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19 August 2021

Committee Secretary
Community Support and Services Committee
Parliament House
George Street
Brisbane QLD 4000

Via email: CSSC@parliament.qld.gov.au

Dear Secretary,

Re: Parliamentary Inquiry into social isolation and loneliness.

Please see attached a submission by Encircle Ltd. for the considerations of the Committee.

Yours sincerely,


Chris Staines
CEO

*To support
individuals, families
and strengthen our
communities*

Encircle Limited – ABN 879 440 922 71



Submission to Parliamentary Inquiry into Loneliness and Social Isolation
Submission prepared by: Encircle Ltd

Introduction

Encircle Ltd. is a not-for-profit, community owned and operated organization that has supported individuals and families across Moreton Bay Region and the northern suburbs of Brisbane for nearly 35 years. Our headquarters is at the Pine Rivers Neighbourhood Centre, 865 Gympie Road, Lawnton QLD 4501. The author can be contacted by email at [REDACTED] or by telephone [REDACTED]

We support our communities through three neighbourhood centres - at Pine Rivers (Lawnton), Redcliffe, and Kallangur by providing a variety of programs encouraging community education, engagement, and participation. These programs are customized to specific needs of each community – covering a wide variety of topics, formats, and audiences. We also provide connection and referral services, supporting our communities to access vital services offered by other community actors, e.g., civil society, faith-based organizations, and all levels of government. Our neighbourhood centres adopt a place-based approach and provide a positive environment that supports and builds upon the community's own capacities, social structures, and networks.

Encircle Ltd. also implements a variety of community services and programs in partnership with the Queensland and Australian Governments, including - the Pine Rivers Community Legal Service, the Young Parents Program, the Homestay Program, Specialized Family Violence Counselling Service.

Working with communities across both community development and service delivery gives Encircle substantial reach into communities, supporting both individuals and communities to build resilience and capacity and providing an insight into the increasingly complex circumstances that many members of our communities are facing.

Social isolation and loneliness.

Social isolation and loneliness do not discriminate - all members of society, including families and younger people, seniors, carers, migrants and refugees, and people with disabilities can be affected. While there is no typical profile of someone at risk, our experience indicates that children and adults who are socio-economically disadvantaged, those living alone, widowed or separated, and people in poor physical and mental health, are particularly at risk.

While loneliness and social isolation are separate conditions, the terms are often used interchangeably, because it is possible for a person to feel lonely, but not to be socially isolated, and to be socially isolated without feeling lonely. There is arguably a large overlap between social isolation and loneliness.

Our experience is that social isolation and loneliness is increasing and the resulting impacts on individuals and communities have become more evident during the COVID-19 pandemic, as public health orders and advice has called for people to avoid social activities, non-essential travel, and unnecessary visits to relatives or friends. Common concerns being reported by our clients include fear of leaving their homes to attend to routine tasks, unemployment, housing and the risk of homelessness, personal finances, and increasing stress within families and relationships fuelling violence.

Our professional staff are concerned there is a heightened risk that health, wellbeing, and feelings of connectedness will deteriorate even further as the pandemic continues to evolve.

Attachment 1 provides a series of observations provided by Encircle's Counselling team.

Alongside the current social restrictions, self-isolation is disproportionately affecting older people. As circumstances dictate that many older people live alone, their only social contact is often out of the home, such as shopping, in respite, at community centres, and places of worship, etc. Older people who do not have close family or friends, who are already lonely, isolated, secluded, or marginalized for whatever reason (e.g., health, language, etc.) and who rely on the support of voluntary services or social care services, are at significant risk. This cohort is also the most challenged in terms of the use of digital channels, further limiting their ability to keep in contact with friends and family through email, Skype or Zoom. This digital barrier extends to access to safety net services and programs, which have substantially migrated to the online environment during the pandemic.

Attachment 2 provides a case study of the circumstances of an 86-year-old woman living in Margate, supported through Encircle's Older Persons Action Program.

Attachment 3 is an excerpt from the April 2021 monthly report of Encircle's Older Persons Action Program to the Encircle Board.

Neighborhood centres are an important link in the support chain for the homeless community and those at risk of homelessness. Encircle delivers the Queensland Government's Homestay program through the three neighbourhood centres we operate, as well as an outreach program in the Moreton Bay region.

The Homestay program is an early intervention program targeting people at risk of homelessness - supporting them to sustain their tenancies and avoid traumatic impacts that ensue with homelessness. Homelessness and poverty hold a stigma and limit people's capacity to participate in the norms of our society - once homeless, people often withdraw further, increasing their feelings of isolation and loneliness.

During COVID-19 lockdowns these feelings were exacerbated as many services were not able to operate. Many homeless people reported feeling that they had to hide away to avoid fines – further separating them from the communities, people, and services they would usually connect with.

At the start of the COVID-19 pandemic there were public health requirements to provide coordinated rapid responses to homelessness, to get people off the streets and into temporary accommodation. The Queensland government also instituted a series of protections for renters, providing temporary security for at risk renters.

Apart from housing support, many people required emergency relief including, hot meals and food hampers, swags and blankets, warm clothes, and personal hygiene items that were provided in conjunction with the Care Army and other grassroots, volunteer organizations. While tangible, essential to meet basic human needs and readily observable, the need for social connection and inclusion are harder to provide, more difficult to quantify but just as essential to individual health and wellbeing.

Another important support we provide to homeless people is connection with workers that they can engage and feel safe with, a familiar face, where they don't have to retell their story and they do not feel judged. Encircle's Homestay workers are a source of reliable information and link homeless people with other community and government services. Our workers partner with people as they pursue their goals around securing and maintaining safe and sustainable housing and having a place to call home.

With the end of the temporary protections, many homeless people have found themselves back in their pre-pandemic cycle – sleeping rough, couch-surfing and living in cars. The current scarcity of affordable rental properties, combined with the hot property market, has increased the pressure. People who were already homeless are now even more unlikely to be able to secure long term accommodation as vacancy rates plummet and the social housing waiting list grows and feel the pressure as the limited crisis shelters and emergency hostels are full. The increasing competition for any affordable property, increasing private rents, and the conversion of rental properties to owner-occupier dwellings are also impacting homeless people.

While people sleeping rough were prioritized during the pandemic, others who were couch surfing were considered less vulnerable. This hidden homelessness is a huge issue, for those without a home or a safe foundation to address other life issues, and for those putting their own tenancies at risk by letting their friends or family members stay with them. Often families split up to stay in different homes to lessen overcrowding, putting strain on family relationships and the relationships with host families.

Women are often faced with the impossible choice - return to a violent relationship, compromising their own and their children's safety, or stay on the streets. In many cases children do not attend school or don't participate in sport, extracurricular and social activities, and friendship groups because of the instability of homelessness, perpetuating the cycle of vulnerability and disadvantage.

Attachment 4 provides a case study of a homeless man living in Moreton Bay region, supported through Encircle's Homeless Outreach Program and Homestay Program in collaboration with partners.

We also see impacts in our Young Parents Program. Young parents routinely report feeling socially isolated once they become pregnant, and upon parenting. Young people report that the significant changes that come along with parenthood impact their friendship groups, family connections, education, and social groups. Parenthood presents a significant life transition for any parent; however, the impact is magnified for young parents where developmentally, social connection and peer groups are a key priority and influence. When a young person becomes pregnant, the resulting isolation reported is exacerbated by the significance of social relationships at this stage in their development.

The majority of young parents who access the Young Parents Program have the goal of connecting with other parents and young people who are in a similar life stage as them, identifying that they want to

build a new sense of community. Group work is a key aspect of support offered as part of the program, as an avenue for parents to build peer connections and support. These opportunities for connection and support are reported to be key outcomes and benefits from participating in support services like the Young Parents Program and community organizations such as Encircle. Targeted support services for specific groups, such as young parents, are necessary to address the unique needs of this cohort and the associated isolation issues.

Attachment 5 provides a case study of the circumstances of a 16-year-old mother supported through Encircle's Young Parents Program.

Throughout the COVID-19 pandemic, our volunteers and staff have met many new clients at our front counters and on the phone, people who normally have the resources and resilience to sustain themselves independently, but who, because of the pandemic's impacts, have been forced to reach out for assistance.

Developing effective interventions is not a simple task because there's no single underlying cause of loneliness and isolation - different people may be lonely for different reasons, and so a one-size-fits-all kind of intervention will not meet the needs of diverse groups of people.

Neighbourhood centres represent critical social infrastructure where people from all communities can make connections, feel supported and receive assistance in a safe and welcoming environment. Lockdowns and COVID-19 restrictions have resulted in neighbourhood centres cancelling or limiting the number of people able to attend groups, activities, and social gatherings – often at very short notice. People participating in these activities who look forward to and rely on the social connection, education, and information that these events provide, have reported a sense of disappointment, frustration, and loss.

Community Development Initiatives.

Encircle delivers a Community Development program that applies a framework to:

- identify community issues, needs and assets and raise public awareness on issues relevant to the community.
- act as facilitator to build community capacity and promote self-help in the community.
- collect, coordinate, and disseminate information.
- plan, coordinate and deliver projects, events, and resources.
- develop community-based programs and provide leadership and coordination.
- network to build contacts and liaise with interested groups and individuals to set up new services.
- advocate on behalf of our communities.

Encircle's community development programs provide responsive, effective, and quality services for the communities we support. Our initiatives strive to increase the connectedness, active engagement, and partnerships among the hard-to-reach people and those at risk of social isolation. The approach which we apply blends 'bottom up' actions, driven by community in partnership, with 'top down' support across resourcing, facilitation, experience, and coordination.

Our commitment is to build resilience by identifying the strengths that exist within a community and helping people to address issues that affect them. Some examples include:

- Providing places for community groups to meet, e.g., craft and exercise groups.
- Sustainable gardening projects.
- Strengthening communities' workshops, e.g., educating vulnerable people about internet and phone scams.
- My Country projects, where people from a CALD background come together and share their personal experiences settling into the Australian community and culture.
- Family Fun Day events, such as the Kallangur Family Fun Day conducted in June 2021 and attended by 1,100+ people.
- Cooking in the garden classes.
- Coffee and chats, targeting older people.
- Senior outings and social gatherings, e.g., bus trips and barbeques.
- Conversational English groups for people from non-English speaking backgrounds.
- Adult Literacy, an intensive, one-on-one volunteer delivered literacy program.
- Wheel of Wellbeing focussed on supporting individuals to build strategies to support their mental health.
- Mindfulness Groups, helping people to deal with the stresses of life.
- Volunteering, providing opportunities for community members to connect with, and contribute to, their local community.

Summary

The COVID-19 pandemic has had major impacts in the communities that Encircle supports. We have, and are, experiencing increased demand for support and services, e.g., emergency relief (food and financial support), mental health counselling services of all kinds, community legal services, homelessness support, programs supporting young parents, etc. We have also seen increased reports of people being lonely and feeling isolated from their community. The clients we are working with are also presenting with increasingly complicated personal and family circumstances.

Our neighbourhood centres are an essential element of Queensland's social infrastructure. They are visible, known and respected within their communities. They are trusted for the support they provide, for the information they share and for the connections they make.

Our neighbourhood centres have the potential to support communities as they recover from the COVID-19 pandemic. Encircle Ltd has the potential and experience to re-build connections, to help people re-engage with, and participate in, their communities.

We encourage the Queensland Parliament to recognize the potential that neighbourhood centres present, to recognize and include neighbourhood centres as part of the State Recovery plans, and to better resource neighbourhood centres so that they can support communities to combat social isolation and loneliness as, together, we unite and recover.

Chris Staines.

CEO

18 August 2021.



Attachment 1**Encircle Ltd.**

Encircle Ltd. Counselling Services have continued service delivery in the community whilst navigating a variety of competing pandemic related challenges.

The impact of the pandemic has resulted in an increase in those accessing mental health support and counselling - those who already face financial and social barriers have been more significantly disadvantaged. People in the community are reporting extensive wait times for initial appointments to clinical mental health services therefore Community/Neighbourhood Centres, with additional funding, can address this need and provide the psychological and emotional support required by individuals and communities.

Many clients have increased depressive and anxiety symptomology due to multiple lockdowns and the fear of contracting COVID-19 in the community. Especially clients who are elderly and/or have ongoing medical issues resulting in the need for the counselling team to refine and adjust therapeutic modalities and practice by using tele-health and zoom facilities. However, many of our disadvantaged clients do not have access to tablets, computers, or laptops to be able to access online meeting platforms - they rely on the telephone. The pandemic threatens the long-term mental health and psychological wellbeing in people and often goes unrecognized impacting human rights, peace and growth, Tresita Paul and Devi (2021).

A 72-year-old counselling client who has a significant history of trauma requires weekly counselling to maintain an independent and fulfilled life. During the lockdowns the service provided ongoing telephone sessions to support her through feeling isolated and fearful. Another 85-year-old client is fearful of leaving her house because of the risk of contracting covid and is isolated from family who live interstate. She usually would come into the centre for counselling and to attend the older persons morning teas however currently cannot do this. The service provides regular telephone calls to her to support and maintain consistent contact.

Another 79-year-old client, who was recently bereaved, is experiencing social isolation due to relocation and a lack of transportation and receives support for grief and social connectedness through counselling. Due to the fear of leaving home community members and/or clients are unable to attend wellbeing groups that are offered. They are not exercising outside per usual and have an inability to utilize community connections and networks.

The Specialized Family Violence counselling team provide counselling for clients experiencing historic Domestic and Family violence (DFV); recently escaped DFV; and to those who are still living with perpetrators of abuse. An increase in elder abuse cases presented alongside increased reports of sexual abuse. The complexity of cases compounded by COVID-19 and the housing crisis continues to rise. Our service has needed to adapt and continue to navigate changes in assessing associated risks in such unprecedented circumstances.

In the past 12 months three clients have presented with the impacts of feeling re-traumatized and perpetrated against by the advent of restrictions placed on society due to the COVID-19 pandemic. Furthermore, there has been a subsequent increase in reported incidents of cyber perpetration experienced by these individuals, that have been reportedly committed their ex-partners. The impacts of the repeated and unpredictability of the lockdowns being imposed on communities, has lead to a number of client's feeling re-traumatized due to the similar nature of their domestically violent experiences. These clients in particular were victims of social isolation, which is defined by the Australian Institute of Judicial Administration (2021) as the perpetrator of domestic and family violence that exerts power and control over a spouse, intimate partner and/or family member by enacting behaviours that spatially confine or restrain the victim. In these instances, the individuals have vocalised their sense of not being in control of their lives and living in constant fear of reprimand if required to leave their house. Being controlled and limited in who they can and cannot see and cutting off personal interactions with loved ones and family members such as parents and grandparents.



The unpredictability in the current climate of society is also analogous to the unpredictability of a domestically violent perpetrator. Feelings of terror have been reported and linked to being given some freedoms, yet being on a tether, as has the metaphor of “walking on eggshells” due to the unpredictable nature of lockdowns. All of which contribute to the re-traumatisation of victims, and the cycle of violence re-entering their lives.

The second, and equally as troubling, are client narratives around the sudden increase in digital and cyber abuse being experienced. Clients have relayed concerns regarding their digital privacy being breached in mediums such as social media, email accounts, banking and government systems such as MyGov, My Health Records accounts and Centrelink.

Of increased concern is the level of information the perpetrators are allegedly able to access and obtain as a result of these cyber and privacy breaches. Clients have reported passwords, account details and names being altered. As well as personally sensitive information such as medical conditions, relationship details, political and religious affiliations being obtained. Furthermore, clients have reported their personal safety being placed at risk as personal addresses and locations of medical practices and schools being identified as a result of these breaches. Ultimately placing clients and their families at significant risk of physical and emotional harm - the impacts of which are detrimental to the progress these clients have made as a result of the therapeutic process counselling has provided them. Clients are reporting being terrified at the inability to defend themselves against this type of perpetration as it links to vital services as well as their social connectedness to family and friends in times that are challenging to them.

As it has been demonstrated, these clients progress relating to the psychological impacts of their experience of domestic and family violence has been considerably hindered. The impacts of which have affected their psychological wellbeing and mental health.

Reference:

Tresita Paul, & Devi, U. (2021).). Managing mental & psychological wellbeing amidst COVID-19 pandemic: Positive psychology interventions. *The American Journal of Humanities and Social Sciences Research*, 4(3), 121-131.

Attachment 2**Encircle Ltd.****De-identified Case Study – Older Persons Action Program**

86-year-old woman living in the same small one bedroom unit in the Margate area, English is not her first language, has had to be re-linked into My Aged Care because of her limited comprehension of how to navigate and use MAC processes to access support. Had previous issues with a MAC service provider and dis-engaged, thus resulting in her funding being ceased as she was unaware that she had to follow up with MAC.

She has had a number of issues living in the current residence with ongoing changes in neighbors usually afflicted by domestic violence, mental health issues and/or substance use. She has told staff that over the years she has had to call Police a number of times-too many to count- to manage problems caused by her neighbors including Domestic Violence, drug and alcohol use including selling, theft, abuse, vandalism, assault and verbal assault, noise control etc. She has a mobility issue and is at times too scared to leave her unit due to whoever may be walking around outside that she may encounter; she has no comprehension of mental health illness and how people and their behavior may be affected by this.

Most of her neighbors do not work so everyone is usually at home 24/7, she has learned to keep to herself more as in the past has been 'burnt' by trying to establish friendships with people.

She does have days or picks her days when she can leave her unit as a few neighbors will pace around the units which can be 'off putting for her' as they are not the type of people to stop and talk to and will usually verbally abuse her.

She has a few steps outside of her unit that she has learned over the years to navigate more carefully to get herself in and out of her property and her deteriorating mobility, she keeps to herself more and essentially isolates herself due to living what can be deemed as an unsafe environment.

This person has no comprehension of making a DOH transfer and feels that the complaints over the years to DOH have gone unheard and undealt with as she is still living next door to the same issues.

She feels she copes with it all as best she can as she has had to for the last 10 years but would welcome the thought of living somewhere with a little more space, she would like to get herself a mobility scooter but has nowhere to safely store it and impossible for it to be taken into her unit where she is due to the steps and limited space.

She has no natural supports or is as yet connected into support services except for the OPAP here.

Attachment 3**Encircle Ltd.****Excerpt from Older People Action Program Report – April 2021****REDCLIFFE OLDER PEOPLE ACTION PROGRAM PLAN DASHBOARD REPORT FOR APRIL 2021 COMPLETED BY ALLY KELLY****2020/2021 BUSINESS PLAN****FUNDING BODY: DEPT OF COMMUNITIES, CHILD SAFETY AND DISABILITY SERVICES**

<p>T325 What significant achievements or factors have impacted on the quality of service delivery during the reporting period?</p>	<p>There has been several requests for food parcel support, support with bill relief and bill paying services, links into legal services and Public Trustee office, assistance with My Aged Care navigation, referral pathways for social and public housing application, information provided for NDIS application, an increase in seniors experiencing housing crisis with no natural supports to rely on. There has been several seniors recently evicted with limited knowledge on sourcing further housing options or support to help them. Staff have been hindered on sourcing appropriate aged care or residential accommodation for them with most facilities at capacity, or rigid compliances that do not suit the senior or makes them ineligible to apply, or no available rental options for seniors not needing aged care health support. There seems to be available a large number of buy in options for aged care residential homes and villages that most seniors cannot afford.</p> <p>Communication has been a barrier with a couple of seniors who have English not as their first language, one senior also impacted by dementia and has impaired decision making. Staff have made several referrals for local service providers including nursing and domestic support, wound care and continence items, GP transitioning due to relocating of seniors, podiatry, Physio and Occupational Therapy services resources found and distributed. A lot of time is spent resourcing including calling specific services and finding the most appropriate suit. There has been several invites and attendances by staff at different community services and service providers including the Moreton Bay Dementia Friendly Alliance and Walk With Me Initiatives, Staying Safe during DFV Prevention Month Workshop, COTA forum attendance for Respite for the Aged.</p> <p>Have had several requests for OPAP support outside of the service zone, have still been able to send resources or advise best as to where to go for support or who to call in their community for support. OPAP seems to be needed across all regions in SEQ. Have had calls from Logan, Deception Bay, Petrie, Caboolture, Woodford, Kallangur and Sunshine Coast.</p>
<p>T314 What significant achievements or factors have impacted on the quality of service delivery during the reporting period?</p>	<p>One senior has resorted to 'Hospital Surfing' due to her current homeless issue and is presenting at all major hospitals within SEQ in acute mental health crisis to be accommodated, it has been difficult for staff to support this person as being 'transient' and hard to make contact with, several support options were put in place by staff including DOH and NDIS, due to them being non-contactable, there is still on-going support as liaison with hospital staff, Nursing and Social worker teams to help this senior more.</p> <p>More than half of current caseload are in or at risk of housing crisis and have no means or comprehension on how to seek support or help themselves to find further housing options, the current housing crisis has escalated this, one senior is accepting a higher than average rental increase to keep the property than move as it would cost them a lot more to move and has already caused a great amount of anxiety in getting to house inspections and applying, then missing out on applications. Same senior is without natural support and staff are currently assisting with NDIS application as well the housing situation. Have written a number of support letters for seniors this month as part of the housing application process now as Dept of Housing are requesting that applicants must be connected a support service to apply, this is a new addition to the application process.</p> <p>Have closed out 3 people this month who have had their support needs met and plans finalised via planned exit meetings with them.</p> <p>Staff are seeing that seniors presenting in crisis are at most without natural supports and other service supports are limited in providing the support that they need to prevent or help with their crisis or needs.</p>

Attachment 4

Coordinating care:

Moreton Bay – May 2021

Mr C

**A Case Study: Understanding the impact of care coordination
on individuals with multiple needs**

24 June 2020

Cohort, background and presenting issue

Mr C is a 50-year-old Aboriginal male, experiencing long term homeless and sleeping in a tent in a local park for 6 years. Many concerns had been raised about Mr C's welfare by Local Laws, local volunteer outreach agencies and members of the public.

Mr C was known to local services and had a history of disengagement, his last tenancy with a Community Housing Provider resulted in eviction due to substantial hoarding and squalor. Previous referrals to Homestay were declined by Mr C resulting in community housing tenancy ending due to continued breaches.

Due to recent complaints to the Moreton Bay Regional Council (MBRC) by members of the public about Mr C's behaviour action was required collaborative support to establish what was going on for Mr C and how services could support him to achieve person-centred outcomes that were aligned with his needs / desires.

Mr C was referred to the Homeless Outreach Program in February 2021 and supported by the Homelessness Community Development Worker at the MBRC and an outreach worker from the Institute of Indigenous Health (IUIH). Mr C did not have any income, a Medicare or health care card, I.D, a bank account or phone. Mr C demonstrated resourcefulness and resilience over long period of time to independently live free of a dwelling and income.

Initial response: Care coordination

Mr C had commenced engagement with these 3 main services prior to Care Coordination referral, building rapport and trust to develop an understanding of his situation.

Care Coordination occurred to provide a shared space to discuss Mr C's situation, identify goals and hold a shared care plan due to the complexity and requirement of a multi-disciplinary approach.

Tasks were identified to be actioned under a case plan, with the Moreton Bay Housing Service Centre (MB HSC) sourcing a unit for Mr C to move in to.

Initially tasks were completed by the Homeless Outreach worker, as he had built up a strong rapport with Mr C but as time passed different services have been introduced to support Mr C.

Initial key tasks included:

Sourcing identification, obtaining a phone, connecting with Centrelink, setting up a bank account, obtaining household goods and developing new routines.

The services allocated to support: Homeless Outreach Program and Homestay (both Encircle), IUIH (medical), MB HSC (housing and furniture).

Person-centred outcomes and support provided:

- Rapport building, especially in the beginning during outreach. Mr C did not trust services, persisting with outreach and getting to him (e.g. interests, goals, history) assisted to build trust with Mr C.
- Developing routines. Mr C cannot read the time or a calendar, Mr C prefers to follow time in his own measure, meeting him at the same time on the same day of the week seemed to make it easier for Mr C to remember and improved engagement. If days were altered this would result in Mr C not always being present.
- Person Centred. As Mr C did not trust services, it was important for the him to lead decision making around goal planning and what services to access. It also supports Mr C to develop the skills of independence and not relying on services.
- Trauma informed practices. Demonstrating patience and empathy assisted to develop trust from the client and for the workers to understand Mr C's behaviours, actions or choices. This practice also assisted with workers understanding how to respond to the client in a nonjudgmental approach and the difficulty Mr C experiences with processing tasks and memory issues.
- A strength-based approach was not always appropriate where the client was taking the lead with tasks. As support progressed, workers were able to identify that Mr C was experiencing cognitive issues, lack of literacy and numeracy skills and hearing voices became evident. Dignity of Risk was applied to these situations where there was no risk to Mr C, this also provided an opportunity for learning for both Mr C and the workers supporting him. Mr C had lost many skills through homelessness and disengagement to social 'norms. Task focused approach has been necessary to achieve some tasks such as obtaining ID, setting up a bank account and connecting with Centrelink.
- Importance of identity. Mr C states he is a proud Aboriginal so the inclusion of IUIH and an an indigenous worker has been essential to understand the cultural needs of Mr C.
- Mr C obtained a phone, birth certificate, medicare card and driver's license, he now also has a health care card and is receiving an income from centrelink, which he can access from his newly opened bank account.
- He was assisted to apply for housing and approved and allocated a one-bedroom unit, transport to inspect the property and support for him in his decision making and his psychological wellbeing through this significant change were provided.
- Discretionary funds from the department were used for some basic furnishings for his new home and Encircle also provided other essential homewares, personal care items blankets, clothing, cleaning products and food parcels.
- Mr C was assisted to assemble furniture and set up his utilities. Mr C receives ongoing support from Homestay to ensure he can maintain his new home to pursue other identified goals.
- The short list of supports above does not begin to capture the logistical challenges and the coordination, sensitivities and time required to achieve the eventual outcomes.
- Mr C has been in his new home now for 2 months, he has kept the property clean and tidy, he has not resumed hoarding or collecting behaviours, he is clean shaven and neatly dressed (a noted change from his previous appearance), he is engaging with health services, and talks about his aspirations to return to employment one day.

Stakeholder involvement and outcomes:

Collaboration between agencies with shared knowledge and advocacy.

Keeping all stakeholders up to date, where appropriate, through communication channels assisted with reducing “doubling up” of tasks to delivery service in a different direction to another service provider. The support required for Mr C required a multi disciplinary network of services as there were several needs identified and the vulnerability of Mr C being at risk, which included physical and mental health risks, justice system engagement and victim of crime to name a few.

The network of workers includes clinicians, case managers, outreach workers, support workers and volunteers. Advocating on behalf of the client was important as the client did not know how to access services or support. When they did engage with services or support, it sometimes required prompting or further explanation from the worker to meet the need of the client. MBRC assistance with advocating on behalf of the client to the MB HSC resulted in Mr C being housing after a long period of homelessness. Homestay advocating on behalf of the client with Centrelink, BDM (Birth's , Death and Marriages) and banking societies assisted with the client receiving an outcome. Homestay were able to explain the complexity of the case and request for exemptions navigating the usual pathway to access a service.

Experience and knowledge of individual workers engaged to complete tasks has been essential in supporting Mr C.

Mr C's case is complex and required workers with the skills in understanding the impact of long-term homelessness to an individual. Knowledge of the transient nature of homelessness resulting in non or disengagement; persistence through patience and trauma informed care to be present and available when Mr C has been ready to engage.

Experienced workers also understanding behaviour and actions of someone experiencing long term homelessness and what this also looks like when a person becomes housed. This assists workers to have awareness, being able to put in place strategies to respond to these situations, being aware of potential risks for Mr C and his new tenancy.

Attachment 5**Encircle Ltd.****De-identified Case Study – Young Parents Program (YPP)**

Sally* (16 years old) joined Young Parents Program (YPP) in the first trimester of her pregnancy. During this first term she completed one term of Year 11 whilst pregnant, managing her early experiences of social isolation as a young parent as she negotiated being pregnant in her high school and the associated responses from peers and staff. Sally reported this isolation becoming even more prominent for her when her peers and siblings returned to school after school holidays, and she remained at home due to the progression of her pregnancy.

Sally reported feeling very alone during this time, however increased her engagement to twice per week with YPP attending both the Pregnancy group to grow her knowledge around labour and birth and engaging in individual case management support, as a means of connecting with other pregnant young mothers/parents.

During her time with YPP, Sally attended two terms of Pregnancy group, the YPP Parent's Playgroup and the Newborn group, attending up to three groups per week as a means of addressing the isolation she felt from her other peers and as a new mother. Sally also engaged in consistent weekly individual support with her Young Parent Worker. Sally initiated these appointments - indicating that she didn't want to stay at home by herself all day.

Sally attended the YPP Parent Playgroup, a peer led playgroup for young parents. Sally highlighted –

- the value of being able to talk with other young parents around their experiences of being pregnant and parenting.
- talking about relationships, including being a single parent.
- talking to other mothers with similar experiences to her, providing her reassurance.
- discussing shared experiences of stigma and disempowerment she had experienced as a young mother, including early experiences with doctors focusing on termination of her pregnancy when she first found out she was pregnant, and experiences of not being taken seriously or believed by health professionals with regard to the health needs of her child.

These experiences of isolation were able to be explored and addressed through peer connection and the sense of community created through groups such as the YPP Playgroup and were benefits Sally highlighted in engaging with YPP.

For many young parents, not being able to drive is also another contributing factor to isolation. Factors that impact young parent's ability to drive can include age requirements for licenses, the cost and number of hours required to obtain lessons and licenses, the availability of vehicles and licensed support people to gain required hours, and the cost/affordability of a vehicle when you are a young parent and have the additional costs of a child.

Sally wasn't yet able to drive when she commenced with YPP and relied upon YPP's transport. The availability of this support removed a barrier to her attending groups and individual support that are offered as part of overall YPP support package.

Sally plans to return to high school, however, she has identified a number of concerns regarding the further social isolation implications around this re-engagement with her peers, as she is now a mother. Further, Sally will be returning to the school environment that the father of her baby also attends, adding additional layers of social complexity.

Sally has identified some fears and anxiety around returning to this peer group but is also motivated to complete her education. Additionally, as a young mother, Sally now also has to consider childcare arrangements and the associated financial and social implications, whilst she negotiates returning to the school and peer environment.

Sally has however over recent months through her self- motivation, support, and the availability of programs such as YPP, developed friendships and a community of young parents to provide support as she navigates these new experiences.

* Sally is not the person's real name and has been changed to protect her identity.