Council to Homeless Persons

Ending Homelessness for All

Submission to the Victorian State Disability Plan and State Autism Plan

July 2026

Council to Homeless Persons is the peak body representing organisations and individuals in Victoria with a commitment to ending homelessness
Our vision is to end homelessness in Victoria. We work towards this goal through leadership in policy and advocacy, building the capacity of Victoria's homelessness sector, and working in partnership with people who are or who have been without a home.

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Acknowledgement of Country

Council to Homeless Persons acknowledges the Wurundjeri Woi-Wurrung People on whose land our office is located and the Traditional Custodians of the many lands on which we work. We pay our respects to Elders past and present and recognise that sovereignty was never ceded. We honour the histories, cultures, knowledges, and enduring connection to Country of First Nations peoples. We support Treaty as a pathway to self-determination, justice, and a future where First Peoples' voices, rights and sovereignty are respected. We work to address the overrepresentation of First Nations people in homelessness, building on the achievements of First Nations land rights, housing, and social justice warriors. Always was, always will be Aboriginal land.

Recognising Lived Experience

Council to Homeless Persons thanks people with lived experience of homelessness who bravely share their perspectives to inform our work. Their knowledge and expertise are vital to understanding homelessness and what it takes to end it. We must hear their voices and act.

A note on language

CHP uses person-first language in this submission: 'people with disability'. We do this because it emphasises a person's right to an identity not only defined by disability and aligns with the person-first way we talk about people who have experienced homelessness. Person-first language is also appropriate given many people who have experienced homelessness and have disability may not publicly identify as part of the disabled community. However, we recognise that some people may prefer identity-first language because disability is a core part of their identity and to connect with the broader disability community.

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Introduction

Disability itself does not cause homelessness, but does affect other risk factors and influences a person's experience of homelessness. People with disability may also have unique support needs to address and end their homelessness. People without disability who experience homelessness also have elevated risk of developing a disability as a result of their experience.

Official statistics on disability in the specialist homelessness sector (SHS) are limited. The intake process only assesses a person's need for additional support or supervision to conduct daily tasks. This narrow definition excludes many people with disability. The result is that disability is underrepresented in official data. Alternative accounts show that people with disability comprise at least 39 per cent of all clients of homelessness services in Australia. Evidence from programs working with people sleeping rough in Victoria suggests that the prevalence of disability increases with the acuteness of homelessness.

The prevalence of disability means that the SHS is already supporting many people with disability to gain and maintain housing, even people who are not formally identified as such. The sector has responded to changes in the disability services sector by training workers to support clients to access the NDIS and deliver inclusive practice. But resources for agencies to support their clients with disability have ceased as part of the rollout of the NDIS, while many people with disability experiencing homelessness are excluded from NDIS.

The SHS is already supporting a large proportion of people with disability, who are more likely to experience homelessness than Victorians without disability. However, the service system is not explicitly designed to be accessible and inclusive of people with disability. Proactive frontline workers, a small number of dedicated programs, and a system where some flexibility is possible means that many people with disability can get the support they need. But changes are needed to ensure the system is adequately resourced to be accessible and inclusive for all people with disability.

CHP urges that the next State Disability Plan includes actions to reduce the overrepresentation of people with disability in homelessness. This means targeted actions to prevent people with disability from entering homelessness, including ensuring existing initiatives are accessible and inclusive. It means expanding responses to crisis, ensuring agencies have access to the expertise and resources required to effectively support people with disability. It means investing in a massive expansion of the social housing system, recognising that it is a vital safety net for many people with disability.

This submission to the State Disability Plan focuses on the SHS and homelessness. As a result, we do not discuss related important issues including specialist disability accommodation (SDA), accessibility of private accommodation, or broader social and economic changes needed to address the root causes of homelessness among people with disability.

We focus in this submission on the main opportunities to better support people with disability. Our broader recommendations for an improved general response to homelessness are beyond the scope of this submission and the State Disability Plan, but would have a positive impact for people with disability.

The SHS is stretched, seeing increasing demands for support while their funding is stagnating and affordable housing options are becoming scarcer. In this context, people with disability may be disproportionately negatively affected.

We acknowledge the long and proud history of disability advocacy organisations, especially those led by people with disability, in pushing for dignity, choice, and respect in accommodation. This includes important recent work associated with the Royal Commission, which highlighted that, often, people with disability face violence, abuse, neglect and exploitation at home.

Summary of recommendations

CHP recommends the State Disability Plan and Victorian Autism Plan 2027 – 2031 make the following investments and actions.

Recommendation 1: Review and reform SRS including a plan to transition residents into alternative, secure, independent, and supportive accommodation

Recommendation 2: Resource lived experience programs targeting people with disability with experience of homelessness

Recommendation 3: Recruit people with disability for existing and new housing and homelessness advisory groups within Homes Victoria and Department of Families, Fairness and Housing, and proactively ensure representation of people with psychosocial disability

Recommendation 4: Develop a Homelessness Prevention and Early Intervention Action Plan, including a focus on and representation of people with disability

Recommendation 5: Expand initiatives to prevent homelessness and resource them to be accessible and formally partner with disability advocacy organisations

Recommendation 6: Expand Supportive Housing programs as part of a Housing First uplift

Recommendation 7: Increase funding to SHS agencies to provide comprehensive crisis response to ensure all people with disability get the support they need

Recommendation 8: Review crisis accommodation design and funding guidelines to enhance accessibility and inclusion

Recommendation 9: Provide additional funding to SHS agencies to support people with disability

Recommendation 10: Fund a network of disability advisors within the SHS to provide secondary consults and convene regional communities of practice

Recommendation 11: Build 80,000 social homes over the next decade to lift Victoria to the national proportion of social housing

Disability and homelessness

In Victoria, people with disability experience homelessness. In fact, people with disability are at much higher risk of experiencing homelessness than Victorians without disability.[1] Disability does not, itself, cause homelessness, but a housing affordability crisis and an under resourced homelessness service sector mean people with disability are too often left behind.

People with disability in Victoria are more likely to be on lower incomes, meaning they are at greater risk of being pushed into homelessness by financial pressures. Disability is 'associated with poverty in Australia, interrelated with low labour force participation rates, higher unemployment rates, and modest social security payments.'[2] Supporting people with disability experiencing homelessness is a policy priority of Australia's Disability Strategy, but state governments are responsible for designing and resourcing homelessness services.[3]

> What I see is people with disability staying at home longer, having less rental history and less working history. They are relying on informal supports a lot which makes is harder for them to secure a private rental
> **Victoria, SHS worker in a regional city**

The data gap

People with disability are overrepresented in the SHS,[4] but there is a lack of definitive data. There are a range of challenges which prevent collecting accurate data about the prevalence of disability among people at risk of or experiencing homelessness.

A significant challenge for accurate data collection is that a significant proportion of people with disability experiencing homelessness may not identify as disabled or who do not have a formal diagnosis. Some SHS clients have trouble managing their emotions, deal with sensory overload, or have trouble completing analytical tasks like navigating a complex and disjointed housing and homelessness service system. Similarly, clients may choose not to disclose their disability because they deem it is less relevant that the more pressing and more timely issue of homelessness. Others may decline to disclose disability because of a perception that this means it will be more difficult to get support. This attitude might arise from the fact that some crisis accommodation programs considering people with disability as automatically higher risk than non-disabled people.

> I haven't told my workers about my intellectual disability. And I haven't told them about my Autism or ADHD, because I'm still waiting for a diagnosis.
> **H, young person with lived experience**

Frontline workers in the SHS record details about everyone who seeks support and is able to get into the service. The standard Intake Assessment and Planning (IAP) form asks one question (Q37) about the client's ability to perform everyday tasks unassisted. The narrow focus of the question on 'help/supervision' means that many people with disability are not accurately recorded. There are many kinds of disability that are relevant when responding effectively to homelessness, but which do not necessarily appear as needing help or supervision. For many people in the SHS, their psychosocial disability means they need more time, additional resources, and supports that are sensitive to sensory and psychological needs. This nuance does not fit neatly into a category of needing 'help/supervision' to perform everyday tasks. The proportion of Victorians accessing the SHS who are identified as needing help/supervision is just 3.45 per cent in 2024/25, although nearly 12 per cent of clients did not have an answer to that question recorded.[5]

> Definitely older people don't want to identify because of the stigma. For example, I worked with someone who was born with limited hearing. He would never see himself as having a disability, but it means he struggles to keep up with things.
> **Victoria, SHS worker in a regional city**

Another question asked during IAP is relevant for people with disability, although it will also identify many non-disabled people. One reason for seeking assistance (Q14 and 15) is an 'inadequate or inappropriate dwelling condition'. This would include people living in homes that are dangerously uninhabitable, but also includes people who cannot access parts of their current home because of a disability. One disability advocacy service classifies these people as 'functionally homeless' because they cannot, for example, access the kitchen, bathroom, upstairs area, or garden of their current home. The proportion of Victorians accessing the SHS who identified 'inadequate or inappropriate dwelling condition' is 11.2 per cent in 2024/25, but this figure includes people who are not disabled, but whose home is otherwise 'unsafe, unsuitable or overcrowded.'[6]

A final challenge for data collection is the nature of the data collection environment. Some frontline workers have advised that they may intentionally skip the question (responding 'don't know' or 'have no difficulty') because of time constraints or an interest in keeping the first conversation with the client strengths-based. Some workers note that they may later find out about a person's disability, or work with the person to obtain a diagnosis, but may not return to update the person's record in a way that transmits data through to the national collection.

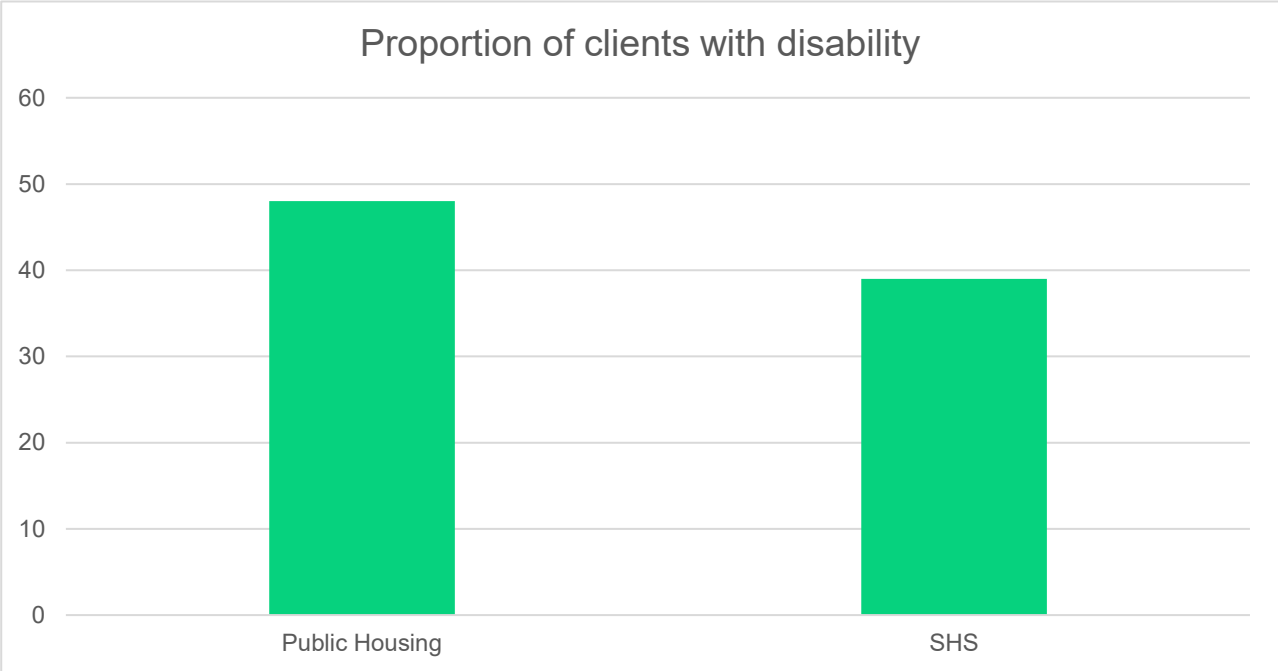
CHP believes more accurate data collection about people with disability in the SHS will be useful. There are significant challenges to collecting data, and the focus should be on providing effective supports to people with disability at risk of or experiencing homelessness. Services should not rely on disclosures of disability, in line with principles of universal design. Improved data collection is necessary to guide service design and funding agreements, but counting people with disability does not, by itself, lead to better experiences or outcomes for people with disability. Every person with a disability who accesses the SHS deserves to have their unique experiences and needs met by the sector. This is especially important when people with disability are overrepresented in homelessness.

Estimates of people with disability in the SHS

The challenges of counting people with disability in the SHS outlined above make it difficult to estimate the proportion they make up. However, various efforts can point us in the right direction.

The National Disability Data Asset Pilot in 2021 offers a rigorous analysis of linked administrative data to estimate the proportion of people with disability in housing and homelessness systems. By connecting the administrative records of people across the services they access, researchers can identify people with disability and then assess the prevalence in particular services. The Pilot shows that housing and homelessness services 'may severely underestimate the number of clients with disability.'[7] The research found that nationally, 48 per cent of public housing residents had a disability, compared with 27 per cent of residents identified with in public housing's own data. This means that 71 per cent of households in public housing have at least one person with a disability. In the SHS, 39 per cent of clients were identified as having a disability, compared with just 5 per cent identified by the sector itself. This means that people with disability are five times more likely to access the SHS than people without disability.[8] The study's authors note that they may be undercounting people with disability, particularly young people, due to the way the disability identification system works.

The same analysis shows that disability is even more overrepresented in public housing than in the SHS. People with disability are eight times more likely to access public housing than people without disability, representing 48 per cent of residents.[9]



The linked data exercise also showed that people with psychosocial disability are overrepresented as users of housing and homelessness support. They represent 72.7 per cent of SHS clients, despite making up 55 per cent of the broader disabled population.[10] This is echoed by insight from frontline services who report very high rates of psychosocial disability among their client group, including both people with and without a diagnosis.

The prevalence of disability, especially psychosocial disability, appears to increase with the severity of homelessness. A survey of people sleeping rough in inner-city Melbourne showed a very high prevalence of disability, higher than the NDAA estimates exists in the broader SHS client group. The survey conducted by the Melbourne Zero Initiative of 50 active rough sleepers in 2024, showed that at least 60 per cent had a disability of some kind.[11] Two of the cohort had access to the NDIS, though one of them had difficulty accessing support because their lack of fixed address. The disabilities identified include severe mental health issues, intellectual disability, acquired brain injury, and a combination of these. In addition to the 60 per cent, some others did have a disability, but were not included because they were not an Australian citizen or permanent resident so were ineligible for NDIS or their disability was deemed not severe enough to make them eligible for the NDIS.

A similar survey from the Northern and Western Homelessness Networks Annual Consumer Feedback Survey 2025-26 showed equally high rates of disability. Their survey

identified that nearly half of service users had mental health issues, 7 per cent had hearing issues, 6.5 per cent had a physical disability, 5.5 per cent had problems seeing, and 4 per cent had an intellectual disability.

Consistent across various surveys is the overrepresentation of people with psychosocial disability in homelessness compared with their prevalence in the broader disability population. This reflects frontline reflections that people with psychosocial disability are less likely to identify as disabled or have access to disability supports, including income support payments. People with psychosocial disability who seek support from the SHS may have had difficulty maintaining a tenancy in the past, leading to their experience of homelessness. People with psychosocial disability are, therefore, overrepresented in homelessness. Applications to the NDIS for people with psychosocial disability are being increasingly denied compared with other kinds of disability, leaving this cohort with extremely limited support.[12]

The NDIS can support some clients to access stable and accessible housing, but many people fall outside this scope. Only a very small fraction of participants is provided with support for housing.[13] And clients on the NDIS report difficulties in accessing their plans when they have no fixed address. In the past, the SHS has supported clients to connect with the NDIS, enabled by Information, Linkage and Capacity Building (ILC) grants and through CHP training. Despite these efforts, there has not been significant or systemic integration of homelessness and disability support systems. There are significant structural barriers preventing people with disability and homelessness from accessing the NDIS and current sector efforts are valiant but patchwork.

CHP members have established relationships with other organisations to enable support. These include an instance where the Area Mental Health Service was involved in case management and was able to advocate for the SHS client. Agencies report using limited funding to pay for neuropsychological assessments for homeless clients. This is far outside the scope of support and often unachievable according to state government funding regulations, but demonstrates how a sector makes do with what it can to support marginalised people who often have no other avenues for support. Other agencies report proactively collaborating with disability services to provide collocated outposts in homelessness service Entry Points support people to access the NDIS. Other collaborations across health and mental health support can be effective in supporting people experiencing homelessness who have a disability.

Experiences of people with disability in the SHS

People identified as disabled in the SHS data tend to have longer support periods and have a harder time gaining a tenancy. However, people who are identified in this data set

as disabled represent only a fraction of all people with disability. Of all people accessing the SHS, people with disability are, on average, more likely to have longer periods of support. For example, 5.47 per cent of clients who were supported consistently for over 52 weeks had an identified disability while just 2.76 per cent of clients who were supported for a period of 2 days to 1 week had an identified disability.[14]

As support periods get longer, the proportion of clients who had no data about their disability decreases. This suggests that the longer a worker spends with a client, they are more likely to find out about someone's disability and record it in the system, while people with disability are also likely to need longer term support to gain and maintain a tenancy. On the other hand, people with disability are more likely to be last recorded as homeless compared with people without disability: 36.8 per cent of people with disability were last recorded as homeless while 34.3 per cent of people without disability were last recorded as homeless.[15]

Supported Residential Services

In the face of inadequate social housing or enough funded supported housing for people with disability, private supported boarding houses house many marginalised people. A high proportion of people with disability live in an SRS setting. Known as Supported Residential Service (SRS), these housing options are typically defined by their for-profit basis. Less regulated than government-funded social services, SRS are often an option of last resort for people excluded from private and social housing. The program is often the 'least-worst' option for people who would otherwise be homeless.

> 'The existence of for-profit SRSs is simply a market response to unmet demand, the solution may simply be to remove the demand by creating a viable, well-resourced and regulated alternative to SRSs.'[16]

Most, but not all, SRSs charge very high rents, up to 85 to 95 per cent of residents' income support payment.[17] Decades of advocacy has led to some being forcefully closed while the volunteer-led Community Visitor Program visits others to ensure they are meeting their responsibilities. A range of issues has been identified with this model of housing including the deskilling of residents, lack of everyday choices, lack of necessary supports, exploitation of residents, and perpetuating the exclusion of people with disability from the broader community.[18] Residents have noted the prevalence of danger and distress in SRS settings.[19] The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities exposed issues of violence, abuse and neglect in SRS settings, recommending stronger safeguards and independent advocacy.[20]

The appropriate, viable, and regulated alternative to SRSs for people with disability at risk of homelessness already exists: it is called supportive social housing. For people who

need support to maintain their tenancy, either the NDIS should fund services or the SHS can provide wraparound case management and support as supportive housing under the Housing First model. Until Victoria builds enough social housing to meet demand (discussed in greater detail later in this submission), SRSs will continue to play a role in housing Victoria's most vulnerable, so CHP urges greater oversight of this sector and recognition that a large proportion of residents have a disability.

Recommendation 1: Review and reform SRS including a plan to transition residents into alternative, secure, independent, and supportive accommodation

Embedding lived experience of people with disability and homelessness

People with disability are a significant and plural group within the population experiencing homelessness. Involving them in design and delivery of initiatives to address their heightened risk of homelessness is essential. Just as disability is varied, so too are the experiences of people with disability who are at risk of or experiencing homelessness. Meaningful engagement across this spectrum is key.

Insight from frontline services suggest that many people with disability with lived experience of homelessness do not identify as part of the disability community. In addition, people with disability may face additional barriers in engaging in co-design, consumer voice, and other engagement processes. Efforts to incorporate lived experience must adapt to this context by proactively engaging and maintaining a broad scope of participation.

In the process of developing this submission, CHP spoke with a number of people with disability who had lived experience of homelessness. This process revealed some important considerations for meaningful engagement with this group. Most importantly, there are a significant number of people in the SHS who likely have disability but are either not aware of it or have not disclosed it to the agency. These are precisely the people who would benefit from an enhanced system that responds to the needs of people with disability. It is likely to be difficult to engage people in a discussion about disability and the SHS if they do not identify as disabled. Hosting broader conversations might address this issue, for example framing consultation about barriers accessing the SHS, the relationship between health issues and homelessness, or client experiences of services that are more likely to be used by people with disability like supportive housing or assertive outreach.

Recommendation 2: Resource lived experience programs targeting people with disability with experience of homelessness

Recommendation 3: Recruit people with disability for existing and new housing and homelessness advisory groups within Homes Victoria and Department of Families, Fairness and Housing, and proactively ensure representation of people with psychosocial disability

Preventing people with disability experiencing homelessness

Preventing homelessness is essential in ending homelessness in Victoria. People with disability are overrepresented in homelessness, so successfully preventing homelessness means implementing tailored initiatives designed with and for them.

Preventing homelessness for people with disability through a strategic approach

Prevention means protecting people from life-altering trauma of homelessness, alleviate pressure on the under-resourced SHS, and reduce waitlists for oversubscribed social housing. Preventing homelessness means avoiding negative impacts on people and avoided expenditure by governments on costly interventions and associated services like mental health support, emergency health, and justice system responses. Currently in Victoria, prevention is program-based and not systemic. This leaves thousands of Victorians, including a high proportion of people with disability, needlessly pushed into homelessness. CHP advocates for a whole-of-government and whole-of-community effort to prevent homelessness that recognises the many aspects of the Victorian Government and the many ministerial portfolios that need to be marshalled to achieve this goal.

Prevention operates at many levels, including population-wide efforts as well as initiatives targeted at groups who are at elevated risk of homelessness because of structural disadvantage. People with disability, particularly psychosocial disability, are overrepresented in homelessness, so should be supported with tailored initiatives to prevent homelessness.

A Victorian focus on preventing homelessness would align with national policy priorities. The National Disability Plan includes a specific goal of preventing homelessness.[21] The federal government has a major role to play in delivering on the National Disability Plan, given the bulk of disability services are managed at the federal level. However, the vast majority of people with disability experiencing homelessness in Victoria have limited access to national services like the NDIS. Furthermore, preventing homelessness involves a wide range of services, not just disability, including many services delivered at the state government level. The SHS, education, health, mental health, rental regulations, alcohol and other drug services are designed, funded, and delivered by the Victorian Government. Coordination across these services is key to successfully preventing homelessness for all people, and especially people with disability.

Recommendation 4: Develop a Homelessness Prevention and Early Intervention Action Plan, including a focus on and representation of people with disability

There are some existing initiatives and systemic protective factors that work to prevent people with disability from experiencing homelessness. The Action Plan should scale-up these initiatives and ensure they are accessible for people with disability. These might include:

- Community of Schools and Services model aimed at identifying young people at risk of homelessness and providing targeted and wrap-around support.
- Private Rental Assistance Program (PRAP) and Aboriginal Private Rental Assistance Program (A-PRAP) which provide support for people to maintain their tenancy in the private rental market. These programs have significant wait times and limited capacity. Further, A-PRAP is geographically limited.
- TenancyPlus, a similar tenancy support program for residents in social housing. It is similarly oversubscribed.
- Tenancy Assistance and Advocacy Program (TAAP), which supports renters in the private market to understand their rights and obligations, with a focus on resolving rental disputes.
- Programs that support young people at risk of or experiencing homelessness. Supporting young people well lowers the risk of entrenched and cyclical homelessness throughout their lives.

Existing initiatives to prevent homelessness are effective but not sufficiently funded to support everybody. When some people are excluded from support due to limited resources, it is possible that some groups are disproportionately affected. People with disability may find it difficult to advocate for themselves in complex service systems, so may be excluded from existing homelessness prevention programs which are struggling to meet demand with limited resources.

Recommendation 5: Expand initiatives to prevent homelessness and resource them to be accessible and formally partner with disability advocacy organisations

Crisis response that works for people with disability

The SHS is not designed specifically to support people with disability – frontline workers make do with the resources they have. Changes to the homelessness system are needed to recognise this role of the SHS and enable it to meet the needs of service users.

SHS provides lifesaving support to people experiencing homelessness. The sector already sees many people with disability. The service model is person-centred and disability inclusive, but chronic underfunding and systemic barriers to finding appropriate and affordable housing means many people don't get the support they need. This is especially true for people with disability, who may need additional supports to gain and maintain a tenancy. Thus, chronic underfunding of the SHS disproportionately negatively affects people with disability.

Most frontline workers are trained in social work, community support, or related community services. They know how to work flexibly with the people they support and meet their unique needs. Frontline workers tailor their support, adjusting to clients' various communication methods, unique circumstances, and the presentation of multiple, intersecting issues. This approach is effective when working with everyone who experiences homelessness, but is particularly appropriate when working with people with disability. Its effectiveness does not rely on explicit disclosures of disability. However, chronic underfunding and a lack of suitable exits for SHS clients puts pressure on frontline workers causing flow-on effects for clients and workplace trauma for workers.[22]

Supportive housing is disability access by universal design

Many of the tools used by the SHS to support people experiencing homelessness are highly useful and appropriate responses for people with disability, especially people with psychosocial disability. One of these tools is supportive housing, which provides wraparound support for people who have been homeless to maintain their new tenancy. The support provided is designed around the person's particular needs, is trauma-informed according to the person's experiences, and involves specialised case management. The approach is intentionally flexible to adapt to service users' unique circumstances and needs. This model aligns with the Housing First principle of providing rapid housing along with intensive support after being housed. The flexible and individualised nature of supportive housing means it is an ideal response for people with

disability, including where that person is not officially identified as having a disability. Supportive housing responds to clients' unique needs without questioning where those needs derive from, meaning clients do not have to disclose disability or identify themselves.

Some people with disability need long-term support to maintain tenancies because of their particular experiences and barriers. However, most programs models within the SHS are funded for a set duration or only until clients find adequate housing. Funding scarcity means programs are forced to end support for clients once they are housed, even if support is needed for that person to maintain tenancy.

Current low funding levels and high demand for support mean many SHS clients have their support cut off once they start a tenancy. This decision is made to respond to chronic underfunding and can disproportionately impact people with disability who need additional support to establish and maintain a tenancy after experiencing homelessness. The decision to cease support might align with funding agreements or respond to limited resource, but contradicts the evidence that leaving clients without support to establish and maintain their tenancy will result in cycling back into homelessness.

There are some good examples of program models whose funding levels allow for longer-term support. The Journey to Social Inclusion (J2SI) model includes three years of support, which often means service users have at least two years of intensive support after attaining a tenancy. Other programs, like Launch's Street to Home program, offers open-ended support, often stretching to allow for many years' support when this is required.

Recommendation 6: Expand Supportive Housing programs as part of a Housing First uplift

Chronic underfunding risks excluding people with disability

Despite the best efforts of frontline workers, systemic issues with the SHS mean that people with disability might be excluded or not receive the support they need. This can happen in a variety of ways. Some challenges are directly caused by chronic underfunding of crisis responses, along with the underinvestment in preventing homelessness as outlined above and a severe dearth of social housing as outline in the following section. Other challenges are created by the design of the SHS as a catch-all support system with limited collaboration with other social services and limited dedicated disability expertise.

People with disability who have lived experience of homelessness have consistently pointed out the difficulties in seeking and securing support from the SHS. This perspective is shared by many people with lived experience of homelessness but is particularly pronounced among people with disability. People report being unable to find clear

information about what services are available, how to access them in a timely way, or a lack of referrals made to homelessness support agencies when they were already engaged in other social services.

> [Improving] visibility of agencies and their marketing strategies are an important way forwards. More outreach is needed to meet people where they are and to help them access healthcare. [Organisation] really helped me because everything was in one place. It was a little hub and I didn't have to travel between services. For example, there was a Centrelink worker there once a week who could meet with people.
> **Indi, person with lived experience**

> [Organisation]'s workers are really good. You just have to ask what you need and they'll do their best to help. They are really nice people and go out of their way to try to help. Sometimes there's not much they can do, but it's not their fault. They were empathetic with me, but they didn't need to be. I understood it wasn't their fault they weren't able to help at the start, it's just the amount of people [who are seeking support]… A lot of people get shitty when they don't get help, but they can't do much and it's not useful to get upset. It's not [organisation]'s fault.
> **Jeff, young person with lived experience**

Cyclical and short-term funding for SHS agencies creates challenges for effective service delivery, which disproportionately affects people with disability. Short term funding agreements contribute to worker turnover and disrupts trusting relationships within and between organisations, and between workers and clients. This government decision contributes to the extremely high rates of workers leaving the SHS altogether, with associated negative impacts on institutional knowledge. Workers build experience working with people with disability, improving their inclusive practice, but these gains are lost to the sector when workers are pushed out. The funding challenges sit alongside other workforce issues unique to the SHS like the tendency for relatively lower award classifications and the higher level of risk managed by workers.[23]

> Prevention is so important and means making longer support periods. This is essential to help people settle into their tenancy and maintain it. Working with people with disability means building up rapport and trust. This happens over a long period. These changes would be useful for a whole range of people, not just people with disability. It would be better for people with mental illness, people who don't have English as a first language, and all sorts of others.
> **Victoria, SHS worker in a regional city**

Chronic underfunding of crisis responses to homelessness forces agencies to ration their support. They have no choice but to turn people away who are at risk of homelessness or experience a less acute form of homelessness because there are others in greater need. This can disproportionately affect people with disability who may be experiencing what some disability advocacy organisations call ‘functional homelessness’. This occurs when a person has an otherwise stable and appropriate tenancy, but they cannot access parts of their home. It may be that one household member is unable to use the stairs to access the second storey, the kitchen is inaccessible, or the person is unable to bathe themselves in a cramped bathroom with a shower over the bath. It is easy to see how people who are functionally homeless are routinely excluded from support when SHS agencies are forced to prioritise people without a house at all.

Recommendation 7: Increase funding to SHS agencies to provide comprehensive crisis response to ensure all people with disability get the support they need

Complex service landscape

The current system of physical entry points can create barriers to accessing services, which affect people with disability. Homelessness entry points often offer multiple ways for clients to contact them or seek information, but resource constraints mean that some messages go unanswered. Services may choose to operate on a first-come, first-served basis until resources are exhausted, which asks clients to be strong advocates for themselves within the system.

A first-come, first-served approach which is sensitive to prioritising people in need is an appropriate response to resource scarcity but can disproportionately exclude people with disability who may face additional barriers in accessing services and advocating for themselves, and for people who do not disclose their disability.

Entry points sometimes close their physical location when staffing levels drop below safe levels or when there has been an incident. Rising commercial rents and complaints from neighbours have also led to the temporary closure of some physical SHS access points. Some agencies limit inquiries via phone or email and have no time available to proactively follow up on messages. Some regions in Victoria have very few homelessness access points, forcing people to travel long distances to access support. These factors limit options for engagement which can exclude people with disability who find it difficult to travel or have a preferred method of communication. As currently structured, the SHS asks people to navigate an unfamiliar and labyrinthine system, usually by themselves, while trying to survive.

> It's pretty upsetting knowing you've got nowhere to go. It's stressful not knowing where you'll be or where you can go for help. Luckily, I knew someone who had been homeless before and he told me where to go and to go early. Without that, I probably would still be on the street today, I'd be there for months or even longer.
> **Jeff, young person with lived experience**

> I had some issues getting in touch with [SHS organisation]. I would call them and it would automatically redirect to some sort of Salvation Army helpline. They could tell I was in [couch surfing location] but I wanted to go back to [home location] where my friends and family are. After a bit of back and forth, [SHS organisation] established a worker for me and things got rolling. Accessing the program was tricky, but once I'm it, it is amazing. Without housing, so much becomes so difficult
> **Jye, young person with lived experience**

We have consistently heard from people with disability that accessing the SHS is complex and inaccessible. The convoluted service system asks potential clients to be proactive and repeat the story of their situation multiple times, exacerbating any trauma. Clients report that information can be offered in a limited number of formats rendering it inaccessible for some people. Frontline workers report that they have no dedicated funding to support accessible of flexible practice for working with people with disability.

> Some people have the resources to seek out support. But disability, ADHD, or Autism can affect people's resourcefulness. People don't know what to do because they are used to life being consistent. They don't know what to do now that things have changed. Sometimes people can be overwhelmed by resources. So many people out there are fighting for themselves. These are people without a sense of belonging.
> **Indi, person with lived experience**

Inaccessible or inappropriate crisis accommodation

Crisis accommodation is a common tool used by the SHS, but it can be inappropriate and inaccessible for some people with disability. Crisis accommodation can involve co-living and sharing facilities with other people who have experienced homelessness or staying temporarily in hotels and motels. These settings are not ideal for most people who have experienced homelessness, but are necessitated by a lack of available longer-term housing like affordable private rentals or social housing. These settings can be especially inappropriate for people with disability, especially people with psychosocial disability, who may be sensitive to their intensity.

> Our typical tools, like crisis accommodation with shared facilities and co-living with other people with high needs, high density living, and requirements of a level of autonomy and capacity to make decisions, are not suitable for some SHS clients, especially SHS users with psychosocial disability.
>
> The rules and expectations we place on users are to manage risk and create safety for other users and workers, but they can disproportionately affect people with disability whose behaviour or response to difficult situations can be understood as risky, complex, or threatening. They have a hard time fitting into the box of ideal client that we create. The punishment for not fitting in is a return to homelessness, generating an entrenched cycle of disadvantage and exclusion
> **Margaret, SHS worker in outer Melbourne**

Some agencies are responding the challenges that this set of circumstances creates. MCM's Frontyard service, for example, invests additional resources above the conventional approach to ensure the service is appropriate and accessible for young people who express challenging behaviours. They have additional staff, including staff trained in mental health support, and additional rooms for clients to decompress. They take on young people who have been excluded from other services because of their behaviour, which is understood as a legitimate reaction to their challenging surroundings.

The conventional funding model of crisis accommodation and the broader SHS does not typically allow for these additional resources, especially for the kinds of service users engaged in Frontyard who are young and likely have a psychosocial disability like ADHD or Autism, even though they do not have a diagnosis or identify it themselves.

Recommendation 8: Review crisis accommodation design and funding guidelines to enhance accessibility and inclusion

Good workers are priceless, so dedicated disability awareness and guidance is crucial

Frontline workers are the face of the SHS and spend the most time with people with disability accessing homelessness services. Their skills and expertise are vital to ensuring people with disability receive effective support that meets their needs.

People with lived experience of disability and homelessness routinely credit their workers for supporting them. They cite workers' empathy, understanding, and flexibility as creating a space for meaningful engagement that meets their needs.

Workers vary their communication to meet people's needs and establish trusting and transparent relationships with clients.

Some people interviewed for this submission talked about having workers who also have disability making a meaningful difference for their experience. Being able to connect and understand each other's experience was a positive experience and set a strong foundation for collaboration.

> The staff at [SHS organisation] are very personable. It was a bit confronting that they all knew my name. They were very understanding, met me on the ground floor and adapted to my needs. They asked about adjustments that I needed and were very accommodating. Not everyone has a good experience, of course. I did, possibly because I have the bandwidth to advocate for myself. If you don't do it, it won't happen.
> **Jye, young person with lived experience**

But even the best worker can be hamstrung by the chronic underfunding of services and the lack of appropriate exit points for clients.

Since the implementation of the NDIS, the SHS is no longer specifically funded to provide tailored supports for people with disability. Previously, the Victorian Government funded this work, through the Psychiatric disability, rehabilitation and support services (PDRSS), but it was removed at the time of the NDIS rollout and now is only available to young people.[24] The expectation driving the decision was that people with disability would now be supported by the new national system. A decade later, it is clear that the NDIS is not able to support people with disability who are experiencing homelessness. There are structural barriers preventing people from accessing the NDIS, particularly people with psychosocial disability. And people who can access the NDIS face additional barriers in receiving services because of a lack of a fixed address. The people seeking support from the SHS are likely those who have not received any support from the NDIS before.

> The withdrawal of state funding [for PDRSS] makes it more difficult for agencies to provide effective support for people with disability
> **Gerry, SHS manager in Melbourne**

Reintroducing a package of funding available to SHS-funded agencies to bolster their support for people with disability would address this challenge. It responds to cohort of people who are both excluded from the NDIS and experience homelessness. Mainstream SHS funding does not account for the longer support periods or additional resources required to effectively support some people with disability to gain and maintain secure housing. This program would not capture all people with disability, because some will continue to elect to not disclose disability or are unaware of their disability. But it would provide important support for those who do disclose and for others who need support to

seek a diagnosis to unlock additional support through the NDIS, but do not have the means to do so themselves.

Recommendation 9: Provide additional funding to SHS agencies to support people with disability

While the SHS is already working to support people who experience homelessness who also have a disability, more support is needed to provide the most effective support. Tailored support would enable agencies delivering homelessness services to proactively improve accessibility and their responses to people with disability.

The model could draw on the example of the Disability Practice Leader Initiative embedded within the family violence sector. Both family violence and homelessness sectors support people with disability, and disability affects access and outcomes in both sectors. Disability advisors in family violence offer secondary consultations, provider specialist advice, and support frontline workers to work effectively with their clients with disability. The SHS has existing infrastructure that would support the implementation of disability advisors, through CHP as the peak body, the regional Victorian Homelessness Network (VHN), and the Aboriginal Housing and Homelessness Forum.

Resourcing these positions should complement ongoing training for frontline SHS workers, though ongoing positions and related infrastructure is vital because of the high turnover of staff in the SHS.[25]

> At the Orange Door and in the SHS, there were no disability specialists. People with disability are a silent majority in the inclusivity space. Some people need support to go through the process to get support
> **Indi, person with lived experience**

> Undiagnosed disability and hidden support needs are difficult to tackle. Often, we see this experience combined with low socio-economic background, lower access to healthcare, or lower education. As workers, we're not qualified to say whether someone has a disability, but we recognise the ways it can affect our clients. With visual disabilities, it's clear when there's a need to consider it and meet people's access needs, but for people with invisible disabilities, it might not even cross [the worker's] mind
> **Victoria, SHS worker in a regional city**

Recommendation 10: Fund a network of disability advisors within the SHS to provide secondary consults and convene regional communities of practice

Accessible social housing

Victoria's severe lack of social housing hurts people with disability. Amid a housing affordability crisis, social housing provides safety and security for people locked out of the private housing market. Growing social housing is needed to ensure all Victorians have a safe and affordable place to live.

People with disability are overrepresented in social housing. The National Disability Data Asset found through linking client data that people with disability comprise 48 per cent of all public housing residents, meaning they are eight times more likely to live in public housing than people without disability.[26] It is likely that the overrepresentation of people with disability in public housing is reflected in community housing, although accurate data on this is not readily available. The elevated rates of disability among residents of public housing suggests that this part of the housing system is, in effect, a de facto disability service.

The high rates of disability within social housing indicate that the program plays an important role in providing housing stability to people with disability. On the other hand, problems with the social housing system will then disproportionately affect people with disability. For example, Victoria has the lowest proportion of social housing among all Australian states and territories, contributing to extended waitlists for support. Just 2.88 per cent of Victoria's housing stock is social housing compared with the national average of 3.87 per cent. The severe lack of social housing means thousands of households are unable to access secure, affordable, and accessible housing.

Priority categories for accessing social housing do ensure that people with disability have an appropriately high level of access.[27] Households in which some or all members have a disability that means their current home is inaccessible, where some members have an acquired brain injury or severe mental health challenge, and households which are currently experiencing homelessness and have support of an SHS agency are all considered priority access for social housing.

Building social housing to meet demand is, therefore, essential to addressing homelessness among people with disability. Social housing is essential infrastructure to achieving equality and inclusion.

The previous Victorian State Disability Plan identifies a need to build physically accessible social housing. This is important, given the role of social housing in providing a housing safety net for people with disability. But 'accessible housing' for people with disability is not

only physical accessibility, as is suggested in the current Plan. For the people with disability who are seeking support from the SHS who are more likely to have a psychosocial disability, accessible housing means ongoing support to maintain a tenancy, provided functionally separate from the housing in line with Housing First principles.[28]

> I have a participant in an 'accessible' house who doesn't need it to be physically accessible, but other people who do need a physically accessible house that have to make do with something inaccessible because it's either that or the street. There is nuance in the disabled community. Just because you have an NDIS plan doesn't mean you need a house with low tables and wide doors. You might just need support from a person to manage your tenancy
>
> People with disability learn to not rock the boat. You don't want to do anything to risk your tenancy. This can prevent people reporting this that they should, like maintenance issues or exploitation
> **Victoria, SHS worker in a regional city**

Recommendation 11: Build 80,000 social homes over the next decade to lift Victoria to the national proportion of social housing

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