodate single men. Notwithstanding those findings, the model's evaluation suggested that the approach had demonstrated notable benefits as a crisis response to homelessness and concluded that with additional resourcing the model and the facility itself could be enhanced to provide a safer and more effective crisis accommodation option suited to vulnerable cohorts.

The MSCW model was seeking to do more than just offer a better quality, not-for-profit version of existing 'bed only' purchased emergency accommodation options. Rather, MCSW's proposal envisaged the motel operating as a quasi-crisis supported accommodation facility – with 24 hour specialist staffing, embedded allied and mental health supports, access to financial counselling and legal assistance, as well as group-based living skills and wellbeing programs. Unlike CSAs, however, the model did not extend to ongoing case management support to accommodated households – the expectation was that provision of this support would be the responsibility of referring programs, drawn from existing resources in the homelessness and specialist family violence Sectors. There was a clear hurdle for homelessness services in this respect, given the known shortage of existing support capacity in the Sector.

The financial viability of the proposal hinged on securing significant commitments from a range of sources – federal and state governments, agencies within the specialist family violence Sector and homelessness services. The federal component was to be a \$2.9m grant under the Safe Places initiative, which would have funded the capital works necessary to convert the motel's basic rooms into self-contained units. The proposal requested of DHHS an establishment grant of \$600,000, as well as a commitment to underwrite any shortfall in income derived from bookings should agencies not use the motel at full capacity. Income from bookings was the means by which the model proposed to service the motel's lease, and it was in this regard that undertakings were sought from agencies – MCSW's briefing to agencies initially requested a commitment to pre-purchase a set number of rooms at a fixed cost of \$120pn over five years, later adjusted to an initial 12-month commitment. While responses to the proposal from family violence services suggested such an arrangement might be feasible – with indications family violence services were prepared to pre-purchase up to half of the motel's capacity on the terms suggested by MCSW – extremely tight HEF budgets and uncertainty about recurrent funding meant that homelessness services were unable to offer commitments on anything like that scale.

Following a concerted but unsuccessful final effort to secure support for the proposal in mid-2020, MCSW placed further work to establish the initiative on hold. Safe Places funding was not ultimately forthcoming, and DHHS had been unable to provide a firm commitment to the establishment or underpinning funding that would have been crucial to the proposal's viability, even had services been able to offer certainty around the purchase of rooms. It was apparent that within the existing structure and levels of HEF allocation to Access Points it is unlikely that any service would have been in a position to tie-up what would have been significant proportion of HEF in a single accommodation option.

Had it been able to come to fruition, the MCSW motel proposal may have been of considerable benefit in addressing some of the urgent need for improved emergency accommodation responses in the North and West of Melbourne articulated in *A Crisis in Crisis* – it would have provided a safe, secure and comfortable option for an especially vulnerable cohort, and annually removed hundreds of women and accompanying children from the risks of harm manifest in private emergency accommodation.

Role and demonstrated capacity for government to establish supportive alternatives to purchased emergency accommodation

A *Crisis in Crisis* made a clear recommendation for increased investment in crisis supported accommodation in the region, and it might be argued that on this basis dedicated federal and state government support to fully fund the MCSW proposal could have been justified, without the need for services to draw on existing budgets to purchase vacancies. As a modified motel-like model, with agencies using HEF to secure rooms at a nightly rate, it is evident the proposal was not likely to be viable under the constraints of existing arrangements.

If, however, government had approached the opportunity as it did the establishment of COVID-19 Isolation and Recovery Facilities (CIRFs) in the midst of the pandemic, the MCSW proposal may have been made viable, and could by now already be offering a much needed specialist emergency accommodation response to women experiencing homelessness and family violence.

In April 2020, the Victorian Government announced \$8.8 million in funding to establish four CIRFs across inner Melbourne to provide a health and accommodation response to people experiencing homelessness who were either COVID - 19+ or suspected of having COVID - 19 who could not otherwise self-isolate. An additional CIRF-like site was also able to be rapidly established by the Department of Justice at the former Maribyrnong Detention Centre, to provide a specific response during the pandemic to men exiting the prison system at risk of homelessness.

The establishment of the CIRFs was driven by the need for a health response, to people experiencing homelessness, the facilities were operated by agencies in the SHS and staffed with housing workers and clinical health teams, who supported clients to manage their health and explore and secure exit options. The CIRFs were open and operational within weeks, and that four unused aged-care facilities could be repurposed so quickly into functioning Covid Isolation and Recovery Facilities illustrates what might be possible with sufficient commitment.

Conclusion

The CAOP project has given the Housing and Homelessness Sector in Melbourne's north and west a rare opportunity to examine the HEF policy, its application in the operational setting and the impact for those seeking housing assistance, who represent some of the most vulnerable cohorts in our community – families escaping family violence, young people, single adults, people with disabilities, those exiting the justice system, asylum seekers and refugees.

The COVID-19 pandemic and the associated response, implemented by the Victorian Government, to house people experiencing homelessness offered a unique opportunity to explore new approaches to HEF provision: bulk purchasing, use of new providers, long periods of stay, improved amenity.

The following is a summary of the key findings from the project and the resulting recommendations. The findings can be summarised against the three areas that the Project was tasked with investigating:

- **Use of HEF**

The Project identified that a significant number of facilities are used for emergency accommodation: 84 hotels and 51 different rooming houses were used in 2018/19; however, 90% of those assisted were accommodated in the 20 most used venues. Distressingly, the Project found that the vast majority of HEF is directed to purchase of accommodation that is considered unsafe, according to the Sector rating scale: 60% of assists were in properties identified as unsafe. This did not change markedly during the COVID-19 pandemic and, in fact, that pandemic highlighted that cost is not the only structural barrier preventing services from accessing more appropriate purchased accommodation.

- **Pathways for consumers**

The HEF Guidelines indicate that HEF should be used to assist people to access or maintain stable housing. The Project noted that insufficient data is available to make definitive statements about pathways and outcomes for those assisted with HEF. Anecdotal information and the evidence through the pandemic, suggests that provision of purchased accommodation during a time of housing crisis is not a pathway to stable long term housing. The Project finds that the pathways are poorest for single people, who are generally only provided with purchased accommodation as a short term respite.

The establishment of the HEARTs and the Homeless Hotel Emergency Response during the pandemic, highlighted the central role of support provision in lifting the consumer experience of emergency accommodation.

- **Alternate models**

The Project identified both the significant improvement in consumer experience resulting from referral to self contained accommodation with appropriate facilities, and the range of structural barriers to acquisition of this accommodation for most consumers.

The Report identifies cost and liability for damages as the most significant sticking points in the Sector's ability to access improved emergency accommodation. The Report therefore recommends that alternate models must be consciously developed in line with trauma informed approaches.

Key findings

HEF Policy and Guidelines

Project findings in relation to HEF have clearly identified a mismatch between policy and resourcing. Demand for crisis accommodation is growing and yet the Sector does not have the resources to provide a response that can intervene to prevent people sliding into homelessness.

HEF no longer functions to establish housing, instead it has become a currency for the limited purchase of urgent but essentially 'band-aid' emergency accommodation, usually as short stay low quality hotel or motel accommodation.

In line with the Guidelines, services are often forced to prioritise HEF assistance to those deemed most likely to achieve a housing outcome. The impact of this, however, is to disadvantage single-person households, who frequently cannot even enter the system on the basis that they are unlikely to be able to access a longer-term support or a suitable housing outcome.

The project found that the scarcity of HEF funding and staffing to meet true demand is driving practices at Access Points that are driven by capacity, not client need, and impede the provision of much needed housing assistance.

Differences in HEF allocation practices between Access Point services have developed in response to managing scarce funding resources and demand. This has resulted in a fragmentation in practices, undermines the Opening Doors Framework and disadvantages households in less-resourced regions.

From the client's perspective, the impact of unmet need upon those experiencing homelessness regardless of circumstances is both traumatising and compounding, when the goal should be one of preventing homelessness at the earliest stages of contact.

Use of Existing Accommodation Options

In terms of accommodation available, the project identified some systemic improvements that could be addressed by the Sector with additional funding. The Sector lacks detailed information on the private options it uses, and across Access Points there is significant differences about the perceived quality and suitability of options.

The project identified that Access Points spend HEF with many of the same accommodation providers, so there is potential to leverage improvements to the quality and suitability of accommodation in exchange for the expenditure of HEF dollars. This type of arrangement with providers takes time to develop and maintain, and significant efforts are required to source, negotiate and monitor options.

The accommodation rating system explored in the project revealed that very little of the accommodation purchased with HEF is considered 'appropriate and safe'.

With additional HEF and coordination of resources a collective approach across Access Points is recommended to improve options by setting accommodation standards via a rating system or similar that is established in consultation with providers.

With the support of NWLASNs, this would have the advantage of establishing a collective approach aimed at improving accommodation standards. It would also enable the Sector to manage some of the unintended consequences that arise when accommodating vulnerable cohorts together where there is potential exposure to further risk. This may include families escaping family violence, singles, young people, asylum seekers, those leaving acute psychiatric services and prison.

With insufficient capacity at specialist CSA facilities and a systemic lack of long-term options, suitable options for single-person households are particularly challenging to source and maintain, particularly for those with complex support needs.

The project has found that there is a strong argument in favor of establishing a means of safely sharing and coordinating accommodation options information between the homelessness, family violence and other Sectors that use emergency accommodation.

Improving the suitability and standard of accommodation utilised by Access Point services would make a significant and positive difference in the experience of people seeking emergency accommodation and as the recent experience during COVID-19 has demonstrated, offer people the stability to work toward long term accommodation with the level of support they require to get back on their feet.

The Sector highlighted the lack of alternatives to private rooming houses, which are regarded as largely unsuitable, unaffordable and unsafe by both clients and staff. A similar rating system could be applied to rooming houses in an effort to better match clients with more suitable rooming house options (meeting a rating 3).

New Options

Under normal conditions, access to new accommodation options is restricted by accommodation providers' reluctance to work with housing and homelessness Sector. The Project identified that a key factor is the inability to provide surety for damages or other additional costs. This ensures the continued use of established options, even when these are known to be of poorer quality.

An increase in HEF resources, coupled with a rating system or similar and the collective negotiating and purchasing power of the Sector, could enable Access Point services to secure better quality providers with higher levels of amenity, giving households in crisis the opportunity to stabilise and foster better engagement with supports.

The shift towards providing support to households in hotels during the pandemic through HHER and HEART, and the positive feedback around this from both clients and accommodation providers, demonstrates the necessity of a supportive model of crisis accommodation to make the use of purchased emergency accommodation workable.

The importance of better quality venues with higher levels of amenity and self-contained cooking facilities has been highlighted and strongly emphasised in client feedback.

Models of Support

The Sector is increasingly able to provide families with a more comprehensive response to facilitate successful housing outcomes beyond temporary accommodation, however, the same cannot be said for single-person households, with many repeatedly churning through the system without support or a meaningful resolution to their lack of housing.

While there are a number of existing models of specialised support responses targeting single-person households, these interventions tend to be exceptions rather than the norm, with the Sector currently lacking the capacity to extend this support more broadly.

Any crisis response needs to be combined with a commitment to longer-term responses, including access to long-term housing and support, similar to a 'Housing First' model of response, such as the From Homelessness to a Home program, providing housing and support to 1,845 households.

A lack of outcomes data prevents the Sector from being able to assess the effectiveness of its interventions. However, it is clear that IAP services have very few housing options available beyond temporary ones, and for many households they will not be able to receive the assistance they need from the system.

A lack of data measured and recorded around unassisted households means it is impossible to accurately capture demand for assistance. Services are thus trapped in a cycle of being unable to meet demand under current resourcing constraints, while remaining unable to accurately capture data that demonstrates the need for additional resourcing.

We need to re-think our housing policy approach and put a system in place that is client centred, adequately resourced and offers pathways into safe, suitable and affordable housing for those turning to the Sector for assistance.

In the long run, the cost to the individual, government and society of not providing better housing pathways and outcomes is far greater.

Recommendations

HEF POLICY AND PRACTICE CONTEXT

1. That the Department, in partnership with the LASNs, re-works the program logic which underpins HEF and the practices that flow from its allocation to services, recognising that the provision of emergency accommodation is now the primary activity of IAP services, and not an option of last resort.
2. That the Department increases HEF allocation to services at a level commensurate with the aim that emergency accommodation interventions are not only safe and secure, but of sufficient duration to act as a stabilising pathway to housing outcomes. That the HEF increase is viewed as a temporary measure until sufficient funding is provided to enable an appropriate housing first model for those experiencing homelessness.

MANAGING SCARCITY: REVIEWING HEF ALLOCATION GUIDELINES AT THE NWLASNS ACCESS POINTS

3. That the Department works with the Sector to reassess agency/sub-regional HEF allocations against local need to reduce the imbalances that result in funding disparity. This reassessment begins with a dedicated piece of work to determine the true level of unmet demand at each Access Point (recognising that this is not possible for agencies to capture within present resourcing).
4. That the Department facilitates a process of re-alignment and consolidation of HEF allocation policy between agencies to reduce the incidence of households in similar situations receiving different responses depending on where they present. This would require updating agency guideline documentation regarding the prioritisation of resources where HEF rationing is necessary.

FURTHER ISSUES IN THE APPLICATION OF HOMELESSNESS SERVICES GUIDELINES

5. That, in any update to the HEF Guidelines, the Department include a definitive statement regarding the use of HEF for accommodation that is appropriate to varying client need, including clear definitions, using the rating scale, of what is considered appropriate.

CRISIS SUPPORTED ACCOMMODATION (CSA) FACILITIES / RESPONSES

6. That, as per the recommendations of *Crisis in Crisis*, Government invest significantly in the rapid construction of additional emergency accommodation, with integrated support that is appropriate to the needs of people experiencing chronic homelessness and associated trauma.
7. That the Department and the Sector ensure that a trauma-informed, evidence-based approach to support be used to inform the development of any future model of emergency accommodation, whether provided by the Sector or purchased from the private Sector.
8. That, if private accommodation continues to be used as a form of emergency accommodation, the Department and the Sector augment the accommodation with support as a step towards a trauma informed response, such as through the provision of the Hotel Emergency Response (HER) during the pandemic.

EMERGENCY ACCOMMODATION RATINGS REVIEW

9. That the Department resourcing be provided to enable comprehensive implementation of the rating system for private accommodation providers (see Recommendation 10).

Practice principles for application of the rating system would include:

- ix. That resourcing enables assessment of any potential new providers against the rating scale.
- x. That accommodation purchased by services within the NWLASNs aims to meet a rating of 3 ('Meets expectations').
- xi. That services within the NWLASNs agree to cease referral of households to private accommodation providers with a rating of 1 ('Does not meet expectations').
- xii. That the required increase to the allocation of HEF takes into account the higher cost of purchasing better quality accommodation (see Recommendation 2).

IAP MOTEL USE SURVEY SUMMARY

10. That the Department resource two dedicated positions to establish a North and West Regional Accommodation Options Panel.

Key functions of the Panel would include:

- i. The establishment and maintenance of a shared emergency accommodation register visible and accessible to all Access Points within the NWLASNs and with provision to receive feedback on options from services and clients.
 - ii. The ongoing exploration of suitable emergency accommodation options.
 - iii. The monitoring of accommodation options in use against agreed minimum standards (see Recommendation 9).
 - iv. To act as key liaison between agencies and providers, and to log, communicate and broker resolution of issues reported.
 - v. To undertake a regular region-wide collation of data on emergency accommodation option use (by provider – assist volume, HEF spend, cohorts/household profiles).
 - vi. To lead regular inter-agency review of options/cohort usage (within an existing forum such as the NWLASNs' AP/THM meeting).
11. That the Department and the Sector partner to facilitate an exercise to establish clarity around cross-sector use of private accommodation providers, particularly between homelessness and family violence services, to establish a coordinated system of emergency accommodation use across service systems and cohorts.

KEY ISSUES IDENTIFIED WITHIN THE MAPPING, RATINGS, HEF SNAPSHOT AND IAP SURVEY DATA

12. That the Department and the Sector ensure that any approach to the procurement or development of emergency accommodation provides a diversity of options suitable for different cohorts, ranging from women and children leaving family violence to single-person households with complex support needs. This will in turn inform the level of on-site support necessary to manage any associated risks, particularly if concentrating use on key providers.

PRIVATE ROOMING HOUSES AS EMERGENCY ACCOMMODATION

13. That NWLASNs' Access Points cease the use of private rooming houses as a purchased accommodation option unless they meet a rating of 3. Clients residing in these rooming houses are to be offered proactive support to help them find alternate accommodation.

EXPLORING NEW OPTIONS

14. That the Department resourcing (see also Recommendation 10) supports the development of a standard written agreement between NWLASNs' services and accommodation providers regarding the purchase of accommodation through HEF to provide greater clarity and consistency in working arrangements, establishing clear expectations around the standard of accommodation on offer.
15. That the Department considers the most appropriate ways that damages can be underwritten to facilitate access to better quality accommodation.
16. That the Department considers appropriate procurement and tendering options for approved or preferred accommodation providers that meet agreed minimum standards and support the needs of particular cohorts.

OUTCOMES AND SUPPORT PATHWAYS FOR THOSE ASSISTED WITH HEF

17. That, if HEF continues to be a key part of the funded homelessness responses, the Department allocate additional resources to undertake longer-term research into the impact of HEF and pathways out of homelessness in order to identify and amplify effective strategies. This piece of work needs to be undertaken in partnership with the broader services Sector and, ideally, with the University Sector.

SUPPORTS LINKED TO EMERGENCY ACCOMMODATION

18. That the Department resourcing of the Sector supports the provision of programs offering targeted pathways out of homelessness for single-person households, with long-term housing options built into the design of any such programs. The 'A New Approach to Single Households (ANASH)' trial provides a compelling example of how this might successfully be achieved.
19. That the Department allocates a dedicated proportion of the recently announced *Big Housing Build* towards single-person households along with intensive support to trial the implementation of a Housing First model as part of this major housing infrastructure investment.
20. That the Department and the Sector further pursue approaches that target coordinated responses to high service use households.

MOTEL USE DURING THE PANDEMIC PERIOD: THE CLIENT EXPERIENCE

21. That the Department continues to fund a Hotel Emergency Response (HER) for any high use hotels to ensure the safety of residents as well as access to a level of support, and that this be considered the minimum provision of support required to assist people in emergency accommodation. This would also facilitate the provision of other additional responses necessary to effectively support people in hotels, including food, health services, and other material aid.
22. That the Sector and Department prioritise the procurement of emergency accommodation options with self-contained facilities.

LOOKING TOWARD ALTERNATIVES

23. That the Department pursue the possibility of purchasing or leasing hotels to utilise as emergency accommodation to enable the development of more appropriate accommodation options targeted to client needs and reduce the loss of Government funds to private businesses.
24. That, with the advent of Homes Victoria, the Department takes on a greater leadership role in exploring opportunities for alternate models when they arise, working with the Sector to determine how any future models might be realised.

Appendices

Appendix 1: Client Feedback Survey

1. **Can you tell us the name of the motel or other accommodation where you have been staying?**
2. **Can you tell us the name of the homelessness service that has assisted you to stay there?**
3. **Did the homelessness service help you to pay for the accommodation?**
 - Yes - the service paid the whole cost
 - Yes - the service paid part of the cost, but I have paid some of it
 - No - I've paid for the accommodation myself
4. **How long have you been staying in the accommodation?**
 - Less than 1 week
 - 1 to 2 weeks
 - More than 2 weeks
5. **How safe have you felt at the accommodation? ('safety' is whatever that means for you)**
 - 1 ('Very safe') to 5 ('Very unsafe')
6. **Do you want to say anything about safety at the accommodation?**
7. **How comfortable have you found the accommodation?**
 - 1 ('Very safe') to 5 ('Very unsafe')
8. **Do you want to say anything about comfort at the accommodation?**
9. **At your recent accommodation, have you had access to any of these items (sometimes called 'amenities') in your room?**
 - kettle
 - microwave
 - bar fridge
 - full-sized fridge
 - cooker/stovetop
 - oven
 - plates and cutlery
 - pots and pans
 - washing machine
 - clothes dryer or drying rack
 - none of the above

10. Do you want to say anything about amenities at the accommodation?
11. How would you describe your 'ideal' emergency accommodation?
12. Use this section if there's anything else you'd like to tell us about your recent accommodation!
13. Thinking back before the COVID-19 period, had you ever previously been assisted by a homelessness service to stay in a motel or similar accommodation?
 - Yes
 - No
14. Do you remember any names of places you have been assisted to stay at before?
15. Has there been any difference in how long you've been able to stay in emergency accommodation now, compared with before?
 - I've been able to stay longer this time
 - It's about the same
 - It's been shorter this time
16. Comparing safety: If you compare where you've been staying recently to the places you've stayed before, does the accommodation you've been staying in recently feel:
 - Much more safe?
 - A bit more safe?
 - About the same?
 - A bit less safe?
 - Much less safe?
17. Can you tell us what you think makes your recent accommodation feel more or less safe than places you stayed at in the past?
18. Comparing comfort: If you compare where you've been staying recently to the places you've stayed before, does the accommodation you've been staying in recently feel:
 - Much more comfortable?
 - A bit more comfortable?
 - About the same?
 - A bit less comfortable?
 - Much less comfortable?
19. Can you tell us what you think makes your recent accommodation feel more or less comfortable than places you stayed at in the past?
20. Comparing amenities: If you compare where you've been staying recently to the places you've stayed before, does the accommodation you've been staying in recently have:
 - More amenities?
 - About the same?

- Fewer amenities?
- 21. Can you tell us anything else about any differences in amenities where you are staying now compared with places you have stayed in the past?**
- 22. In the past, have you ever been provided support (such as a case manager or support worker) while staying in motel emergency accommodation?**
- 23. If you answered 'yes', what sort of support was offered, and did you find it helpful?**
- 24. Use this section if there's anything else you'd like to tell us about your past motel emergency accommodation experience!**
- 25. I describe my gender as:**
- Female
 - Male
 - Non-binary or other
 - Prefer not to say
- 26. My age is:**
- 16-25
 - 26-34
 - 35-44
 - 45-54
 - 55+
 - Prefer not to say
- 27. I identify as:**
- Aboriginal
 - Torres Strait Islander
 - Neither
 - Prefer not to say
- 28. My current 'household type' is best described as:**
- Single person
 - Couple
 - Single parent with a child or children (u18)
 - Couple with a child or children (u18)
 - Other

Appendix 2: IAP Motel Use Survey Questions

Provider use and household profiles

This section lists the 10 motel providers that [Agency]'s IAP services used most frequently during the first 12 weeks of the COVID-19 response.

For each provider you're asked to select the different household profiles that, in your practice experience, might be referred there. You can select multiple options as appropriate. There aren't 'right' or 'wrong' answers - we're trying to get a sense of how workers who are actually dealing with the motels use the options they have access to.

If there is a provider you're not familiar with, please just select 'N/A'

We're also asking how you think each motel rates in comparison to the other options your program has access to - not an exact science, but interesting for us to get a sense of relative perceived standards.

There's also space under each provider to tell us anything else you might have picked up along the way - perhaps feedback you have heard from clients about the motel, or info about any household types that would not be referred or accepted there (e.g. definitely not suitable for families).

Provider [each Access Point's 10 most used hotel providers were listed in order]

- Single adult (male – low/managed support needs)
- Single adult (male – high or unmanaged support needs)
- Single adult (female – leaving or at risk of family violence)
- Single adult (female – low/managed support needs)
- Single adult (female – high or unmanaged support needs)
- Couple (low/managed support needs)
- Couple (high or unmanaged support needs)
- Family (couple or lone parent with child/ren u18)
- Single youth (male)
- Single youth (female)
- (N/A)

If '10' is the best motel you have access to, and '1' is the worst, how do you think [Provider] rates?

- 1 (Worst) to 10 (Best)

From your experience, is there anything you can tell us about [Provider]?

Factors you might be considering when making a motel booking

Matching household/provider suitability

- 1 (Not so important) to 5 (Very important)

Price

- 1 (Not so important) to 5 (Very important)

Location

- 1 (Not so important) to 5 (Very important)

Safety

- 1 (Not so important) to 5 (Very important)

Amenities (e.g. self-contained cooking facilities)

- 1 (Not so important) to 5 (Very important)

Familiarity with the option (client)

- 1 (Not so important) to 5 (Very important)

Familiarity with the option (worker)

- 1 (Not so important) to 5 (Very important)

If there are other factors we've missed, please state here (or anything else you'd like to add)

With some new motel options in the mix during the pandemic period, have some factors become more or less important when considering where to place households? If so, which ones?

Where do you go for info about motel options?

What is your main source for information about different accommodation providers?

- Clients
- Co-workers
- Agency documents (for e.g. accommodation lists or registers)
- The web (for e.g. google searches, tripadvisor)
- Other (please specify below)

If 'other' please state here (or anything else you'd like to add)

Other than your main source, what other sources of information have you found useful?

- Clients
- Coworkers
- Agency documents (for e.g. accommodation lists or registers)
- The web (for e.g. google searches, tripadvisor)
- Other (please specify below)

If 'other' please state here (or anything else you'd like to add)

Do you have any thoughts on how information about different providers could be better gathered and shared within and between agencies?

Changes during COVID-19, and ideas for the future

In relation to providing emergency accommodation assistance, have there been changes in practice and service delivery that you have noticed during the pandemic period? Please tell us about anything you have noticed, whether improvements, challenges or a mix of both.

Thinking about providers you may have been familiar with pre-COVID, are you aware of any changes in their offerings (for e.g. price, quality, household suitability) during the pandemic period? Any specific examples you can think of (such as an established provider dropping or increasing prices, or changing their advice about who they're prepared to accommodate) would be great to know!

Do you have any thoughts on what, as IAP services, we could be doing differently to improve the emergency accommodation experience for clients?

Appendix 3: List of CAOP Alternative Options

Note that the following includes options that are not currently accepting bookings from the Sector.

Name	Suburb	LGA	Cooking Facilities
15 Charles Abbotsford Mansion	Abbotsford	Yarra	Shared
Adara Brunswick	Brunswick	Moreland	Yes
Adara Franklin	Melbourne	Melbourne	Some
Adara St Kilda	St Kilda	Port Phillip	Some
Alexander Motor Inn	Essendon	Moonee Valley	No
Alston Apartments	Carlton	Melbourne	Yes
Alto Hotel	Melbourne	Melbourne	Some
Amity Apartment Hotels	South Yarra	Melbourne/Stonnington	Yes
Artel Apartments	Brunswick	Moreland	Yes
Best Western Fawkner	Fawkner	Moreland/Hume	Yes
Best Western Melbourne City	Melbourne	Melbourne	No
Best Western Plus Travel Inn	Carlton	Melbourne	No
Citadines on Bourke	Melbourne	Melbourne	Yes
City Edge Box Hill	Box Hill	Whitehorse	Yes
City Edge Dandenong	Dandenong	Greater Dandenong	Yes
City Edge on Elizabeth	Melbourne	Melbourne	Yes
City Edge South Melbourne	South Melbourne	Port Phillip	Some
City Park Hotel	South Melbourne	Port Phillip	No
Clocktower Apartment Hotel	Carlton	Melbourne	Yes
Comfort Hotel East Melbourne	East Melbourne	Melbourne	No
East Burwood Motel	Burwood	Whitehorse	No
Eltham Gateway	Eltham	Nillumbik	Some
Eltham Motor Inn	Eltham	Nillumbik	No
Florentine Villas	Delahey	Brimbank	Yes
Fraser Place Melbourne	Melbourne	Melbourne	Yes
Gracehaven / HYT Investments	Southbank	Melbourne/Port Phillip	Yes
Guiding Star Hotel	Brooklyn	Brimbank	No
Hotel 115 Kew	Kew	Boroondara	Some
Ibis Melbourne Hotel & Apartments	Melbourne	Melbourne	Some
Ibis Styles Kingsgate	Melbourne	Melbourne	No
Intercontinental Melbourne (Rialto)	Melbourne	Melbourne	No
Lily Sands	South Melbourne	Port Phillip	Some
Mantra Epping	Epping	Whittlesea	Yes
Melbourne City Apartments - Teri	South Melbourne	Port Phillip	Yes
Mercure North Melbourne	North Melbourne	Melbourne	No
Moonee Valley Views Apartments	Moonee Ponds	Moonee Valley	Yes

Parc Bundoora	Bundoora	Darebin/Banyule/Whittlesea	Yes
Parkville Motel	Brunswick	Moreland	No
Pathfinder Motel	Kew	Boroondara	No
Plum Serviced Apartments Carlton	Carlton	Melbourne	Yes
Punthill Apartment Hotel	Various	Various	Some
Quality Hotel Carlton	Parkville	Melbourne	No
Quest Caroline Springs	Caroline Springs	Melton	Yes
Quest Epping	Epping	Whittlesea	Yes
Quest Flemington	Flemington	Moonee Valley	Yes
Quest Maribyrnong	Maribyrnong	Maribyrnong	Yes
Quest Melbourne Airport	Melbourne Airport	Hume	Yes
Quest NewQuay	Docklands	Melbourne	Yes
Quest Werribee	Werribee	Wyndham	Yes
Ringwood Motel	Ringwood	Maroondah	No
Rydges on Swanston Melbourne	Carlton	Melbourne	No
Saint Domain Serviced Apartments	Southbank	Melbourne	Yes
Sebel Malvern	Malvern	Stonnington	Yes
Sebel Moonee Ponds	Moonee Ponds	Moonee Valley	Yes
Somerset on Elizabeth	Melbourne	Melbourne	Yes
SoYa Apartment Hotel	South Yarra	Melbourne/Stonnington	Yes
Werribee Motel & Apartments	Werribee	Wyndham	Some

Appendix 4: NWHNs Draft Motel and RH Agreements

NORTH & WEST HOMELESSNESS NETWORKS

NWHNs

Rooming House Provider Working Agreement

The Northern and Western Homelessness Networks are two aligned networks of Specialist Homelessness organisations, including Launch Housing, Haven Home Safe, Unison Housing, Salvation Army Western Metro Homelessness Service and VincentCare Victoria.

The Northern and Western Homelessness Networks believe everyone has a right to safe, secure, and clean accommodation. We are looking to work with providers that offer accommodation and amenities that meet quality and cleanliness standards, and will endeavour to work with providers to improve their amenities where the accommodation does not meet the required standard.

Definitions:

Agencies – Homelessness agencies

Providers – Rooming house operators

Clients – Households receiving assistance from homelessness agencies

1. Agencies have funds to assist with payments for accommodation at registered rooming houses.
2. Agencies can only provide funding to registered rooming houses.
3. Agencies will endeavour to pay within 14 days of receipt of invoice.
4. Invoices should be sent to the agency that has arranged the booking directly.
5. Agencies cannot provide funding if tenants are moved to addresses other than that agreed to at time of booking.
6. Use of a Rooming House Residency Agreement or equivalent is suggested.
7. Agencies cannot fund bonds or security deposits, and expect that if a bond is charged, it will be lodged with the RTBA.
8. Agencies expect that tenants receive receipts for all rental payments.
9. Should a prospective tenant inspect a room, and promptly decide not to stay, no cost will be incurred to the prospective tenant or to the referring agency.
10. Should a tenant stay less than 48 hours, and notify both the referring agency and the Landlord of their departure, agencies agree to be invoiced for 50% of the agreed booking cost only, to cover cleaning and reletting costs. Invoices need to reflect the actual stay.
11. Agencies do not generally assist financially with arrears in rooming houses, and expects providers and tenants to arrange repayment plans between provider and tenant.
12. If a tenancy is at risk of eviction, the tenant should contact the referring agency.
13. Agencies do not generally provide ongoing support to tenants in rooming houses.
14. Tenancy issues in the first instance should be resolved between tenant and provider, who can seek advice from Tenants Victoria on 9416 2577.

Please Note: Any exceptions to the above must be approved in writing prior.



Hotel Provider Working Agreement

The Northern and Western Homelessness Networks are two aligned networks of Specialist Homelessness organisations, including Launch Housing, Haven Home Safe, Unison Housing, Salvation Army Western Metro Homelessness Service and VincentCare Victoria.

The Northern and Western Homelessness Networks believe everyone has a right to safe, secure, and clean accommodation. We are looking to work with providers that offer accommodation and amenities that meet quality and cleanliness standards, and will endeavour to work with providers to improve their amenities where the accommodation does not meet the required standard.

Definitions:

Agencies – Homelessness agencies

Providers – Hotel/Motel/Hostel/Serviced Apartment/Holiday Accommodation providers

Clients – Households receiving assistance from homelessness agencies

1. Agencies have funds for short stays at motels, hotels and hostels for vulnerable people.
2. Agencies will endeavour to pay within 14 days of receipt of invoice.
3. Agencies will email booking confirmation on the day of the booking.
4. Invoices should be sent to the agency that has arranged the booking directly.
5. Agencies can only pay for accommodation, and cannot fund security deposits, or additional costs such as in-room services.
6. Health and safety issues are expected to be addressed in a timely fashion.
7. Should a person stay less than the funded stay, invoices need to reflect the actual stay.
8. Agencies will assess clients and match them to suitable provider accommodation options to the best of our ability.
9. Agencies cannot be liable for client actions, and assume providers have appropriate business practices and measures in place to manage any unexpected incidents.

Please Note: Any exceptions to the above must be approved in writing prior.

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