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Health
and Human
Services



VISION STATEMENT

"Striving to end homelessness, sustaining housing, strengthening communities."

MISSION STATEMENT

"MOSS treats all people equally by ensuring they feel welcomed, connected, involved, secure and supported."

MOSS is a place where people of diverse genders and sexual orientations are welcomed and supported



Get in touch online...

Email: merri@merri.org.au or visit our website: www.merri.org.au

Merri Outreach Support Service acknowledges that we are on Kulin land for which traditional owners and their forebears have been custodians for many centuries and one on which Indigenous people have performed age old ceremonies of celebration, initiation and renewal. We acknowledge their living culture and unique role in the life of this region.



Chairperson's Report

Stephen Gagen



Last year I wrote of change, renewal and reformation at MOSS. By which I meant, not that people were performing poorly at that time, but that the world moves on, government policies change, and that we must adapt to these changes if we are to survive and prosper.

I pointed out that companies such as Kodak and Xerox learnt the hard way that if you don't rise to these challenges, you will flounder.

Far from floundering in the face of change, MOSS is prospering! In September I received a call from Caroline James of Sean Denham & Associates, our auditor. This was a routine call, to discuss the annual audit, and to ask if I or the other Directors had any concerns. Normal dry-as-dust financial stuff.

To my astonishment, Caroline, in an enthusiastic manner one doesn't usually associate with accountants, expressed to me her delight with the changes she has observed at MOSS over the past year. She mentioned the increase in revenue, the evolution in the workplace culture, and the move to "granular" accounting, so that we now know which of our activities are making or losing money.

She also welcomed the various plans to save money, such as the car fleet purchase proposal. She was particularly pleased with our partnership arrangements, and that MOSS has received and is seeking more grants. She was also very pleased by the way MOSS is dealing with the special difficulties presented to us by the COVID-19 pandemic.

COVID-19 is one of the biggest challenges any of us is likely to face in our professional work. But I am delighted to say the MOSS Management and staff have responded magnificently! Not only have we kept going, with people working remotely using modern communication technology, but in many cases we are now working more efficiently and effectively. Moreover, the pandemic has presented MOSS with many opportunities to expand our operations.

For example, we entered into a COVID-19 After-hours Health Concierge Service contract with DHHS, initially for six weeks. This has now evolved into an ongoing partnership arrangement with Your Community Health and Merri Heath to deliver these services. Additionally, we have brokered further partnership arrangements with Your Community Health to deliver COVID related services

to disadvantaged public-housing tenants and individuals living in Supported Residential Services accommodation.

The Board is impressed by the big effort that staff have clearly made to meet the increased demand for MOSS services during the pandemic. It is not easy working in COVID-19 times, yet everyone has really stepped up to push MOSS to the fore among service providers in our field. On behalf of the Board, I thank and congratulate all staff for performing so well in difficult times.

The Board welcomed a new member of the Management Team during the year, Lorraine Walker, our new Business Manager. We also engaged George Liberopoulos as our Business Development Manager in June.

Lorraine has been working on our financial systems and has developed a new financial report format that has met with universal approval. The new format is easier to read and enables people to see how program funds are tracking (actual/budget) and also contains a cashflow summary. A new human resource management project is scheduled to start in January 2021.

Lorraine and George have also been working with Rita Lawrence (General Manager) to develop grants and partnership opportunities. Among these is one with Darebin Council seeking additional brokerage monies grant for the Darebin Assertive Community Outreach (DACO) program.

George has been working on the overhaul of our Website platform and our Reward and Recognition program, in addition to the redevelopment of our strategic plan. The new payroll system has gone live and website planning is underway – it will have a donation portal, something new for MOSS!

Over the last year, we sadly said good bye to Diana Wall after nearly 10 years with MOSS, and to Fiona Eveleigh, Lyn Darmanin, Danielle Hose, Marnie O'Rourke and Ash Keller. Thanks to all of these people for their great work!

I would like to thank my fellow Directors Richard Agar, Gurhan Araci, Younes Benhim, Simon Daly, Oscar Ramos, Prameend Singh and Heather Yasamee, our CEO Mark Goodie, our Management Team, the Administration Team, and all front-line staff and volunteers for their hard work, support and commitment over the past year.

Stephen Gagen
Chairperson

CEO's Report

Mark Goodie



Organisations are continually evolving from one year to the next, but the impact of the COVID 19 pandemic has had an evolution no one would've anticipated. The effect globally, nationally, within our own State, City, Community and to the immediate world around was unimaginable.

As a Community, we have had to change how we live and interact to survive and protect the most at risk. It has been difficult. Old habits are hard to change. However, most will say the hardest change of all was the thought of, or losing a loved one and the social isolation. We are social creatures and thrive on interacting with one another. We have had to embrace the art of the virtual meeting. Socially interacting online while being physically alone or socially distanced.

In delivering Homelessness Services to some of the most vulnerable and disadvantaged people in our Community, we were determined to continue to provide services now and into the future by being as proactive and innovative as we could.

Early in March 2020, due to the COVID Pandemic, MOSS had to move quickly to have staff work from home. A new acronym was born in the community sector, W.F.H. This transition was really successful for most of the MOSS workforce. It was very fortuitous that MOSS had just undergone a transition to a cloud-based IT system. Staff were able to take the office IT equipment to set up a home office. Awkward at first, however, perseverance from staff really made this transition happen with minimal interruption. Communication with one another did not suffer, in fact, it was to the contrary. We could attend more meetings, provide better opportunities for confidential interactions and provide better supervision to once isolated staff.

Consumers' needs had to be considered and at the heart of any programmatic changes. Safety for both staff and consumers had to be viewed through a new lens. This was paramount. The speed and quality of the implementation of this new way of working, whilst continuing to deliver effective and sensitive services was a testament to the fortitude of MOSS staff.

While some of the MOSS Services and staff were able to be delivered from Home, many Staff continued to interact with

consumers in the community. Delivering services in the High-rise Office of Housing Towers in Northcote and Brunswick. Our 24/7 Catchment youth service, continued to operate throughout both lockdowns to provide a safe place for young people. MOSS also continued to provide outreach services to people in the wider community, in transitional housing, rooming houses and those living without shelter. Our service delivery became a hybrid model of socially distanced face-to-face, and phone contact

The Bright Futures Program also pivoted their group delivery sessions to children effected by homelessness to online sessions to great success supplying internet connectivity where required to families to participate.



MOSS took the opportunity during this year to reflect upon our operations, IT systems and one could say our "Organisational Spirit" as we revisited and rewrote our Mission and Vision statements and our promise to consumers with the development of a "Consumer Commitment Model".

Our Consumer Commitment Model is really about what Consumers can expect when interacting with our service: Welcome, Connected, Involved, Supported and Secure. This is also how we want our staff of MOSS to feel working here for this fabulous organisation.

Planning for the future, we Implemented our new Payroll and HR systems, employed specialist workers such as our Business Development Manager and begun the development of our new website which will go live in December 2020. Really exciting projects which have a great impact on our service delivery.

MOSS successfully this year completed our Tri-annual Homelessness Standards Accreditation in February 2020. This was a huge effort by all staff, which resulted in a fantastic outcome. All staff are to be congratulated on efforts in producing this result.

Financially the years outcome was not planned for, with the organisation reporting a deficit for the financial year. This was due to a myriad of organisational changes required. We expect this to be short term pain for a longer-term organisational change. We are a "Not for Profit Organisation" though recording a deficit is never an aim. We deliver the best services we can and look to better integrate our new systems to deliver cost and time efficiencies.

As a medium size organisation with 75 staff, MOSS should feel proud when reflecting on the delivery of diversity and breadth of services we have delivered. This year staff provided homelessness services to over 1300 individuals. A truly amazing result under any circumstances.

The induction of new staff during this period was considerably problematic, let alone the implementation of new programs. We did both successfully. We were successful in creating a new partnership with Darebin Council to deliver the Darebin Assertive Community Outreach Program. This Program has been effective in engaging rough sleepers in the Darebin LGA and assisting with housing and identified needs. This is a two-year pilot program in which we hope not only continues, moreover, Darebin Councils innovative response to rough sleepers, is modelled upon by other Local Governments. MOSS has also begun delivery of the High-Risk Accommodation Response project which supports older people residing in the High-rise Office of Housing towers in both Brunswick and Northcote during this COVID pandemic. This project was developed by MOSS support staff in partnership with DHHS, Your Community Health and Merri Health with MOSS providing both case managed and afterhours response to older people pertaining to COVID issues.

The year ahead will be busy with the implementation of the new MOSS Business Strategy and finalisation of our new Website, providing a new internet-based interface for consumers, other support services and business partners assisting us to deliver better homeless services into the future.

Some of the variables ahead for the year will be to review and possibly implement some of the positive learnings of staff having more of work life balance of working from home, reviewing office space required to deliver services and living with PPE. The world has changed dramatically over the last year and MOSS has revised its systems to ensure safe, timely professional service delivery that will continue to be innovative and adaptive in the pursuit of ending homelessness.

Once again, I would like to thank the staff for all their relentless work and for coming along on this most amazing and surreal journey and to all our stakeholders and Board members for their continued support.

Mark Goodie
CEO



MOSS THE PATH FORWARD Report

I started working at MOSS just before COVID became part of our daily vernacular, with the focus on developing the MOSS long-term growth strategy, which included building out the digital fundraising capability and partnerships model.

The world has been a challenging and disconnected place. Even through this disruption, the appetite for positive change at MOSS exists and the need to make things better for consumers. To develop a long-term strategy, we were forced to think outside the box to meet the current and emerging needs of consumers and secure the long-term viability and growth of our Agency.

The Growth Blueprint identified a number of short- and long-term priorities:

- increasing identified grant and funding applications;
- an increased focus on funding from philanthropic entities;
- corporates and educational institute partnerships.
- the development of our new website will also improve the ability to reach a digital audience and promote the services of the organisation.

The cornerstone of MOSS' Growth Blueprint, which will guide our Agency to future growth is the MOSS Consumer Commitment Model.

It defines why we do what we do, it is the commitment that consumers and key stakeholders will receive programs, services and support that best meets their needs.

It defines who we are, and our commitment is that consumers are at the heart of everything we do.

The MOSS Commitment Model comprises:

- **FIVE-PHASE METHODOLOGY:** Engage, Assess, Plan, Deliver, Review Outcome.

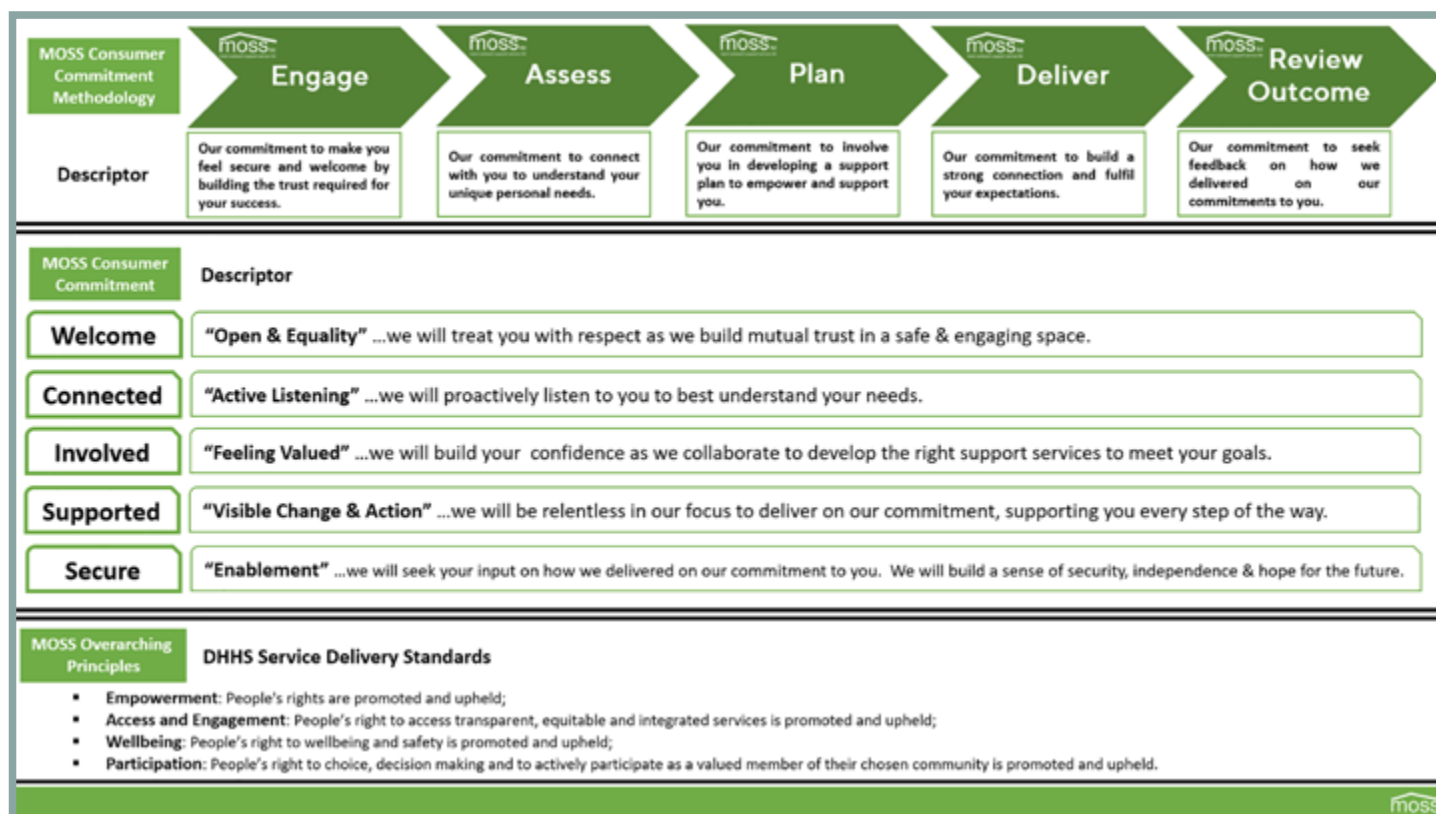
It defines how we partner with our consumers and key stakeholders using an approach to keep us accountable and on track to delivering on our commitments.

- **FIVE COMMITMENTS:** Welcome, Connected, Involved, Supported, Secure. They define what our consumers and key stakeholders can expect from us.

1. **Welcome:** Respect everyone. Focusing on building mutual trust in a safe and engaging space.
2. **Connected:** We seek to understand. We listen. We connect to understand your needs
3. **Involved:** Making people feel valued and involved is in our DNA.
4. **Supported:** We are relentless in our focus to support you every step of the way.
5. **Secure:** Building a sense of security, independence and hope for the future.

- **OVERARCHING PRINCIPLES UNDERPINNED BY THE DHHS SERVICE DELIVERY STANDARDS:** Empowerment, Access and Engagement, Wellbeing, Participation.

2020 has allowed us to focus on what's important. We now have a plan. The work begins to bring this to reality – across support services, housing and broader community health.



North and West Regional Children's Resource Program [NWRCRP]

Report

The North and West Regional Children's Resource Program (NWRCRP) was developed to assist Specialist Homelessness Services (SHS) and family violence services to identify and address the specific needs of children experiencing homelessness and family violence. The program is statewide with coordinators in each metropolitan and rural region. The Program Manager and Coordinator provides a range of support to homelessness and family violence services in the North and West Metropolitan Region who work with children in homeless families.

Support is provided by:

- The provision of secondary consultation, information, support and resources to workers.
- The provision of brokerage to enhance opportunities for children to engage and maintain their education and reduce social isolation and aims to provide further encouragement to homelessness support providers to integrate child focused assessment and case planning into their work practice.
- The development of training for workers and SHS agencies.
- Conducting research as required and promoting best practice.
- Advocating on behalf of children experiencing homelessness on a range of issues that affect their health, wellbeing and status within our community. Homeless Children's Brokerage Program

Homeless Children's Brokerage Program

The NWRCRP has brokerage available to support children who have experienced homelessness and family violence. The brokerage can fund up to \$400 per child, per financial year. The Program aims to improve service delivery for children in the homelessness and family violence sector. It also aims to raise awareness of the issues facing children and young people experiencing homelessness and/or family violence. Brokerage applications can be made by practitioners supporting eligible families.

The purpose of the brokerage is to support infants, children and young people to engage and maintain education, reduce social isolation, or provide social and emotional growth opportunities. This brokerage can fund items such as activities for infants and toddlers, school engagement materials and fees, vacation care, and specialist medical or psychological assessments. Practitioners are required to consult with the children and/or their caregiver to identify ways in which they could be supported.

Data from NW brokerage expenditure 2019-2020

Both North and West regions have major growth corridors with pockets of socio-economic disadvantage. Each year the NWRCRP run out funds earlier than the previous year as a consequence of growing demand for support.

Understandably, in response to the COVID-19 pandemic, applications for funding have been to support children whilst studying from home. We have provided children with laptops, dongles and recreational items such as puzzles, developmental toys and bikes.

The NWRCRP has been busy circulating information that is specific to children and families about COVID-19, the impact and resources to support children and families. This included training information, secondary consultations, resources and webinar links to support practitioners working through the pandemic.

Networking is a core business for the Program and using ZOOM our North West Children's network meeting with guest presenters has continued. Additionally, the ZOOM platform enabled the NWRCP to attend network meetings with SCRC, DHHS, Local Area Service Network for both the North and West (NWLASN), Integrated Family Violence (IFVS), Western Steering Group (WSG), North Family Violence Flexible Support Package Steering Group (NFVFSG) to name a few. This has provided a great opportunity to not only continue the great work we all do in our response to supporting our vulnerable families and children during these extraordinary times. It also provided a space for us all to keep connected and give each other support.

The NWLASN Consumer Participation Working Group (CPWG) exists to investigate, develop and make recommendation about coordinated methods for the inclusion and participation of clients of the NWLASN. This year it was decided that the annual survey in line with the current situation would be based on the impacts of COVID-19 and what effects it had on our clients i.e. changes in income, access to housing, access to food, mental health and wellbeing, access to health services and care for children. The survey will be conducted by survey monkey on phone and computer.

Statewide Children's Resource Program (SCRCP)

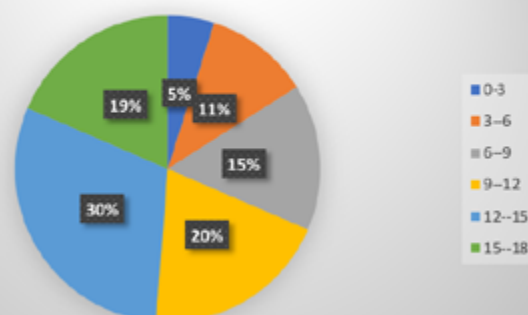
Unfortunately, our training Introduction to Homelessness in partnership with the Council to Homeless Persons (CHP) hasn't occurred. In looking forward we are hoping we can run these in person again post-COVID with easing of restrictions. As a SCRCP we have taken the opportunity to revisit our training package to also include new resources, links, relevant information, new legislation i.e. The Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM), Information Sharing etc. We are hoping each SCRCP can provide this to their regions and the aim for commencing in October 2020.

Last year we were approached by Centre for Excellence to run our 2-day training. Unfortunately, the pandemic had put this on hold. However, good news the Centre for Excellence are committed to run this training online. We will now be delivering this as 3 X 2 hr ZOOM sessions. As a SCRCP we are very keen and excited but also aware of the possible technological challenges that may occur. In addition, Emerging Mind has invited the SCRCP to present in a webinar for professionals, through the Australian Institute of Family Studies - Australian Child Family Community. The focus of the webinar will be children and homelessness and scheduled for later this year.

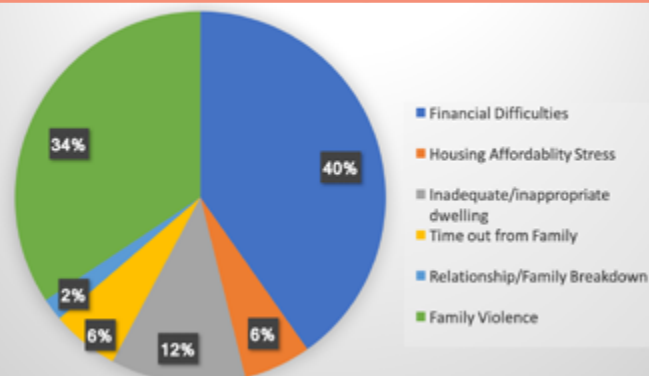
We acknowledge the ongoing support from DHHS, and their funding of reprint of MOSS publications *Charlie's Story*, *Through My Eyes* and *See, Listen and Respond* resources. These three resources have been very popular with the homelessness and allied sectors and education system. We thank stakeholders for their ongoing commitment and passion for keeping children in mind during these extraordinary times.

Data from NWRCP brokerage expenditure 2019 -2020

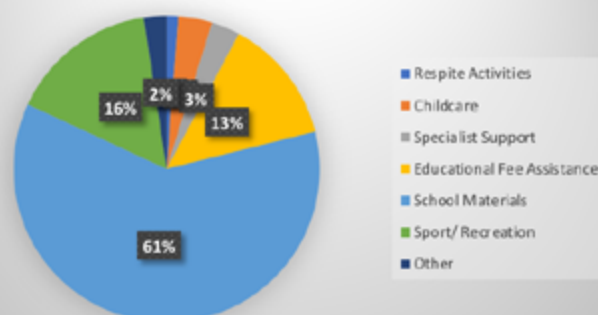
Ages of Children Accessing Brokerage



Main Presenting Reason



Type of Brokerage spent



Bright Futures Program Report

Bright Futures (Homeless Children's Specialist Support Service) works with infants, children and young people 0-18 years who are accompanying their primary carer/s through the homelessness and/or family violence sectors. Bright Futures works with children in the North and West metropolitan regions of Melbourne and provides assessment and case planning, case management and therapeutic group work programs. During this year the Bright Futures team consisted of 5 EFT positions: Team Leader, 2 Children's Specialist Case Managers, a Children's Specialist Group Worker/Case Manager and a Children and a Clinical Practitioner - Mothers in Mind.

'Working Together in Isolation'

This year has been an interesting one for the Bright Futures team with adjustment of services within the COVID-19 pandemic. The team has done an excellent job at adapting our work and continuing to provide high quality support to our consumers.

Bright Futures continued to accept new referrals and provide assessment and case management support with only a few changes. Assessments are conducted over the phone with parents/carers with the option of video calls and case management appointments with children occur over 'zoom' in place of face to face visits. Whilst we are unable to finalise some case plan goals due to restrictions and social distancing measures (for example, linking children in with recreation activities), our case management support is otherwise mostly unchanged. We continue to provide support around physical and mental health, education and learning, family relationships and friendships, along with advocacy and care team integration support.

Overall the nature of referrals for assessment and case management has been unchanged due to the pandemic however, our case management support highlighted the additional challenges faced by families and children due to the pandemic. For example, Bright Futures have been providing a lot of support advocating to schools to ensure children have access to all the necessary resources and supports to engage in at home learning or attend school where possible.

Whereas assessment and case management have continued relatively unchanged, the Bright Futures group work program has, by contrast,

been greatly adapted. During the April school holiday the team created an activity book for children and put together art and craft packs for children across MOSS programs. These activity packs served as a replacement for the in-person holiday programs we had planned to run but were unable to due to social distancing. Bright Futures again made activity booklets for children for the June school holiday. The team have received a lot of positive feedback from children and their families about these booklets and hope to continue making these in the future.

The June school holiday also saw the first Bright Futures 'zoom' group! Facilitating a group on 'zoom' is quite different, nevertheless proved a great opportunity for kids to meet others, do something fun, connect with the Bright Futures workers and for parents/carers to have a little bit of respite. Bright Futures have continued running a weekly group for Bright Futures case management children and have recently reinstated the Pearcedale Parade Art Group on 'zoom' as well. Some group sessions are art/craft based with Bright Futures putting together art/craft packs and delivering these to families whilst other groups are play and adventure based. For one group Bright Futures took children on an imaginary journey to the zoo where we visited various animals who had different tasks for the kids to do – yoga poses, questions to share answers to, items to find in their house and trivia questions.

In addition to our consumer-based work, the Bright Futures team have made a conscious and sustained effort to maintain connection with one another whilst working remotely. The team regularly use the 'MS Teams' program to discuss program-based information whilst also creating space to connect socially and provide support to each other during these challenging times.

Looking forward: Bright Futures look forward to returning to face to face appointments with children and in person groups, though we know this might yet be some time off. That said, with the team's success of working with children online we have reflected that this may be something we could continue in the future, where appropriate, to increase access to support for the children we work with. We hope to be able to continue to run our annual camp in January 2021 though are mindful that this may need to look different to previous years depending upon the pandemic. Overall the team are excited to continue the great work we do providing support to children who have experienced homeless and family violence and continuing to grow and develop the strength of the Bright Futures Program.



Spotlight on Camp

In January 2020 Bright Futures ran its sixth Bright Futures camp! Ten children aged 8-12 years old attended from across MOSS programs. All children had experienced family violence and/or homelessness and for most this was the first ever camp they had had an opportunity to attend. This camp provides a safe space where children can find respite from their experiences, connect with other children who have had similar experiences and be supported by trained specialist children's workers who can respond appropriately to their individual needs.

The Bright Futures camp outside Anglesea provides a range of activities including a low ropes course, animal feeding, arts and craft, movie nights and bush walks. Unfortunately, this year we had to contend with heavy smoke (from bushfires) which meant our plans changed daily. Unfortunately, smoke meant the stand-up paddle boarding lesson did not go ahead however, as an alternative we were able to take the children to the cinema and an indoor pool in Geelong which were greatly enjoyed. The surf/body board lesson did proceed which was another highlight.

Bright Futures were grateful to receive a grant from Viva which meant, in addition to the camp being free for all children to attend, we were able to provide each child with their own beach towel and individual stationary kits for the children to use at camp and to keep for school and home use. We were also able to provide children with swimwear, sleeping bags and other essential items allowing our campers to participate fully in the camp.

In the weeks following camp the Bright Futures team met with each of the children to complete post camp evaluations. These evaluations highlighted that all children thoroughly enjoyed the camp and the activities throughout. Additionally, Bright Futures received positive feedback from referring workers who reported children and families had spoken highly of the camp. For some children who had been experiencing challenges at school, their teachers noted them a good start to the school year.



Connections Program Report

The Connections Program provides short-term linkages and support to access health and essential services for those in our community who are homeless or at risk of homelessness and have complex and unmet health needs.

The Program services the communities of Banyule, Darebin, Hume, Moreland, Nillumbik and Whittlesea. It supports clients to address their homelessness or homelessness risk and to sustain their housing. Connections also aims to link clients with supports to improve their health and capacity to maintain their independence in their home. The Program has 6 team members, 5 Outreach Case Managers led by a Program Manager.

Working together in isolation during the COVID-19 pandemic has provided the Connections Program with many opportunities for learning. The transition to remote working presented minimal administrative challenges to the team. We were able to quickly adjust, and once settled into our new working environments, we focused on providing the best possible response to the needs of our clients.

Members of Connections have worked together for many years and together have built a strong culture of collaboration, mutual respect and trust. This culture is found on a shared belief in human rights and the principles of self-determination and we are proud to report that this culture continues to flourish, whilst we work in isolation. Although we no longer share an office, we meet via 'zoom' twice daily and collaborate regularly throughout the working day.

We fully understand the challenges that many people are facing during these very difficult times and we are buoyed by client feedback that has been overwhelmingly positive about the service we are providing. For many clients, they have been greatly relieved to know that we are still operating and are there to support them. For Connections the COVID-19 pandemic has forced a re-think on how services to vulnerable people can be delivered effectively. We have supported this shift through remaining accessible to clients, referring agencies and partners. Where possible we have been flexible in our service delivery and responsive to the needs of clients and to the needs of other service providers.

We are positive that this evolution and refinement of service delivery will continue, that our service sector will emerge from the pandemic with an invigorated and sophisticated approach to our mission of ending homelessness.

During the pandemic Connections Program has had a concerted response to rooming houses, making many visits to connect with residents. Rooming houses can be a most depressing and volatile living environments, housing some of our most vulnerable community members. We were particularly concerned about the impact of isolation and linked with many people around their support needs.



Case Study

Ling was born in a large Asian city into a very poor family. She had 4 years of schooling, leaving at the age of 10. As a young girl, she frequented entertainment centres where dancers worked. She would bring coffee to them from her home, where her mother would make and sell it to them for a small price. In this environment Ling forged an incredibly strong work ethic from a young age.

Living in Melbourne, she worked as a seamstress for many years, an occupation she loved. However, Ling often worked for unscrupulous employers who exploited their workforce, by trading accommodation for work instead of paying wages. They expected her to work long hours, with minimal breaks and Ling disclosed to Connections that she used her sewing table as a makeshift bed. Throughout her working life, Ling supplemented her income by making clothing and selling the items at markets.

"Ling disclosed to Connections that she used her sewing table as a makeshift bed"

The initial Connections Program needs assessment was conducted via telephone, due to COVID-19 restrictions. At the time Ling was living in a rooming house and she spoke of her long history of living in unstable and unsuitable housing. She was socially isolated and was experiencing complex health issues including spinal damage; the result of a work place injury. Her landlord was withholding her property bond as she had fallen into rent arrears and did not have the financial means to secure a new tenancy, not having worked for several months.

Ling had been experiencing persistent unaddressed health concerns. Connections strongly encouraged and supported by Connections to seek medical advice. Three months after Connections started working with her, Ling was diagnosed with stage 4 cancer. This diagnosis compounded the urgent need for housing, so that Ling could begin treatment. Through effective advocacy, the Connections Program was able to secure accommodation with a community housing provider.

Following her diagnosis, it was abundantly clear to Connections that Ling would have great difficulty navigating the health services treating her illness. She was socially isolated and spoke only limited English. So, with the appropriate protective equipment in use, one of the Connections team members supported Ling to attend her medical appointments.



The diagnosis of cancer has been a difficult journey for Ling. There is no cure and the prognosis is poor. This said, Ling has received the most caring and compassionate support from her medical team and from those Connections team members who have assisted her on the journey. Without Connections she may still be struggling to understand and to come to terms with her diagnosis and would likely be attending her treatment visits alone or not at all.

Without support from Connections, Ling states that she would not have sought medical assistance for her health concerns; it is likely that she would not have found secure accommodation; that she would not have accessed the disability support payment and that she may not have re-connected with her estranged family members. Connections continues to support Ling with her medical appointments and with other challenges that arise.

Older Persons High Rise Support Program [OPHRSP] Report

Barkly Street, Brunswick

The Older Persons High Rise Support Program (OPHRSP) has been operating at 351 Barkly Street, Brunswick for the past 8 years. It has become a crucial addition to the two other programs operating at Barkly Street, which include the Volunteer Coordination and Social Support Group.

The program is funded for one full-time worker. The OPHRSP Worker offers support and case management to residents on the estate. Support includes assisting with various issues including, complex health issues, referrals, advocacy and support, general counselling tenant disputes, maintaining tenancies, transportation and community development activities.

CASE SCENARIO – Barkly Street, Brunswick

Increased one on one social support has had a significant impact on reducing clients' social isolation and been integral to reducing mental health impacts on the clients. The clients have adapted to the altered working arrangement, however have been severely impacted by the loss of social connection and having time out of their homes. Our support has been adapted with each change to the restrictions in order to continue to provide social support. We have moved to one on one support, chats and continued.

With the COVID-19 Response Program we were able to do welfare checks after hours, working with one resident – Stephano intensively during the pandemic, I noticed that he wasn't quite looking his usual chirpy self. I asked Stephano how he was feeling, and he advised that he was good. Upon leaving work on the Friday afternoon I spoke with his neighbour David, who delivers Stephano's Sunday papers to call me if he had any concerns. David called early Sunday morning and advised that there was no response which was very unusual for Stephano. I called emergency services and requested a 'welfare check'. I then drove into Barkly Street and was supported by Security to perform this check. When I knocked on Stephano's door, I heard a faint "help". Upon entering Stephano's unit, it was discovered he was very unwell. I immediately called emergency services and Stephano was taken to hospital. I was later informed by the hospital that it was very lucky for Stephano to be found when he was. At all times our programs are required to wear PPE so it may have been a bit traumatic for Stephano upon entering his unit to see myself dressed with PPE. A great outcome for Stephano now as he is recovered from his illness and has the appropriate clinical supports in place and is on the mend.

Holmes Street, Northcote

The Northcote Older Persons High Rise Support Program (OPHRSP) is situated in Holmes Street, Northcote. Like the Brunswick program it also supports, and case manages residents, assisting with various issues including, complex health issues, referrals, advocacy and supports, general counselling, tenant disputes, maintaining tenancies, transportation and community development activities. This program is funded for two full-time workers.

Darebin City Council manages the Holmes Street estate waitlist through their Housing Sponsorship Program. Unfortunately, a lack of affordable housing has seen an increase the numbers on the waitlist and wait times. This means applicants and people waiting to be housed experience longer periods of being homeless or staying in inappropriate housing. A significant part of the role of the OPHRSP Workers is addressing the trauma and stigma experienced during their homelessness to enable the new residents to feel a part of the high rise community and wider community.

This year OPHRSP Brunswick and OPHRSP Northcote merged, making it easier for teams to work across both sites supporting all residents. During COVID-19 the service delivery for the Older Persons High Rise Support Programs adapted to meet the restrictions with each change throughout the pandemic. The use of telephone assessments service delivery has seen our work become more task and goal focused. Social distancing has meant there is no longer the opportunity to assess environmental factors, nor the client's presentation. OPHRSP residents at Holmes Street have been unable to attend their usual weekly groups and monthly outings, adding to social isolation. Nevertheless, phone assessments are working well. Team interactions, communication and collaboration remains strong. Work tasks are often shared more frequently, e.g. where a consumer is moving to their new tenancy, the tasks involved in the move (utilities connection, removals, etc) are shared amongst team members; this approach lowers stress levels and facilitates a smooth transition for the consumer.

The Holmes Street Program provides Art and Craft activity packs, gardening supplies, and have purchased tablets to keep those more isolated connected. Our onsite gardening program, within the restrictions of the residents being able to go into the garden areas on site. Regular phone calls are made to keep in touch and welfare/health discussions are had with each client at least twice weekly.

At the start of the pandemic, residents were experiencing a high level of fear and anxiety as a result panic buying of food and goods within our community. In response to this, MOSS was able to introduce a foodbank to the Holmes Street public housing estate, as already provided at Barkly Street, to provide the residents with fresh bread, frozen meals, fruit and vegetables as well as staple items such as milk, pasta and rice, tinned food and toilet paper to name a few. When we first started the foodbank, we only had a handful of residents collecting the food parcels. We have watched it grow, and we now provide food parcels for roughly a third of the building.

Recently, we have teamed up with the City of Darebin, who now provide our program with frozen meals, fresh bread and fruit and vegetables once a week. This has been a huge help to our program and the variety of food has been a welcomed change by the residents. This has made a huge impact on some residents, as it means they know they can reduce the amount of times needing to go out and get supplies in the community. Our residents are very grateful for these parcels and even ask for some food items that they've enjoyed from the week before. This is also an opportunity to engage with the residents once a week, adhering to social distance measures.

Both OPHRSPs, worked closely with the Department of Health and Human Services supporting clinical services to conduct COVID-19 testing through the high rise estates. During this operation, MOSS teams, including our CEO, supported every resident to be tested at their door. This included advising all residents of the process and updating residents of COVID-19 information.

Working collaboratively with DHHS during this pandemic has created a stronger relationship between all services. Management are now meeting regularly with these services on best practices. As a further outcome of this positive working relationship and proven track record, MOSS was funded for a COVID-19 Health On-call Response Program, which operates 24 hours/ 7 days a week. This COVID-19 Health Response Program (CHiRP) is working well and is providing residents the ability to contact staff after hours for a COVID-19 response.

Impacts on staff have often been challenging with changing daily procedures, daily meetings to discuss these changes, and how to respond to a resident who may test positive, and what would that look like. Team input has been amazing in how we are working closely and that we all are creating plans that support the residents through this pandemic.

At this stage it is quite difficult to determine how our programs look moving forward except to say that groups will begin, outings will be happening. For staff it will be what transitioning back to the office will look like and we will begin our "return to office" discussions.



CASE SCENARIO – Holmes Street, Northcote

William received an electricity bill addressed 'To the occupier', from an energy supplier with whom he was not registered to; despite having an account with another supplier. He was originally being billed for the correct unit number, however after some time, the energy supplier noticed that his unit number did not match his meter number, so they changed his unit number to reflect the meter he was paying against.

When William realised this change, he phoned the company to advise them of the error. The representative from the Customer Advocacy team looking into the matter, unfortunately left the company without the matter being resolved. William decided not to pursue the matter, as he had been with this company for many years and assumed it was all sorted out. William continued to pay his electricity through automatic direct debit. It wasn't until he started receiving letters from the second company that he realised the matter had not been resolved.

At this point William approached MOSS for support. The OPHRSP Worker was able to advocate for William on the matter which by now was causing him considerable distress and frustration. The worker was also able to support William to receive a refund of over \$2700 after finding the energy supplier was at fault. By doing so, the worker was able to gain his trust and build rapport.

Housing Support for the Aged Program [HSAP] Report

The Housing Support for the Aged Program (HSAP) provides long-term case management support to people over 55 years of age residing in public housing who live alone, are isolated and have a history of homelessness and unmet complex health needs. HSAP workers support consumers to maintain their housing through advocacy, support and referral to appropriate health services. HSAP also works with consumers to support with connections to their community and access to social supports.

The HSAP team comprises 2 part-time Outreach Case Managers who support 30 residents living within the cities of Banyule, Darebin, Moreland, Nillumbik and Whittlesea.

During COVID-19 the HSAP service delivery model adapted to meet the restrictions with each change throughout the pandemic. Maintaining connection with consumers was predominantly by telephone. Telephone assessments have resulted in service delivery becoming more task focused as social distancing has been required.

Workers were unable to make assessments of environmental factors, or indeed the consumer's presentation. Where a referral has come from a service provider, we often relied on their initial needs-assessment and this many not always be accurate for our needs. Through this period HSAP consumers have not been able to attend monthly groups, which has impacted on their mental health.

Help with daily living activities, such as household management and assistance with appointments and referrals for home care support with cleaning and shopping via My Aged Care have been the main support requirements of HSAP consumers at MOSS. Taxi vouchers for medical appointments have been provided to consumers at times, as well as facilitating access to local services including advocacy on their behalf as required.

Generally, HSAP case managers accompany consumers on their initial contact with local services, if required/requested by consumer or service provider; phone calls are facilitated by case managers on behalf of consumers to ensure equitable access. Case managers research topics of interest for consumers and provide them with the information for them to make informed decisions, where possible. Another focus has been updating and educating consumers with IT equipment (electronic note pads, laptops, desk computers, internet).

The year and particularly the advent of COVID-19 has seen heightened sharing of consumers and work tasks amongst the team, especially where a consumer is needing intensive supports (emergency relief, taxi vouchers, IT supports). We have found this approach has lowered worker stress levels and facilitated a smoother journey for our consumers.

Case study

HSAP has been supporting Greg (63) for several years. He has lived with chronic physical health issues; poor cognition following a stroke and has diagnosed schizophrenia treated with monthly medication.

HSAP case managers regularly check in with Greg regarding appointments for both physical and mental health. He has always enjoyed the social aspect to the program until COVID-19.

During the COVID-19 pandemic and more recently the lockdown, our service delivery to our consumers has had to evolve and has shown the value of long-term case management and getting to know our consumers. For example, knowing the triggers that Greg displays when becoming unwell and being able to work with him and putting the appropriate supports in place. Getting to know and build trust with our consumers during an episode allowed him to understand the supports put in place was what he needed to have and agreed to work with the plan.

Greg stated that he felt safe working with the HSAP Case Manager and was able to explain all his symptoms. Greg was in a full-blown episode and admitted to the Acute Psychiatric ward at the Austin Hospital and then transferred to Prevention & Recovery Care Services (PARCS) for ongoing recuperation. Our contact was weekly, so communication with the mental health clinicians proved invaluable. Our views were valued by staff and would seek more clarification of his daily presentation.

Volunteer & Community Development Program Report

The Merri Outreach Support Service (MOSS), Volunteer and Community Development Program operates out of 351 Barkly Street, Brunswick and 1 Holmes Street, Northcote and responds to the needs of some of our most disadvantaged and disconnected members of Moreland and Darebin communities - vulnerable older people living in low-cost, high-rise accommodation.

Most of the residents have already experienced much hardship and disadvantage in life, hence find themselves living in supported, low cost accommodation on exceedingly small incomes. As research shows, loneliness in older people poses health risks and problems such as cognitive decline, depression, and heart disease. The MOSS program supports their residents by engaging with them and assessing and linking them into relevant health services and community care. It also endeavours to support residents to reach their goals and provide social and welfare services to improve their health and social connections whilst sustaining their tenancies.

The Volunteer and Community Development program employs a part-time worker who recruits and supports a dedicated team of volunteers. These volunteers support activities on the public housing estate which enriches both their lives and the lives of tenants, creating a greater sense of community and supportive environment.

Volunteering at MOSS

MOSS values their volunteers and appreciates the important contribution they make to the Agency's work in supporting their consumers. It believes that there are few things a person can give that are more valuable than their time and aim to ensure that time spent volunteering at MOSS is a positive and rewarding experience for the volunteer, MOSS and the recipient of the volunteer support. We aim to place volunteers in roles where they have specific skills or where they will have the opportunity to enhance existing or develop new skills. We know that when you give people ways to contribute that they personally enjoy or feel that they're qualified to do, it's much more likely that their experience will be a positive one.

The Program aims to recruit, train and support volunteers who live on the estate and local areas. This year during COVID-19, as a result of the support from food bank volunteers, people were able to continue to attend foodbank, where for a small donation were able to receive a variety of foods such as, fresh vegies and fruit, frozen meals, non-perishable items, breads, and dairy products.

Residents of Barkly Street and Holmes Street high rises were already one of the most vulnerable groups in our community. In addition, they belong to an age cohort that are the most digitally excluded. The impact of COVID-19 has seen our residents not only cut off from face-to-face interactions with family, friends and the wider outside world, but unlike most other Australians, they have not been able to use technology to address this gap nor to access essential services such as medical care – (on the advice to avoid hospitals and doctors' offices in favour of video or phone calls with their doctors.) MOSS is poised to grow the volunteer program to ensure it continues to meet the needs of residents both during COVID-19 and post-COVID.

One key focus will be to support volunteers as technology mentors who will then work with residents to increase their information technology skills and decrease their sense of isolation. We are also speaking with residents to identify their current and future needs, so we can plan and implement specific programs. This will be supported by volunteers.



Social Support Groups Program Report

Social Support Groups operate across 3 local government areas, Moreland, Banyule and Darebin. The team consists of Program Manager, 7 part-time groups workers, a chef and casual groups workers. Currently we have approximately 86 clients attending from 2 – 5 days per week. The focus of the program is supported and inclusive social recreation programs for older persons and individuals with disabilities, living in Public Housing and the local community. The Social Support Groups' principal aim is to reduce the impacts of social isolation, encourage clients to achieve their desired outcomes and remain living independently in the community.

The lack of affordable housing impacts some of the Social Support Group participants ability to afford attending social support groups, accessing nutritious meals and participate within their local community. Social Support Groups are able to assist those

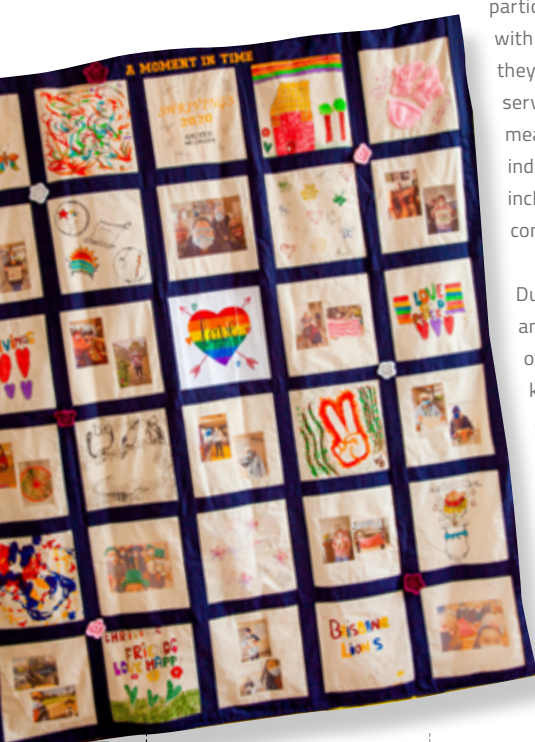
participants on low incomes with subsidised fees, ensuring they are able to access services, achieve positive and meaningful goals to remain independent, connected and included within their local community.

During this time of COVID-19 and the various stages of lockdown isolation, keeping clients connected and looking after their well-being has been challenging. A quilt collaboration project "A Moment in Time" has given clients an opportunity to work together while still

maintaining physical distancing. The clients had all expressed how the inability to attend Social Support Groups since March and the lack of social interaction had deeply affected them. Each client was provided with supplies and quilt squares to work on while at home in isolation to create their own personalised square.

This idea created a way for clients to bond, capture and express their feelings and reflections of living in a pandemic into an art form. The quilt has shown how we can work together although we're apart and achieve positive outcomes through diverse and challenging situations.

As well as providing an opportunity for clients to stay connected through creative expression, the Social Support Group was very fortunate to have been successful in a submission for an additional \$46,501 specifically for the HACC-PYP cohort, to provide additional staffing to run concurrent activities to ensure that individuals will not be excluded as a result of the COVID-19 social distancing standards. These activities include gardening club, walking groups, exercise and outdoor games, as well as small classes for basic IT support with mobile phones and iPads to increase skills to get maximum benefit of their IT/communication products and stay connected in isolation.





"Social Support Groups are able to assist participants on low incomes with subsidised fees, ensuring they are able to access services"



Case study

This case study reflects the importance of community connection, social inclusion and the impacts of social isolation when a person is removed from their established networks.

During early 2020 we welcomed a new client who had been residing in the same public housing property for over 20 years. The client has been living in the same suburb, had family support close by and community linkages well established.

Due to severe hoarding the client was issued a notice to vacate a 3-bedroom property and moved to a one-bedroom unit at one of the elderly persons high rise. The client was very distressed, presenting as severely anxious from being disconnected from the familiar surroundings, community and social connections. Due to the client's age, language barrier, mental health and severe anxiety, it was initially difficult to engage the client in the groups. Often the client would present very stressed and anxious, disrupting groups and taking the staff away from their work with the other participants. The client was encouraged to attend each day to join in the activities and share lunch. The client appeared very confused and couldn't understand why they had to live in this area away from all that was familiar, and each day would become more distressed. Eventually trust was built, knowing this was in fact a safe and welcoming environment and without judgement; the client began to smile and engage with group activities and build connections with the other participants.

The reduction in the client's anxiety and having a connection to social support groups onsite, meant the client had a consistent support network where they felt supported and safe. Staff were able to ease some of their concerns around living in a new area by taking the client to café outings and introducing them to local health services and the shopping area. The team were even successful in assisting the client to reconnect with a brother. This relationship continues through regular weekend visits.

Hume Program Report

The Hume Program is a Transitional Outreach Support Program providing support to people experiencing homelessness. The Hume Program is a cross target service working with families, and individuals. The programs aim is to provide case management services with a goal of supporting people to enhance their capacity to sustain long term housing.

The Hume Program has 8 team members comprising 4 full-time and 3 part-time Outreach Case Managers led by a Program Manager.

The Hume Program has found new ways of operating in response to COVID-19. With the entire team working from home, we are relying on technology as our main form of connecting with consumers, other services, and each other.

We have found that working from home during this time has presented some challenges particularly where workers, have children at home doing remote learning. Nevertheless, as a team we have been able to manage this to ensure the working day is managed equitably across the team.

The Hume Program continues to provide a direct service to many of our consumers, mainly through the delivery of food parcels and material aid to those having to self-isolate or quarantine due to COVID-19. During this period, the Hume Program has developed valuable relationships with Barkly Street Food Bank and Fare Share food ensuring the team can deliver food parcels to those in need.

Following the housing of many rough sleepers in hotels, the Hume Program has become heavily involved in the provision of support to this large group of people as part of the Hotel Emergency Accommodation Response Team (HEART), accepting many referrals. Worker and consumer safety are paramount. Personal Protective Equipment and ensuring COVID safe practice are important elements of the team's catch up every morning. An impact of isolation has been an increasing number of consumers reaching out for support around mental health issues. The Hume Program is working closely to support all consumers that have identified this as an issue.

In these uncertain times Hume Program team members know that they have the resilience and flexibility to adapt and continue to provide high quality, meaningful service delivery and effective engagement with homeless consumers.



Case Study

The Hotel Emergency Accommodation Response Team (HEART) Program is the Victorian State Government's response to those experiencing homelessness during the COVID-19 pandemic. Kathryn a single mother, 31 years old, was referred to Merri Outreach Support Service as a part of the HEART Program.

Having presented at VincentCare Housing in Glenroy Kathryn required support and assistance to access long-term accommodation after being forced to leave the bungalow she was residing in with her 9 years old son, Jack.

Prior to this, Kathryn and Jack had experienced family violence which contributed to them becoming homeless. This experience had significant impacts on both Kathryn and Jack's mental health, with Kathryn being diagnosed with post-traumatic stress disorder, depression, and anxiety. At the time of referral, Kathryn and her son had been residing in crisis accommodation in a motel for several weeks. Over six weeks of working with Merri Outreach Support Service, Kathryn was successful in securing private rental property.

With the collaborative work of other organisations such as VincentCare Housing – PRAP Program and Office of Housing, Kathryn was able to source both rent in advance and the bond.

Merri Outreach Support Service has supported Kathryn by applying for a Family Violence Support Package to obtain funding to establish and furnish her long-term accommodation. With the assistance of all organisations involved, Kathryn and son Jack now reside in long-term safe and secure accommodation and have exited the homelessness sector.



Transitional Outreach Support Team Program [TOST] Report

The Transitional Outreach Support Team (TOST), incorporating Banyule Housing Support and Intensive Case Management Initiative (ICMI), comprises 3 programs under the TOST banner. TOST provides case management support to individuals and families who are homeless or at risk of experiencing homelessness. The focus of case management is to support people to address their support needs that have led to their homelessness or prevented them from being able to sustain long term housing.

Referrals are received via the local Opening Doors Access Point, Haven; Home, Safe, which covers the DHHS North East Melbourne Area (NEMA) catchment.

The Banyule Housing Support component of TOST consists of two full-time workers; one position is funded by DHHS and the other position by Banyule Council. They are based at Shop 48, West Heidelberg. Referrals to the program can be received either via Haven; Home, Safe or in consultation with Banyule Council Services.

The Intensive Case Management Initiative (ICMI) provides intensive support to Indigenous Australians who present with high and complex needs experiencing homelessness and who find it difficult to access generalist and specialist services. ICMI is a sole worker program offered at 4 days a week and is based at our Northcote office. Referrals are received after a consultative assessment with client(s) or via Aboriginal hostel in partnership with MOSS or Haven; Home, Safe.



TOST has 3 full-time workers, which includes the Program Manager and a part-time worker. TOST provides case management within a team case management model. This model allows for the rotation of staff during periods of staff leave without compromising the continuity of support.

Upon reflection, the events of 2020 thus far seemed inconceivable when we wished each other the yearly tradition of Happy New Year. We had no idea of what lay ahead for us as individuals, workers and Victoria with the advent of the COVID-19 pandemic. These unprecedented times have greatly impacted and altered our service delivery. The challenge was to ensure we complied with the Victorian Department of Health and Human Services (DHHS) directives, maintained a high standard of service delivery to our clients, whilst ensuring the safety and well-being of both our staff and clients. We believe this was achieved at the outset of the first lockdown and continues to be developed and redeveloped as we navigated our way through stage 4.

The main changes to service delivery have been to minimise, but not eliminate, direct contact with clients through increased communication via phone, emails, postal and various social media platforms. Despite these changes, we have continued to take on new referrals and respond to the needs of our current clients. When and where necessary, we have continued to have direct client contact in responding to rough sleepers. This has applied particularly, for the initial meeting to establish and build some level of rapport with the client.

Case study

As Victoria went into its Stage 4 restrictions, all access to public amenities and facilities such as showers/toilet were shut to the public. The homeless population, many of whom relied on these essential services were repeatedly locked out of accessing any of these facilities if they had not been accommodated through the DHHS hotel/motel response.

One TOST client living in a caravan with no bathroom/toilet was consequently unable to access any caravan parks due to the restrictions. Many caravan parks were sympathetic to our client's situation, but unable to respond. Some great advocacy and collaboration with a motel resulted in him accessing accommodation as well as a safe place for the caravan to be parked while we explored other housing options. He subsequently secured affordable rent in a private house whilst awaiting the lifting of restrictions to explore longer term options of a caravan park.

TOST had one confirmed COVID-19 case in March 2020, in the very early stages of the pandemic. MOSS had to very quickly put in place a safety plan for staff to allow them to support the family. The family fully recovered. We have since had another 3 confirmed COVID-19 cases and these individuals have also thankfully recovered.

As part of the response of working within this environment MOSS developed a testing regime for any worker, experiencing even the mildest of flu/cold like symptoms to be tested and isolated. Consequently, most team members have been tested for COVID-19 and all with negative results.

MOSS has also adhered to the mandatory self-isolation whilst waiting for test results. This of course brings with it some challenges of staff coverage. This is where we believe the most benefit and traction has taken place from working across a few teams and using a flexible team case model approach. The flexible approach of staff rotation between the 3 programs has ensured each program is still viable by providing coverage until regular staff completes their period of isolation.

The establishment of the Homelessness Emergency Accommodation Response Team (HEART) in response to a large number of the homeless population being accommodated into hotels/motels needing support and housing exits, has greatly impacted on our current workload and capacity to pick up referrals through the normal channels of our local Access Point. TOST continues to work closely with Haven; Home, Safe, however since commencing work on the HEART is working in collaboration with other Access Points such as VincentCare Housing and Launch Housing to find affordable and sustainable housing options for our clients. The lack of resources pre-COVID was already evident and continues to be a challenge for TOST and no doubt across the sector.

We look forward in this coming year to Program/ model evolution and move to a post-COVID world.

All indicators point to our economy and society in general being faced with some extraordinary challenges for the remaining part of this year and for a significant period beyond. A greater burden will be placed on resources in the community sector and homelessness service system. There has never been a greater imperative for the community sector to work collaboratively to make a difference to the impact this pandemic is having and will continue to have for many years. The cliché of "we'll get through this together" has never been truer.

Our three areas of focus for this year, to better place us to meet these current and future challenges are: strengthen and grow our partnerships; develop more innovative approaches; identify opportunities to secure funding to meet increased demand.

Crisis Response Program [CRP] Report

The Crisis Response Program (CRP) is a short-term case management program that works with people who are homeless or at risk of homelessness in the North East Melbourne Area catchment. CRP is one of the crisis programs at Northcote which is made up of a Program Manager and 3 full-time staff members.

Initially there were some reservations about how the team would be able to undertake case management during the COVID-19 environment. However, what we have found is that this has been able to have been done quite seamlessly. This occurred because the team is committed to ensuring a high quality of case management is provided to those people they are working with, even during COVID-19.

What has been interesting was the way in which many consumers have embraced the use of technology when meeting with their case managers. I believe that moving forward beyond COVID-19, we will consider keeping some of the changes that we have made during this time. It has allowed for a flexibility in the work that would not have been there previously such as undertaking assessments with people in their own accommodation via the phone or online. This has meant that people have been more comfortable in their environment and are often much more relaxed for that first meeting.

Case study

Elena met and married her husband when he visited her home country in 2009. The following year she came to Australia with hopes and dreams of a better life and resided with her husband in the home of her father and mother-in-law. She could speak and understand a little English, but she was not familiar with the laws and culture of Australia. Elena has no family in Australia.

Elena had been brutalized by her husband and his family over 3 years when she fled the marriage, she was left with significant health and financial issues. After Elena left her husband, she went into emergency accommodation, however she still spoke very little English and had a lack of community connection. MOSS supported Elena to be linked into a therapeutic outdoor program for women who were survivors of family violence.

The MOSS worker was also able to advocate on behalf of this client after she had a heart attack after being hounded by debt collectors which resulted in a referral to a financial counsellor. The MOSS worker also linked Elena into other services that she needed support with such as a psychiatrist who spoke her language and medical support.

MOSS advocated for Elena to obtain transitional housing which she lived in for a few years and more recently she moved into a brand-new property through the Office of Housing.



Catchment Youth Refuge Report

Catchment Youth Refuge provides safe and secure short-term crisis accommodation and case management to homeless young people including young parents 16-25 years old. The team is made up of a Program Manager, Senior Worker and 9 part-time and casual staff.

During the time of COVID-19 the Refuge has continued to operate with the house being full of young people and a worker(s) on shift at any given time. It has been interesting times at Catchment with staff having to develop strategies to continue to provide case management whilst ensuring social distancing and safe practices for both residents and staff. We have also continued to work

closely with the specialist services that partner with the Refuge such as health services including mental health. We would often set young people up in a room with the iPad where they could undertake telehealth conferencing.



Case study

Luis was referred to Catchment Youth Refuge after he had been sleeping rough whilst awaiting hospital admission for a chronic health issue. Luis had experienced lengthy periods of homelessness and transience for much of his life, which had been characterised by family violence, drug abuse and later criminal behaviour.

Between periods of homelessness, Luis was able to secure employment and also became a father. Unfortunately, deteriorating physical health coupled with mental health issues meant he was no longer able to work. His relationship with his partner and daughter also ended. Luis had no other supports, with his birth family experiencing their own crises. Luis's visits to them had negatively impacted on his health

Transience meant Luis was unable to attend necessary medical appointments which resulted in him being taken off a transplant waiting list. With his health and quality of life deteriorated, Luis was given a life expectancy of a maximum of five years

Catchment assessed and promptly linked Luis with Bolton Clarke Homeless Person's Program and the Homelessness Youth Dual Diagnosis Initiative. An intensive coordinated case management response enabled Luis to start to address the issues of his health and wellbeing, issues, which had led to recurring homelessness. During his stay at Catchment Youth Refuge, emergency health services were called regularly for Luis and at one-point refuge staff had to resuscitate him.

Luis was initially resistant to receiving support as he had been self-reliant since his early youth, and subsequent unsafe experiences had left him distrusting of others and viewed himself to be a burden. Gradually Luis was able to form some friendships at the Refuge and start trusting staff to support him. Luis, a keen and talented artist, also engaged regularly with the Art Therapy Program provided by MOSS.

As Luis required accommodation close to major hospitals and public transport, refuge staff advocated strongly and persistently with Access Points staff for transitional and public housing which saw Luis secure accommodation in a brand new supported and affordable housing complex in inner Melbourne close to his health providers and supports. Youth Brokerage and Housing Establishment Funds were also provided to Luis to make his home his own.

Youth and Family Program [FRMP] Report

The Youth and Family Program work with young people aged between 16 to 25 years old who are homeless or at risk of homelessness. One of the goals of the program is family reconciliation in order to keep positive relationships between parent(s) and the young person, even if the young person is unable to live at home. The program has 1 full-time position which is shared between 2 people.

Positive work has continued to occur during the time of COVID-19 with the young people. Many of them have engaged really well via the phone, texting and emails. The young people we have worked with really seem to prefer this type of communication.



Case study

Twenty-five years old Fiona was referred to the Youth & Family program by the Salvation Army Secure Family Violence Refuge along with her 2 children Sara and Emily aged 6 and 4 years old. After many attempts by the refuge to find the family accommodation she went to stay with her mother where she lived in the lounge room with her 2 children. Fiona was unsuccessful in securing private rental for 12 months before she was referred to our program.

When we met with Fiona, she was suffering high anxiety from her family violence experiences. In addition, her children presented with behavioural issues with suspected spectrum disorders. When we began working with Fiona, we linked her into a GP for support letters for her housing application and referral to paediatrician for child assessments.

Soon after, a transitional housing offer came through from Launch Housing for a property in the Richmond high rise. Fiona accepted this property and was able to move from her mother's to independent living with her children.

After 2 months in Richmond, Fiona was reporting back to us about ongoing violence and concerning behaviour from other residents including fighting, which was further traumatising her family due to the family violence history. MOSS advocated to Launch Housing and Haven; Home, Safe local Access Points for a property transfer. Eventually Fiona and the children received a transfer offer to Preston, which placed her closer to her family, school and support services.

Since then Fiona has also been linked into specialised services in the area to support her and her family. The family now have the stability and safety to address some of the trauma that they have endured over the years.

Darebin Assertive Community Outreach Program [DACO] Report

The DACO program is a 2-year pilot program that was funded by Darebin Council to try and address homelessness in the City of Darebin. The program employs 2 full-time case managers who provide assertive outreach case management.

During the COVID-19 pandemic the team are continuing to provide assertive case management and to look for people who may be rough sleeping in the region. There has been a greater focus during this time to try and ensure that everyone who is rough sleeping is accommodated in emergency accommodation such as hotels or rooming houses. As a result, the DACO team have been working closely with Haven; Home, Safe to access this housing.

During this time, Council were able to provide MOSS with an additional worker a couple of days per week to support the work of the DACO team during COVID-19, which has resulted in additional support being provided to those in hotel accommodation.



Case study

Charles is a strong Aboriginal man, aged in his 40's who resides in public housing in Melbourne's North. Charles was referred to DACO by connected Aboriginal Services outside of Melbourne. His referral was because Charles had been sleeping rough whilst repairs were being undertaken to his public housing property during stage 4 COVID-19 lockdown restrictions.

DACO were informed that the Office of Housing were not willing to pay for emergency accommodation while these repairs took place. DACO contacted Tenants Victoria and Consumer Affairs to gain information on Charles' rights as a public housing tenant in relation to emergency accommodation with a Notice to Vacate being issued while repairs took place.

DACO were advised that the Office of Housing were within their legal rights to refuse emergency accommodation, but VCAT could be pursued for reimbursement after the fact. After DACO spoke with an Office of Housing worker who had been assigned to Charles, it was clarified that a Notice to Vacate had not been issued, however Charles' unit was not habitable. DACO advocated to Haven; Home, Safe for funding, but because Charles was technically not homeless and had a history of extensive funding support in the past, he was declined assistance for emergency accommodation.

DACO collaborated with the Aboriginal support services involved with Charles to brainstorm a solution and pool existing supports. DACO were able to utilise a recent grant fund to assist Charles with accommodation until his unit was ready to be moved back into. DACO linked Charles with local food and material aid to address concerns about food crisis while being accommodated in emergency accommodation. DACO continued to liaise with Charles' support network and fed back updated information to Charles', as well as providing emotional support and a chance to debrief confidentially.

Through DACO and the Connections Program at MOSS, we were able to begin the process of re-establishing connection to Charles, which had been lost earlier this year. DACO was able to confirm that Aboriginal services would continue to support Charles with re-establishment, material aid, as well as a referral to Tenancy Plus to prevent future housing breakdown. Charles returned to his unit and DACO was able to close with him while being confident that an active support network would remain in place.

MOSS agency data 2019-2020

Specialist Homelessness Services Data

MOSS Specialist Homelessness Services (SHS) supported 1307 people during 2019/2020. This was almost the same number as the previous year. Whilst we added the DACO program this year, the Children Mothers in Mind program funding did not continue. Exits out of transitional housing remains a challenge with long waiting lists for public and social housing.

During the latter part of the year in review, COVID-19 became the pre-eminent factor. Our larger transitional support and crisis programs turned their focus to the Homelessness Emergency Accommodation Response Team (HEART) work. We have been pleased to see some movement into public/social housing options and private rental, nevertheless waiting lists are long and many people temporarily housed in hotels. Our Client Exit Surveys

suggest that the difference was profound for many people and our support helped many get their lives back on track.

The annual figures show us that just over half (52%) of the people we supported were from single parent households with single adult households accounting for one fifth (21%) of consumers. A little under two thirds (62%) of our clients were children or young people 25 years old or younger. Our children's programs play an important role in supporting our most vulnerable consumers and working in collaboration with generalist programs to support children and young people through the difficult experience of homelessness and support their wellbeing.

Family violence continues to be a significant factor in people's homelessness. Our clients across SHS programs are cultural diverse with a significant CALD cohort (32%) and Aboriginal and Torres Strait Island community (10%).

2019/2020 TOTAL SPECIALIST HOMELESSNESS SECTOR PROGRAMS	Number
Total Clients	1307
Adult females	324 (25%)
Adult males	179 (15%)
Children and young people <26yo	804 (60%)

FAMILY TYPE	Number
Single parent families	679 (52%)
Singles	270 (21%)
Other families	358 (27%)

CULTURAL IDENTITY	Number
Anglo/Australian	481 (37%)
CALD	420 (32%)
Aboriginal & Torres Strait Islander	126 (10%)
Unknown	280 (21%)

ACCOMMODATION TYPE AT PRESENTATION	Number
Primary homeless	99 (8%)
Crisis accommodation	142 (11%)
THM	615 (47%)
Public/Social Housing	131 (10%)
Private rental	70 (5%)
Other including no tenure, missing	250 (19%)

MOSS agency data 2019-2020

Older Persons Programs Data

2019/2020 TOTAL SUPPORT PERIODS	606
Adult females	210 (35%)
Adult males	396 (65%)

LIVING SITUATION	Number
Lives alone	463 (77%)
Lives with family	74 (12%)
Lives with others	69 (11%)

AGE RANGE	Number
<45yo	30 (5%)
45>55	83 (14%)
56>65	235 (39%)
66>75	217 (36%)
>75yo	41 (6%)

ACCOMMODATION TYPE	Number
Primary homeless	27 (4%)
Public/Social Housing	390 (65%)
Private rental	62 (10%)
SRS	7 (1%)
Other	120 (20%)

HEALTH	Number
ABI	7
Asthma	22
Chronic health issues	100
Dementia	19
Drug and Alcohol	28
Epilepsy	33
Intellectual disability	58
No disability	38
Physical	99
Psychiatric	98
Not stated	1
Other	67

CULTURAL IDENTITY	Number
Anglo/Australian	326 (53%)
Culturally & Linguistically Diverse	268 (44%)
Aboriginal & Torres Strait Islander	17 (3%)

Merri Outreach Support Service continues to support many (606) mostly older people through its HACCYP, Aged Care and Commonwealth Home Support Programs throughout the year. This represents a 10% increase in numbers on the previous year. Consistent with previous years, more men (65%) than women were supported. This is probably reflective of the type of public housing estates on which we offer programs. Most (77%) of our service users live alone.

Residents of Barkly Street and Holmes Street high rise estates are well connected to the suite of MOSS programs on offer, Older Persons High Rise Support Program, Volunteer Program and Social Support Groups. MOSS's presence on these estates enhances the opportunity for people to participate in a vibrant supportive community and remain active. This means many can be supported to sustain their tenancies and address issue which might otherwise see them prematurely be admitted to Aged Care Facilities or hospital. This good work is also happening on broad-acre estates through the Connections Program, with housing vulnerability and health response the focus.

A wide age range of service users is supported with three quarters being within the 56 – 75 years old cohort. Most live in public housing, though our outreach work through the Community Connections Program does support a significant number living in rooming houses and sleeping rough.

Chronic health issues, psychiatric illness and physical disability are the highest reported health issues although these are but a few of a spread of health issues. As a registered NDIS provider, MOSS interfaces well with NDIS service providers and participants. CALD consumers are well represented (44%) as recipients of service delivery.

MOSS and the Child Safe Standards Report



The MOSS Child Safety Officers have continued to work toward full compliance with the Child Safe Standards through further evaluation and review of existing policies, procedures and practices. In late 2019 Department of Health and Human Services (DHHS) confirmed MOSS have achieved compliance in two of the seven standards. The Child Safety Officers then completed a further self-assessment and implementation plan for achieving compliance in the remaining four standards. This was submitted in late February 2020 however, likely due to the COVID-19 pandemic, MOSS had not received a response to the self-assessment and implementation plan.

Despite this the Child Safety Officers have continued to work through the implementation plan including conducting a Risk Assessment (SWOT Analysis) in regard to child safety and the Child Safe Standards and initiating Child Safe Standards inductions for new staff and new Board members.

In addition to this work and as part of our commitment to a whole of Agency approach to the implementation of The Standards, MOSS staff from all programs attended Child Safe Standards training run by Child Wise. This training provided an overview of The Standards as well information around what child abuse can look like and how to report any concerns or breaches of The Standards. The Child Safety Officers have continued to attend training and webinars held by Child Wise to enhance their knowledge and skills, be up to date with new information, legislation and resources.



ACKNOWLEDGEMENTS

Thank you to the supporters of Merri Outreach Support Service Ltd

HoMie
Friendly Moving Men
VIVA Energy Australia
St Kilda Mums
Telstra
Magistrates Court of Victoria
Queens Fund
Second Bite
College of Optometry
Foodbank Victoria
Homer Bassig (Scenovia)
The Walter and Eliza Hall Trust
Haven; Home, Safe
VincentCare Victoria Housing Services
Melbourne Youth Support Service
Unison Housing
Office of Housing - Broadmeadows
Public Transport Victoria
Presentation Sisters Balnarring
Melbourne City Mission
YMCA
Big Group Hug
Pinchapoo
Anthony Hinds

Tenants Victoria
Metropolitan Fire Brigade
Hearing Australia
Commonwealth Home Support Program (CHSP)
National Disability Insurance Agency (NDIA)
Your Community Health
Lentelle Pty Ltd
Georgie Arslan
Carla Aldemir
Connie Aldemir
Classy Cabinets
Acrilam/Kara Board
Yelen Teef
Inner North Community Foundation
Victorian Public Tenants Association
Core 3
Family Safety Victoria
Department of Health and Human Services
Banyule City Council
Darebin City Council
Hume City Council
Moreland City Council
Council to Homeless Persons (CHP)

Second Chance Animal Rescue
Bolton Clarke
Natalie Pascale
Bunnings Fairfield
CBA Staff Social & Charity Club
St Martin of Tours Primary School
Br Harry and Olympic Village Exodus Community
Himilo Community Connect
Banyule Community Health Service
West Heidelberg Legal Service
Preston Rotary
FareShare
Northern Care Works
The Bridge
Reservoir Neighbourhood House
Salvation Army Preston
Yarra Valley Water
Homeless Youth Dual Diagnosis Initiative
Darebin Information Volunteer & Resource Centre DIVRC
Banyule Support & Information Centre
BANSIC

Donations welcome!

Donations can help to make a profound difference to some people's lives.

Donations enhance the capacity of Merri Outreach Support Service (MOSS) to meet the needs of homeless people in flexible and creative ways. Some donors have very clear wishes for how they would like their donation used and we seek to honour those wishes. Donations can make a profound difference to some people's lives.

With the generosity of donors this year we have been able to support our clients in purchasing essential household goods, children's educational items, equipment for community activities as well as rejuvenate the Older Persons High Rise Community Garden at Barkly Street and establish a new garden to support the needs of the community kitchen. With the support of donors, our clients were able to create comfortable home environments whilst strengthening connectiveness with their community.

Community and corporate donations are integral to enhancing our community programs and making a significant difference to our most vulnerable members of the community. We are investing in a new website with improved functionality, enabling us to connect and build meaningful long-term partnerships with potential and current donors.

The new MOSS website is launching mid-November 2020. To understand how your donation can positively impact our community and make an online donation, please visit www.merri.org.au

MOSS is endorsed as an Income Tax Exempt Charitable Entity and Deductible Gift Recipient.

Finance Statements

MERRI OUTREACH SUPPORT SERVICE LTD					
ABN: 42 318 912 323					
STATEMENT OF PROFIT OR LOSS					
FOR THE YEAR ENDED					
30 JUNE 2020					
		2020		2019	
		\$		\$	
INCOME					
Government funding		\$6,006,226		\$5,990,351	
Donations and philanthropic income		\$8,810		\$16,482	
Interest received		\$11,162		\$28,137	
Other Income		\$664,852		\$243,127	
		<u>\$6,691,050</u>		<u>\$6,278,097</u>	
EXPENDITURE					
Employment benefit and expense		\$5,333,757		\$4,908,240	
Occupancy		\$404,127		\$402,336	
Computer		\$92,733		\$92,487	
Telephone		\$45,052		\$39,452	
Depreciation		\$58,502		\$56,427	
Motor vehicle		\$242,289		\$244,089	
Client expense		\$511,765		\$467,120	
Other expense		\$111,010		\$69,177	
		<u>\$6,799,235</u>		<u>\$6,279,328</u>	
Surplus / (deficit)		(\$108,185.00)		(\$1,231)	
<i>A full set of our audited accounts are available on the ACNC website</i>					

MERRI OUTREACH SUPPORT SERVICE LTD

ABN: 42 318 912 323

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2020

		2020		2019
		\$		\$
CURRENT ASSETS				
Cash		\$1,255,163		\$1,381,066
Trade and other receivables		\$105,002		\$102,989
TOTAL CURRENT ASSETS		\$1,360,165		\$1,484,055
NON- CURRENT ASSETS				
Property, plant and equipment		\$1,250,741		\$1,297,461
TOTAL NON-CURRENT ASSETS		\$1,250,741		\$1,297,461
TOTAL ASSETS		\$2,610,906		\$2,781,516
CURRENT LIABILITIES				
Trade and other payables		\$447,833		\$518,228
Provisions		\$562,079		\$554,017
TOTAL CURRENT LIABILITIES		\$1,009,912		\$1,072,245
NON-CURRENT LIABILITIES				
Provisions		\$73,680		\$73,772
TOTAL NON-CURRENT LIABILITIES		\$73,680		\$73,772
TOTAL LIABILITIES		\$1,083,592		\$1,146,017
NET ASSETS		\$1,527,314		\$1,635,499
MEMBERS' FUNDS				
Retained surplus		\$1,527,314		\$1,635,499
TOTAL MEMBERS' FUNDS		\$1,527,314		\$1,635,499
<i>A full set of our audited accounts are available on the ACNC website</i>				

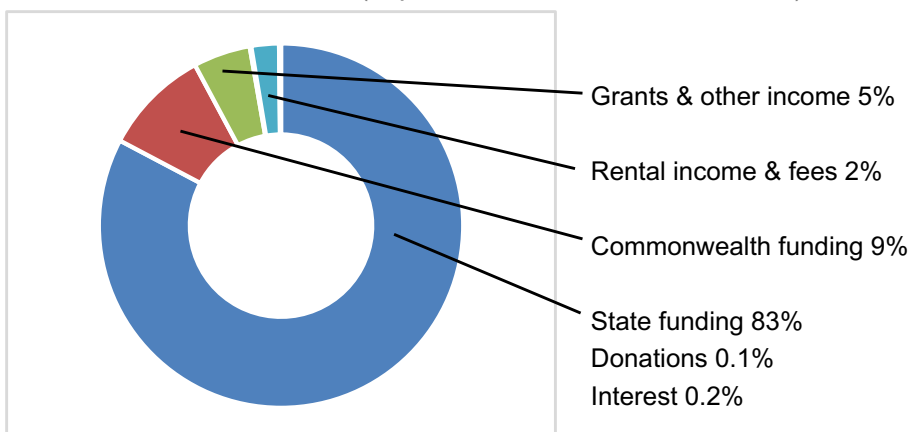
FINANCIAL SNAP SHOT 2019-20

Where the money came from

In 2020, our total income was \$6.6 million, an increase of 6% from 2019. This growth was primarily due to the growth in grant and other income of \$412,000 or 63% as a result from continuing to diversity our income streams.

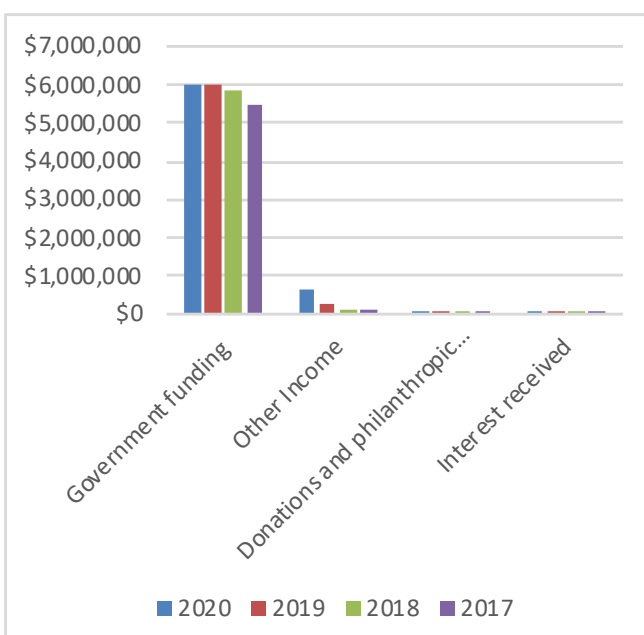
Where the money came from

Year ended 30 June 2020. (expressed as a % of total income)



Where the money came from

four year trend

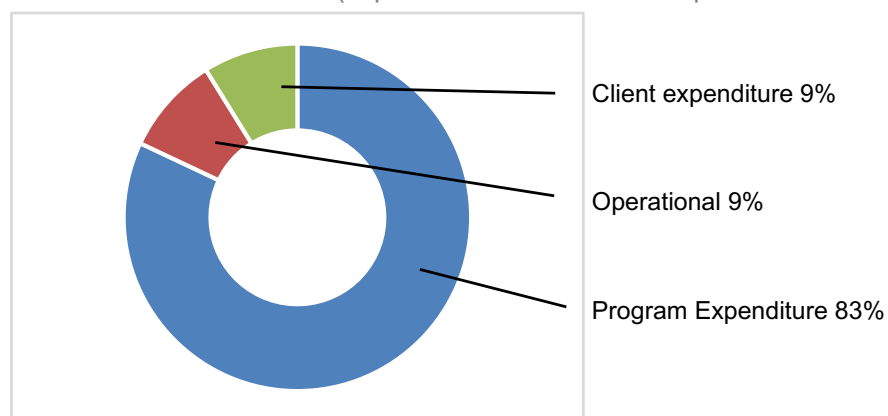


Where the money went

As a result of our growth in program, the percentage of our overall spend attributable to programs grew by 8% from 2019. With our investment in projects and resourcing to improve efficiencies and sustainability of the agency resulted in a total spend of \$6.7 million or 8.2% greater than 2019.

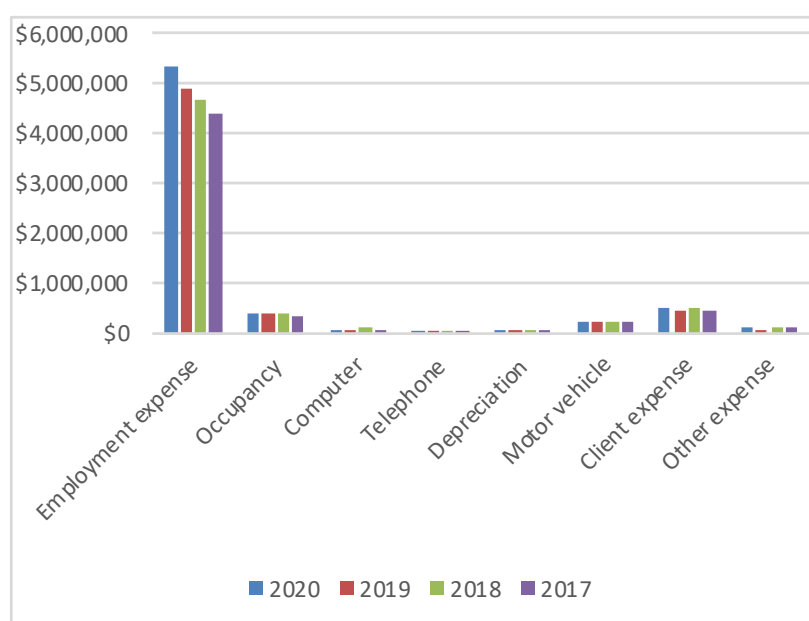
Where the money went

Year ended 30 June 2020. (expressed as a % of total expenditure)



Where the money went

four year trend



Merri Outreach Support Service

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