

# **Building an inclusive, connected and just Victoria.**

**Submission to the Victorian Government for the  
2026/27 Budget**

January 2026

**Uniting**

# Executive Summary.

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**Victoria is at a critical juncture.** Families, young people and individuals are facing intensifying pressures rooted in structural inequities across housing, financial security, social services and community infrastructure. These pressures are increasing demand for crisis responses, overwhelming frontline systems and undermining the aims of Victoria’s major reform agendas. The 2026–27 Budget presents a significant opportunity to shift from short-term, reactive responses toward a strategic, early-intervention approach that strengthens the foundations of wellbeing, reduces long-term system costs, and delivers better outcomes for Victorians.

Uniting is a contemporary expression of the Uniting Church’s commitment to social justice and community care. Each year, Uniting supports tens of thousands of Victorians experiencing hardship through no fault of their own, but because systems are fragmented, inequitable or difficult to navigate. Frontline experience shows that people are not struggling in isolation; they are encountering long waitlists, rising living costs, inconsistent access to support and disconnected service pathways. These challenges are particularly acute for young people, people in regional and rural communities, and those facing compounding issues such as disability, trauma, family violence or housing insecurity.

Despite strong reform agendas across mental health, early childhood, family services, family violence and housing, many ambitions will not be realised without strengthened early intervention infrastructure and service capacity. Weaknesses in system navigation, workforce stability, service continuity, local access and cross-system coordination continue to push people into crisis pathways that are significantly more costly and less effective than earlier, preventative responses. Closing the gap between reform intent and lived experience requires coordinated investment in both system design and delivery capability.

To respond to these challenges, Uniting recommends four priority reform packages, supported by a series of portfolio-specific recommendations:

## **A. System Navigation Package**

A statewide, early-intervention navigation function embedded across universal services, family services, allied health, The Orange Door and regional pathways. This package supports families, young people and carers to access the right supports earlier, reduces administrative burden, and prevents conditions escalating into crisis.

## **B. Youth Wellbeing and Stability Package**

A coordinated investment addressing youth housing insecurity, declining social and emotional wellbeing, shrinking youth outreach capacity and fragmented transitions through adolescence and early adulthood. The package strengthens early intervention, improves transitions from care, expands developmentally appropriate housing options and builds opportunities for belonging and connection.

## **C. Housing Stability and Connection Package**

A comprehensive response that expands safe and suitable housing, strengthens tenancy sustainment, reduces reliance on unsafe motel accommodation, funds assertive outreach—including in regional areas—and connects housing to mental health, alcohol and other drug, family violence and disability supports. Stable housing underpins all other wellbeing outcomes.

## **D. Sustainable Community Services Sector Package**

A foundational investment in the community services sector through long-term, stable funding arrangements that reflect the true cost of service delivery, support workforce stability and capability, and provide fit-for-purpose infrastructure. This package ensures that early-intervention and crisis responses can be delivered consistently, effectively and at scale, enabling reforms to achieve their intended impact over time.

Together, these packages form a coherent reform agenda that strengthens early intervention, improves system integration and ensures that government investment delivers lasting value. Critically, they recognise that policy reform and service delivery capability are inseparable—without a sustainable, well-resourced community services sector, even the strongest reform frameworks will fall short.

The choices made in the 2026–27 Victorian Budget will shape the wellbeing of communities for decades. Investing in early intervention, youth stability, housing security and a sustainable community services sector will reduce crisis demand, improve long-term outcomes and ensure existing reforms achieve their purpose.

With strategic investment and genuine partnership, Victoria can build systems that are coordinated, accessible and centred on dignity, safety and opportunity. Uniting stands ready to work alongside government to deliver an inclusive, connected and just Victoria—where no one is left behind.

Yours Sincerely,

**Carol Jeffs**

Chief Executive Officer, Uniting Vic.Tas

# Uniting Vic.Tas.

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## Uniting: building an inclusive, connected and just future

Uniting is a contemporary expression of the Uniting Church's commitment to **social justice and community care**. We believe in the inherent dignity, essential worth, and rights of every person. Everyone has unique needs and strengths.

Yet, we know that many people cannot fully participate in society. Structural inequities create unequal access to power, wealth, income, and social status. People experience marginalisation and discrimination based on gender, race, age, class, disability, and sexuality.

These inequities lead to complex social challenges: financial hardship, homelessness, child poverty, job insecurity, poor mental health, harmful substance use, crime, and family violence.

Uniting exists to change this. Our role is to **provide community services to reduce the impact of poverty, trauma, and disadvantage**—making a significant contribution to our vision of an **inclusive, connected, and just future for all Victorians**.

## Our vision for 2030

In early 2025, we launched the *Uniting 2030 Strategy: Strengthening the Foundations for Living* — a bold plan to create a more connected, evidence-driven approach to addressing disadvantage and reforming service delivery.

With a broad footprint, and a passionate workforce of 4,000 employees and 1,500 volunteers, we have the strength to drive meaningful change. In partnership with the Victorian Government, we seek to expand and enhance services and infrastructure across the state, focusing on early learning, family services, and housing programs to deepen community connections and intervene earlier in people's lives.

## What we strive for

For Uniting, an inclusive, connected and just future is a future where everyone:

- has access to sufficient **financial and material resources**
- can confidently and safely support the children and young people in their lives **reach developmental milestones**
- has **safe and positive relationships** with family members
- has a safe, stable, suitable and affordable **home**
- can effectively manage their **social and emotional wellbeing** with minimal harm from the use of alcohol and drugs
- can **actively participate** in communities where they feel valued and belong

To achieve these outcomes, we recognise the importance of strengthening the foundations for living, while also supporting those experiencing crisis and trauma.

## Our services

Across Victoria, Uniting offers a broad range of community services:

- **supporting children, youth and families to thrive:** early childhood education services, integrated family services, care and placement, and early intervention youth services.
- **offering compassionate care for people facing tough times:** homelessness services, financial counselling, mental health and alcohol and other drug services, carer support services, and emergency relief.
- **providing safe, stable and affordable housing:** transitional housing, social housing, affordable housing and retirement villages.

## Uniting 2024/25 Victorian Service Reach

<b>3,200</b> Victorian young children on any given day in 62 Kindergartens and Long Day Care services	<b>400</b> young children through Family Day Care and Outside School Hours programs	<b>1,100</b> Victorian children with disability on any given day through Kindergarten Inclusion Support	<b>15,400</b> people across <b>4,260</b> Victorian families in Integrated Family Services in 2024/25	Over <b>300</b> Victorian children in Uniting's Out of Home Care on any given day
<b>7,600</b> people supported to change their alcohol and drug use in 2024/25	<b>13,800</b> people supported to improve housing security through Homelessness Entry Points	<b>15,000</b> people supported through Emergency Relief	<b>1,300</b> residents in 880 community housing dwellings across Victoria; 80% of dwellings are in regional and rural Victoria	<b>4,800</b> people supported through carer wellbeing services

## Our approach

The challenges of poverty, trauma, and disadvantage are complex and interrelated. Rarely is a single intervention enough. Uniting is uniquely positioned to develop **new models of connected care** — where people feel safe, valued, and empowered; where trauma belongs to the past, and wellbeing is restored.

We continuously improve our services based on these principles:

- **Trauma and evidence-informed:** Prioritising safety, choice, and empowerment, guided by research and lived experience.
- **Relational and compassionate:** Building trust and dignity through empathetic relationships.
- **Locally responsive:** Partnering with communities to meet local needs.
- **Oriented toward change:** Supporting individuals on their journey to transformation and achieving life goals.

# Contents

<b>Executive Summary.</b>	<b>1</b>
<b>Uniting Vic.Tas.</b>	<b>3</b>
<b>1 System pressures undermining wellbeing</b>	<b>6</b>
<b>2 Recommended System Reform Packages</b>	<b>8</b>
<b>A. Invest in a Social Service Systems Navigation Package</b>	<b>8</b>
<b>B. Invest in a Youth Wellbeing and Stability Package</b>	<b>11</b>
<b>C. Invest in a Housing Stability and Connection Package</b>	<b>14</b>
<b>D. Invest in a sustainable community services sector.</b>	<b>17</b>
<b>Appendix: Portfolio Recommendations</b>	<b>19</b>
<b>1 DFFH Children and Families</b>	<b>20</b>
<b>1.1 Expand service navigation capacity.</b>	<b>20</b>
<b>1.2 Mainstream Early Help.</b>	<b>22</b>
<b>1.3 Strengthen kinship care and the Better Futures program.</b>	<b>23</b>
<b>2 Family Safety Victoria</b>	<b>27</b>
<b>2.1 Strengthen The Orange Door.</b>	<b>27</b>
<b>2.2 Strengthen system response to family violence.</b>	<b>28</b>
<b>3 Education – Early Childhood Education</b>	<b>30</b>
<b>3.1 Invest in ‘Grow Your Own’ initiatives.</b>	<b>30</b>
<b>4 DFFH Community Inclusion</b>	<b>32</b>
<b>4.1 Expand Support for Carers.</b>	<b>32</b>
<b>4.2 Fund Meals for Change.</b>	<b>33</b>
<b>4.3 Capital funding and case management for food relief.</b>	<b>35</b>
<b>5 Homes Victoria</b>	<b>36</b>
<b>5.1 Build more social homes.</b>	<b>36</b>
<b>5.2 Resource specialist homelessness services.</b>	<b>39</b>
<b>5.3 Deliver targeted, place-based responses for people at highest risk.</b>	<b>40</b>
<b>6 Mental Health &amp; Wellbeing</b>	<b>42</b>
<b>6.1 Translate the AOD Strategy into action.</b>	<b>42</b>
<b>6.2 Expand nurse practitioner models of care.</b>	<b>43</b>
<b>6.3 Pilot a women’s day rehab program.</b>	<b>44</b>
<b>6.4 Expand youth outreach.</b>	<b>45</b>
<b>6.5 Review the forensic AOD treatment system.</b>	<b>46</b>
<b>7 Consumer Affairs</b>	<b>47</b>
<b>7.1 Strengthen the private rental system.</b>	<b>47</b>
<b>7.2 Investing in financial counselling.</b>	<b>50</b>
<b>8 Government Services</b>	<b>52</b>
<b>8.1 Fairness in fines.</b>	<b>52</b>

# 1 System pressures undermining wellbeing

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**Victoria’s community service, housing and wellbeing systems are experiencing intensifying structural pressures that undermine safety, stability and long-term outcomes for children, young people, families and individuals. These pressures are interconnected and increasingly evident across Uniting’s statewide services, and without stronger early intervention and integrated pathways they will continue to escalate demand for high-cost crisis responses and weaken the impact of current Victorian reforms.**

The following sections outline four key system pressures driving escalating demand and undermining early intervention across Victoria.

## 1. Rising complexity and fragmentation across child and family systems

Families across Victoria are now presenting with multiple, intersecting challenges—including mental ill-health, disability, trauma, family violence, financial stress and housing instability. More than half of families in Uniting’s Family Services present with three or more compounding issues, creating levels of complexity that the current system was not designed to absorb.

The system remains fragmented, with families navigating disability assessments, paediatrics, allied health, Child Protection, early learning and family violence pathways in isolation. Long waitlists, inconsistent eligibility requirements and administrative burden are common, particularly in regional and rural areas where specialist services are scarce. Practitioners frequently provide unfunded navigation support simply so families can access basic services.

Major reforms such as the *Wellbeing Strategy 2025–2035* and the *Children, Youth and Families (Supporting Stable and Strong Families) Bill 2025* recognise the need for preventative, integrated approaches. However, gaps between reform intent and operational reality remain significant. The Family Services Platform shows promise through relational continuity and graduated models of support, but success depends on expanded navigation, cross-system access and strengthened allied health availability—especially in growth corridors and regional Victoria.

## 2. Financial stress and structural drivers of hardship

Alongside rising system complexity, households across Victoria are facing persistent financial stress which directly affects family stability and access to support.

Rising living costs and wages that have not kept pace have left families with growing economic insecurity. Emergency relief services—including those delivered by Uniting—are experiencing surging demand for food, bills and essential items, despite remaining underfunded, volunteer-dependent and precarious.

Financial counselling remains oversubscribed and insufficiently resourced. Policy-manufactured financial harm, including fines systems that disproportionately affect low-income households, forces families to trade off essentials and compounds debt.

Economic stress does not operate in isolation; it interacts with family stress, mental health pressure and housing instability. For many families, financial insecurity is the tipping point that pushes them into crisis systems that could have been prevented with timely support.

## 3. Housing instability driving cycles of crisis and trauma

In 2024–25, Uniting’s homelessness programs supported nearly 14,000 people, with many thousands more turned away due to capacity constraints. Children, adolescents and young adults are particularly affected, with nearly half of those turned away under the age of 26.

Despite reforms, we hear Victoria's private rental market continues to put renters at a structural disadvantage, with insecure tenure, inadequate enforcement of minimum standards and opaque practices from property managers. People with trauma, disability or mental health needs often deteriorate rapidly in high-density environments unsuited to their requirements.

Pathways between homelessness, family violence and housing remain inconsistent, leading to unsafe and retraumatising experiences—particularly for women and children placed in motels due to limited crisis accommodation. In regional areas, the absence of funded assertive outreach leaves people disconnected from support until they reach acute crisis.

Housing instability amplifies other vulnerabilities: it disrupts children's development, undermines trauma recovery, prevents engagement with education or employment, and increases demand across the health and community sectors. Without stable housing, early intervention cannot succeed.

#### **4. Social and emotional wellbeing pressures: loneliness, stigma and system gaps**

Alongside pressures in housing, family services and financial security, social and emotional wellbeing is also deteriorating, particularly for young people.

Loneliness, disconnection and stigma contribute to rising mental health concerns—yet many supports remain clinic-centred and inaccessible to those who need them most.

Community-based models such as Uniting's Meals for Change demonstrate the value of low-stigma, relational environments in re-engaging isolated young people.

However, shrinking youth outreach capacity in the alcohol and other drug (AOD) system and long waits for trauma-informed therapeutic services limit timely support.

While the new Victorian AOD Strategy provides a direction for future investment, this opportunity should be fully funded, especially through supporting initiatives including prescriber models and gender-responsive treatment options.

Together, these pressures result in a system that responds late, inconsistently and often ineffectively, despite strong policy aspirations for early intervention and connected care.

#### **Why addressing these system pressures matters now**

Together, these pressures escalate crisis demand, increase long-term system costs and undermine the goals of Victoria's reforms across family services, mental health, early childhood, family violence and housing. Financial stress, housing instability and fragmented pathways compound one another, creating avoidable risk and harm. Coordinated investment in navigation, youth wellbeing and housing stability is essential to stabilise the system and enable early intervention to succeed.

The Priority Packages that follow provide the opportunity to deliver these outcomes.

## 2 Recommended System Reform Packages

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### A. Invest in a Social Service Systems Navigation Package

**Invest in a Social Service Systems Navigation Package that embeds navigation as a core, statewide early-intervention function — complementing existing navigation roles for high-complexity cohorts and ensuring families and young people can access the right supports earlier, move seamlessly between systems, and prevent escalation into crisis.**

This Package incorporates and scales navigation-related initiatives already embedded across the submission, including: Early Help, expanded navigation capacity across child and family services, clearer and more accessible pathways through The Orange Door, improved regional access to paediatrics and allied health, coordination between homelessness, family violence and housing systems, and enhanced navigation for carers.

#### Experiences facing consumers

Uniting’s practice experience across Victoria demonstrates that **system navigation is one of the strongest predictors of whether families and young people access support early, stay engaged, and avoid escalating crises**. Currently, navigation functions exist in parts of the system — particularly for people with high and complex needs — but early intervention navigation is inconsistent, fragmented and often absent where families first seek help. This leaves many people struggling to access appropriate supports until their situation becomes acute enough to meet thresholds for existing navigation programs.

#### Fragmented pathways and overwhelming administrative burden

Families describe service pathways that are difficult to understand, administratively burdensome and emotionally exhausting. Long waitlists, complex eligibility requirements, and inconsistent referral information make it challenging to secure support at the right time.

A Family Services consumer summed up this experience:

*"Understanding the eligibility requirements, gathering the documentation, getting assessments, coordinating reports...it was overwhelming to navigate alone."*

Practitioners repeatedly report stepping in to help families negotiate system barriers even though navigation is not formally funded as part of their role. This includes:

- guiding parents through disability assessments and NDIS requirements,
- supporting access to paediatric, mental health and allied health services,
- helping families interpret referral documentation, and
- troubleshooting gaps between specialist, universal and community services.

These challenges occur **both prior to and alongside** the navigation roles already funded for high-complexity cohorts (e.g., some Child Protection interfaces, family violence responses, disability and mental health programs). The need now is for **a coordinated, early-intervention layer of navigation** that supports families long before they become “complex enough” to qualify for existing supports.

## The early-intervention gap: where families fall through

Throughout this submission, Uniting highlights the structural gaps that block timely access to help:

- **Regional families** face disproportionate barriers due to long travel distances, limited service availability and high upfront costs. The regional mother in the Parenting Children with Complex Disabilities program described travelling “two and a half to three hours” for paediatric appointments after local access evaporated — a gap that her practitioner’s navigation support partially bridged, but which the system itself did not prevent.
- **The Orange Door** remains perceived by many as primarily a family-violence-specific service. Practitioners report “literally walking families down the road” to the Hub because they feel unsure, stigmatised or worried about engaging. Families with early or emerging concerns often delay seeking support until risks escalate.
- **Paediatric and allied health pathways** are inconsistent and frequently inaccessible. Limited availability in regional areas leads to delays in diagnosis and early intervention for children with developmental needs.
- **Carers**, especially those with compounding responsibilities, routinely carry the burden of coordinating multiple service systems while managing their own wellbeing and financial pressures.

Across all these contexts, **navigation appears as an unfunded expectation**, relied upon heavily by families but inconsistently available. This results in inequitable outcomes, particularly for families who lack the time, literacy, transport or financial means to navigate systems independently.

## Components of a Systems Navigation Package

### 1. Embedded systems navigation in universal settings

- Scale Early Help into a statewide, recurrent early-intervention program supported by dedicated navigators.
- Position navigators in universal touchpoints — schools, Maternal & Child Health, community health, and youth spaces — where stigma is lowest and access is strongest.

### 2. Strengthened access and referral pathways through The Orange Door

- Improve child and youth wellbeing assessment pathways, including more face-to-face assessment where appropriate.
- Establish clearer, more responsive referral loops with family services, disability supports and allied health.

### 3. Cross-system coordination for families with emerging needs

- Introduce coordinated navigation roles that support families to access disability assessments, paediatric services, and mental health or therapeutic supports earlier, as part of the Connecting and Strengthening pillars of the Family Service Reform.
- Particularly strengthen navigation in **regional areas**, where service gaps are compounded by distance and cost.

### 4. Navigation Support for Carers

- Pilot navigation support for carers to reduce the burden of managing multiple systems and to identify young carers earlier, including through schools and primary health care.

### 5. Integration across housing, homelessness and family violence

- Embed housing workers within family violence and homelessness entry points to ensure safe, timely pathways out of crisis.
- Strengthen coordination to prevent re-presentations due to fragmented handovers.

## 6. Outcome-driven data and system learning

- Support providers to improve tracking of client journeys across services — including re-presentation, referral follow-through and exit points — to identify where families fall through gaps and strengthen the evidence base for early-intervention navigation.

### Why this Package is the logical next step

Existing navigation supports for high-complexity consumers are essential and must continue — but they **activate too late** for many families. Uniting’s on-the-ground experience and consumer stories show that earlier, accessible and relationship-based navigation prevents escalation and improves outcomes across all service domains. An investment in this Package:

- **Earlier access to supports**, reducing reliance on crisis services.
- **Reduced administrative burden** for families navigating disability, health, education and housing.
- **Fewer unnecessary practitioner handovers**, improving relational continuity — a consistent theme of the Family Services Platform.
- **More effective early identification of risks**, particularly in family violence, housing instability and developmental concerns.
- **Improved regional equity**, reducing wait times and travel burden.
- **Stronger carer wellbeing**, including identification and support for young carers.
- **Clearer, faster referral pathways** across interconnected systems.

This Systems Navigation Package provides the **missing early-intervention infrastructure** needed to complement existing specialist navigation roles and ensure Victorian families and young people receive the right support at the right time — no matter where they enter the system.

## B. Invest in a Youth Wellbeing and Stability Package

**Invest in a Victorian Youth Wellbeing and Stability Package that consolidates and strengthens early intervention, youth-appropriate housing and homelessness responses, supported transitions from care, community-based social connection initiatives, and youth-focused AOD outreach for young Victorians aged 12–25.**

This priority recommendation draws on Uniting’s direct service experience, practice evidence, and the lived experiences of young people whose stories appear throughout this submission. Together, these provide a compelling case for a coordinated youth investment that reflects the realities facing young Victorians today.

### Experiences facing young people

Young people consistently appear across Uniting’s statewide service system as a cohort facing multiple, compounding pressures — pressures that are not the result of individual failings, but of systemic gaps that can be addressed through timely, relational and developmentally appropriate investment. The themes emerging point clearly toward the need for a consolidated, cross-system Youth Wellbeing and Stability Package.

#### Earlier intervention and clearer service pathways

Uniting’s work in Early Help, Integrated Family Services, and disability-focused family support consistently shows that families — including adolescents — are weighed down by fragmented systems. Many are managing intersecting challenges such as disability, trauma, limited community support, and health or housing pressures. They describe feeling overwhelmed by eligibility requirements, long waits, and disjointed referral pathways.

This is especially acute in regional areas. A mother involved in the Parenting Children with Complex Disabilities program described having to travel “two and a half to three hours” for paediatric appointments after local services were defunded, often needing to pay upfront costs she could not afford. This story reflects a broader experience — that access to assessments and specialist care often hinges on whether a trusted practitioner can help families navigate complexity.

Recommendations in this submission to expand service navigation capacity, mainstream Early Help, improve access to paediatrics and allied health, and reform The Orange Door funding model all respond directly to these observations. Together, they lay the groundwork for a youth-focused early intervention component within the Package.

#### Housing barriers that shape young people’s life trajectories

Youth homelessness and housing insecurity emerge across Uniting’s services as defining issues. In 2025, almost 3,000 people seeking help from Uniting’s homelessness programs were turned away due to capacity constraints — and among those who recorded age, **47% were under 26**. This signals a system not designed to meet the needs of adolescents and young adults.

Consumer stories vividly illustrate how these system failures are experienced:

- **Halo**, a young person in regional Victoria, applied for “*up to 15 rental applications each week*” without receiving a response. They spoke of feeling judged by property managers because of their appearance and clothing, revealing how implicit bias and youth discrimination shut young people out of housing even when they are doing everything right.
- **Cole**, aged 17, described the overwhelming experience of being suddenly kicked out of home and trying to navigate temporary accommodation, paperwork, and multiple agencies alone. He said, “*I couldn’t even go a few days*” before realising he needed help, showing how quickly young people without support can enter deeper crisis.

Uniting's practice experience reinforces that young people need housing responses specifically designed for them — not adult crisis options that fail to account for developmental needs, safety, or stability. The submission's recommendations for youth-specific crisis accommodation, targeted place-based responses, strengthened private rental protections, and increased funding for specialist homelessness services directly inform the housing and homelessness element of the Package.

### **Transitions from care: where early gaps become lifelong disadvantage**

Young people transitioning from Out of Home Care consistently describe fractured planning processes, late engagement, and high caseloads that undermine their readiness for adulthood.

The experiences of siblings **Jemma** and **Rowan** demonstrate what is possible when transitions are supported well — and what happens when they are not.

- Jemma reported that Uniting staff ensured she stayed connected to school, supported scholarship applications, and helped her secure transitional housing that enabled her to keep her cat, manage subsidised rent, and build a rental profile. She highlighted how essential it was that workers helped her navigate lease sign-off and access long-neglected healthcare.
- Rowan described a very different early experience: multiple workers at once, repeated questions, and feeling excluded from decisions that affected their life. They emphasised the emotional toll of missing identification documents, explaining that the absence of basic paperwork blocked access to work, housing and a driver's licence.

These stories illustrate both the risk and the opportunity: when transitions are rushed or inconsistent, young people can become disconnected within weeks; when they are gradual, relational and practical, young people move forward with confidence.

This submission's recommendations to strengthen kinship care, deepen transition supports, and expand Better Futures form the transition-to-adulthood strand of the Package.

### **Loneliness, belonging and stigma-free youth supports**

Growing social isolation among young people is a critical concern. Research shows one in three young adults experience problematic loneliness, and Uniting's own experience confirms the consequences of this disconnection.

Uniting's **Meals for Change** program demonstrates a simple but powerful solution: enabling young people to share affordable meals in community spaces. One participant in the program highlights its impact:

*"I can not only pay for my own food, but also my friends'... It just feels amazing to be able to do that for once in my life."*

This reflects a consistent theme across Uniting's observations: when you reduce stigma and create accessible social spaces, young people re-engage in ways that significantly improve their wellbeing.

We also highlight the shrinking capacity of youth outreach within the AOD system — even though AOD outreach is precisely the flexible, relational approach that engages young people earlier and supports harm reduction.

Recommendations to fund Meals for Change, expand youth outreach, translate the AOD Strategy into action, and reduce stigma anchor the wellbeing and connection elements of the Package.

### **Regional inequity amplifying every challenge**

Young people in regional and rural areas face further disadvantage due to limited-service availability, workforce shortages, and long travel distances.

Experiences shared by families across regional Victoria — including the mother who waited years for paediatric assessments and had to manage travel and upfront costs — show how regional inequity can escalate routine developmental or health needs into crises.

Recommendations focused on assertive outreach, place-based responses, and targeted investment in regional service capacity are essential to ensure that the Package benefits young people across the entire state.

## Why this Package is the logical next step

While this submission includes a full suite of recommendations across child and family wellbeing, housing, financial wellbeing and social and emotional wellbeing, the evidence clearly shows that young people sit at the centre of many intersecting pressures. Their outcomes depend not on one service system but on the relationships between several.

The Youth Wellbeing and Stability Package:

- Aligns and strengthens youth-focused recommendations already in the submission
- Responds directly to Uniting's frontline observations and the consumer stories presented throughout
- Provides a coordinated investment approach across the systems that shape young people's lives
- Reflects early intervention and prevention principles central to current Victorian reforms
- Offers a clear, high-value policy direction for improving youth outcomes statewide

By consolidating these elements, the Package ensures that young people have the stability, support and connection they need to thrive — and that Victoria's broader investment in early intervention and community wellbeing delivers its intended outcomes.

## C. Invest in a Housing Stability and Connection Package

**Invest in a Victorian Housing Stability and Connection Package that strengthens early intervention, prevents recurrent homelessness, and ensures people experiencing housing instability — including young people, women and children escaping family violence, people with mental health or alcohol and other drug needs, and those living in regional and rural communities — can access safe, appropriate and connected supports that address the social, relational and health factors underpinning housing insecurity.**

This Package reflects a consistent message across the submission: that housing instability is not simply a lack of shelter — it is a destabilising force that disrupts safety, connection, mental health, wellbeing and recovery across multiple service systems. Without safe, suitable housing, people cannot engage with therapeutic supports, rebuild relationships, maintain employment or education, or recover from trauma. The Housing Stability and Connection Package brings together the supports needed to stabilise people earlier, reduce preventable harm and ensure they can move out of crisis toward safety and long-term wellbeing.

### Experiences facing consumers

Across Uniting’s services, people describe housing instability as a turning point that quickly cascades into deeper crisis.

**Young people** consistently highlight that the private rental market is not only inaccessible but actively discouraging. *Halo*, a young person in regional Victoria, applied for “up to 15 rental applications each week” without receiving a single response, describing visible discrimination based on their appearance:

*“I think I can feel them judging me when I try and ask them a question. I definitely feel like they don’t care.”*

These experiences compound social isolation, financial stress and mental health strain — all of which worsen when young people are left without safe, stable housing.

Other young people experience sudden homelessness with little warning. *Cole*, aged 17, was abruptly kicked out of home and tried to manage alone:

*“When my parents first kicked me out, I just thought I could figure it out myself, but I couldn’t even go a few days.”*

While temporary accommodation provided a short reprieve, the pressure of navigating multiple services, appointments and paperwork left *Cole* carrying adult responsibilities without the developmental supports young people need.

**Adults experiencing mental health or health-related vulnerabilities** similarly describe unsafe housing as a source of escalating distress. *Brendon*, who lived for years in a deteriorating property, described the physical and psychological toll of prolonged exposure to mould, unsafe repairs and a lack of agency over who entered his home:

*“I was at my wits’ end... it wasn’t just the physical health problems — it was the mental health issues of having to jump through hoops while still living in that space.”*

**Women and children escaping family violence** face profound instability due to the lack of suitable crisis accommodation. A mother fleeing violence described how long waits, lost referrals and the absence of child-focused therapeutic supports compounded trauma at the very moment her family needed stability and safety.

**Regional families** experience additional barriers — from two-to-three-hour trips for health appointments to limited local housing options and no funded assertive outreach. A regional mother supporting four children explained the cumulative strain:

*“I’ve got the other children too — they’ve got to be looked after... you get your money back a month later, but what are you supposed to do in-between?”*

Across all these stories, the thread is the same: **housing instability amplifies every other vulnerability**, and without tailored, connected supports, people remain trapped in cycles of crisis.

## **Components of a Housing Stability and Connection Package**

### **1. Youth housing stability**

- Establish youth-specific crisis accommodation and supported housing pathways.
- Provide tailored, relational casework and outreach for young people at risk of homelessness.
- Strengthen transition-from-care housing supports through earlier engagement and sustained assistance.

### **2. Family violence housing safety pathways**

- Replace unsafe motel accommodation with trauma-informed crisis options for women and children.
- Embed housing workers in family violence entry points to ensure coordinated, timely and safe housing pathways.
- Strengthen cross-system referrals and accuracy of information shared between family violence, child wellbeing and housing services.

### **3. Housing supports connected to mental health and AOD needs**

- Expand supported housing models suitable for people with complex mental health or AOD needs.
- Fund wellbeing support packages attached to new developments.
- Strengthen integration between housing, mental health, AOD, family services and community inclusion programs.

### **4. Regional housing access and outreach**

- Establish recurrent funding for assertive outreach in regional areas including Wimmera and Gippsland.
- Fund place-based regional responses with flexible brokerage and in-home or mobile supports.
- Build coordinated regional housing pathways that minimise disconnection and the destabilising impact of distance.

### **5. Early intervention and tenancy sustainment**

- Expand tenancy sustainment programs including Private Rental Assistance Program (PRAP), Aboriginal PRAP, Tenancy Plus and rental brokerage supports.
- Strengthen rapid referral pathways from youth, family, AOD, mental health and financial counselling services.
- Provide practical supports that stabilise households before issues escalate.

## **6. Connection, navigation and relational support**

- Embed housing navigators across Early Help, youth services, family violence hubs, AOD programs and carer supports.
- Improve data sharing to track client journeys and identify points of re-entry and structural gaps.
- Strengthen cross-system coordination to reduce fragmentation and minimise retraumatisation.

### **Why this Package is the logical next step**

Evidence across the submission shows that stable housing is the platform for every other wellbeing outcome — safety, recovery, engagement in education and work, positive mental health, and long-term stability.

The Housing Stability and Connection Package complements the System Navigation and Youth Wellbeing Packages by ensuring that the environments people live in are safe, suitable and supportive, enabling early intervention and relational practice to genuinely succeed. With this investment, Victoria can prevent repeated crises, reduce harm, and lay the foundations for lasting wellbeing for people across the state.

## D. Invest in a sustainable community services sector.

**Invest in a sustainable community services sector that is supported by long-term, stable funding arrangements which reflect the true cost of delivering services, enable workforce stability, and provide fit-for-purpose infrastructure so organisations can effectively deliver early intervention, prevention and crisis responses across Victoria.**

An inclusive, connected and just future depends not only on well-designed reforms, but on a community services sector that has the stability, capacity and infrastructure needed to deliver them effectively. Without sustained investment in the foundations of service delivery, the ambitions of Victoria's reform agendas across family services, mental health, housing and community wellbeing cannot be fully realised.

### Experiences facing the community services sector

The community services sector in Victoria is under significant and increasing pressure. **Inconsistent funding agreements and short-term contracts** create ongoing financial uncertainty and add administrative burden, diverting time and resources away from frontline service delivery. Organisations like Uniting are required to regularly tender across multiple government departments, incurring additional costs that are not covered by funding agreements.

Even when funding is secured, agreements frequently fail to account for essential operational costs that are now core to safe and contemporary service delivery. These include **information and communications technology infrastructure, vehicles, facilities maintenance and the growing cost of cybersecurity**. As a result, organisations absorb these costs without certainty or scale, constraining service quality, innovation and long-term planning.

These pressures flow directly into workforce challenges. The current funding model makes it **difficult to attract, retain and develop a stable, skilled workforce**, particularly in areas of high demand or specialist practice. Uniting sees this impact across its service portfolio. In financial counselling, demand continues to rise while high caseloads and funding uncertainty limit workforce growth and professional development. In the alcohol and other drug sector, funding fluctuations have led to the loss of skilled workers, eroding service capacity and continuity.

Short-term funding also results in the loss of effective initiatives when temporary investment ceases. Outreach roles established during COVID-19 are a clear example—positions that demonstrated strong outcomes for vulnerable communities but were lost when short-term funding cycles ended, leaving service gaps and unmet need.

In addition, **fit-for-purpose physical infrastructure** is essential to modern community service delivery. Uniting supports Infrastructure Victoria's call for increased investment in community health infrastructure and notes that community services providers face similar challenges. Many facilities are ageing, carry significant maintenance liabilities and are not suited to contemporary models of safe, accessible and integrated care.

### Components of a Sustainable Community Services Package

A sustainable sector requires investment in the core enablers of service delivery, including:

#### 1. Long-term, stable funding agreements

Following the lead of the Labor Government in New South Wales, introduce longer-term contracts with appropriate indexation to provide certainty, reduce administrative burden and enable strategic planning and innovation.

#### 2. Funding that reflects the true cost of delivering services

Ensure funding agreements account for essential operational costs, including ICT, cybersecurity, vehicles, facilities maintenance and compliance, rather than shifting these costs onto providers.

### 3. Workforce stability and capability

Support workforce retention, skills development and continuity across community services by reducing funding volatility and enabling sustainable employment conditions.

### 4. Fit-for-purpose infrastructure investment

Enable community services providers to access capital investment for facilities that are safe, modern and suitable for delivering contemporary, relational and integrated services.

### 5. Funded evaluation and outcomes measurement

Ensure funding agreements include capacity for evaluation and outcomes measurement so services can continuously improve and contribute to the evidence base for effective early intervention and prevention.

## Why this investment is the logical next step

Victoria has invested heavily in ambitious reform agendas across family services, mental health, housing, early childhood and community wellbeing. However, these **reforms rely on a stable, capable and well-resourced community services sector to succeed.**

Without sustainable funding models, the system is forced into short-term decision-making that undermines workforce stability, service continuity and community trust. The costs of this instability are borne not only by service providers, but by families, children and individuals who experience fragmented support, delayed access and inconsistent care.

Investing in a sustainable community services sector is therefore not a standalone reform—it is a **foundational enabler** that ensures existing and future government investments deliver their intended outcomes. By strengthening the operational, workforce and infrastructure foundations of the sector, Victoria can maximise the return on its reform efforts, support innovation, and ensure that early intervention, prevention and crisis responses are accessible, effective and enduring.

# Appendix: Portfolio Recommendations

## Portfolio Recommendations

### DFFH Children and Families

- 1.1 Expand service navigation capacity.
- 1.2 Mainstream Early Help.
- 1.3 Strengthen kingship care and the Better Futures program.

### Family Safety Victoria

- 2.1 Strengthen The Orange Door.
- 2.2 Strengthen system response to family violence.

### Education – Early Education

- 3.1 Invest in 'Grow Your Own' initiatives.

### DFFH Community Inclusion

- 4.1 Expand Support for Carers.
- 4.2 Fund Meals for Change.
- 4.3 Capital funding and case management for food relief.

### Homes Victoria

- 5.1 Build more social homes.
- 5.3 Resource specialist homelessness services.
- 5.4 Deliver targeted, place-based responses for people at highest risk.

### Mental Health & Wellbeing

- 6.1 Translate the AOD Strategy into action.
- 6.2 Expand nurse practitioner models of care.
- 6.3 Pilot a women's day rehab program.
- 6.4 Expand youth outreach.
- 6.5 Review the forensic AOD treatment system.

### Consumer Affairs Victoria

- 7.1 Strengthen the private rental system.
- 7.2 Investing in financial counselling.

### Government Services

- 8.1 Fairness in fines.

# 1 DFFH Children and Families

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## 1.1 Expand service navigation capacity.

### **Expand service navigation capacity to realise the integrated child and family wellbeing reforms.**

*Understanding the eligibility requirements, gathering the documentation, getting assessments, coordinating reports...it was overwhelming to navigate alone.*

*Family Services Consumer Survey respondent, 2025*

Families experience child and family services as a single system, even when policy, funding and accountability structures treat them as separate. Parents are highly motivated to support their children yet consistently describe the exhaustion of navigating fragmented pathways across disability, health, education and child protection systems.

As Uniting's practice experience demonstrates, such as through the following case study of a mother of four living in regional Victoria, the effort required to access basic supports – such as NDIS eligibility, paediatric assessments or therapeutic services – can be overwhelming, particularly for families managing disability, trauma and complex needs simultaneously. In many cases, timely and appropriate support is only secured once a trusted practitioner assists families to navigate these systems.

These experiences reinforce that child and family wellbeing cannot be understood solely through individual capacity or parenting effort. Stability and safety are shaped by the systems, services and structures surrounding families. Victoria's *Wellbeing Strategy and the Children, Youth and Families (Supporting Stable and Strong Families) Bill 2025* recognises this reality, establishing shared responsibility across government for the conditions that enable children and families to thrive, and providing a strong foundation for system-wide reform focused on prevention, early intervention and integration.

Uniting's 2030 Strategy aligns closely with this direction, prioritising better connected, evidence-informed services that are easier to access and navigate. Expanding disability-focused family supports, improving access to paediatric and allied health services—particularly in regional and rural areas—and strengthening service availability in high-demand locations are central to this approach. Co-locating and coordinating services where possible reduces fragmentation and supports families to engage with services in familiar, trusted environments.

The Victorian Government's Family Services Platform reform presents a significant opportunity to embed these principles in practice. Uniting supports the reforms emphasis on relational continuity and flexible support, enabling families to move seamlessly between levels of assistance without retelling their stories or losing trusted practitioner relationships. Evidence from Uniting's Family Preservation and Reunification Response demonstrates the effectiveness of this approach, with families reporting increased confidence and capability, and the majority of children safely prevented from entering or re-entering care. These outcomes highlight the importance of evidence-informed, strengths-based models delivered through stable practitioner relationships.

The Victorian Government has already recognised the importance of service connection and navigation through investments in navigation and coordination roles across parts of the child and family wellbeing system. Practice evidence indicates these roles are highly valued by families and practitioners and are critical to enabling engagement, continuity and timely access to support. However, current coverage and capacity are uneven and insufficient to meet demand—particularly for families navigating multiple systems or living in regional and high-demand areas.

As the Family Services Platform transitions, insufficient navigation capacity risks perpetuating the very fragmentation the reforms are designed to address. Navigation support must therefore be expanded and embedded as a core function of service delivery, rather than remaining limited or program-specific. This includes protecting service capacity and workforce stability, enabling practitioners to adjust the intensity of support without bureaucratic interruption, and strengthening coordinated pathways across disability, health, education and child protection systems.

Taken together, the evidence points to the need for a genuinely integrated, prevention-focused system that values relational continuity and actively supports families to navigate complexity. Expanding service connection and navigation will build on existing government investment and ensure current reforms deliver their intended early intervention, integration and wellbeing outcomes for children and families across Victoria.

### Compounding inequity for regional and rural families

The challenges facing families in rural and regional communities provide a stark illustration of the cumulative pressures that undermine wellbeing.

A mother of four living in regional Victoria, participating in Uniting's Parenting Children with Complex Disabilities (PCCD) program, spoke of how her children have additional needs requiring paediatric, psychological and developmental assessments. Yet the closest publicly accessible paediatrician has a minimum two-year waitlist, and private options cost between \$400 and \$500 per visit, before factoring in transport, accommodation, childcare and lost income. She describes the struggle plainly:

*"They used to come down to our town, but the funding was pulled... now we travel two and a half to three hours for an appointment. I've got the other children too—they've got to be looked after... I know we've got the travel scheme - but you've got to have the money up front to pay for the travel, and then you get your money back in a month's time. You know, what are you supposed to do in-between?"*

The inconsistent presence of medical professionals where they live, where doctors rotate rapidly and continuity is rare, has contributed to missed diagnoses and delayed intervention, with long-term impacts on her own health as well as her children's wellbeing. Support from the PCCD program has been transformative. Through PCCD, she received assistance to obtain essential developmental assessments otherwise out of reach.

She explains how this reshaped her family's trajectory:

*"Getting assessments paid for... that's something we couldn't achieve without the support of the worker. My oldest is finally getting tested and she'll learn new strategies. It makes her life a bit easier, which makes mine a bit easier."*

The practitioner adapts to the children's sensory and relational needs, meeting them at their grandparents' farm, an environment where they feel safe, relaxed and able to engage. This flexibility is fundamental to maintaining rapport and delivering meaningful support.

Her story is emblematic of families across regional Victoria. Distance, cost, health service shortages and fragmented service pathways combine to create avoidable hardship. It is also an example of the transformative impact that well-designed, relationship-centred supports can have when they respond to local context. The PCCD program, and Uniting's broader approach, demonstrates that early intervention is not an abstract policy aspiration; it is a practical necessity that directly alters child and family wellbeing.

## 1.2 Mainstream Early Help.

### **Establish Early Help as a permanent state-wide early intervention service with recurrent funding and integrated delivery across universal services.**

Early intervention is one of the most effective ways to improve outcomes for children and prevent escalation into crisis systems. Victoria's Early Help pathway is designed to provide families with relationship-based, non-stigmatising support embedded in universal services, such as Maternal and Child Health, schools and early learning settings.

The program is currently operating as a pilot through to 30 June 2027.

Uniting's Early Help models in Eastern Melbourne and the Wimmera demonstrate the success of this approach. These programs have supported more than 1,000 families in the Eastern region alone, with parents reporting significant improvements in parenting confidence, emotional regulation and family functioning.

Families repeatedly describe Early Help as the service that "unravels the mess," offering practical guidance, emotional support and coordinated access to other parts of the system.

One parent said, "The hospital gave me pamphlets, but it took my worker to explain how it all related to me personally."

Co-location with universal services reduces stigma and makes support feel familiar and accessible. Our partnership with VACCA in Eastern Melbourne, including a dedicated playgroup for First Nations families, demonstrates the value of culturally grounded early intervention.

Despite its strong outcomes, Early Help remains a pilot, limited to a small number of regions. It requires sustained, statewide investment to become the backbone of Victoria's early intervention system. With stable funding, a larger workforce and deeper integration with universal services, Early Help can reduce demand on more intensive programs and ensure that families receive support before issues become entrenched.

## 1.3 Strengthen kinship care and the Better Futures program.

### **Strengthening both kinship care support and the Better Futures program supports young people to positively transition to adulthood – without engaging in the youth justice system.**

Uniting has a longstanding commitment to Out of Home Care (OOHC) Services, with many of the organisations that came together to create Uniting having decades long experience in supporting this highly vulnerable cohort. The provision of these services is core to Uniting's mission. The children and families that require support through OOHC Services are amongst the most vulnerable in our community. The majority are dealing with significant levels of economic and social exclusion and with a wide range of needs spanning multiple program areas.

As is widely known, there is substantial overlap between child protection systems and youth justice supervision.<sup>1</sup> An OOHC system delivering positive impacts for children and young people is an opportunity to reduce youth offending.

The delivery of OOHC has always been challenging and has become more so in recent decades as the needs of children and families have become increasingly complex, and as government, the media and the broader community's understanding of – and focus on – these groups has rightly increased.

Increased understanding of the impact of childhood trauma, and the need for therapeutic, evidence-informed service responses, has led to the development of new models of care and a step-change in what is expected of even 'base/generic' OOHC services. This has placed greater demands on service providers to develop the skills and capabilities of staff and volunteers, and it has exacerbated longstanding challenges around the recruitment and retention of the paid and volunteer workers the program relies on.

Uniting acknowledges the Victorian Government has significantly increased expenditure on OOHC. It has introduced several new service models – across all forms of OOHC – most of which place a greater focus on evidence-based, therapeutic approaches to care. It is understandable these models are both more expensive and more complex to deliver – and subsequently attract significantly increased levels of funding for their delivery.

#### **Kinship care**

Kinship care – care provided by family or people known to a child before their removal – is now far and away the primary form of care. Since 2014 kinship care is the only form of OOHC that has experienced significant numeric growth. Based on AIHW data, in June 2024 there were 7,401 children in kinship care in Victoria – up from 4,707 in June 2015. By comparison, foster care numbers have fallen from 1,477 to 1,271 over the same time, while residential care remained stagnant at 454 (438 over a decade ago).

This shift matters. Demand is being met by a lower cost, less intrusive, less monitored and supported form of care (kinship care) while the 'traditional' care types (foster and residential) are not growing but changing – moving from relatively low cost 'generic' care to much more intensive, therapeutic, high-cost care responses for children who cannot be safely cared for within their extended family network.

Uniting believes there is an urgent need for the Victorian Government to direct additional resources to agencies supporting kinship carers. We are needing to spend more time with kinship carers. There are opportunities to offer deeper therapeutic focused training and support. These training opportunities should not be once-off programs, but an ongoing program to support the maturing of practice and changing need.

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<sup>1</sup> [Child protection - Australian Institute of Health and Welfare](#)

The additional investment in therapeutic foster care has come at the expense of generalist placements – this should not be repeated in kinship care as a diversity of placement types will always be required.

## **Better Futures**

The Better Futures program, providing flexible and tailored support as young people transition from care to adulthood, is integral to delivering positive impacts.

However, the key finding from Monash University’s recent *Improving outcomes for young people transitioning from Out-Of-Home-Care in Victoria* report<sup>2</sup> is young people transitioning from OOHC in Victoria continue to experience significant disadvantage, with poor outcomes linked to fragmented systems, inconsistent transition planning and premature exits from care.

The research found that while policy guidelines exist, transition planning is inconsistently implemented and frequently reduced to a compliance exercise. Most transition plans were of only moderate quality, with major gaps in housing pathways, post-care supports and cultural planning for Aboriginal and/or Torres Strait Islander young people. Planning was often delayed, poorly coordinated and insufficiently youth-centred, particularly in residential care settings where placement instability, workforce turnover and crisis-driven environments undermined preparation for adulthood.

Young people reported feeling excluded from decision-making, underprepared for independent living and anxious about housing insecurity. Age-based exits at 18 were identified as developmentally inappropriate, forcing young people into independence before they were ready and often without stable accommodation or ongoing support. Access to housing, identification documents, disability supports and mental health services were critical barriers, compounded by misaligned policy settings across child protection, housing and the NDIS.

We support the report’s recommendations that the Victorian Government strengthen transition planning through coordinated, multi-level reform. Key actions include building workforce capability through evidence-informed training; replacing current Transition Plan templates with youth-friendly, culturally responsive tools; clarifying roles and shared accountability across care teams; and expanding transition-from-care supports such as Better Futures with earlier engagement and reduced caseloads.

Longer-term systemic reforms are also required, including delaying exits from care based on developmental readiness, expanding access to appropriate housing beyond age 18, improving cross-sector coordination, and prioritising stable, relational care environments.

Together, these reforms would better align transition planning with young people’s needs, aspirations and readiness for adulthood.

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<sup>2</sup> Mendes, et al. (2025), *Improving Outcomes for Young People Transitioning from Out-of-Home Care in Victoria*

## Jemma's & Rowan's experiences of sibling kinship care

Jemma, then aged 15, and her sibling Rowan, then aged 17, entered a kinship care placement with their mother's former best friend in 2021, in a placement supported by Uniting.

### Jemma's experience

Jemma describes choosing to share her story for this submission because she wants "things that are good, stay good" and for the system to keep improving for young people in care. Her message to decision-makers is clear, children and young people in care "aren't just like a statistic" or "a number to add to a budget plan"; they are people living through complex experiences, entitled to the "best possible care" the system can offer.

For Jemma, one of the most important supports was the way Uniting supported her education in senior secondary school. In Year 12, Uniting coordinated care plan meetings every two weeks, advocating with the school to manage stress around her ATAR and proactively supporting scholarship applications so that the costs of further study would not become a barrier when she left care. She also recalls how workers took her health needs seriously, arranging long-neglected dental care, she had never been to the dentist before age 16, and staying on top of health appointments that would otherwise have been unaffordable and inaccessible.

Jemma left care aged 17 and moved with her sibling into transitional housing. When a promised trailer from their carer fell through at the last minute, her Uniting practitioner and their team leader stepped in to physically help them move and navigate the lease-signing process, including the condition report. Transitional housing, with subsidised rent, helped them build a rental profile, learn about inspections in a lower-risk environment, save for a bond and, importantly, keep their cat with them, something that would have made many private rentals out of reach.

Now 18 and receiving support from the Better Futures program, Jemma is studying paramedicine and living in a private rental with her sibling. She describes Better Futures as "great", the program contributes to rent, supports her with university costs, and has even helped cover significant placement-related expenses such as vaccinations, uniforms and fitness assessments. She values the continuity and responsiveness of workers, including access to an after-hours line when staff are on leave.

At the same time, she is clear about what needs to change. She identifies the emotional toll of repeatedly telling her story to "every single different service" as one of the hardest aspects of navigating multiple systems. She also stresses that housing planning needs to start earlier, given the time required to build a profile, gather identity documents and secure suitable properties in a tight market. Her sibling, who entered care at 16-17, missed out on many of the supports Jemma received because "her entire process had to be really, really fast"; that difference in timing meant significantly less support in a compressed period.

Jemma's experience shows what is possible when care is backed by skilled workers, stable education support, health care and extended post-care programs. It also demonstrates the risk when those supports are delayed or fragmented, particularly for older teens, and why young people in care must be treated as partners in decision-making, not as statistics to be managed.

## Rowan's experience

Although the carer was someone they had known earlier in life, the transition was emotionally complex for Rowan. After years without contact, moving into a formal care arrangement with her was disorienting. Rowan describes the shift from a familiar-but-distant relationship into a structured care placement as unsettling, especially as an older teenager trying to understand what life in care would look like.

Early support was inconsistent. Rowan recalls multiple professionals involved at once, often asking the same questions, which contributed to confusion and disconnection from the process. They felt that, as an older teen, they were not adequately included in decisions that directly affected them. While they understood that very young children might need adults to decide on their behalf, they believed that young people their age should be given clear information and genuine involvement in care planning. Instead, they often felt sidelined at a critical point in their life.

Rowan officially left care at 18 but continued living with their kinship carer until they were about 19 or 20 in order to remain with their sibling, who was not ready to move out. This stability, being able to stay together, mattered deeply. During this period, they began preparing for independent living with support from the Better Futures program, which they described as a significantly positive experience. Better Futures provided practical assistance with housing, financial management and life skills, and, critically, offered continuity. Over several years, Rowan had only two caseworkers, which helped to build trust and a sense of stability that had been missing earlier in their care journey.

Rowan and their sibling then moved into transitional housing, with rent charged on an income-based model. They found this to be an important stepping stone, giving them space to learn how to run a household while still having a safety net. After about a year, they successfully moved into a private rental, a transition they attributed partly to "luck" but also to the practical help of Better Futures staff, including workers who had relationships with local real estate agents. The program also provided guidance on bills, budgeting and grocery shopping, everyday skills that many young people pick up from parents, but which Rowan and their sibling had not had the chance to learn earlier.

One of the most significant barriers Rowan faced was the lack of identification documents. Without this they could not access employment, obtain a driver licence or engage easily with many services. This created a cascading effect where each missing document delayed the next step, leaving them feeling as though every gain was followed by further setbacks, "one step forward, three steps back". They now emphasised to decision-makers that these are systemic issues, not a reflection of a young person's motivation or effort, and that small bureaucratic barriers, if left unaddressed, can block access to work, housing and education.

Approaching 21, Rowan and their sibling are living independently, managing a household and maintaining employment. They feel more stable and prepared than ever before but remains understandably anxious about the eventual end of Better Futures support. Rowan identified what made the difference for them, consistent workers, age-appropriate inclusion in decisions, early access to documentation, and practical support with housing and life skills.

Rowan's experience shows how, even within a kinship placement, older teenagers can be left out of decisions and left to navigate complex systems with inadequate information and support. It also demonstrates the power of extended care and transitional programs, when young people are backed with housing, life skills, consistent relationships and practical help to untangle bureaucracy, they are far better placed to thrive as adults.

## 2 Family Safety Victoria

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### 2.1 Strengthen The Orange Door.

#### **Strengthen The Orange Door through collaborative implementation of good governance and practice.**

A child and family wellbeing system requires a trusted access point where families can seek help without stigma. The Orange Door was designed to serve this purpose, but families' experiences reveal that the model is not yet fully delivering on this promise. Many families still associate The Orange Door primarily with family violence, discouraging parents with emerging concerns from seeking help early. Uniting practitioners working outside of the Orange Door report "literally walking families down the road to the Hub" because they are reluctant to enter alone. This undermines the preventative intent of the model.

The system also faces operational pressures. Current governance arrangements do not yet recognise that larger hubs carry significantly greater and more intensive pressure on Practice Leads, with funding uplifts insufficient to meet this demand. Further, there are perceptions within the sector that funding methodologies rely too heavily on historic population-based allocations, failing to consider the substantially higher rates of family violence in regions such as Gippsland, and the changing nature and prevalence of family violence.

Uniting believes the Statewide Governance Group should work closely with Family Services Victoria to ensure a transparent funding model consider contemporary demand patterns, recognises the higher cost of service delivery in regional and rural areas, and costs for infrastructure are appropriately managed by all partners in each region.

The quality and consistency of child wellbeing assessment remains a significant concern. In many areas, assessments are still being conducted primarily by telephone due to backlogs and capacity constraints. Although phone contact is timely and efficient, practitioners agree it is not best practice and does not meet the developmental, relational or safety needs of children. In some cases, The Orange Door pushes back on more comprehensive assessment processes, and there remains uncertainty about whether child wellbeing roles must be physically located within hubs or could be placed in alternative, more family-friendly environments such as schools, health services or community spaces. This is a clear indicator that the current system is not sufficiently child-centred, and that more creative design is needed.

The government's decision to not continue school-focused youth services further limit The Orange Door's capacity to provide early intervention opportunities for young people, removing a critical preventative layer that sits upstream of crisis.

Data issues further compound these challenges. Despite the scale of the system, much of the tracking of client journeys, including rates of re-presentation, the reasons cases are closed quickly, and the patterns of re-entry via Child Protection continues to be undertaken manually. Deep dives into local datasets have revealed concerning trends, such as families being closed prematurely to increase throughput, without clarity about the actions taken when they re-present. There is limited systematic monitoring of clients who come through L17 reports in the first 6, 12 or 18 months and then later enter Child Protection, leaving the sector without a clear picture of risks, patterns or points for early intervention.

With enhanced governance and communication, consistent practice and stronger connections to universal and early intervention services, The Orange Door can fulfil its intended purpose as a safe, integrated entry point for all families.

## 2.2 Strengthen system response to family violence.

### **Expand early intervention, trauma-informed therapeutic services for children and young people affected by family violence, alongside strengthening system coordination and workforce capability across family and specialist family violence services.**

Family violence continues to profoundly shape the lives of women, children and young people across Victoria. Its impacts are immediate and enduring, disrupting family stability, undermining children's development, and placing families at elevated risk of homelessness, financial disadvantage, and long-term health consequences. Despite sustained reform efforts, the scale and complexity of family violence continues to increase, and the systems designed to promote safety and recovery remain under significant and growing pressure.

Family services play a critical role in early identification and risk reduction, yet they are not funded or configured to safely manage the high-risk family violence presentations that now routinely occur. Uniting's *Family Violence in Family Services Evaluation* report found that almost two-thirds of families presenting to family services were experiencing family violence, with 69 per cent assessed as high risk at intake.<sup>3</sup> Emotional abuse, coercive control and controlling behaviours the most frequent forms of harm. A third of all cases had at least one police referral for family violence, and 63 per cent of practitioners reported at least one instance where the person using violence was present during a home visit, highlighting clear risk to both families and practitioners.

Practitioners consistently report that incomplete or inaccurate referral information, missing multi-agency assessments (MARAM), undisclosed police involvement or miscategorised referrals, delays safety planning, heightens risk and leads to families being directed to services unable to meet their needs. These findings mirror statewide concerns about system fragmentation, demand pressures and the insufficient resourcing of specialist services.

Despite these barriers, the support provided by family services demonstrates a strong capacity to reduce risk when appropriate supports are available. The evaluation found that by case closure, no cases remained at the highest level of concern, with 65 per cent classified as low risk. This is evidence of the value of sustained relational practice and the importance of appropriate system pathways and support structures. Strengthening this capability requires investment in system coordination, workforce development, and clear role delineation between family services and specialist family violence services.

The evaluation also highlighted gaps in adolescent-specific responses, particularly for adolescents using violence in the home. Services frequently lack the tailored, developmentally informed interventions needed, and role confusion across the system results in inconsistent responses and compounding risk. To address this gap, Uniting supports Safe and Equal's call for expanded adolescent programming and multidisciplinary demonstration projects for children and young people.

Early access to therapeutic support is critical for children recovering from the trauma of family violence. Developmental evidence demonstrates that repeated exposure to violence disrupts children's emotional regulation, cognitive development, capacity for learning, and their ability to form safe and trusting relationships. These impacts are profound, but are responsive to timely, trauma-informed intervention. As outlined in Uniting's *Therapeutic Model of Care*, healing for children occurs in the context of safety, connection and stable relationships, supported by developmentally attuned therapeutic input such as speech therapy, counselling and trauma-focused psychological support.<sup>4</sup>

However, families across Victoria continue to face severe, often prohibitive barriers to accessing these essential supports at the time they are most needed. Practitioners report long waitlists, frequent service gaps in rural and regional areas, and inconsistent referral pathways – circumstances that

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<sup>3</sup> Uniting Vic.Tas (2025). *Family Violence in Family Services Evaluation*

<sup>4</sup> Uniting Vic.Tas (2025). *Therapeutic Model of Care*

compound distress and delay recovery for children already living with the effects of violence. A lack of access to speech therapists, counsellors and psychologists for children is a particular notable gap in support. The *Therapeutic Model of Care* emphasises that developmental trauma requires early intervention to mitigate long-term impacts on the brain, nervous system and relational functioning. Without this, the consequences can extend across the lifespan, affecting mental health, education and social participation.

Systemwide concerns have been highlighted by practitioners, specialist family violence services and recent evaluations. Without timely access to trauma-informed support, children risk ongoing developmental interruption, escalating behavioural and emotional distress, and delayed recovery. When services are fragmented or inaccessible, the burden shifts to families, who must repeatedly navigate complex pathways at a time of acute vulnerability.

Strengthening the family violence system therefore requires a deliberate investment in early intervention therapeutic services for children, particularly in regional and rural areas where shortages are most acute. To ensure family relationships are safe, positive and free from violence, the Victorian Government must stabilise and expand specialist family violence responses, strengthen system coordination and referral accuracy, build workforce capability, and ensure children and young people are recognised and supported as victim-survivors in their own right.

### Impact of non-therapeutic family violence system

*When we left [family violence situation] there was some... like there was trauma counsellors, but nothing [for] children in the area. Like trauma counsellors for children. And I went in and put in, you know, you get your 10 visits and you get your referrals from the doctor and we were put on many waiting lists and struck off because they didn't have anyone there to do it.*

*One of them went through, and then they changed their systems and they lost all the paperwork. So, we had to go and do that again because our doctor... he wasn't very impressed about that, because that's not one referral he has to write, it's like... there's four of them. And that was a bit much of a toll on him...*

*It can be very stressful and I believe that that would have helped with the kids a lot earlier. I know they're getting help now, but it would have been handy when we left just to give them some more extra tools in their belt to help with their... help with what happened to them.*

## 3 Education – Early Childhood Education

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### 3.1 Invest in 'Grow Your Own' initiatives.

**Invest in 'Grow Your Own' initiatives in regional and rural Victoria to support the *Best Start, Best Life* reforms to effectively address the workforce shortages which significantly limit access to quality education and care for the children who need it most.**

*A new daycare has opened and it hasn't necessarily helped the town because we still don't have [enough] staff. It's not necessarily how many daycares are out here. It's more that, you know, it's a small town and [qualified staff] can't necessarily just move out here.*

Aymee, a mother in regional Victoria

The *Best Start, Best Life* reforms represent a significant step toward expanding access to childcare for all children and families across Victoria. However, workforce shortages and systemic pressures are constraining the implementation of these early learning reforms, limiting access to quality education and care for those who need it most—particularly in areas with the greatest demand for early childhood education and care.

This ongoing workforce shortage is further compounded by an influx of individuals entering the sector without adequate training or assessment by Registered Training Organisations (RTOs), as well as challenges in retaining staff due to heavy workloads, highly stressful and complex environments, and the persistent undervaluing of professional skills and qualifications within the early learning workforce.

The shortage is particularly acute in regional and rural communities, where service interruptions, temporary closures, and even permanent closures are not uncommon when a staff member resigns or is unable to attend work.

While various federal and state initiatives to address workforce shortages are welcome, our experience shows that financial incentives alone are insufficient to attract appropriately skilled staff to regional and rural areas. Barriers such as limited housing, inadequate infrastructure, and a lack of community connections often deter individuals who have not grown up in these areas from relocating.

*"The [social] connection is the biggest [barrier], especially if people don't have family. It's knowing that if they're going to come out here, they're going to have the support and the place to do so, that they're not going to be concerned about where they're going to live or the security to move themselves out here. They wanna know that if they're going to do this, that they're supported properly in all aspects. ...*

*I grew up here. So I already had some family connections and I can imagine it'd be quite difficult to do, to have a bit of a support system or just have a guaranteed house. And also to have a secure job."*

Aymee, a mother in regional Victoria

A Victorian Government-supported **Grow Your Own initiative** could deliver multiple benefits, including:

- Addressing educator shortages in high-need regional areas
- Building a sustainable, locally committed workforce
- Offering a cost-effective alternative to traditional recruitment
- Promoting equity and inclusion for underrepresented groups
- Strengthening community engagement and improving educational outcomes

The **Grow Your Own initiative** is a workforce development strategy designed to tackle teacher shortages and enhance early childhood education by recruiting and training individuals already embedded in local communities. It targets school support staff, volunteers, senior students, and community members—particularly in regional and high-demand areas—by providing financial assistance, flexible online study options, and recognition of prior learning. This approach reduces barriers to entry and creates a sustainable pipeline of educators who are more likely to remain in their communities.

The initiative has already proven successful in several states, including Queensland and New South Wales, and has been piloted by some local councils in Victoria—most notably Corangamite Shire.

Corangamite Shire Council has invested heavily in supporting existing staff to upskill and mentor developing team members, as well as training new educators to address a critical shortage of early years professionals. As of September 2025, 33 educators have participated in the Growing Our Own Early Years Workforce project, completing 45 qualifications ranging from Certificate III to Bachelor's degrees.

Uniting believes this opportunity is essential, so all children have easy access to the support they need to be happy, healthy and actively involved in Victorian society.

### The importance of early learning for families in regional communities

Regional and rural communities are being particularly impacted by ongoing workforce shortages in Victoria. A lack of qualified and appropriately skilled ECEC educators leaves communities unable to open and reliably staff new early learning services, meaning families have limited choices in where they can send their children and often have to contend with long waitlists. As described by Aymee, a mother living in regional Victoria whose daughter attends one of Uniting's early learning services:

*"It's very tricky out here, you almost don't get a choice. [My daughter] was on a wait list before she was born, and it was crossing our fingers hoping that she would get a place anywhere. There wasn't really much choice in any particular centre. ... I'm lucky enough that people have [my back] and [told me] that's what I need to do, 'cause if I didn't know that I had to get them on a waitlist before they were born, then I'm not sure that I would have got daycare."*

Without addressing the ongoing workforce shortages in regional areas, families will continue to face ongoing challenges to accessing high-quality and safe childcare. This has implications not only for children's development, but also on parents' ability to earn an income and financially support their families.

*"The waitlist and staffing, that's the main [thing I want government to know about]. Just making sure the access is really highly considered. ... It's so important for parents to be able to continue working and supporting themselves and their house and the economy and that kind of thing and to have some where that they can trust their kids to be."*

## 4 DFFH Community Inclusion

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### 4.1 Expand Support for Carers.

#### **Expand the Support for Carers program to provide additional flexible supports, especially Social Service System Navigators to reduce the burden on carers.**

Carers play an essential role in sustaining the safety, stability, and developmental outcomes of children, yet the pressures they face are intensifying. Across Victoria, carers are grappling with rising cost-of-living pressures, insecure housing, and increasingly complex caring responsibilities. Many carers balance part-time employment with intensive care roles; younger carers may miss educational opportunities to support parents with mental or physical health challenges; families supporting children with neurodiversity often navigate inadequate NDIS support alongside heightened behavioural demands; and middle-aged carers contend with the compounded effects of delayed health access following the pandemic. A significant proportion of carers remain unidentified and unsupported, frequently internalising caring as a private obligation rather than recognising it as a social role deserving structured assistance.

These pressures are particularly acute in regional and rural communities, where limited services, workforce shortages, and travel distances restrict access to respite and coordinated support. Additional funding for regional and rural providers is essential to reflect the true costs of travel, workforce challenges, and the need for mobile and in-home supports. Carer providers, such as Uniting, achieve greater success reaching carers through outreach models—often in partnership with local councils and other providers—because Carer Hub models are frequently inaccessible.

While Uniting welcomes the Victorian Government’s initiative to provide free weekend transport for carers, this measure does little to assist those in outer suburban, regional, and rural areas, where weekend public transport is infrequent. It also does not address access to appointments during the week, when support is often most needed.

A pilot program of Social Service System Navigators for carers could significantly reduce the burden of navigating fragmented service systems, while creating workforce pathways for people with lived experience of caring. These Navigators should operate across local service systems—including schools, youth services, and primary health—to identify and support young carers earlier.

Uniting’s experience supporting more than 4,800 carers each year demonstrates that carers need flexible, relational supports that reduce system-navigation burdens, stabilise economic insecurity, and prioritise emotional wellbeing. Strengthening carer wellbeing is therefore fundamental to strengthening families. When carers are recognised, supported and connected to community, the safety and stability of those they care for can be sustained.

## 4.2 Fund Meals for Change.

### **Fund Uniting's Meals for Change program in Ballarat, offering a unique, non-stigmatising and deeply valued support to young people who are experiencing disconnection from their local community.**

Young people in Victoria are experiencing rising levels of loneliness, social isolation and social disconnection, with significant implications for their mental health, wellbeing and long-term life opportunities. Research conducted by Orygen and Ending Loneliness Together found one in six Victorian adolescents aged 12–17 experience problematic loneliness, increasing to one in three among young adults aged 18–25.<sup>5</sup>

This emerging pattern aligns with broader national evidence showing that social determinants, not only individual factors, are driving rising psychological distress. A national analysis of youth mental health data recently found that loneliness, lack of social support and poor family relationships are the strongest risk factors for poor mental health and wellbeing among young people.<sup>6</sup>

Together, these findings help provide an insight as to why the prevalence and severity of youth mental health and wellbeing concerns continue to rise despite significant investment in clinical services.

Through partnerships with local cafés, Meals for Change enables young people aged 15 to 25 experiencing hardship to enjoy low-cost meals in welcoming community spaces. At its heart, Meals for Change uses something simple and universal, sharing a meal, as an avenue to rebuilding confidence, relationships and belonging.

The voices of program members show the depth of this impact.

#### **Restoring connection and addressing loneliness.**

Meals for Change program members describe the program as a catalyst for meaningful social engagement. For many, it was the first time in years they had been able to share a meal with friends or family without the pressure of financial strain.

#### **H's experience of Meals for Change**

*"It's been so good for my mental health to be able to get out, walk, catch up with people more - be able to go to places with my friends.*

*Because like, I was always that friend - like, I've always been poor. So, if I was going to go out to eat, I couldn't pay. I had to get someone else to pay or I had to steal chips off someone else's plate sort of thing. I kind of felt like I was a burden.*

*Now, I can not only pay for my own food, but also my friends' food sometimes. That just feels amazing to be able to do for once in my life.*

*It's just, it's really good. It's beautiful, it's awesome."*

<sup>5</sup> Morgan, et al. (2024). [Young people and loneliness](#)

<sup>6</sup> Baker, et al. (2025). [The changing impacts of social determinants on youth mental health in Australia](#), International Journal of Social Psychiatry, 71-1

## C's experience of Meals for Change

*"I bring friends out to eat with me all the time now. If we're hanging out or whatever, and someone says they want Maccas I'm like, no, I have something better...*

*We can go somewhere nicer, it tastes better, and I can get it cheaper. It definitely has a big social aspect."*

## 4.3 Capital funding and case management for food relief.

**Offer capital investment infrastructure funding to emergency relief providers because better infrastructure (food and good storage, interview spaces, kitchen space) results in more efficient and effective service delivery.**

**Boost capacity of emergency relief providers by funding 'gap' roles to provide intensive and case management work until other services are available.**

Foodbank's Hunger Report 2025 found that almost 3.5 million Australian households (or one in three) experienced food insecurity in the past 12 months. Twenty per cent of those facing food insecurity are *severely* food insecure, meaning they are skipping meals or whole days of eating. Behind these figures are individuals or families facing the daily question or what, if anything, they can put on the table each night.<sup>7</sup>

In 2024/25, Uniting provided food relief to over 14,000 people and their families. Our recently published research *Too critical to fail: the precarity of emergency relief*<sup>8</sup> found that while emergency relief services are a critical part of Australia's social infrastructure, they are neither well-funded nor secure in their capacity to meet the level of community need. These essential services rely heavily on in-kind resources at a rate of 61% of the true cost of delivering services.

Our research also found that emergency relief services are supporting people with increasingly complex psychosocial and economic needs requiring longer-term support. Our emergency relief services provide a front door to other services and supports, but are frequently left 'filling service gaps' by providing brief interventions or short-to-medium terms support that is technically beyond the scope of emergency relief.

Sector wide difficulties often mean that services referred to are not readily available or may in themselves be under-resourced and unable to provide the immediate support needed. Consequences for consumers include compounding trauma, a sense of hopelessness, shame and loss of faith in the service system.

*"If we're out here on the frontline we need to feel confident that when we do a referral it's as good as the service we've provided here. I don't want to be referring out to people who let them down... You should try ringing some of these places – you can see why people give up... there's a gap between emergency relief and the services out there." (Regional Emergency Relief service)*

However, under the current funding model, Uniting's emergency relief services are reliant on volunteers to be operational; volunteers that do not necessarily have the appropriate skills or training to support increasingly complex presentations, nor do emergency relief programs have adequate or reliable funding to be able to provide this training to volunteers.

Our research highlighted several investment changes that would help stabilise and scale emergency relief services to expand their reach and impact. This includes targeted, one-off capital investment in infrastructure to ensure facilities have adequate storage capacity and space for interviewing consumers and paid staffing for 'gap' roles to provide intensive case management work until other services are available.

While emergency relief is a vital and necessary part of our social infrastructure to address food insecurity, it can only provide temporary relief from acute crisis without being able to restore long-term food or financial security. These vital services must be coupled with longer-term supports like financial counselling as well as structural change via reform to income support.

<sup>7</sup> Foodbank (2025). *The Hunger Report*, Foodbank

<sup>8</sup> CSI Swinburne and Uniting Vic.Tas (2025 in publication). *Too critical to fail: the precarity of emergency relief*

## 5 Homes Victoria

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### 5.1 Build more social homes.

**Substantially increase the supply of social and affordable housing, alongside a broader range of supported housing options, including:**

- **Invest in a more diverse social housing portfolio by increasing lower-density, dispersed and standalone housing options, rather than relying on high-density models as the default.**
- **Increase funding for Tenancy Plus and related tenancy support programs to ensure people entering social housing can stabilise, sustain tenancies and avoid returning to homelessness.**

#### Social Housing

Uniting supports Infrastructure Victoria's recommendation of investing in a long-term program to build 60,000 new social homes to provide Victorians on low incomes with secure and affordable housing.<sup>9</sup>

Infrastructure Victoria highlights the urgent need for more social homes in Victoria to address rising housing stress, unaffordable rents, and increasing homelessness. As of March 2025, over 55,500 households were on the social housing waitlist, with the most urgent cases waiting more than 19 months. Social housing currently comprises only 2.8% of Victoria's housing, well below the national average of 4%, and an additional 60,000 homes are needed to meet existing demand.

Investing in social housing delivers clear cost benefits. Stable, secure homes improve health, wellbeing, education, and employment outcomes, while reducing demand for healthcare and support services. Infrastructure Victoria notes that every \$1 spent addressing youth homelessness can return \$2.80 in community benefits. Long-term planning and maintenance of social housing – using durable materials and modern construction methods such as modular builds – can further reduce costs and emissions over time.

Community housing providers play a central role in delivering this solution. Infrastructure Victoria recommends a 15-year program that funds both Homes Victoria and registered housing providers to develop and manage new social homes.

As a registered community housing provider, Uniting stands ready to continue to work with the Victorian Government to build more social homes. We have recently committed to a new 10-year strategy working in partnership to develop thriving and connected communities. We will be focusing on providing people with contemporary, long-term housing near services.

To support the required development of new social homes, Uniting supports the Community Housing Industry Association (CHIA) Victoria's call for mandatory inclusionary zoning for the Suburban Rail Loop, as the evidence indicates voluntary schemes do not deliver the social and affordable homes required.<sup>10</sup>

A sustained, collaborative approach will expand social housing supply, reduce homelessness and housing stress, and create a cost-effective, long-term benefit for Victorian communities.

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<sup>9</sup> Infrastructure Victoria (2025). *Victoria's infrastructure strategy 2025-2055*

<sup>10</sup> CHIA Victoria (2025). *A Tale of Two Cities: the case for mandatory affordable housing in the SRL precincts*

## Tenancy Plus

Uniting's Tenancy Plus practitioners report a growing cohort of people who are entering social housing but struggling to sustain their tenancy due to the complexity of their support needs and the environments they are placed into.

While new social housing investment is welcome and necessary, the concentration of developments in high-rise, high-density formats present a further set of challenges. Many tenants do not thrive in these settings. Individuals who have previously managed well in stand-alone properties can struggle intensely with noise, proximity to neighbours, and the constant presence of others. For some, the lack of privacy and quiet exacerbates trauma, anxiety, and mental health distress. Practitioners note that some people "need a house in the middle of a paddock", a small, calm, contained environment where they can regulate, feel safe, and rebuild their lives. Current support services do not fully meet the level of assistance required to maintain successful tenancies in high-density models.

These systemic pressures are compounded by the limited capacity of Tenancy Plus, supported housing and homelessness support programs. Practitioners describe situations where people move into high-density housing with significant unmet support needs, fall into arrears from the day they sign the lease, or encounter destabilising dynamics (such as the actions of a single resident creating a pervasive sense of fear across an entire building). People living with severe mental health challenges are particularly vulnerable in these "melting pot" environments. Many choose to abandon their tenancy because they do not feel safe and quickly cycle back into homelessness and through Entry Points. This reinforces the need for a broader spectrum of supported housing solutions, including dispersed, lower-density or standalone options matched to individual need, alongside adequately resourced tenancy support services.



## 5.2 Resource specialist homelessness services.

**Significantly increase and stabilise funding for specialist homelessness services to meet current and rising demand, reduce unmet need, and shift the system from reactive crisis management to early, person-centred intervention. This includes:**

- **Increase and stabilise core funding for specialist homelessness services to reduce caseloads, meet current demand, prevent service turn-aways and enable sustained, person-centred support.**
- **Fund improved system integration across homelessness, housing and family violence services, including embedding housing workers in family violence entry points and strengthening coordinated referral pathways.**

As highlighted in the Council to Homeless Persons' 2026-27 Budget Submission<sup>11</sup>, Victoria's homelessness system is experiencing unprecedented demand, with services operating beyond capacity and people increasingly presenting in acute crisis. Nationally, Homelessness Australia and Impact Economic & Policy's *Call Unanswered* report<sup>12</sup> estimates that homelessness services meet only half of assessed need, a figure reflected in Victoria's experience.

The system's inability to respond early, consistently and at the level required is not a reflection of practice quality but of structural under-investment.

This under-resourcing is starkly evident in the level of unmet demand. In 2025, some 3,000 people who sought assistance from Uniting's Specialist Homelessness Services were turned away. Among those who recorded their age, 47 per cent were under 26. The contrast with the age profile of people Uniting were able to assist highlights the magnitude of this gap, only 13 per cent of assisted clients were in this age group. This aligns with Council to Homeless Persons' findings that Victoria faces a critical shortage of youth-appropriate crisis accommodation, supported housing, and casework capacity. These missed opportunities not only prolong episodes of homelessness but contribute directly to homelessness becoming a recurring, rather than brief, experience.

High caseloads, short-term funding cycles, and limited access to brokerage or flexible resources mean that many people receive only transactional support. The system's inability to deliver sustained, person-centred responses is not a reflection of practice quality but of chronic under-investment, a pattern Council to Homeless Persons notes undermines proactive prevention and relationship-based support.

Despite strong evidence that tenancy assistance and early intervention prevent eviction and homelessness, programs such as PRAP remain oversubscribed. Without sufficient investment, the system is forced into reactive crisis management rather than the proactive, stabilising support essential to reduce recurring homelessness.

Without substantial and sustained investment in social housing, prevention, and flexible support, homelessness services cannot meet current demand, let alone realise a future in which homelessness is genuinely rare, brief, and non-recurring – precisely the outcome Council to Homeless Persons advocates for in its [2026-27 budget submission](#).

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<sup>11</sup> Council to Homeless Persons' (2025). 2026-27 Budget Submission

<sup>12</sup> Homelessness Australia and Impact Economics & Policy (2024). *Call unanswered: Unmet demand for specialist homelessness services*

## 5.3 Deliver targeted, place-based responses for people at highest risk.

### Deliver targeted, place-based responses for people at highest risk, including:

- Investing in purpose-built crisis accommodation to replace reliance on motels.
- Establishing recurrent, statewide funding for assertive outreach, including regional and rural areas such as the Wimmera and Gippsland.
- Funding a youth-specific homelessness response, including youth crisis accommodation, supported housing options and tailored casework.
- Providing ongoing funding and clarity for place-based programs such as Street to Home and initiatives under the Rough Sleeping Action Plan.
- Reinstating wellbeing supports for supported housing developments for people with complex needs.

### A shortage of crisis and medium-term accommodation

Family violence remains one of the strongest predictors of homelessness, with women and children consistently comprising the largest cohort of people seeking housing assistance. However, fragmentation between the homelessness, family violence and housing systems mean that pathways remain inconsistent and difficult to navigate, leaving people more at risk at the very point they seek safety.

The *Southern Metropolitan Area Motel Project Final Report*<sup>13</sup> highlights the ongoing reliance on motels as emergency accommodation and demonstrates that these settings are often unsafe, unsuitable and do not provide wrap-around support. Despite clear evidence that motels are inappropriate for victim-survivors, particularly children, they continue to be used because there are insufficient safer crisis accommodation options. The report highlights widespread safety concerns, poor standards, limited support, and the compounding trauma experienced by families placed in these environments.

For many, the absence of coordinated pathways between systems results in being passed between services, repeatedly recounting traumatic experiences, or being left without any safe housing option. These system failures prevent recovery, prolong instability, and increase the likelihood of homelessness recurring.

### Limited assertive outreach in regional and rural communities

Assertive outreach is essential in engaging people who are sleeping rough, building relationships, attending to immediate health and safety needs, and supporting people to access housing and services. Yet assertive outreach is not consistently funded across Victoria.

There is no government-funded assertive outreach in the Wimmera or Gippsland regions, despite clear evidence of rough sleeping, escalating hardship, and geographic disadvantage. As a result, some of the state's most vulnerable people remain disconnected from services entirely until they reach acute crisis.

Street to Home programs operated by Uniting in Central Highlands, and self-funded in Wimmera, continue to demonstrate that assertive outreach is both effective and necessary. However, programs require stable, recurrent funding to maintain continuity and achieve sustained outcomes.

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<sup>13</sup> Uniting Vic.Tas (2023). Southern Metropolitan Area Motel Project Final Report

## Children and young people experience homelessness differently

Homelessness has profound and lifelong effects on children and young people.

In 2024, 509 young people aged 12–24 independently accessed Uniting’s Entry Points, with high rates of rough sleeping, couch surfing and prolonged instability. Their primary presenting issues included eviction, family breakdown and financial stress. Many arrive without the developmental supports, crisis responses or ongoing casework that young people require.

Entry Points are designed for adults and cannot adequately respond to the needs of unaccompanied young people without dedicated resources or youth-specific accommodation options. These young people experience homelessness at a formative stage of life, with long-term consequences for education, health, safety and wellbeing.

## Limited availability of supported housing for people with complex needs

For people experiencing complex mental health challenges, disability, trauma or substance-related harm, secure housing alone is rarely enough to sustain a tenancy. Long-term stability depends on access to supported housing models that include relational, trauma-informed and practical assistance.

Uniting is developing new social homes for people with mental health challenges, in line with the recommendations of the Mental Health Royal Commission. Our Ballarat development is currently under construction. However, as CHIA Victoria has highlighted, the wellbeing support packages intended to accompany this major build have not yet been funded. We fully support CHIA Victoria’s call to reinstate funding for these essential wellbeing supports.<sup>14</sup>

### Cole’s experience of homelessness in regional Victoria

Cole is a 17-year-old living in regional Victoria who is currently experiencing homelessness after being suddenly ‘kicked out’ of home. Initially attempting to manage alone, Cole quickly found the situation overwhelming.

*“When my parents first kicked me out months ago, I just thought I could figure it out myself, but I couldn’t even go a few days.”*

Without a stable place to stay, Cole moved through temporary housing arranged by several local services working together. The transition was essential, but the process was demanding he explained.

*“There’s a lot going on... I’ve had so many appointments, and I’ve got so much stuff I have to do this week.”*

Navigating multiple agencies, completing paperwork and trying to secure longer-term housing created ongoing pressure during an already unstable period.

Despite being connected to temporary accommodation, Cole remained unsure about what would come next.

*“I can’t stay in that house forever... I’m meeting a roommate for a new place tomorrow.”*

The uncertainty, combined with the need to manage daily tasks, left him carrying responsibilities rarely expected of someone their age.

Cole’s experience highlights the challenges young people face when homelessness occurs in adolescence, navigating complex systems alone, balancing intensive administrative demands, and trying to rebuild stability without youth-specific supports. His story reflects the broader need for tailored, developmentally appropriate responses for young people experiencing homelessness in Victoria, responses that provide safety, support, and continuity, rather than short-term crisis management.

<sup>14</sup> CHIA Victoria (2025). *Building Victoria’s Future: 2026-27 Victorian Budget Submission*

## 6 Mental Health & Wellbeing

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### 6.1 Translate the AOD Strategy into action.

**Translate the Victorian AOD Strategy into action through a fully funded action plan, with a statewide stigma reduction campaign as a key priority.**

In 2024/25, Uniting supported 7,620 people in making changes to their substance use, yet we continue to see unmet need across the community.

Uniting welcomes the Victorian Government's release of the *Victorian Alcohol and other Drug Strategy 2025–2035* (Victorian AOD Strategy) and its vision for a holistic approach that reduces alcohol and other drug-related harm, challenges stigma, and promotes the health, mental health, and wellbeing of all Victorians. We support the Government's commitment to cultural safety for Aboriginal Victorians, the integration of lived and living experience across the system, and greater coordination across mental health, housing, and justice sectors.

However, the ambitions outlined in the 10-year strategy are not cost-neutral and require clear investment. We join with the Victorian Alcohol and Drug Association (VAADA) in calling on the Victorian Government to resource a concrete implementation plan, ensuring the Strategy's commitments are translated into action.

Stigma towards people who use drugs persists, which reinforces shame, social exclusion, and policies that criminalise rather than support. We welcome the Strategy's commitment to stigma reduction and we call for funding and implementation of a statewide stigma reduction campaign developed with diverse lived and living experience voices to challenge harmful stereotypes.

Uniting also supports recent harm reduction initiatives, including the decriminalisation of public intoxication and the establishment of pill testing services. These measures are significant advancements. We urge the Government to continue bold, evidence-based action by funding and supporting outreach workers as part of decriminalisation efforts and ensuring ongoing support for pill testing services.

Finally, in line with the Victorian Parliament's 2023 Inquiry into the Controlled Substances Amendment (Personal Adult Use of Cannabis) Bill, we recommend the Government reconsider its position on cannabis decriminalisation and introduce a Bill to Parliament.

## 6.2 Expand nurse practitioner models of care.

**Expand Nurse Practitioner roles across AOD system by funding a role at all major AOD services, including residential withdrawal services where Nurse Practitioners can be embedded with AOD care teams and expand quality clinical care for those requiring Medication Assisted Treatment for Opioid Dependence (MATOD).**

There remain barriers to accessing appropriate treatment and support across the current AOD system in Victoria. One area of particular concern is Victoria's MATOD system (or pharmacotherapy, as it is commonly known). For many years, the sector has raised concerns about the 'looming crisis' as GP-prescribers with large patient loads enter retirement, exacerbating existing strain and further reducing access to opioid pharmacotherapies. Uniting is particularly concerned about prescriber gaps for regional Victorians who must travel long distances to access prescribing GPs.

While welcome, the pharmacotherapy grants program rolled out under the Statewide Action Plan requires extension. We support VAADA's call for expansion of the pharmacotherapy grants program to include more community health organisations, as well as specialist AOD services and Aboriginal Community Controlled Organisations, to ensure people can access this life-saving treatment in settings where they are accessing other services and supports.

The AOD Nurse Practitioner model holds promise as a strategy to address Victoria's MATOD prescribing crisis but requires the right mix of investment and scaling. Part of this effort involves addressing the barriers for AOD Nurses in taking up these roles and further embedding the role of Nurse Practitioners in the AOD service system as we have done with Addiction Medicine Specialists. As the manager of Uniting's Adult and Mother Baby Withdrawal service, who is also a Nurse Practitioner, states:

*There are several factors which are barriers for AOD Nurse Practitioners in prescribing. Most Nurse Practitioners are used to working in mental health or AOD. Within these roles they participate in assessment and treatment of consumers that can take 45 to 90 mins. Then they have access to secondary consultation, the time to review comprehensive assessments, attend clinical review. So, when a NP gets endorsement, they are only valued for the ability to claim Medicare for direct clinical work with a consumer. But AOD consumers are more complex than this and nurse practitioners would prefer to read the assessment and referral before seeing a consumer, discuss the case with colleagues if needed, see the consumer (Medicare rebatable) then do follow up notes, letters, permits etc and email scripts etc or communicate with pharmacy. So the system barrier is that all the activities that are required to support consumers are not funded.*

Nurse Practitioner roles must be adequately funded to cover wages to allow for complex clinical care including secondary consultation, clinical review and assessment. Funding wages for a Nurse Practitioner allows good clinical practice, not high-volume, low-quality throughput. "Pharmacotherapy is complex work" says Uniting's Nurse Practitioner. Roles must be embedded within existing AOD services to expand the quality of care available.

Current unfunded components of Nurse Practitioner prescribing include: consumer assessments and clinical review processes, secondary consultation, follow up emails, telephone calls and paperwork, attending team meetings and professional development as well as emailing scripts and medication charts to pharmacists and other medical professionals. Currently the only component of the Nurse Practitioner role in prescribing MATOD is seeing the consumer, however even then, gaps remain with components of telehealth consultations unfunded.

## 6.3 Pilot a women’s day rehab program.

### **Pilot a women’s day rehabilitation program which includes funding to access appropriate childcare and early learning facilities while parents attend AOD treatment.**

People with caring responsibilities, particularly women, continue to face barriers to accessing appropriate treatment and support. A range of barriers reduce women’s access to AOD treatment, including stigma and bias, lack of visibility of women’s AOD use, past and ongoing experiences of trauma and violence, childcare responsibilities, fear of child protection involvement and lack of treatment options providing specialist treatment that responds to the specific challenges for women who use drugs.<sup>15</sup> The Victorian AOD sector has limited availability of family-centred and gender-inclusive treatment programs restricting access for parents, particularly women.

In 2016, with support from the Victorian Government, we opened the Uniting Mother and Baby Withdrawal Service as a purpose-built facility co-located at Uniting’s Adult Residential Withdrawal Service. While this vital service has expanded access to treatment and support for parents with very young children (typically under 1 year of age, or babies up to walking stage), there remain significant gaps in other treatment options for women with children.

In our 2024 submission to the Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia,<sup>16</sup> Amber—a mother and former participant in Uniting’s AOD services—spoke powerfully about the urgent need for treatment options that specifically support mothers. Amber wrote:

*As a single mother of two young boys, including one on the autism spectrum, I faced years of frustration, despair, and isolation in my journey to overcome drug addiction. For over seven years, I was caught in a cycle of addiction, relapses, and attempted recovery—not from a lack of willpower, but due to the absence of suitable rehabilitation services that could accommodate my responsibilities as a mother. My inability to access affordable, flexible, and nearby support services resulted in prolonged health impacts, deepened family trauma, and a feeling of hopelessness that could have been avoided had the system been designed with people in my situation in mind.*

*One of the most significant barriers I encountered was the unavailability of residential or day rehabilitation programs that provided support for single parents with school-aged children. Most residential programs required lengthy stays, and even those offering day programs had rigid schedules that didn’t accommodate school drop-off and pick-up times. I couldn’t leave my sons home alone, yet the alternative—finding suitable childcare and treatment simultaneously—was both prohibitively expensive and practically impossible.*

Amber called for expansion of family and child-friendly AOD treatment services including through flexible hours of operation to fit with school hours as well as the provision of on-site childcare for parents with younger children. Further, Amber called for initiatives aimed at eliminating stigma in service delivery.

Uniting has been a long-term advocate for the establishment of a women’s only non-residential day rehabilitation program with support to childcare facilities for children up to school age. We call on the Victorian Government to build on the success of existing day rehabilitations programs across the state by piloting a women’s day rehabilitation program which includes funding to access appropriate childcare and early learning facilities while parents attend AOD treatment.

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<sup>15</sup> Valentish, J. (2017) *Woman of Substances: A journey into addiction and treatment*, Black Inc., Carlton.

<sup>16</sup> Uniting Vic.Tas (2024). Submission to the Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia

## 6.4 Expand youth outreach.

### **Expand outreach roles across the state to better meet the developmental needs of young people, provide vital harm reduction education and earlier intervention.**

The current Drug Treatment Activity Unit (DTAU) pricing review must be informed by the AOD sector and focussed on establishing a funding model that allows for flexibility, innovation and appropriate longer-term interventions where needed. Uniting's workforce has raised concerns about the reduced capacity for outreach work with young people and typically 'harder to reach' populations including people experiencing homelessness.

Outreach models are vital to appropriately supporting young people. Outreach workers can reach young people earlier, provide vital information and education, build support and trust and link them to range of services and supports. Uniting believes investment in youth outreach is an important part of the Victorian Government's increased focus on early intervention and prevention supporting young Victorians.

Uniting's AOD outreach team leader says,

*My clients will tell me how everyone writes them off because of their family's reputation or things they've done in the past. A young person isn't going to run around shouting about all the positive changes they've made. But you can. You can promote that to their local community and change the narrative.*

*Outreach workers bridge the gaps with the community. You can advocate for them and help reduce the stigma they might be facing.*

We call on the Victorian Government to expand outreach roles across the state to work with young people to better meet their development needs and provide vital harm reduction and earlier intervention.

## 6.5 Review the forensic AOD treatment system.

### **Review the current forensic referral process and broader criminal justice policies to ensure all justice-involved individuals have timely access to AOD treatment.**

Uniting welcomes the Victorian Government's establishment of the Forensic Services Improvement Plan and supports efforts to strengthen responses for people with complex needs in the justice system.

However, we, along with sector colleagues, have observed a concerning and unexplained decline in referrals to forensic alcohol and other drug (AOD) treatment programs. Across our non-residential programs, referrals have decreased by 40–50%, reflecting a significant reduction in engagement from forensic consumers both pre- and post-sentence.

Historically, individuals would participate in AOD treatment either as part of a post-sentence order or pre-court to demonstrate motivation for change—both considered key forensic activities. Recent changes in bail laws, stricter sentencing practices, and reduced early release options have, however, limited access to community-based treatment, resulting in fewer people being mandated to attend services. Additionally, individuals discharged from the justice system often leave without adequate follow-up support, leaving underlying substance use issues unaddressed.

This shift has serious implications. Without access to treatment, harm reduction education, or transitional support while in custody, people are at elevated risk of harm – particularly during the critical period immediately following release from prison, which carries a high risk of fatal overdose. Furthermore, unaddressed substance dependence increases the likelihood of reoffending, compounding both public health and criminal justice costs.

To address this, it is essential that forensic AOD services are accessible regardless of the setting, including within custody, and that participation in these programs is considered a condition of release or integrated into community supervision. This approach ensures that individuals receive the support they need, reduces the risk of preventable harm, and tackles the underlying drivers of offending.

# 7 Consumer Affairs

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## 7.1 Strengthen the private rental system.

**Rebalance Victoria’s private rental system to ensure tenants have genuine choice, power and agency in their homes, including:**

- **Expanding early intervention and tenancy sustainment programs, including Private Rental Assistance Program (PRAP), Aboriginal PRAP, rental brokerage, tenancy advocacy, financial counselling and material relief, with rapid referral pathways from Tenancy Assistance and Advocacy Program (TAAP), youth and homelessness services.**
- **Investing in stronger renter protections and enforcement, including clearer thresholds for excessive rent increases, improved minimum standards enforcement, and mandatory transparency and credential-verification for property access.**
- **Resourcing renter access, capability and voice through enhanced Rental Dispute Resolution Victoria (including a youth stream), youth private rental access pathways, tenancy-readiness certification, mandatory youth-focused anti-discrimination training for estate agents, and renter-led housing literacy and co-design initiatives.**

Victoria’s rental system continues to place significant and avoidable pressures on renters, particularly those on low incomes, young people, and households already managing health, safety or social stressors. Despite important reforms in recent years, the system still overwhelmingly favours the interests of property owners and agents, leaving renters with limited practical control over their homes and few accessible pathways when problems arise.

Uniting’s TAAP teams report that renters are increasingly being pushed into unsafe or unsuitable housing, navigating poor conditions, discretionary or opaque practices by real estate agents, and encountering limited or inaccessible enforcement pathways. Many renters describe feeling as though the system is designed to keep them compliant, not protected. In this context, the right to a safe home becomes conditional, fragile and often dependent on the goodwill of others, rather than enforceable obligations or genuine choice.

The lived experiences of Brendon, a private rental tenant in Melbourne, and Halo, a young person living in regional Victoria, illustrate how these systemic failures translate into daily challenges. Their stories make visible the human cost of insecure housing and the inequities that define Victoria’s rental market. They also demonstrate why strengthening tenants’ rights, expanding youth-specific pathways, and investing in early intervention is essential to restoring fairness, power and agency in the private rental system.

Brendon and Halo’s experiences show how structural forces, not personal circumstances, shape the degree of control renters have over their homes. Both describe systems in which renters must absorb the consequences of poor practice, bear the costs of inaction, manage the psychological burden of precarity, and navigate enforcement mechanisms that are difficult to access and slow to respond.

Their experiences reflect systemic patterns identified in Uniting’s tenancy services, sector research, and evidence from specialist homelessness services across Victoria. Greater investment in early intervention, tenancy sustainment, youth-specific supports, and stronger regulatory enforcement is essential.

## Halo's lived experience of being a young person locked out of housing

Halo's experience in regional Victoria demonstrates the acute barriers faced by young people. Despite applying for "up to 15 rental applications each week" they did not receive a single response, even as properties remained unleased.

Attending inspections was equally discouraging.

*"Especially because of the way I look, I mean, I think I'm kind of visibly queer and I've got piercings and stuff like that. I don't always have access to the best or cleanest of clothes... I think I can feel them (property managers) judging me when I try and ask them a question. I definitely feel like they don't care."*

Young people report frequent discrimination, limited ability to challenge unfair treatment, and few age-appropriate pathways into stable housing. Halo's experience reflects a system structured in ways that implicitly reward established rental histories, financial backing and "acceptable" appearances, criteria many young people cannot meet.

## Brendon's lived experience of unsafe housing and system gaps eroding wellbeing.

Brendon lived in the same home for almost five years, but during that time the property deteriorated so severely that it no longer met basic safety expectations.

*"The house that I was a previous tenant in—basically the house was falling down. The roof had holes in it, the gutters had been broken for many years. That had led to damp and mould throughout the property."*

For more than a year he sought action from the property managers.

*"In February 2023, I sent my first formal email complaint after speaking to the property managers for about a year prior to that... saying the gutters need fixing, the roof need fixing because it's leading to the mould and damp throughout the entire property." Yet the issues remained unresolved.*

Brendon believed the owners were deliberately allowing the home to fall into disrepair.

*"It seemed like they were just leaving it to disrepair so that they could knock it down, but you just shouldn't be doing that while also having someone pay to live in it." When works eventually began, they created new hazards. "After they ripped off the entire guttering and façade... more cracks formed throughout the whole entire house... without the gutters or façade, there was a breeze going straight through into the roof. The internal roof had visible black mould throughout... It got to a point where it was unliveable." He later witnessed hazardous materials being handled improperly. "They removed it (asbestos material) while we were still in the home... We weren't told about it until it was happening in front of us."*

A critical part of Brendon's experience was the property manager's refusal to provide details about who was attending his home or what qualifications they held.

*"I asked for names and companies of anyone working in the property... They ended up refusing to do so. I said, 'If you're going to have a mould specialist, please give me their details,' and the property manager said, 'That's unfair, you can't ask that.'"*

This reveals a significant regulatory gap. Although Victoria's rental minimum standards require certain repairs to be completed by a 'suitably qualified person' the regulations do not clearly define what this means, what evidence must be provided, or what information renters are entitled to receive. The lack of clarity allows unqualified individuals to undertake potentially unsafe work and leaves renters unable to verify who is entering their home.

For renters managing trauma or personal safety concerns, being unable to confirm the identity or competence of people entering their home undermines safety and predictability. In Brendon's case, this compounded distress.

*"I was at my wits' end. I didn't know what else I could do really... It wasn't just the physical health problems—it was the mental health issues of having to jump through hoops... all while I'm still living in that space."*

Connection with Uniting's TAAP service offered a turning point.

*"The Uniting worker who helped me was absolutely fantastic... just having that support cleared or helped my head a little bit because... I really was at my wits end, I'd been living in a tent - a mouldy tent that I'd been paying money for."*

However, his experience illustrates the limitations of a system that relies on individual advocacy to remedy structural problems.

## 7.2 Investing in financial counselling.

### Invest in financial counselling – a smarter path to early intervention and economic strength.

In their 2026/27 state budget submission, Financial Counselling Victoria<sup>17</sup> write:

*"Financial counselling and capability support is a proven, early intervention that helps individuals stabilise finances, avoid homelessness, manage debt, and recover from family violence, disasters and gambling harm. Yet, the sector is underfunded, under-resourced and unable to meet demand"*

Uniting is a co-signatory to [Financial Counselling Victoria's call](#)<sup>18</sup> on the Victorian Government to:

- Quadruple investment in frontline financial counselling and capability over ten years.
- Fully fund and implement the FCVic Workforce Development Strategy.
- Expand financial counselling and capability in the Early Intervention Investment Framework.
- Introduce minimum five-year funding agreements with indexation for sector stability.

In 2024/25, 2,300 Victorians accessed Uniting's General and Family Violence Financial Counselling programs, funded by Consumer Affairs Victoria:<sup>19</sup>

- Over 20 per cent of all clients were experiencing family violence.
- 27 per cent of clients reported experiencing mental health challenges.
- Over 10 per cent of clients were either experiencing homelessness or living in insecure housing (e.g. transitional housing, living with family, rooming house, etc.)
- Over two-thirds of clients are single mothers with children, with the second largest cohort being single women without children.

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<sup>17</sup> Financial Counselling Victoria (2025). *Growing financial counselling in Victoria*, Financial Counselling Victoria, Melbourne.

<sup>18</sup> Financial Counselling Victoria (2025). *Investing in financial counselling – a smarter path to early intervention and economic strength*, Financial Counselling Victoria, Melbourne.

<sup>19</sup> Uniting Vic.Tas (2025). Family Counselling Program service data

## Brenda's lived experience of financial hardship due to caring for ageing parents

Brenda found herself facing financial hardship and seeking financial counselling support from Uniting after spending many years caring for her elderly and unwell parents; a situation she thought her career and qualifications would buffer her against.

*"In some ways, I don't know...I don't think I'm your typical client in that I had a very successful academic career. At the same time, I was caring for my father and then had to give up my job because I was having to intensively care for my mother. And then, I also had an injury. When my mother was very ill, I was primary carer, primary everything. It was 24/7."*

She describes her deep sense of embarrassment and shame at needing to ask for help:

*By giving up my career and giving up what I'd, you know, saved ... I needed help at a time that was very difficult - and still is. I mean, I know women in my age group and younger are... demographically are becoming...a bigger statistic in terms of [having] the financial burden; the carer burden. [We're the] sandwich generation, all of that.*

*I understand all of that and I certainly found myself in that situation. And although I'm not maybe in other ways typical because I think you would get a lot of people who maybe, you know, like my parents slaved away in factories and stuff. And maybe didn't have English. I hope to be able to support- through my story - the service [financial counselling] that I know well would be invaluable to them and I myself am helping my mother's and my father's elderly friends now by helping them access services. So not everybody has the voice or the English. Yeah, but I didn't know about your service. I mean, I'd never been to a financial councillor before, but it helped me immeasurably. It just really helped me."*

Brenda speaks of the enormous challenge of navigating the aged care system to support her parents as well as seeking support for herself via financial counselling services and finding about other financial supports such as the Utility Relief Grants Scheme and No Interest Loans. She calls for these things to be more widely promoted to the community:

*...a lot of help that is available is not known like the NILS [No Interest Loans Scheme] is not well known, not even to me. I only discovered it recently and I thought why didn't I know about this?*

*But even the URGS for instance, which helped my mother, and which I'm now trying to access as well because of my situation. People don't know about that. It's not well known, and you only know if you stumble upon a kind person who'll tell you. I'm not sure I could think of ways of encapsulating that into, but it comes down to being heard...Just publicising what is available, not hiding it, not waiting for a chance encounter for someone to tell you. Oh well, there is some help there."*

Brenda would like to see more resourcing for financial counselling services and for governments to listen to people who have experienced hardship:

*I keep saying that I know I've been through troubles, but I know there are people worse off, and I think the service [financial counselling] needs to be, from my perspective from what I see, better financed. Better supported so that you can have more people and more access [for] people and things need to be promoted more clearly and more widely.*

When asked what she wishes decision makers, ministers and governments understood about her experience, Brenda says

*"I think the government needs to hear from people like myself who live this.... they need to listen harder and longer."*

## 8 Government Services

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### 8.1 Fairness in fines.

#### **Establish an income-based or concessions-based fines system to provide fairer payment options for people in financial hardship.**

Victoria's infringement system operates on the assumption that fairness means everyone pays the same fine for the same offence. In practice, this means someone with low or no income must pay the exact same amount as someone with a higher income – even though high-income households typically have greater financial capacity to absorb the impact.

Fines and penalties may be equal in amount, but they are disproportionate in impact. For people experiencing financial hardship, payment often either isn't possible or requires sacrificing basic necessities – such as food, housing, or medication. People receiving income support, in particular, are already making difficult decisions to feed themselves and their families,<sup>20</sup> and the cost-of-living crisis is deepening financial, housing and food insecurity.<sup>21</sup> In comparison, for high-income households, the impact of a fine can be too minimal to meaningfully discourage harmful behaviour.

The current system also ignores the reality that people from disadvantaged communities are more likely to receive fines, less likely to be able to pay,<sup>22</sup> and therefore more likely to incur further penalties. These further compounds disadvantage as unpaid fines lead to escalating debt and license or registration suspension, significantly affecting Victorians who need to drive for work, study, health or caring responsibilities.

An income-based or concessions-based fines system could provide a more effective deterrent, improve compliance, and reduce costly enforcement. According to the Sentencing Advisory Council, the establishment of a concessional penalty rate would likely shift a significant number of people from 'can't pay' to 'will pay', avoiding the cost of enforcement and easing the pressure on court and support services.<sup>23</sup>

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<sup>20</sup> ACOSS (2023) "It's not enough": why more is needed to lift people out of poverty ACOSS, NSW

<sup>21</sup> Wilson, E., Churchus, C and Johnson, T. (2022), 'Can't afford to live'. The impact of the rising cost of living on Victorians and Tasmanians on low incomes. Melbourne, Uniting (Victoria and Tasmania).

<sup>22</sup> Law and Justice Foundation of New South Wales, Fines: are disadvantaged people at a disadvantage?, 2018, (Justice Issues), 27.

<sup>23</sup> Sentencing Advisory Council, Imposition and Enforcement of Court Fines and Infringement Penalties in Victoria, 2014, (SAC Report), 242.

