

ACCESS HEALTH AND COMMUNITY - STABLE HOUSING PROJECT

PART 3 - RESOURCES TRAINING AND REFERRALS

HELEN: You know, people identify as a specific identity, but some people don't. That's why I say it's really important to ask, "How do you identify?" It's about the pronouns that you use. So, you know, you might say their first name, but they might have "she", "her", "they", "them", that sort of stuff, also, depending on their age and how comfortable that they are. A safe place is not just the room that we're in now; it's also your mental health. So it could be that they don't feel safe because of the environment where that place is. For me, because I had a choice of either going into a bed sit or going back to that process, I chose a bed sit because I needed to have recovery and it was close to meetings and I could walk to everything because I don't drive. But if you can imagine, I was dealing with other people that had other issues as well and I was too young to be in anything 55-plus, so that was a difficulty to finding a place that suited me.

ANGELA VIDIC: We've trained ten participating agencies to be part of the Stable Housing Pilot Project. Some of them involve Camcare, Salvation Army in Camberwell, Doncare, Eastern Palliative Care, Swinburne University, JobCo, and so it's a range of health and social service agencies, basically, in Boroondara, Manningham, and Yarra. Some of the roles with some of the agencies that we've trained up have been intake workers, have been occupational therapists. There have been other roles where they've had contact with clients, such as some of the job service agencies that they have long-term relationships with some of their clients, some of the preventative team at Swinburne University. So when we achieved that grant, it really kick-started the project.

We then developed a number of resources, and those resources took a lot of time to develop. Just working with the homeless service agencies and also working with Council to Homeless Persons, testing the resources, going back and forth, making sure that the language is simple, easy to understand, that took a lot of time. Also, getting the online version of the tool, is easy to access and easy to fill out, that took a lot of time and effort. We got through it in the end, and now we're at a point where it can be tested. In training ten participating agencies for the Stable Housing Pilot Project, we've trained in total 79 staff and volunteers across those ten agencies. The first referral came in early July this year, in 2018, and, until early December 2018, we've gotten a total of 49 referrals so far. That's, sort of, tracking along quite nicely. We anticipate that's around a couple of referrals each week.

HELEN: Then I didn't have the links to the LGBTI community, and nobody seemed to know in my area either. That's missing as well, and that's what we're trying to address as part of the Peer Education Support Program, because that's been identified. That's why it's really important to have those conversations, because what you think may not be what they're thinking. If you're not familiar with it, I really recommend that you have the training. There's training available, because some of you might be okay; some of you won't, and not pick it up.

DAVID TOWL: I think the scariest that can happen to me, personally, would be to not have somewhere to sleep at night, to not have the supports available to me to have a place to sleep. So I figure that for anyone else that must be a massively traumatic place for them to be in. Currently, the homeless service system is structured around helping those people at that point of real crisis and trauma. What they have to do is go and speak to someone who they've never met before and share some of the most uncomfortable and confronting stories of their life. That must be really traumatic

in itself. If we can address that early, if we can stop people from getting to that point where they don't have somewhere to sleep, not only have we kept them in housing - and that's really good for their health and it's really good for society because it's a good economic cost to society - but we've also stopped that person from suffering that incredible trauma. That's got to be a good thing.

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