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About The Salvation Army

The Salvation Army in Victoria

The Salvation Army is an international Christian movement with a presence in more than 130 countries worldwide. In Australia, the Salvos are widely known and relied upon to deliver practical responses to individuals, families and communities in crisis. Whilst we interact on a daily basis with people from all walks of life, we recognise a particular calling to those who might otherwise fall through the gaps of our social security nets, those who find themselves on the margins of our communities, and those who struggle to have their voices heard.

This support for disadvantaged Australians is driven by our values: human dignity, justice, hope, compassion and community. We share our community's belief in a 'fair go' for all, which grounds our commitment to social justice and a particular interest in the health and wellbeing of those most vulnerable in our society.

In Victoria, The Salvation Army has been helping people in need for more than 130 years. Today Salvation Army churches, community centres, and social service networks provide more than 300 social programme activities to members of the community. These programmatic responses range from frontline emergency support services and highly targeted, intensive interventions, through to more generalist life stage responses. Programs include:

- Youth, adult and aged accommodation and homelessness services;
- Family and domestic violence support and accommodation services;
- Material aid and emergency relief;
- Financial counselling and assistance;
- Personal counselling and support;
- Drug and alcohol support and treatment services;
- Youth services, including out of home care options;
- Aged care services;
- Emergency disaster responses; and
- Education, training and employment support services.

We share our community's belief in a "fair go" for all, which grounds our commitment to social justice and a particular interest in the health and wellbeing of those most vulnerable in our society.

This document takes our daily experience at the frontlines of service delivery to Victoria's most vulnerable people and examines this in light of current government policies and directions. We recognise that in a tight fiscal environment, there are always competing demands that are difficult to reconcile. However, our commitment to those who access our services compels us to put a human face on what might otherwise be seen as just a line item in a budget.

We hope that what follows allows you to glimpse the challenges that Victorians are facing through the eyes of frontline Salvation Army services. If a society is truly to be judged by how it treats its weakest members, then we must always keep them in the forefront of our thinking. Victoria has a great record in this area and it's up to all of us to make sure we not only continue to live up to the high standards we've set in the past but to find even better ways to ensure a better future for all Victorians.

Salvation Army service data indicates that on average 90 per cent of clients who access our services are experiencing multiple issues of disadvantage including homelessness, AOD, mental health, low socio economic status, lack of education or training and social exclusion.

Who uses our services?

The Salvation Army works with people from many walks of life and has a particular history of working with the most disadvantaged and vulnerable people in our community. While some may only need a little assistance in the form of financial aid, counselling, or other general support, a large proportion of our clients experience intense disadvantage and have a long history of dealing with multiple and complex needs.

Salvation Army service data indicates that on average 90 per cent of clients who access our services are experiencing multiple issues of disadvantage including homelessness, AOD, mental health, low socio economic status, lack of education or training and social exclusion. For many of these people, their journey to holistic health, wellbeing and stability is a long and fraught road during which they may need ongoing support. However, providing this support is resource intensive. According to Salvation Army data for the 2011-12 financial year, 17 per cent of our clients accounted for 64 per cent of client contacts across the state. While 17 per cent is a relatively small proportion of the clients we see, the proportion of resources they require indicates the complexity of their needs and the level of intense, ongoing support they require to be able to address these.

The Salvation Army believes it is important to offer this support throughout a person's journey to recovery. However, government policy developments can affect our clients' ability to access the supports they need. A number of policy areas are currently undergoing significant reform including the alcohol and other drug sector, social housing, family violence and mental health. These reforms will affect our clients' lives particularly in regards to the following:

- Getting housed and staying housed;
- Dealing with addictions;
- Reducing the criminalising effects of the justice system;
- Recovering from violence;
- Living with a mental illness; and
- Getting back into education and training.

With each reform there is an opportunity to improve the lives of vulnerable people. However, reforms can also have unintended consequences which hinder peoples' ability to become happy, productive members of society. Any government reform understandably is designed to help as many vulnerable Victorians as possible. However, in attempting to serve the majority, government reforms can tend to generalise service delivery to an extent which further marginalises a remaining, highly vulnerable minority which is consistently left behind. Unfortunately, every time this vulnerable cohort gets left behind, their needs become more and more difficult to meet and their disadvantage is deepened.¹ This highly marginalised minority are the people The Salvation Army works closest with. We urge the Victorian Government to ensure this small cohort of highly disadvantaged people are not forgotten amid the current range of government reforms.

¹ Fabian A. Davis interviews Naomi Eisenstadt. Social exclusion – so much more than poverty. *The Psychologist*. January 2010. Vol 23 No 1 p 22-23.

Getting Housed and Staying Housed

Introduction

The Salvation Army is the largest provider of homelessness support services in Victoria and provides beds to around 2,500 people each year in the form of emergency accommodation, crisis housing, transitional housing and long-term community housing.

The Victorian *Homelessness Action Plan* and the *Pathways to a Fair and Sustainable Social Housing System* both emphasise prevention, early intervention and transitions out of public housing into community housing or private rental. The Salvation Army supports prevention and early intervention. However, we are concerned that these policy priorities are ignoring the real contexts that our clients live in and that they fail to recognise the many barriers that our clients face in accessing and sustaining housing, particularly community housing and private rental. Structural and circumstantial barriers prevent our clients from accessing and keeping housing. These barriers need to be addressed or, homelessness will continue to grow:

- Stopping the Revolving Door;
- Access to public and community housing; and
- Housing Affordability.



Stopping the Revolving Door

Too many of the faces we see at our homelessness services are faces we see time and time again. Despite the policy emphasis on the prevention and early intervention of homelessness, there still remains a high rate of tenancy breakdown, particularly within public housing where disadvantage tends to be concentrated.²

Research has made it clear that increasing social connectedness and facilitating linkages to mainstream services and support are keys to sustaining housing.³ The Salvation Army's history and experience of community involvement, which extends beyond the normal hours of service delivery, through churches and wider community activities, resonates with this research. Housing, ongoing support and social inclusion are all key ingredients in helping people who have experienced long term and multiple periods of homelessness sustain their tenancies.

CASE STUDY

Ben had been homeless for nearly 30 years of his life after leaving an Office of Housing flat in Sydney in 1988 and had since moved many times across Australia between rooming houses, motels, friends, and sleeping rough in parks. Adult Services Melbourne Street to Home (MS2H) program found Ben sleeping rough in Royal Melbourne Park and after consistent assertive outreach visits was able to build a good relationship with him. MS2H was able to motivate Ben to complete an application for public housing and was eventually accepted. With continued support from MS2H, Ben has been able to get back into public housing, sustain his tenancy and overcome his distrust and disparaging attitude towards services. He has since started to see a doctor and gone extensive periods without alcohol, which he has not done for many years.

~ Salvation Army Adult Services MS2H

² A 2008 AHURI research study found that 30 per cent of people who exited public housing, but continued to be dependent on income support after exiting, returned to public housing. (AHURI Research and Policy Bulletin. *What are the housing tenure pathways of income support recipients over time?* Issue 103 July 2008.)

³ Gronda, Hellene. AHURI Research Synthesis Service. *What Makes a Difference? An Evidence-based Client Outcomes Model for Homelessness*. Parity October 2011.

Tenancy support and permanent supportive housing programs that link housing with support can stop the “revolving door” of the homelessness service system and support the most vulnerable and marginalised clients in sustaining their tenancies.

Our experience proves that linking ongoing support with housing is extremely effective and cost beneficial in preventing tenancy breakdown. A review and cost break down of the tenancy support program, SHASP, at The Salvation Army’s SASHS Western homelessness and housing services in Sunshine found that the program has saved the State government and tax payers an average of over \$31,000 per eviction in lost rent arrears, maintenance costs and emergency accommodation costs.⁴ This does not include the social costs associated with tenancy breakdown and the resulting homelessness. Another review into the Salvation Army Peninsula Youth and Family Services (PYFS) Intensive case management program also found that tenancy support services significantly helps tenants sustain their housing and improved life outcomes. Participants who engaged with the program received bi-weekly support in life areas such as health, mental health, alcohol and other drugs, housing, education, employment and living skills such as budgeting and cooking. Long-term housing sustainability increased by 70 per cent for clients who engaged with the program over six to eight months. For clients who engaged with the program over a 12 month to two year period, the rate of tenancy breakdown across public housing, communing housing, and private rental was just two per cent.⁵

Policy Implications

We agree with the Victorian Government that:

“For people with complex needs, the capacity to sustain long-term independence and housing requires more than just a roof over their head, it also requires access to appropriate support services....Without appropriate support the potential to return to homelessness is high.”⁶

Tenancy support and permanent supportive housing programs that link housing with support can stop the “revolving door” of the homelessness service system and support the most vulnerable and marginalised clients in sustaining their tenancies. In 2008, AHURI conducted a study into several tenancy support programs across Australia and found that these programs “produced positive outcomes for clients” and that “the improved client outcomes were directly linked to the provision of services.”⁷

⁴ Data obtained from Salvation Army SASHS Western Service Network

⁵ Data obtained in consultation with Salvation Army Peninsula Youth and Family Services.

⁶ *Victorian Government Submission to the Australian Government’s Green Paper on Homelessness*. June 2008. P 21 & 25.

⁷ AHURI Research and Policy Bulletin. *The cost-effectiveness of homelessness programs*. Issue 104 July 2008 P 4.

Positive outcomes included tenants maintaining a stable tenancy for over 12 months, increased feelings of safety, improved employment outcomes, and reduced reliance on income support payments.

Victoria has a number tenancy support and permanent supportive housing programs designed specifically to help tenants of social housing maintain their tenancy through intensive case management and advocacy. Such programs include but are not limited to the Social Housing Advocacy Support Program (SHASP), Melbourne Street to Home, the Journey to Social Inclusion Initiatives, the Indigenous Tenancy at Risk (ITAR) Program, and the High Risk tenancies initiative, the Youth Private Rental Access Program, the Family Violence Private Rental Access Program, and a multitude of other intensive case management programs run by community service organisations (CSOs).⁸

Given the enormous savings that tenancy support and permanent supportive housing programs bring to Government and the improved client outcomes they achieve, The Salvation Army is concerned by the Victorian Government's decision to cut funding for these programs. The Salvation Army strongly recommends that the Victorian Government reinvest funding in tenancy support and permanent supportive housing programs.

Recommendation: The Victorian Government recognises both the economic and social benefits of sustaining vulnerable tenancies through ongoing investment in tenancy support programs.

⁸ AHURI Research and Policy Bulletin. *Providing support for Indigenous tenancies at risk: Australian policy responses*. Issue 122 November 2009.

Access to Public and Community Housing

The majority of our clients depend on public or community housing. However, extremely limited access and long wait times for public community housing have forced many of our clients to seek accommodation elsewhere, most often resulting in them living in unsafe and inappropriate rooming houses, motels or caravan parks. For some people this means sleeping on the streets.

Recently community housing has been emphasised as an alternative form of housing for people unable to access private rental or public housing. The Salvation Army believes that community housing has a valuable place within the broader social housing system and that it can relieve pressure on the public housing system if properly managed. However, our experience is that community housing does not work for all clients, particularly those with complex issues.

For many of The Salvation Army's clients, public housing remains the only genuine option. It is important that the much needed growth in community and public housing does not come at the expense of either system, as both play valuable roles in the social housing system.

CASE STUDY

"In the Mornington Peninsula area, the Mornington Shire Council recently sold land to community housing organisations at a discounted rate which resulted in about 65 new houses being built on the peninsula. Despite the increase in housing stock, access for our clients has not improved that much. In the last year, only nine per cent of our clients were able to access community housing as compared to 22 per cent who were able to access public housing. Community housing providers don't want to take our clients because they have so many complex needs, behavioural problems and are on government benefits so can't pay much rent. I have had several community housing associations actually ask me not to refer high-needs clients to them. It's very frustrating."

~Case Worker, Salvation Army Peninsula Youth and Family Services

The increase in community housing stock has increased the diversity of housing options for low needs tenants, who are low and moderate income earners. However, while community housing can deliver outstanding outcomes for those clients, it is evident that it is not viable for all clients, particularly those with complex needs. For many of The Salvation Army's clients, public housing remains the only genuine option. It is important that the much needed growth in community and public housing does not come at the expense of either system, as both play valuable roles in the social housing system.

Policy implications

The Victorian Government's discussion paper *Pathways to a Fair and Sustainable Social Housing System* recognised that Victoria's public housing system is in crisis and as a result, alternative housing options, such as community housing, must be increased. However, community housing cannot be a replacement for public housing.

Community housing models require Community Housing Associations to subsidise their operating costs with rent revenue. Because of our clients' multiple and complex needs, they are usually reliant on income support and pay rent at a capped rate. Whilst the capped rental rate keeps rent affordable for clients, it limits Housing Associations' ability to adequately subsidise their operating costs so they restrict the number of these clients that they take. For example, the Loddon Mallee Housing Association leases just 20 per cent of its stock to very low income earners, with a further 20 per cent allocated to low income earners. The remaining 60 per cent of stock is allocated to moderate earners.⁹ Such a leasing model severely restricts access to housing to very low or low income earners, such as our clients.

The Salvation Army is concerned that despite the overwhelming need for public housing, the Victorian Government is continuing to distance itself from the responsibility of providing it. Years of neglect and chronic underfunding have created a crisis in the Victorian public housing system that is defined by a growing operating deficit, ageing and inappropriate housing stock, and a maintenance backlog that leaves too many homes empty despite enormous waiting lists. The Salvation Army is deeply concerned that if the Government does not reinvest in public housing, even those who are currently reliant on an increasingly inadequate system will be forced into a more costly crisis accommodation system or even homelessness. Increased reliance on crisis accommodation is particularly concerning given that this system is already at a breaking point. Without adequate pathways to affordable and sustainable housing, clients are kept in crisis accommodation longer and, in turn, waiting lists blow out to impossible lengths. Any further reduction in the availability of public housing will cause the rest of the housing and homelessness system to grind to a halt.

⁹ Flanagan, Kathleen. Anglicare Tasmania, Social Action and Research Centre. *Going for Growth: The pros and cons of using community housing associations to increase housing supply*. April 2008 p 16.

Recommendation: The Victorian Government must continue to invest in public housing as a public service, which it is responsible to provide. Investment should be at a level which enables the system to provide appropriate and affordable housing to those most in need.

Increased housing prices mean middle income earners become unable to buy their own home and fail to transition out of private rental. The increased demand for private rental is, in turn, pushing the cost of private rental up and has resulted in low income earners being priced out of the private housing market completely.

Housing Affordability

Housing prices in Australia continue to rise faster than rates of inflation and are becoming unaffordable for a vast number of Australians, particularly those on low incomes.¹⁰ Increased housing prices mean middle income earners become unable to buy their own home and fail to transition out of private rental. The increased demand for private rental is, in turn, pushing the cost of private rental up and has resulted in low income earners being priced out of the private housing market completely.

The high cost of housing has a wide range of impacts throughout the community, which are especially hard on those individuals and families who are trying to survive on government pensions and allowances. The Salvation Army provides an Emergency Relief (ER) response to people experiencing financial crisis through more than 70 Community Support Services across Victoria. Whilst ER services provide an accessible entry point for people regardless of the source of their crisis, our experience shows that the vast majority of cases are housing related.

In the last year, The Salvation Army provided assistance to more than 50,000 individuals and family groups seeking Emergency Relief. For these families, the high cost of housing means that their fortnightly budget gets increasingly tighter in basic areas such as food and groceries. Whilst our Community Support Services are able to provide some limited relief in this area through services like food vouchers and financial counselling, it is clear that the burden of the current housing affordability crisis is well beyond the capacity of these kinds of services to meet. Our Emergency Relief data for the 2011-12 financial year shows that where a service was not able to fully meet the needs of people at the time of interview, in 96 per cent of these cases the cause of the crisis was housing related.

¹⁰ National Housing Supply Council. *State of Supply Report 2008*. Commonwealth of Australia. 2009 P 91.

CASE STUDY

A study from Anglicare on housing affordability in Melbourne found that while 15,429 rental properties were listed as available in metropolitan Melbourne at the time of data collection (13 April 2012), there was no affordable and appropriate rental housing available for income support recipients (single or couple households in receipt of Centrelink payments such as Newstart Allowance, Parenting Payment, Age Pension or Youth Allowance/Austudy/Abstudy). Results improved only marginally for single parents with two children under 15, living on a minimum wage for whom 2.1 per cent of housing was considered affordable. The minimum wage was of no housing benefit to individuals without children for whom zero affordable and appropriate housing was available.¹¹

As high housing costs are tipping people into homelessness, the social costs associated with homelessness are also increasing. Research and our experience as service providers has proven that homelessness has a negative effect on people's mental and physical health, alcohol and other drug misuse, employment, involvement with police, family relationships and social inclusion.¹²

A study into homelessness in Melbourne found that two fifths (43 per cent) of the homeless people surveyed had substance abuse problems. However, 66 per cent of those people reported developing that problem after becoming homeless. There were similar findings in regards to mental health. Nearly a third of people (30 per cent) surveyed had a mental illness, but over half of them said they only started to have mental health problems after becoming homeless.¹³



¹¹ Anglicare Australia, 2012, *Anglicare Australia Rental Affordability Snapshot*, Canberra.

¹² Johnson, Guy. RMIT. Presentation at The Salvation Army Homelessness Coffee Shop Forum 2012; AHURI Research and Policy Bulletin. *How does security of tenure impact on public housing tenants?* Issues 78 August 2007; AHURI Research and Policy Bulletin. *The cost-effectiveness of homelessness programs*. Issue 104 July 2008.

¹³ Chamberlain, Chris and Guy Johnson and Jacqui Theobald. Centre of Applied Social Research RMIT University. *Homelessness in Melbourne: Confronting the Challenge*. February 2007.

Policy Implications

The Salvation Army understands that housing affordability is predominately a Commonwealth issue. However, the social costs of housing affordability are costing states millions of dollars as people are pushed into homelessness and start to access state-managed, high cost, tertiary services like emergency relief, crisis accommodation and transitional housing, mental health services, hospitals, and prison services.¹⁴ The Victorian Government needs to increase the pressure on the Commonwealth to engage in meaningful tax and financial reform to reduce the price of housing and prevent homelessness such as abolishing negative gearing and removing the First Home Buyers Grant. Homelessness services are trying to do everything in their power to end homelessness in Australia. However, until the broader, systemic issue of housing affordability is addressed our efforts will have minimal impact.

The social costs of housing affordability are costing states millions of dollars as people are pushed into homelessness and start to access state-managed, high cost, tertiary services like emergency relief, crisis accommodation and transitional housing, mental health services, hospitals, and prison services.

Recommendation: The Victorian Government increase efforts to lobby the Commonwealth to engage in meaningful reform of the housing sector to reduce housing prices, improve housing affordability and contribute to preventing homelessness.

¹⁴ An AHURI study on the costs of homelessness estimated that a homeless person cost between \$10,000 to \$40,000 per year in judicial and health costs alone. (Australian Government Green Paper: *Which Way Home? A new approach to homelessness.*)

Dealing with Addictions

In Victoria, The Salvation Army provides over 2,000 courses of treatment¹⁵ to individuals struggling with addiction every year through a diverse suite of services including residential and home-based withdrawal, rehabilitation, outreach, counselling, drug diversion and pharmacotherapy programs, needle and syringe programs (NSPs), treatment coordination services, and primary health services. The people accessing our services experience a range of disadvantages and social isolation as a result of the stigma associated with addiction and the criminalisation of drug use. Many of our clients also struggle with homelessness and mental illness. Their intense isolation usually means that this group of people are also reluctant to access mainstream services. As a result they often present to specialist AOD services with a multitude of physical and mental health problems. A Salvation Army survey of AOD clients using pharmacotherapy programs across Melbourne found that approximately 50 per cent of participants were living in states of homelessness in rooming houses, hostels, refuges, couch surfing or rough sleeping.¹⁶ Nearly 60 per cent of respondents reported experiencing a physical health problem and 73 per cent reported being concerned about their teeth and oral hygiene. A high prevalence of mental health issues was also found with 87 per cent reporting experiencing anxiety and depression and over half reporting panic attacks.¹⁷

While the primary purpose of The Salvation Army's AOD treatment services is to work towards the reduction and cessation of drug use, we recognise that some clients do not have the goal of a drug-free life style or may not be prepared to stop taking drugs at their current stage of life. As a result, we have a long standing history of working within a harm reduction framework that is focused on supporting people "where they are at" and building relationships with people in a non judgemental environment.

¹⁵ Courses of Treatment include " A period of service provision between a client and alcohol and drug worker(s), with specified dates of commencement and cessation."

¹⁶ Rowe, James. RMIT. *A Raw Deal? Impact on the health of consumers relative to the cost of pharmacotherapy*. P 71.

¹⁷ Rowe, James. RMIT. *A Raw Deal? Impact on the health of consumers relative to the cost of pharmacotherapy*.

CASE STUDY

In 1991, The Salvation Army opened a needle and syringe program which has been operating for the last 21 years in Melbourne's historic red-light district of St Kilda.¹⁸ The Health Information Exchange provides a compassionate and non-judgemental place for users to seek services and gives workers an opportunity to develop trusting relationships with clients. Through these relationships clients become willing to engage in other forms of treatment. Today, the St Kilda Crisis Services Health Information Exchange Centre (NSP) is one of the busiest in the world and distributed over one million clean needles and syringes in the 2011-12 financial year.¹⁹

Whilst mainstream and generalist services provide an efficient and effective means of service delivery for the majority of people, those with greater levels of disadvantage and complexity usually require more specialised and personalised approaches. Sometimes, longer-term, trusting relationships become the foundation of personal transformation because they provide a firm foundation for change. The Salvation Army's Bridge Withdrawal Unit worked with many IV drug users and people referred through homelessness programs, and had an Indigenous participation rate that was consistently in the 20-25% range - an extraordinarily high proportion for a non-Indigenous service. This could only be achieved through the development of long-term relationships and a proven commitment to journeying with people as individuals, rather than just another number in the queue.

¹⁸ The Salvation Army and the Health Information Exchange: Stepping outside of the comfort zone to provide a progressive policy response to a community in need: Research Proposal Brief.

¹⁹ The Salvation Army St Kilda Crisis Services Annual Activity Report 2011-12.

CASE STUDY

"I went through detox 7 times before I was able to stay clean. Each time, I really appreciated the staff's willingness to accept me back and give me another go. I never understood how they could have more faith in me than I had in myself but they always believed in me. The first time, I didn't even make it through the 7 days. My first stay at the Salvation Army residential rehab wasn't much better - 12 days that time.

Every time I failed it was back to the drawing board, but I found the courage to try again because I knew that I would be supported and every time I went back I stayed clean for longer. My last stay at rehab was for 3 months and it was my last visit. I still send Christmas cards to the staff who helped me so much because I like to keep in touch but I no longer need the help that I used to. Now I am studying to work in the community sector because I want to give something back."

~Deb, former client of the Salvation Army's Bridge Withdrawal Unit

Policy Implications

The AOD sector is in desperate need of reform and The Salvation Army welcomes the Victorian AOD treatment reform. Information from the Victorian Department of Health indicates that aspects of the reform will include the creation of regional and sub regional intake and assessment hubs similar to the access points created within the Opening Doors framework for the homelessness system. The Salvation Army operates several Opening Doors access points and a number of positive and negative outcomes of his framework have been noted as a result. Given the complex nature of AOD clients, their reluctance to engage with most services, and the importance of building trusting relationships, The Salvation Army has concerns about how the proposed regional and sub regional intake and assessment hubs will affect client access.

For many people struggling with substance abuse, the window during which they may be willing to access treatment may be short. Extended wait times are likely to frustrate clients and significantly affect access to treatment.

One of main benefits of the regional intake model that came out of the Opening Doors Framework was that initial access to the system was improved as clients were made aware of the access points and knew where they needed to go to access services. In addition, the new intake model reduced clients' ability to "shop around" from service to service and thus simplified the system's ability to provide coordinated service delivery. Finally, by channelling everyone seeking services through a reduced number of access points and reducing the potential for clients to be double counted, data collection has been greatly improved and has allowed the system to more accurately assess the true level of demand for services.

However, one of the negative effects of the regional intake model is that wait times to access services have increased substantially. By centralising access to homeless services to a small number of regional access points, the demand for homelessness services has been funnelled into a reduced number of services and has resulted in a bottle neck. The other main negative impact is reduced system flexibility and an increased risk that highly vulnerable individuals will be further excluded from the system and will continue to fall through the cracks. There are concerns that the implementation of a similar system in the AOD sector could result in increased wait times, excessive paper work. In addition, for some clients the need to obtain separate medical and psychiatric assessments prolongs the initial assessment phase and causes delays in accessing treatment. There is a strong sense from our service staff that the complexity of paperwork and associated requirements fatigue the clients before they are even accepted into treatment. For many people struggling with substance abuse, the window during which they may be willing to access treatment may be short. Extended wait times are likely to frustrate clients and significantly affect access to treatment.

Thus, while Opening Doors may have improved people's ability to navigate the service system, it is The Salvation Army's opinion that that access points have not been adequately resourced to cope with the huge demand for services that are being funnelled through their doors and wait times and access have been negatively affected as a result. It is vital that learnings from this parallel system are taken into account when the AOD reforms is being planned and rolled out.

The Salvation Army is very concerned about how each service sector will interact with each other if each sector is structured under a rigid, regional intake model. There has been a lack of robust and transparent evaluation of the Opening Doors Framework, yet the Department of Health has indicated that the mental health system is also headed for reform in the direction of a regional intake and assessment model. Given the length and complexity of assessments under this model, it is not realistic to expect this cohort of vulnerable people to undergo multiple assessments in each sector in order to meet their housing, AOD, and mental health needs. The value of relationships between clients and workers and the encouragement provided to client to continue treatment also runs the risk of being lost in such a rigid model. If multiple regionalised models are going to work across different sectors, The Salvation Army believes that each access point will need to be able to conduct an initial assessment that is holistic enough to determine an individual's needs across different dimensions of health and wellbeing regardless of which sector's access point they present at. Fluid referral pathways need to be created to ensure clients can get the support they need.

Finally, regular re-assessments should be built into the model to ensure that service provision reflects the client's emerging needs. Invariably, these vulnerable people will fall out of the system and will continue to fall through the cracks unless such holistic assessments and appropriate referrals between service sectors can be made. Robust and transparent evaluations of the intake model should be regularly carried out to ensure that the model is capable of providing these types of assessments, is able to make appropriate referrals and handle the level of demand.

The Salvation Army believes that each access point will need to be able to conduct an initial assessment that is holistic enough to determine an individual's needs across different dimensions of health and wellbeing regardless of which sector's access point they present at.

Recommendation: The design and implementation of a new AOD service system must provide for levels of staffing and resources that are capable of meeting presenting demand in order to prevent the bottleneck and increased wait times experienced by the homelessness and housing framework, Opening Doors.

Recommendation: Resource the development of an information sharing and referral strategy between service sectors to ensure clients don't have to go through multiple assessments to access the services they need.

Recommendation: Embed a robust and transparent evaluation framework in all the elements of the new AOD service system to ensure that it meets the needs of clients, especially those with multiple and complex needs.

Reducing the Criminalising Effects of the Justice System

Every day The Salvation Army works with people who have been involved with the justice system at some point in their lives. In Victoria, The Salvation Army has 10 chaplains in prisons across the state as well as 23 chaplains in courts who provide more than 10,000 support hours in prisons and more than 30,000 support hours in courts every year. We also work extensively in the Victorian Children's Court and provide case management to children and young people who become involved or are at risk of becoming involved with the youth justice system.

Our experience of working with youth and adults who offend is that their offending behaviour is almost always a by-product of other issues in their lives. The experience of Salvation Army youth support service providers indicates that the majority of young people involved in youth justice that they work with are experiencing family breakdown, a death in the family, financial stress, or substance abuse. Alternatively, other issues that can contribute to offending behaviour include mental illness, intellectual disability, involvement with child protection, or family violence. Data from the Victorian Children's Court supports our experience revealing that children from traumatic backgrounds are more likely to be involved with the justice system. In the 2009-10 financial year:

- 35% had previous child protection involvement;
- 16% had current child protection involvement;
- 55% were victims of abuse, trauma or neglect prior to incarceration;
- 66% had been suspended or expelled from school;
- 34% presented with mental health issues;
- 14% were registered with Disability Services;
- 88% of cases had alcohol or other drugs related to the offending; and
- 21% were parents.²⁰

Our experience of working with youth and adults who offend is that their offending behaviour is almost always a by-product of other issues in their lives.

²⁰ Grant, Paul. President of the Children's Court of Victoria. Smart Justice Launch: A presentation. 16 November 2011.

Tough on crime policies result in people becoming unnecessarily embroiled in the justice system for minor crimes. For vulnerable people, this involvement with the justice system usually does not deter them from future offending as intended, but instead makes them more desperate, more marginalised, and begins a downward spiral into increased offending and criminalisation.

The disadvantage and marginalisation these young people experience early in life affects them throughout their lives and increases the likelihood they will be involved with the justice system as adults.²¹ According to data from the Department of Justice and Corrections Victoria:

- Only 6.5 per cent of men and 18 per cent of women in prison reported completing secondary school or above;²²
- 69 per cent of men and 49 per cent of women in prison were unemployed upon reception,²³ and
- Over 70% of prisoners had used illicit drugs in the past 12 months.²⁴

The rate of recidivism and returning to prison among this cohort is also high with 50 per cent of men in prison, and 38 per cent of women, having been in prison before.

Tough on crime policies result in people becoming unnecessarily embroiled in the justice system for minor crimes. For vulnerable people, this involvement with the justice system usually does not deter them from future offending as intended, but instead makes them more desperate, more marginalised, and begins a downward spiral into increased offending and criminalisation.

CASE STUDY

Joanne has an episodic mental illness that often results in her gambling well beyond her means. Sometimes she tries to self-medicate to reduce the symptoms of her illness with marijuana. As a result of her gambling, Joanne often finds herself without the money for critical expenses such as her vehicle registration or petrol. Joanne lives in a remote area and needs her car to get anywhere.

Joanne met a Salvation Army chaplain when attending court on charges related to minor crimes linked to her gambling addiction. She received a \$500 fine for her offenses, which she was unable to pay, and which exacerbated her already deteriorating mental condition. A week later Joanne committed a more serious crime and was eventually sentenced to prison.

~Client of Salvation Army Courts and Prisons Services

²¹ Holmes, J. *Reoffending in NSW*. NSW Bureau of Crime Statistics and Research. 2011.

²² Department of Justice Corrections Victoria. *Statistical Profile of the Victorian Prison System 2005-06 to 2009-10*.

²³ Department of Justice Corrections Victoria. *Statistical Profile of the Victorian Prison System 2005-06 to 2009-10*.

²⁴ VAADA. Media Release. *Prison expansion a rudderless policy*. 05 December 2012.

As operators of Out of Home Care, youth support, and adult court and prison services, we also have the advantage of witnessing the affects of incarceration throughout every stage of life. The verdict is clear: very few people come out of prison better than when they went in.

CASE STUDY

"I was abused as a kid; physically belted around and given tablets to sleep or locked in the cupboard so mum could score drugs for herself. Mum's boyfriends had a go at me whenever they could, sexually abusing me – they said it was my fault, that I asked for it. They said they'd kill my pet dog if I told. I tried to look after my little sister, hid her when I could. I don't think they got her.

Dropped out of school and worked in hospitality when I could find it but the drug habit I picked up trying to dull the pain cost too much and forced me onto the streets for more money.

My first time in prison I was so scared – watching punch-ups or hearing about how some girl got raped cause they thought she was hiding drugs. The system kills your soul, messes with your mind. Strip searches, random urines to see who's using. Then you get out and you've got nothing.

I ended up in a motel for a few nights, then a rooming house. I'm desperate to get a proper place to have my kid come and stay. But first I need work and they always ask for a Police Check, so I'm marked for life."

~Client of Salvation Army Courts and Prisons Services

Policy Implications

The “tough on crime” approach of governments is entrenching disadvantage among our clients and The Salvation Army is extremely concerned about this government’s focus on “tough” law and order and the impact that is having on vulnerable people’s lives. Locking people up in prison is not only incredibly expensive to the State Government and tax payers, but research has found no indication that it actually deters offending or recidivism.²⁵ In fact, incarceration is greatly disrupting to a person’s life and severs all connections they may have had with housing, family, community, employment and training, or treatment for mental health or addiction issues. Incarceration has been found to actually have a criminogenic effect on individuals rather than a rehabilitative effect as a result of the social circles they build while in prison and the stigma associated with imprisonment. Finally, unaffordable housing prices make it difficult for those exiting prison to access stable housing which increases the likelihood of recidivism.²⁶ Combined with the disruption of community ties, learned criminal behaviour and increased transience, incarceration can actually make it more difficult for an individual to integrate back into mainstream society.²⁷ Given that most individuals in the justice system already struggle with disadvantage, their successful integration is even more remote after imprisonment.

Locking people up in prison is not only incredibly expensive to the State Government and tax payers, but research has found no indication that it actually deters offending or recidivism.

The abolition of suspended sentences and home detention in favour of tougher sentencing has removed sentencing options for magistrates and judges and has increased the number of people put into prison. Although the single community based order is being expanded to offer an alternative to detention, The Salvation Army believes that limiting community based orders to a one-size-fits-all approach will reduce flexibility in sentencing options and has ultimately led to net-widening and the over use of supervision when a less intrusive suspended sentence would have been more appropriate.

²⁵ Sentencing Advisory Council. *Does imprisonment deter? A review of the evidence.* 2011.

²⁶ Baldry, Eileen and Desmond McDonnell, Peter Maplestone and Manu Peeters. AHURI Research and Policy Bulletin. *The role of housing in preventing re-offending.* Issue 36 February 2004.

²⁷ Smart Justice Fact Sheet. *More prisons are not the answer to reducing crime.*

These tough on crime policies are also having a negative impact on bail and remand rates, which again disproportionately affect our clients because of their lack of access to housing and the inability to provide a stable address. Although, legally, remand is clearly only to be used when an individual is deemed dangerous or unlikely to attend court, our clients' ability to access bail is being compromised by their inability to provide an address. As a result, the use of remand has increased for people who are experiencing homelessness. Rates of remand have also increased for vulnerable youth who are homeless, as access to stable housing was found to be "the single most significant factor associated with young people being remanded in custody."²⁸ Placing them on remand simply because they are unable to meet conditions for bail (such as stable accommodation) severely disadvantages them and places them at serious risk of increased criminalisation and offending.

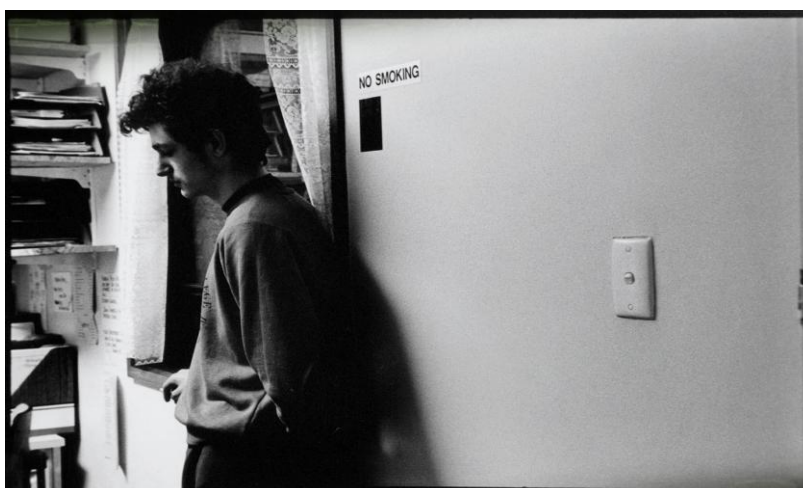
Bail support services have been found to be among the most effective alternatives to custodial remand, especially if they can provide accommodation to offenders young and old alike. Victoria has a number of bail support services available, particularly for young people. These services do a good job of diverting young people from incarceration and helping them address underlying issues of offending. However, access to these services remains ad hoc and largely restricted to certain geographical areas. In order to reduce the number of people placed on remand, increased bail support services need to be made available, particularly bail support services which provide access to housing. Given the current housing affordability crisis in Australia, access to stable housing for vulnerable people at risk of being placed on remand is particularly salient.

²⁸ Denning-Cotter, Gabrielle. Attorney General's Department and Australian Institute of Criminology, Sydney. *Bail Support in Australia*. Indigenous Justice Clearinghouse Research Briefs No 2/2008. P 5.

Similarly, access to housing for people exiting prison has also been found to strongly affect rates of recidivism. Research into the relationship between housing and re-offending has found that ex-prisoners were more likely to return to prison if they were homeless or transient and had to move house more than two times in three months.²⁹ They also were more likely to have ongoing struggles with alcohol and other drugs. The cost implications of recidivism are high, yet access to housing and housing support services for ex-prisoners remains limited. Increased access to housing and integrated support from a multi-disciplinary team is necessary to help ex-prisoners stabilise their lives upon release from prison and reduce the likelihood of recidivism.

Research into the relationship between housing and re-offending has found that ex-prisoners were more likely to return to prison if they were homeless or transient and had to move house more than two times in three months.

In response to the Victorian Government's new sentencing laws, \$126 million has been announced to build 244 additional prison beds³⁰ to deal with increased demand. The Salvation Army advocates that this money could be invested far more effectively in vulnerable communities from which most people in the justice system come. An Australian study in 2004 found that in Victoria 25 per cent of prisoners came from just two percent of postcodes.³¹ A reinvestment of the money spent on prisons would be much better spent on community development programs in these areas that address issues of unemployment, low education attainment, low income families, health and housing which contributes to offending behaviour.



²⁹ Baldry, Eileen and Desmond McDonnell, Peter Maplestone and Manu Peeters. AHURI Research and Policy Bulletin. *The role of housing in preventing re-offending*. Issue 36 February 2004.

³⁰ Minister for Police, Corrections and Emergency Services. *State Budget 2010: 1,966 More Frontline Police to Keep Our Community Safe*. Media Release 4 May 2010.

³¹ Smart Justice Fact Sheet. *Justice reinvestment: investing in communities not prisons*.

Such community development programs would be particularly beneficial to young people. Programs that focus on linking young people back into mainstream society and support services once they initially come into contact with the police are the most likely to achieve positive outcomes for vulnerable young people and prevent them from becoming further engaged with the justice system because they positively influence the life events that may be causing their criminal behaviour. Such justice reinvestment programs have been proven successful in the United States where a number of states have experienced a drop in crime and a significant cut in prison and associated costs. In Texas for example, \$210.5 million was saved in one financial year and violent crime dropped by 4 per cent.³²

Recommendation: “Tough on crime” policies such as abolishing suspended sentences and home detention have negative social and economic impacts. These policies should be reviewed in favour of a reinvestment in the justice system that deals with the causes of crime.

Recommendation: Increase bail support services, particularly those that offer access to housing to reduce the remand rate for vulnerable people and link them into supportive services which can help them address their reasons for offending.

Recommendation: Invest in supported housing for people exiting prison that helps them to stabilise their lives as they re-enter the community. Lack of safe, affordable housing is a key factor in recidivism.

³² Smart Justice Fact Sheet. *Justice reinvestment: investing in communities not prisons.*

Recovering from Violence

Introduction

Based at the top of Bourke St, The Salvation Army's Melbourne 614 project runs a range of programs, in partnership with government and corporate groups, that are helping to make the city a safer place for everyone. A team of 24/7 homeless outreach workers, part of the Melbourne's Road Home program, engage with rough sleepers in the city's streets, lanes, parks and abandoned buildings. A bus bringing food, drink and internet access late at night is a magnet for vulnerable young people who are identified and offered assistance by capable youth workers. The same centre coordinates volunteers who bring help to those wandering Melbourne's streets after frequenting the city's bars and nightclubs, as well as on the Metro train network. In addition to practical assistance, our outreach works helps us connect with some of the most marginalised people in our city. As we get to know these people and listen to their stories, one of the most striking aspects of their past is the extent to which these people have been victims of violence.

As we get to know these people and listen to their stories, one of the most striking aspects of their past is the extent to which these people have been victims of violence.

Whilst people whose lives have been significantly impacted by violence come to us through all service streams, there are some programs in which this theme is particularly dominant. The Salvation Army runs four family violence services, a generalist as well as a specialised sexual assault counselling service, and several Out of Home Care (OHC) services in Victoria. These services bring us into direct contact with many people who have experienced violence in a variety of forms throughout their lives. Violence has a lasting and traumatic impact on these people and as a consequence they struggle to cope with other issues in their lives such as housing, mental health and alcohol and other drug abuse. Their experiences of violence need to be recognised and responded to with a therapeutic approach that offers empathy and understanding and that can help them recover to lead happy and productive lives.

For the purpose of this submission, we are focusing on the following types of violence, which are particularly prevalent within our client group:

- Child abuse;
- Sexual assault;
- Family violence; and
- Violence in the streets.

Child Abuse, Out of Home Care and Care Leaver Transitions

The Salvation Army in Victoria provides a range of Out of Home Care (OHC) services to children and young people of all ages who are unable to safely live with their families because of violence, abuse or neglect. Because of their traumatic backgrounds, many children and young people in OHC struggle to build positive relationships with people, may suffer from developmental delays, intellectual disability or mental health issues, and often have poor educational outcomes. According to the Victorian Children's Court, they are also more likely to have substance abuse issues and are more likely to be involved with the youth justice system.³³ They are also at a high risk of homelessness when leaving care, with 35 per cent of young people leaving care becoming homeless within the first year of leaving care³⁴ and 25 per cent of those young people still being homeless up to seven years after leaving care.³⁵

Helping these young people deal with their traumatic pasts and plan for the future is paramount if they are to be able to live successful lives as adults. The Salvation Army Westcare Network has trialled a therapeutic model for foster and residential care in its OHC services for the past three years and has seen very positive results. The model is informed by trauma theory and focuses on the physical, mental and emotional state of the child or young person. Participating children experienced increased stability in the care placements, significant developmental gains in their ability to communicate, form relationships and regulate their emotions, and a number of participants were able to restore relationships and be reunited with their families.³⁶

³³ Grant, Paul. President of the Children's Court of Victoria. Smart Justice Launch: A presentation. 16 November 2011.

³⁴ McDowell, Joseph. The CREATE Foundation. *Create Report Card 2009: Transitioning from care, tracking progress*. November 2009.

³⁵ Department of Families, Housing, Community Services and Indigenous Affairs & the National Framework Implementation Working Group. *Transitioning from out of home care to independence*. December 2010.

³⁶ Frederico, M., Long M., McNamara, P. McPherson, L., Rose, R., and Gilbert, K. *The Circle Program: an Evaluation of a therapeutic approach to Foster Care*. Centre for Excellence in Child and Family Welfare, Melbourne, Australia. 2012.

The Salvation Army Westcare has also found that better transition-from-care plans dramatically help young people successfully transition from care and help prevent them from being victims of violence in the future. However, our experience is that many children do not have appropriately developed leaving care plans, despite the statutory obligation of DHS Child Protection to provide them.³⁷

The Salvation Army believes that an expansion of the therapeutic care model across all types of residential care and improved transition from care plans are the two most cost effective measures the Victorian Government could implement to improve outcomes for children and young people in care.

CASE STUDY/DATA

A study done by the CREATE Foundation found that although all young people were supposed to have a care plan, only 31.7 per cent of care leavers nationwide knew a plan existed. Of those, one third of young people had little or no input into its development.³⁸ Victoria only performed marginally better with 39.8 per cent of young people surveyed reporting they knew about or had a leaving care plan.³⁹

Policy Implications

The Salvation Army believes that an expansion of the therapeutic care model across all types of residential care and improved transition from care plans are the two most cost effective measures the Victorian Government could implement to improve outcomes for children and young people in care.

The Salvation Army Westcare Network has started to apply the therapeutic model to children and young people living in residential care and has seen significant positive outcomes as a result. However, the model's application is not standard across all OHC providers and outcomes vary for children across the state as a result.

³⁷ Since 2010, The Australian National Out-of-Home Care standards require that all care leavers have a transition from care plan starting from 15 years of age. Mendes, Philip, Pamela Snow and Susan Baidawi. *Young people transitioning from Out-of-Home Care in Victoria: Strengthening interagency collaboration, leaving care plans and post-care support services for dual clients of Child Protection and Youth Justice*. September 2012 P 3-4.

³⁸ McDowall, Joseph. CREATE Foundation. 2011 Report Card *What's the plan? – Facilitation transition for young people leaving care*. P 28.

³⁹ McDowall, Joseph. CREATE Foundation. 2011 Report Card *What's the plan? – Facilitation transition for young people leaving care*. P 29.

In addition, the inadequacy of transition from care plans has resulted in many young people not knowing how to access youth support and transition services once they leave care. Ultimately these young people are falling through the cracks with many becoming homeless. Some manage to get into youth refuges; however, extended periods of time in refuge can negatively affect the emotional and mental states of young people as being in close proximity to other vulnerable youth increases the risk of unhealthy and harmful behaviours. The instability of their living environment also prevents them from being able to engage with any kind of training or employment and some youth have no option but to end up returning to the very families they were taken away from.

Youth homelessness is costing the Victorian government and our communities millions of dollars a year in providing emergency and tertiary services to these young people. An analysis of the young people transitioning from care conducted by FaCSIA and the National Framework Implementation Working Group, concluded that Victoria spends \$738,741 more on each care leaver compared to a non-care leaver over an adult lifetime. This does not include costs sustained by the Commonwealth Government through income support payments and health care costs.⁴⁰

The Victorian Government committed to achieving the Council of Australian Government's (COAG) target of ensuring that children and young people leaving care would not exit into homelessness. Although there is no single solution, more purposeful development of transition out of care plans could be a big step in the right direction in helping young care leavers successfully transition to independence.

⁴⁰ Department of Families, Housing, Community Services and Indigenous Affairs & the National Framework Implementation Working Group. *Transitioning from out of home care to independence*. December 2010. P 10.

Research has shown that care leavers who exit care into stable accommodation are “twice as likely to stay in stable housing, three times as likely to be employed, less likely to be involved with police and crime and have a more positive sense of wellbeing.”⁴¹ Young people need to be involved in their transition plans and plans need to have meaningful support from OHC workers as well as other support services such as housing, AOD, education and training, employment, police and the courts.

Recommendation: Extend therapeutic models of assessment and care across all forms of Out of Home Care across all services in the state.

Recommendation: The Victorian Department of Human Services review the practice of Child Protection in relation to the development of meaningful and inclusive transition-from-care plans to ensure they are being appropriately developed with young people. The Victorian Government should also renew its commitment to achieving the Council of Australian Governments’ target that ‘no child or young person will exit care into homelessness’ and clearly articulate how this objective will be reached, along with the implementation of a robust and transparent measurement and accountability system for this target.

⁴¹ McDowall, Joseph. CREATE Foundation. *What’s the plan? – Facilitation transition for young people leaving care*. Presentation at the 7th National Homelessness Conference 2012.

Sexual Assault

The Salvation Army works with many people who have been sexually assaulted throughout their lives, particularly women and young people who have experienced family violence, child abuse, sexual assault or rape. Research and our clinical experience suggest that if a person experiences sexual assault or other forms of violence at a young age, there is an increased likelihood that they will continue to experience violence throughout their lives.⁴² As a result, The Salvation Army has taken a youth focussed approach to addressing sexual assault through our Melbourne based Currawong Sexual Assault Counselling Service. The service works with young people from the age of 13 to 25 who have histories of sexual assault and aims to try to address the lasting and traumatic affects of being victims of violence so these young people are less at risk of becoming victims of violence in the future.

Research and our clinical experience suggest that if a person experiences sexual assault or other forms of violence at a young age, there is an increased likelihood that they will continue to experience violence throughout their lives.

CASE STUDY/DATA

"Tamara was 21 years old when she was first referred to us. She was sexually abused by her older brother from the ages 5 – 11 years. When she eventually told her mother what was happening to her, her mother did not believe her. Tamara left home at 13 to live with her aunt. She was raped by her uncle when she was 16. Tamara overdosed on prescription medication and was briefly hospitalised. Following her discharge Tamara moved to Melbourne.

Tamara met a man who started her working as a prostitute. She became pregnant to him. The man started to hit her and on several occasions raped her. Tamara started to drink heavily. Soon after the birth of her daughter child protection (DHS) became involved with the family and her child subsequently placed in foster care. Tamara was referred to our service for sexual assault counselling by DHS, following a suicide attempt. We have now been meeting with her regularly for the last six months. Her greatest wish is to get her daughter back."

~Counsellor, Currawong Sexual Assault Counselling Service

⁴² Robinson, Catherine. 'Pillar to Post': Listening to violence and homelessness. University of Technology Sydney.

One of the most defining features of the Currawong service is that participation in the service is not time limited so young people can see a counsellor for as long as they want to and it is free of charge. Although Currawong has close ties to Victorian Centres Against Sexual Assault (CASA) services, the historic and sometimes repeated nature of these young people's experience of sexual assault often means they need extended support beyond the normal six weeks provided by CASA and other counselling services. As a result, Currawong gets many referrals from these services as the unlimited nature of service delivery fills a much needed gap for this group of highly vulnerable young people.

Other important features of the Currawong Sexual Assault Counselling Service are that the service is able to provide timely and flexible services to young people and that it is linked in with a generalist counselling service and Salvation Army Emergency Relief services. Young people are in an important developmental stage in their lives and the window during which they may wish to access counselling services can be quite short. As a result, it is important to provide timely responses to support and avoid long waitlists which can frustrate young people and exclude them from support. Although the Currawong program is very small, referrals taken from CASAs and other Salvation Army services are worked with quickly. If no vacancies are available in the program, staff make a point of trying to link young people in with another service that can see them quickly instead of putting them on a waitlist. We also remain flexible with young people and understand that given their age and other competing interests in their lives, they are likely to miss appointments from time to time. Allowing young people to come back to our service after a period of disengagement is essential to respecting the young person and allowing them to take control of their lives. Finally, Currawong is closely linked with The Salvation Army's Generalist Counselling Service and other services including emergency relief. Linking in with these programs increases flexible access for young people who might not normally access a sexual assault service. Service providers have heard several accounts of young people appreciating that they can walk into the counselling service with a degree of anonymity that does not immediately announce to everyone why they are there.

Policy Implications

The time unlimited, free, and flexible nature of the Currawong Sexual Assault Counselling services fills an important gap in sexual assault services for young people. However, the service is small with less than one EFT and many young people cannot be accommodated. Although, Currawong staff attempt to link every young person seeking assistance in with another provider, there is no guarantee that young people will get into services in a timely manner and most other services are only able to work with young people for up to six weeks. The Salvation Army believes that more programs like Currawong need to be made available to young people struggling with the effects of sexual assault, particularly for adolescents because of the lasting impacts violence can have on these young people as adults if these issues are not addressed.

Recommendation: The Victorian Government fund more programs like the Currawong Sexual Assault Counselling Service to help young people across the state cope with the lasting effects of violence and sexual abuse experienced early in life.

For the women whom we work with who have decided to leave, the single greatest problem they face is access to housing. Today, family violence remains the main reason why women and children become homeless.

Family Violence

The Salvation Army runs four family violence services in Victorian and assists over 2,000 women per year. We work with many women experiencing family violence who are struggling with their decision about whether or not to leave the perpetrator. These women experience numerous barriers to leaving such as lack of financial independence, low levels of education and training, limited access to legal support, no rental history, being accompanied by small children, fear of not being able to take care of their children or of what the perpetrator might do if they leave, lack of self-esteem, and social isolation and judgement.⁴³ They may also suffer from poor physical health resulting from injury or mental health issues such as depression or anxiety as a result of the abuse.⁴⁴ For the women whom we work with who have decided to leave, the single greatest problem they face is access to housing. Today, family violence remains the main reason why women and children become homeless.⁴⁵

⁴³ Victorian Women's Trust. Submission to the Australian Governments National Plan to Reduce Violence Against Women. August 2008.

⁴⁴ VicHealth. *Preventing violence against women in Australia: Research Summary*.

⁴⁵ Johnson, G, Gronda, H and Coutts, S. Australian Scholarly Publishing. Melbourne. *On the outside: pathways in and out of homelessness*. 2008 P 23-33.

CASE STUDY/DATA

"My name is Marete. I met Micky when I was 18 and fell in love. He convinced me to move in with him even though my family didn't like him and told me he was controlling. By the time I was 19 Micky had started to hit me more and more. I wasn't allowed to leave the house, not even to do the grocery shopping.

Micky raped me one day and I became pregnant. One day at a hospital appointment I got talking to a nurse and just broke down in tears. She helped me get into a refuge but I could only stay for 6 weeks and then I was out on my own paying most of my Newstart allowance on rent. For the first couple of months I managed, but then it all got too difficult. I was scared, pregnant, alone and so poor that I ended up going back to Micky.

The abuse started again. He made me feel stupid and worthless. When Luca was born, Mickey got angry because I was paying too much attention to the baby. I called the Salvos for help and they got me into a family violence program. The staff was supportive, I started counselling and became more confident in myself and my parenting. They helped me get into a neighbourhood house playgroup and I started to study.

Now, 3 years later I am in housing I can afford and I have been told I can remain there indefinitely. I can start my new life. I finished studying and am looking for my first job. All the supports and services I need are in my local community. Even though I don't meet with the family violence worker any longer I ring her every now and again to let her know what I have accomplished, they always make me feel proud of myself."

~Former Client, Salvation Army Crossroads Mary Anderson Family Violence

Policy Implications

The Salvation Army runs a variety of emergency housing models for women experiencing family violence, as well as offering case management and support to assist women leaving family violence. However, reports of family violence have increased exponentially since the introduction of the *Police Code of Practice for the Investigation of Family Violence* and although some additional funding has been provided, demand for services and accommodation continues to far outstrip supply. Shortages in crisis accommodation and increasingly large case loads for social workers are negatively impacting the quality and timeliness of services that these women and their children receive. Our family violence providers are constantly struggling to find safe accommodation for women and children. In many cases families are forced to bounce from one form of crisis accommodation to another. The lack of stable accommodation has incredible negative impacts for women and their children as they are unable to establish a sense of stability and security and the children struggle to stay in school regularly and become more likely to experience higher rates of anxiety, low self-esteem, and behavioural problems.⁴⁶ In addition, the mother's ability to seek employment or engage in training is severely impacted if the family is constantly moving from place to place. This keeps the family in a constant state of financial crisis and dependency on income support.



⁴⁶ Krikman, Maggie and Deborah Keys, Alina Turner and Daria. University of Melbourne. "Does Camping Count?" *Children's experiences of homelessness*. September 2009.

The Victorian Government *Action Plan to Address Violence Against Women and Children* has demonstrated a proactive approach to addressing violence against women through education, and community awareness. However, policy reforms outside the scope of the Action Plan, particularly in the area of housing, may have a negative impact on women trying to escape family violence and caution needs to be taken when making these reforms. There are several housing programs in Victoria specifically for families that greatly support women and children leaving family violence, including the Accommodation for Families Program (AOF), and the Additional Support for Families and the Support for Families at Risk of Homelessness program. These programs have been very effective, with 45 per cent of families involved in the AOF program securing private rental, 26 per cent securing transitional housing, and 20 per cent securing other forms of social housing.⁴⁷ Families also reported significant positive benefits including reduced anxiety, improved child behaviour, improved financial security and better ability to engage in training and employment.⁴⁸

Unfortunately, despite their success, most of these programs are in danger of being defunded or have already been cut. Although the Victorian Government recently extended funding for the AOF program to the end of the 2012-13 financial year, there has been no commitment from the Government that funding will be continued. In light of the extreme pressure already being placed on family violence services and shortage of emergency accommodation for women and children fleeing family violence, cuts to these programs will only exacerbate the difficulties women and their children face in accessing stable housing and will increase family homelessness or force them to return to violent relationships.⁴⁹

Recommendation: Review current data on levels of demand for family violence services by region and increase funding accordingly. The Victorian Government should also commit to continuing funding for the Accommodation Options for Families, the Additional Support for Families and the Support for Families at Risk of Homelessness programs to ensure that families escaping family violence do not become homeless or end up in rooming houses.

⁴⁷ Hanover, Vincent Care Victoria, SASHS, HomeGround Services. *Housing homeless families: An evaluation of the Accommodation Options for Families program (AOF)*. February 2012.

⁴⁸ Hanover, Vincent Care Victoria, SASHS, HomeGround Services. *Housing homeless families: An evaluation of the Accommodation Options for Families program (AOF)*. February 2012

⁴⁹ VicHealth. *Preventing violence against women in Australia: Research Summary*.

Violence in the Streets

Violence in Melbourne's CBD has received a substantial amount of media coverage as of late. Alcohol fuelled brawls, violent assaults and innocent victims are the centre of attention. While these violent attacks are unacceptable and their outcomes sometimes tragic, we argue that this violence is only the tip of the iceberg and that our clients, particularly those sleeping rough, are more likely to be victimised by violence in the city than anyone else.

Research into the experiences of homeless people and the violence they face reveal shocking stories of being harassed, kicked, bashed and abused by drunken patrons leaving pubs and passers-by.⁵⁰ The random violence perpetrated by the community adds to the violence these people face from within their own "underground" social circles created as a result of living on the streets. Violence associated with selling and using drugs, crime and sex work disproportionately affect our clients as they are more likely to be involved in these activities.⁵¹ The incredible stigmatisation and victimisation experience on the streets further enhances feelings of disempowerment, fear and anger which stem from histories of abuse, physical, emotional and sexual assault and marginalisation. For many people their experiences of violence are too much to cope with.

Beyond The Salvation Army's street outreach work, we see the face of violence and the effects it has on people every day, particularly through the Melbourne Counselling Service at 69 Bourke St. The counselling service is free and open to anyone who wishes to access the service for as long as they want to access it. The service works with particularly complex clients who have suffered a lifetime of abuse, violence and neglect and may be perpetrators of violence themselves. These people often have difficult behaviours which can be seen as violent or aggressive. As a result, they can struggle to access other counselling and mental health services. Issues can range from anger management, lack of basic living and social skills, and attachment disorders to extreme personality disorders.

The incredible stigmatisation and victimisation experience on the streets further enhances feelings of disempowerment, fear and anger which stem from histories of abuse, physical, emotional and sexual assault and marginalisation.

⁵⁰ Robinson, Catherine. 'Pillar to Post': Listening to violence and homelessness. University of Technology Sydney.

⁵¹ Robinson, Catherine. 'Pillar to Post': Listening to violence and homelessness. University of Technology Sydney.

CASE STUDY/DATA

Greg is 35 years old and currently receiving counselling from our generalist counselling program. As a child, Greg was physically abused by his step father for much of his childhood and regularly witnessed his father hitting his mother. Greg struggled at school and was eventually expelled at age 14 for fighting and bullying. Greg left home not long afterwards at age 15, living transiently between various friends. Greg started to drink heavily and use marijuana, eventually moving on to heroin.

Greg remained transient for many years. His drug use further damaged his relationship with his family and contact ceased. Greg eventually found a room in a boarding house and began an apprenticeship. In the boarding house he was threatened by other residents and lived in a state of fear, rarely coming out of his room. His drug use escalated and following an altercation with his boss while under the influence of drugs lost his job. Greg ended up living on the street. This lifestyle meant that Greg was continually both the victim and the perpetrator of violence and targeted by police. His street existence was characterised by violence; by fights to keep or get resources such as a place to sleep and belongings, violence as a result of securing money to support his drug habit and fights over drug debts. Greg would also be involved in violence as a way of protecting his friends. After becoming involved in a relationship with a woman, who had her own mental health issues, Greg would get jealous of other men and began to hit her.

Greg was referred to our program by a Salvation Army material aid service. With ongoing support from the Melbourne Counselling Service, Greg hopes to be able to stabilise his life and address the core issues that underlie his problematic behaviour.

~Generalist Counselling Program, Melbourne Counselling Service

Policy Implications

Our experience in Melbourne has consistently demonstrated the advantages of alternative responses to law enforcement when this is not required. By limiting police interventions to only those circumstances in which they are most needed, sensitive situations are more easily diffused and police time is freed up to attend to more urgent matters.

The people we work that repeatedly experience violence, such as Greg, need intense therapeutic support, assistance in developing basic living skills, and advocacy to help them access different supports like medical attention and housing. Assertive outreach models have traditionally worked well for this client group, as have programs like the Intensive Case Management Initiative (ICMI) and the Personal Helper and Mentors Program (PHaMs) which help address clients' mental health issues as well as physical needs. These programs help people deal with the effects of violence and should be expanded to improve access.

The Salvation Army believes that generalist counselling services fill a gap in counselling and mental health care which could greatly complement the above programs and other intense case management support services. Free, un-time limited services provide support to people who cannot get help anywhere else. Our Melbourne Counselling Service is also closely linked to the local emergency relief centre, which enables people who present to the emergency relief centre to easily access counselling if they need it. However, there are very few of these programs across the state and access is limited, particularly for those living outside the main metropolitan area. Melbourne Counselling Service currently only has the capacity to work with roughly 10 per cent of the people who come to the service seeking support. Staff do their best to link individuals to other counselling services, however options are limited. A growth in the number of generalist counselling services that provide free and un-time limited services to those clients who struggle with histories of violence and complex needs would greatly improve people's ability to get counselling support and would help supplement the services provided by programs like ICMI and PHaMs.

***Melbourne
Counselling Service
currently only has
the capacity to
work with roughly
10 per cent of the
people who come
to the service
seeking support.***

Finally by more closely linking generalist counselling services and other intensive case management programs, capacity to provide clients with more multidisciplinary support is enhanced. Currently, Melbourne Counselling is very focused on providing therapeutic support to clients which can deal with the mental, emotional and psychological effects of violence and other events in their lives. However, there is little capacity to provide any advocacy support for other issues in clients lives such as housing and addiction. By creating more links between programs like ICMI, PHaMs and generalist counselling services the ability to services to holistically address our clients' needs would be greatly improved and the potential to decrease the extent to which they become victims of violence is increased.

Recommendation: Increase funding for Generalist Counselling Services which are free of charge and are not time limited to work with clients who have multiple and complex issues.

Living with a Mental Illness

Introduction

The Salvation Army runs a number of specialist mental health services including Psychiatric Disability Rehabilitation and Support Services (PDRSS), Personal Helpers and Mentors service (PHaMs), as well as intensive support services such as SANS and Oasis (Adult Services). Whilst these specialist programs may not represent a large proportion of our overall continuum of services, people with varying degrees of mental health problems do represent a statistically significant number of those seeking our help across service sectors. In the 10 months to May 2012, 15 per cent (31,896 individuals) of all clients accessing The Salvation Army Victorian social programs network identified as having a mental illness, with ten per cent receiving ongoing treatment through clinical mental health services.

These numbers are likely to be greatly under representative of the true prevalence of mental health issues due to many cases being undiagnosed or undisclosed or simply not recorded because mental health was not the main presenting issue. Data from our own Adult Services Network indicates that although the network is a housing and homelessness service, mental health and a number of other co-occurring issues are prevalent. Nearly three quarters (72 per cent) of clients had a mental health issue prior to engaging with the program. Nearly all clients were at significant risk of acquired brain injury and 72 per cent of clients were on the disability pension. In addition, two thirds (62 per cent) of clients were on pharmacotherapy programs and nine out of ten had been in prison.

Our experience of working with people with mental health issues is that they usually do not initially present to mental health services, but instead first present to other services like housing seeking support. Then as we get to know each client, issues with mental health become apparent. A snap shot of clients who were referred to The Salvation Army EastCare Mental Health Services for the financial year 2011-12 revealed that 39 per cent of clients presented with a significant AOD issue, 38 per cent with a health issue, 31 per cent presented with financial difficulty, 16 per cent with legal issues, 16 per cent with issues of family violence and 10 per cent who presented were at risk of suicide.⁵² As a result of the high prevalence of mental health co-occurring with other needs, we have co-located our specialist mental health services with our homelessness service.

By integrating our mental health services within homelessness programs, we are able to concurrently address the complex needs of clients including housing, substance use, mental and physical health issues as part of a continuum of care using our in-house, co-located expertise. For example, The Salvation Army AOD service in Adult Services is collocated with its PDRSS funded mental health program, a community nurse, crisis accommodation service, outreach housing, and a justice outreach services. The collocation of these services enables the service to make easy in-house referrals and provide joint, multidisciplinary case management to highly disadvantaged clients.

⁵² Data sourced from The Salvation Army EastCare Service Network.

CASE STUDY/DATA

“Michel presented to us at The Salvation Army EastCare Housing Services several months ago. He is 56 years old and suffers from paranoid schizophrenia. He has been admitted to psychiatric inpatient units multiple times and has experienced 20 years of unstable housing and recurring homelessness. When he came to us, he was living in a private rooming house, but in danger of being evicted due to his anti-social behaviour and significant daily substance use.

Because of his issues with mental health, we referred Michel to our EastCare PDRSS Mental Health Service. The internal referral was important because numbers external referrals had failed due to Michel’s agitation and aggression. In collaboration with EastCare Housing Services, the PDRSS worker is providing intensive case management to support Michel in a holistic way. Together Michel and the PDRSS worker have been able to ensure he complies with his medication, can monitor his mental state, and develop a behaviour management plan. They are also helping Michel address his substance use through harm reduction strategies, although he remains unwilling to see a AOD counsellor.

Michel is now successfully housed in public housing and has been assisted with furniture, vouchers, material aid and clothing. We continue to support his involvement in his local community and he has gained part time employment as a window cleaner. He is successfully managing his medication and has reduced his substance use. Since his involvement with the PDRSS worker, he has not had a psychiatric crisis or been involved with the police.

Our ability to provide a linked network of services and cross referrals has been key in successfully supporting Michel. We are thrilled by the progress he has made.”

~ EastCare Housing Services Case Worker

Too often, people accessing our community-based services still find themselves unable to access the mental health supports that they need to stabilise their living conditions and as a consequence they regularly fall into cycles of crisis, resulting in self-harm, financial difficulties, housing problems (including homelessness) or they get locked up either by the justice system or in the mental health system.

Policy Implications

Although mental health services have moved towards a community approach, it is clear that there are still not sufficient supports available for all those affected by mental illness to live fully in the community. Too often, people accessing our community-based services still find themselves unable to access the mental health supports that they need to stabilise their living conditions and as a consequence they regularly fall into cycles of crisis, resulting in self-harm, financial difficulties, housing problems (including homelessness) or they get locked up either by the justice system or in the mental health system.

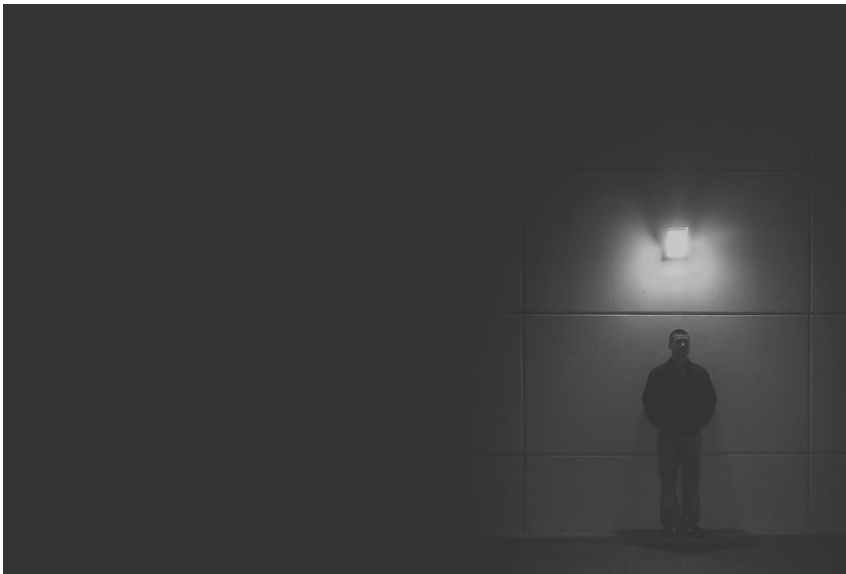
The Salvation Army commends the recent growth of community based mental health programs like PHaMS at a Commonwealth level and is excited about the benefits the National Disability Insurance Scheme (NDIS) will provide to our clients. However, The Salvation Army believes that there is much that can still be done in Victoria and in local communities. The prevalence of mental health across all program areas highlights the need for joined-up responses from both the community sector and government. The concept of dual diagnosis between the mental health and AOD sectors is a good example of how an integrated service response can work, but it needs to be spread more widely across all human services like housing and health.

The Victorian Government's discussion paper on the PDRSS reform framework has indicated that the community mental health sector will be moving towards a central intake system similar to that of the housing and AOD sectors. While The Salvation Army is cautiously supportive of such a model, we hold the same reservations regarding client access as discussed previously in this paper in the AOD section. In addition, we believe there will be some added difficulties in centralising the PDRSS system as a result of the extreme disadvantage faced by those with a mental illness.

The clients we work with who have co-occurring mental health and housing issues have lives that are characterised by instability. Their transient nature means that they struggle to keep appointment times. They may also fail to regulate their medication adequately and may often present to access points in an unstable state. Many have challenging behaviours which limit their ability to participate in group therapies or support programs. Finally, our experience suggests that they are unlikely to actually present to a mental health access point but more likely to present to a housing service.

In a more rigid centralised intake model, this flexibility to respond to individual needs will be compromised. Thus, while we believe that a centralised intake model has some benefits and could increase accessibility and flexibility for some clients, we do not believe that such a model will work for our clients. We believe that it is important to maintain PDRSS funding with specialist homelessness support services to ensure that extremely vulnerable clients who access services other than mental health can still access mental health services without going through a mental health access point.

Recommendation: Maintain specifically targeted PDRSS funding within specialist homelessness support services to maintain service flexibility and client access.



Getting Back into Education and Training

Introduction

The Salvation Army works with a number of young people from disadvantaged backgrounds, including those from regions characterised by low socioeconomic status, or intergenerational poverty, young people who have been involved in the Out of Home Care or youth justice system, as well as those from Indigenous and refugee backgrounds. These young people often have poor educational outcomes and sometimes lack basic literacy and numerous skills. Re-engaging these young people in education and training is critical to them develop the skills and confidence needed to succeed in life. However, most of the young people The Salvation Army work with struggle to thrive in mainstream schools. Many feel ashamed and lack the self confidence to believe they can succeed in school and withdraw rather than continue to engage in education. Offering alternative educational pathways to these young people is crucial to enabling them to build the confidence and skills needed to succeed later in life.

CASE STUDY

Ben's problems at school started in Grade 4. When his dad left home, his mum's drinking got a lot worse and he soon found himself having to borrow lunch from other kids. Having no money around the house first led to missing school excursions but by the time he was in high school, his unstable home situation had led to him missing school on a pretty regular basis. By year 9 it was pretty clear that Ben was on the way out of mainstream education and by the first term of year 10, it was sealed. For almost a year, Ben avoided any form of education or training - in his own mind he was always going to be a failure.

However, just after his sixteenth birthday Ben got involved with The Salvation Army's Brunswick Youth Services (BYS) through a friend. He went on a few outings with them and started to play basketball on their Monday night team. Before he knew it, he was working with his friend on a multimedia project that was part of the VCAL curriculum. Later when Ben's mum kicked him out of home because he was fighting with her new boyfriend, BYS helped to find him safe accommodation. Ben eventually took up an apprenticeship with an electrician on the condition that he turn up to work on time unaffected by drugs or alcohol. He's now in his second year.

Many of the young people who access Salvation Army services have similar stories to Ben - they've lost a sense of hope for their own lives and they trust very few, if any, adults. Their experience has taught them that mainstream systems weren't designed to deal with their problems and that the easiest way is to opt out before you get kicked out.

The Salvation Army provides a wide range of youth services right across Victoria, including youth homelessness, case management, out-of-home care, education, training and employment programs. We know that the young people who become connected with us have all had a rough start to their lives. For too many, by the time they hit their teenage years, they've already dealt with more issues than most of us face in a lifetime. In a society where many young people are staying at home longer and longer after high school, university and into their first jobs, this group of vulnerable youth is having to find their feet much earlier and overcome multiple disadvantages to do so.

In order to help these young people get back on their feet, someone needs to be able to build trust with them. Invariably this trust will be tested and can require great resilience from all involved, however such trusting relationships are essential to reestablishing a sense of hope in the possibilities of the future for those who've been badly burnt by their past. We need to ensure that our services and systems don't close the door on vulnerable young people but instead that we continually find ways to open new doors and keep them open.

Policy Implications

VCAL and TAFE programs historically are more likely to work with students from lower socio-economic backgrounds who come from areas of high unemployment and dependency on government benefits.⁵³ These programs offer important pathways into applied learning and employment for young people who are at risk of disengaging from school or who may have left school after year 10.⁵⁴ These programs have been very successful in meeting the educational and training needs of the young people, and adults, we work with. Since its inception in 2003, The VCAL program has offered a flexible alternative to VCE for students in year 11 and 12 who are unable to complete their VCE. TAFE providers have also been very valuable as they have historically been the largest providers of VET courses and offer a wide range of fundamental courses like basic literacy and numeracy skills and apprenticeships which help build the confidence and skills of the people we work with.

Education and employment, or the lack thereof, have been proven to have an effect on wellbeing, including mental and physical health.⁵⁵ Similarly, the lack of education or employment has been identified as a major indicator of disadvantage and being at risk of homelessness.⁵⁶ It is obvious that the Victorian Government understands the value of education from its emphasis on getting vulnerable Victorians back into education, training and employment.⁵⁷ However, recent cuts to the VCAL and TAFE programs directly contradict this and call into question the Government's commitment to improving access to education for vulnerable people.

⁵³ AEU Victorian Branch. *Victoria's Tertiary Education System: Consequences for TAFE of Government's "Skills Reforms."* Condensed briefing paper. February 2012.

<http://www.goodschools.com.au/news/victorian-government-cuts-12-million-from-vcal>

⁵⁴ http://www.goodschools.com.au/at-school-and-beyond/understanding-the-school-curriculum-in-victoria/vcal?gclid=CONxxr2_r7MCFUNMpgodhFcAsw.

⁵⁵ Nguyen, Nhi. NCVER. *Trends in young people's wellbeing and the effects of the school-to-work transition.* Longitudinal Surveys of Australian Youth. Briefing paper 27. 2011.

⁵⁶ Foundation for Young Australians. *How young people are faring 2012: The national report on the learning and earning of young Australians.* 2012.

⁵⁷ Media Release: Minister for Children and Early Development and Minister for Housing. *Coalition's \$34.7M Plan to Help Young People with Housing and Jobs.* 23 November 2010 and *Pathways to a fair and sustainable social housing system Discussion Paper.*

VCAL and TAFE programs are the most likely to engage disadvantaged and at-risk youth and adults in education. Cutting these programs will have immediate negative ramifications for vulnerable people's educational outcomes and is completely counterproductive to the Government's goal of getting vulnerable people off government benefits, out of public housing and able to live independent lives.

Already, since the 2012 cuts to coordination funding for VCAL programs some courses, and in some instances entire programs, have been discontinued. This has limited access to education for many potential students, particularly those in outer metropolitan, rural and regional areas where disadvantage tends to be most concentrated. Cuts to funding have also compromised VCAL programs' ability to maintain small class sizes and offer the intense one-on-one support that many of these students need to succeed. Finally, the ability to offer flexible curriculum and course delivery to students has also been limited as cuts restrict the number of staff and resources available to schools to develop these programs. Recent cuts to based funding and changes to the student weighted funding for TAFE providers have had a similar affect on TAFE providers' ability to provide the courses our clients need. Changes in funding have resulted in TAFE providers cutting courses such as foundational literacy and numeracy skills which specifically meet the needs of our clients and have reduced providers' ability to provide small class sizes and increase the number of staff and support for students.⁵⁸

VCAL and TAFE programs are the most likely to engage disadvantaged and at-risk youth and adults in education. Cutting these programs will have immediate negative ramifications for vulnerable people's educational outcomes.

The Salvation Army is concerned that recent funding reforms to the VCAL and TAFE sector are pushing the sector increasingly towards a competitive market model in which private Registered Training Organisations (RTOs) are occupying an increasingly large proportion of the VET sector. While this reform may be good in the name of market efficiency, our clients have not traditionally been well served by the private VET sector because of the resource intensive nature of working with them. These young people struggle with self confidence and the belief they can succeed. They need one-on-one assertive outreach support to help them access the programs, small class sizes, and flexible course curriculum and structures that allow teaching staff to work with young people on an individualised basis.

⁵⁸ Essential Services Commission. *VET fee and funding review: Volume II Technical Analysis*. September 2011.

With this type of intense and personalised support, vulnerable people, young and old, can achieve outstanding outcomes. However, this type of resource intensive, personalised support has not been traditionally provided by the private VET sectors and it is The Salvation Army's concern that this cohort of vulnerable people will continue to be marginalised and priced out of the VET sector if public VCAL and TAFE programs continue to be cut in favour of more privatised options.

Recommendation: Reinstate coordination funding for VCAL programs to encourage future delivery of the program and increase access for vulnerable students.

Recommendation: Maintain base funding rates for TAFE institutions at a level which enables them to continue to provide a broad range of courses at varying levels. This level of funding needs to adequately reflect the true costs of delivering foundational skills and basic certification levels to higher need students.

Recommendation: Review the student weighting for "Higher need learners" to adequately reflect costs associated with training these groups including additional teach staff and support staff like counsellors, additional facilities, reduced class size, increased contact hours, and tailored methods of teaching.

Conclusion

In a tight fiscal environment, we recognise that there are always competing demands for funding that are difficult to reconcile. However, our commitment to the most marginalised members of our society, who might otherwise fall through the gaps of our security and human services nets, compels us to put a human face on what might otherwise be seen as just a line item in a budget amid multiple sector reforms.

In the midst of any government reform, it is easy to forget about those who find themselves on the margins of our communities and those who struggle to have their voices heard. However, doing so only serves to further marginalise them and increases their disadvantage. If a society is truly to be judged by how it treats its weakest members, then we must always keep them in the forefront of our thinking.

We have attempted to highlight our daily experience at the frontlines of service delivery and give you a glimpse of the challenges that the people we work with face. Namely,

- Getting housed and staying housed;
- Dealing with addictions;
- Reducing the criminalising effects of the justice system;
- Recovering from violence;
- Living with a mental illness; and
- Getting back into education and training.

In regards to the above issues we have made a series of recommendations which we believe will help enable this Government and our community as a whole address these issues in a proactive and economically efficient way. In many cases, Victoria has been at the forefront in service delivery and it is up to all of us to make sure we not only continue to live up to the high standards we've set in the past but to find even better ways to ensure a better future for all Victorians. With this in mind, we urge the Victorian Government to ensure this small cohort, of highly disadvantaged people are not forgotten.

A summary of our recommendations are as follows:

GETTING HOUSED AND STAYING HOUSED

Recommendation: The Victorian Government recognises both the economic and social benefits of sustaining vulnerable tenancies through ongoing investment in tenancy support programs.

Recommendation: The Victorian Government must continue to invest in public housing as a public service, which it is responsible to provide. Investment should be at a level which enables the system to provide appropriate and affordable housing to those most in need.

Recommendation: The Victorian Government increase efforts to lobby the Commonwealth to engage in meaningful reform of the housing sector to reduce housing prices, improve housing affordability and contribute to preventing homelessness.

DEALING WITH ADDICTIONS

Recommendation: The design and implementation of a new AOD service system must provide for levels of staffing and resources that are capable of meeting presenting demand in order to prevent the bottleneck and increased wait times experienced by the homelessness and housing framework, Opening Doors.

Recommendation: Resource the development of an information sharing and referral strategy between service sectors to ensure clients don't have to go through multiple assessments to access the services they need.

Recommendation: Embed a robust and transparent evaluation framework in all the elements of the new AOD service system to ensure that it meets the needs of clients, especially those with multiple and complex needs.

REDUCING THE CRIMINALISING EFFECTS OF THE JUSTICE SYSTEM

Recommendation: "Tough on crime" policies such as abolishing suspended sentences and home detention might appear to be politically attractive but actually have negative social and economic impacts. These policies should be reviewed in favour of a reinvestment in the justice system that deals with the causes of crime.

Recommendation: Increase bail support services, particularly those that offer access to housing to reduce the remand rate for vulnerable people and link them into supportive services which can help them address their reasons for offending.

Recommendation: Invest in supported housing for people exiting prison that helps them to stabilise their lives as they re-enter the community. Lack of safe, affordable housing is a key factor in recidivism.

RECOVERING FROM VIOLENCE

Recommendation: Extend therapeutic models of assessment and care across all forms of Out of Home Care across all services in the state.

Recommendation: The Victorian Department of Human Services review the practice of Child Protection in relation to the development of meaningful and inclusive transition-from-care plans to ensure they are being appropriately developed with young people. The Victorian Government should also renew its commitment to achieving the Council of Australian Governments' target that 'no child or young person will exit care into homelessness' and clearly articulate how this objective will be reached, along with the implementation of a robust and transparent measurement and accountability system for this target.

Recommendation: The Victorian Government fund more programs like the Currawong Sexual Assault Counselling Service to help young people across the state cope with the lasting effects of violence and sexual abuse experienced early in life.

Recommendation: Review current data on levels of demand for family violence services by region and increase funding accordingly. The Victorian Government should also commit to continuing funding for the Accommodation Options for Families, the Additional Support for Families and the Support for Families at Risk of Homelessness programs to ensure that families escaping family violence do not become homeless or end up in rooming houses.

Recommendation: Increase funding for Generalist Counselling Services which are free of charge and are not time limited to work with clients who have multiple and complex issues.

LIVING WITH A MENTAL ILLNESS

Recommendation: Maintain specifically targeted PDRSS funding within specialist homelessness support services to maintain service flexibility and client access.

GETTING BACK INTO EDUCATION AND TRAINING

Recommendation: Reinstate coordination funding for VCAL programs to encourage future delivery of the program and increase access for vulnerable students.

Recommendation: Maintain base funding rates for TAFE institutions at a level which enables them to continue to provide a broad range of courses at varying levels. This level of funding needs to adequately reflect the true costs of delivering foundational skills and basic certification levels to higher need students.

Recommendation: Review the student weighting for “Higher need learners” to adequately reflect costs associated with training these groups including additional teach staff and support staff like counsellors, additional facilities, reduced class size, increased contact hours, and tailored methods of teaching.

The Victoria Social Programme and Policy Unit (VSPPU) was established to support and resource Salvation Army services and leadership in Victoria by coordinating our response to state-wide policy issues and advocacy.

Part of the VSPPU’s role is to act as a central access point through which Government Departments, Ministers, and other stakeholders are able to be directed to the appropriate people and services within The Salvation Army in Victoria. In addition, we actively participate in advocacy and policy development through written submission, social justice campaigns and collaboration with other CSO policy units and peak bodies.

For more information regarding the VSPPU or The Salvation Army in Victoria, please contact The Salvation Army Victoria Social Programme and Policy Unit (VSPPU) on 9353 5200.

We look forward to working with you.