

Review of Homelessness

2015



Mission Australia’s Background Paper on Homelessness 2015

Mission Australia’s goal is to reduce homelessness and strengthen communities across Australia.

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Background

Mission Australia believes everyone has a right to safe, secure accommodation and a place to call home.

Mission Australia understands the underlying drivers of homelessness and has experience in the full spectrum of services from early intervention with at-risk populations to the provision of affordable housing through Mission Australia Housing. With the goals of reducing homelessness and strengthening communities driving our work, we have a strong contribution to make in the sphere of homelessness policy.

This paper sets out the evidence base for reducing homelessness in Australia and forms the foundation for our policy and advocacy position. It also complements and provides context for our service delivery approach in relation to reducing homelessness.

Definition

The ABS definition of homelessness used in the Census includes when a person does not have suitable accommodation alternatives. People are considered homeless if their current living arrangement:

- is in a dwelling that is inadequate; or
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to space for social relations.

The 2011 Census provided the following breakdown of where people stay:

Where do they stay?



Homelessness is more than just rooflessness and in order to effectively reduce homelessness, people must feel safe, secure and connected and this requires stable, adequate and appropriate housing. This includes housing which is safe, not overcrowded, in a suitable condition to live, close to infrastructure, meets any cultural needs and has secure tenure. The housing must also be sustainable in terms of both affordability and maintenance. These are additional considerations to the cultural definition.

Census data includes a measure for overcrowding. People living in severely crowded dwellings have been the largest homeless group in each of the last three Censuses. This refers to usual residents of dwellings which needed four or more extra bedrooms to accommodate them adequately.ⁱ However, women and children remaining in unsafe houses with the perpetrator of domestic and family violence are not captured in ABS statistics; homelessness in this broader sense is therefore under-reported.

Census data from 2011 shows that 105,237 Australians were homeless, while a further 78,342 Australians were living in marginal housing and at possible risk of homelessness. Some 42 per cent of the recorded homeless population at that time were aged less than 25 years, with a slightly higher proportion of males than females counted (56% compared with 44%). Indigenous Australians made up 25 per cent of the homeless population even though they comprise only 2.5 per cent of the general population; they were overrepresented in all sections of the homeless populationⁱⁱ.

In 2013–14 an estimated 254,000 Australians accessed specialist homelessness services—an increase of 4 per cent from 2012–13. This is equivalent to 110 clients for every 10,000 Australians. More than

a quarter of clients were aged under 18, 16 per cent were aged under 10, and 19 per cent aged 25-34. The majority (59%) were female and 41 per cent were male. ⁱⁱⁱ

The Road Home and National Partnership Agreements

Given the extent of the problem, there is obviously a need to act to reduce homelessness and the associated personal and social costs, and this has been recognised nationally. The Federal Government's White Paper on homelessness, *The Road Home*, released in 2008, included targets to halve overall homelessness and offer supported accommodation to all rough sleepers who need it by 2020. The National Affordable Housing Agreement (NAHA) and the National Partnership Agreement on Homelessness (NPAH), agreed by the Federal and all State and Territory Governments, include objectives, desired outcomes and outputs related to preventing and reducing homelessness.

Mission Australia recognises the efforts of all governments around Australia to commit energy and funding to the issue of homelessness. In particular, the funding and support for innovative responses through the successive NPAHs has made a significant difference to thousands of Australians' lives and has enabled the development of new and effective models.

Nevertheless, clearly, much more still needs to be done. This Policy sets out the approach that Mission Australia believes should be used to prevent and reduce homelessness in Australia. The re-setting of targets and policy approaches is especially timely now, given the reconsideration of roles and responsibilities for housing and homelessness through the Reform of Federation process.

Causes

Homelessness has a number of causes which can be structural or individual in nature. Structural factors include:

- poverty levels;
- unemployment rates;
- lack of affordable housing; and
- large-scale social policies^{iv}.

People disconnected from the labour force, particularly for a long time, often find it difficult to access affordable housing; in contrast, maintaining a connection with employment assists people who are homeless return to stable housing. ^v

Individual factors can include^{vi}:

- poor mental or physical health;
- intellectual disability;
- discrimination;
- gambling;
- physical or sexual abuse;
- substance use;

- specific ‘trigger’ events such as losing a job;
- being subjected to domestic violence;
- family and relationship breakdown;
- being evicted from housing; or
- going through a period of high financial stress.

Domestic and family violence was identified as the main reason for seeking support for nearly one quarter of specialist homelessness services clients (24%) in 2013-14, followed by housing crises (16%) and financial difficulties (15%). Clients can identify more than one reason for seeking assistance, and 53 per cent of clients nominated domestic and family violence or relationship/family breakdown as one of the reasons for seeking assistance (even if not the main reason). Almost 60 per cent of clients identified housing affordability or financial difficulties as a reason for seeking assistance. Housing crisis was identified as a reason by 30 per cent of clients. In addition, mental health, medical issues or problematic substance use were recorded as one of the reasons for seeking assistance for 20 per cent of clients.^{vii}

There are often multiple potential ways in which risk factors might play out into an actual experience of homelessness.^{viii} The same circumstances that some will be able to overcome will lead others into homelessness. Structural factors determine the conditions in which homelessness occurs and create different risk levels for particular groups of people, while individual factors can compound the vulnerability of those at risk^{ix}.

Cohorts at risk

Particular groups at risk of homelessness or who are experiencing homelessness have specific issues requiring tailored approaches - including Aboriginal and Torres Strait Islander people, young people, older people, people experiencing domestic and family violence, people with mental health issues, people with a disability, refugees and asylum seekers, people from culturally and linguistically diverse backgrounds, people with substance abuse issues and those in contact with the justice system or exiting out of home care.

There is no one program that works for all people at risk of homelessness. Prevention measures can target at risk groups such as supporting young people to stay connected to families; helping women and children who experience domestic violence to stay safely in the home; and ensuring people leaving institutional care are not exited into homelessness. When homelessness does occur, early intervention measures are vital. Various approaches tailored to the specific issues faced by these cohorts are set out below.

Aboriginal and Torres Strait Islander People

On Census night in 2011, people of Aboriginal and Torres Strait Islander descent made up 2.5 per cent of the Australian population, but accounted for 25 per cent of all persons who were homeless^x. This is likely to be an underestimate.

Of those who were classified as homeless, 75 per cent were in severely overcrowded dwellings^{xi}. Most of the severely overcrowded dwellings are based in very remote areas, even though the Indigenous population of Australia is quite urban.^{xii}

Aboriginal and Torres Strait Islander people also continue to be over-represented among specialist homelessness service clients. Almost one quarter of clients who provided information on their Indigenous status identified as being Aboriginal and/or Torres Strait Islander.^{xiii}

For Aboriginal and Torres Strait Islander people, perceptions of disconnection from land and living away from country may create feelings of homelessness. On the other hand, living on traditional lands does not override the need for adequate housing.^{xiv}

Individual Factors

Aboriginal and Torres Strait Islander people may experience homelessness as young people or older people. The factors of age may overlap with multiple disadvantages including multi-generational crowded housing, poorer health and higher rates of poverty and incarceration.^{xv}

Indigenous women experience a much higher rate of family violence than non-Indigenous women. Further, overcrowding might occur due to cultural obligations.^{xvi} Accommodating visitors who are travelling for cultural and family reasons is an important factor, and people may have connections to more than one place.^{xvii}

Structural Factors

Due to a lack of adequate and appropriately located housing, homelessness amongst Aboriginal and Torres Strait Islander people takes many forms including rough sleeping, couch surfing and overcrowding.^{xviii}

In remote communities, home building has not kept pace with population growth. While there was an increase in housing supply through the Northern Territory Emergency Response (NTER), it did not sufficiently compensate for the historical lack of housing investment which still trails far behind demand. Remote communities also face a lack of other services such as aged care, education and health care displacing people to urban centres for treatment, schooling and care and often triggering homelessness. For example the need to access dialysis may force the disproportionate number of Aboriginal and Torres Strait Islander people with kidney failure to move from traditional lands to urban centres.

The private rental market in regional centres such as Darwin, Alice Springs, Katherine and Cairns is largely unaffordable due to a lack of supply and competition with high income earners from mining

and other industries. Discrimination against Aboriginal people attempting to lease a property has also been reported.

Solutions

Indigenous people need to be involved in solving the complex problems around homelessness including poverty, disadvantage and the lack of appropriate housing.^{xix}

Investment should be directed as a priority to address overcrowding for Aboriginal and Torres Strait Islander people. Providing secure and affordable housing can leverage greater social benefits for Aboriginal and Torres Strait Islanders including improvements in health, education and employment outcomes.^{xx}

Tailoring housing solutions to meet client need includes addressing cultural needs, such as connection to land and accommodating changing household size and visitors. Aboriginal and Torres Strait Islander people must be genuinely engaged with in housing design and developing appropriate housing and support models.^{xxi}

Effective tenancy support such as maintenance, financial and life skills training is important to mitigate the risk of eviction triggering homelessness.

Case management is required to address underlying and intersecting issues including family disconnection, contact with the justice system, exits from out-of-home-care, mental health issues and domestic and family violence which are all heightened risks for Aboriginal and Torres Strait Islander people who face multiple disadvantages.

In the Northern Territory, visitor and transitional accommodation facilities have been proposed for regional centres such as Katherine and Tennant Creek, to meet the need for safe and well managed visitor accommodation.^{xxii}

Different solutions are required for chronic homelessness experienced by Aboriginal and Torres Strait Islander people in urban areas who cannot return to their community due to conflict, the need for access to health services or for other reasons.

MA Approach

Aherlkeme Village

Aherlkeme Village in Alice Springs provides transitional accommodation with access to support services for homeless Territorians or those at risk of homelessness including a large proportion of Aboriginal and Torres Strait Islander clients. The service works to enhance individuals' and families' ability to access maintain and secure tenancies in either the private or public markets.

Going Places

MA's Going Places program in Cairns (funded by Queensland Department of Communities) involves homeless outreach which moves long-term homeless people into sustainable housing. This program works with significant numbers of Aboriginal and Torres Strait Islander clients. In a cost benefit

assessment, it was found that for every \$1 invested, the government saved \$5.10 in public services no longer required. The savings reflect benefits including reduced need for crisis accommodation, incarceration, court proceedings, police time, diversionary services, time in hospital, and participants being able to support their own children.^{xxiii}

People experiencing Domestic and Family Violence

Domestic and family violence (DFV) continues to be a major driver of homelessness.^{xxiv} It was the main reason for seeking assistance for nearly one quarter of specialist housing services clients in 2013-14^{xxv}. The number of people seeking help for DFV has increased including a rise in the number of children affected^{xxvi}.

Women and children remaining in unsafe houses with the perpetrator are not captured in ABS statistics and therefore homelessness as a result of DFV is under-reported. There is also an under-reporting of DFV incidents to police due to fear, lack of awareness and lack of safe alternative accommodation amongst other things.

Women and children are the group most affected by DFV, but others can also be affected, including older family members and people in gay and lesbian relationships.

Individual Factors

More than a third of Australian women report experiencing at least one form of violence from a known male partner during their lifetime. Particular groups of women are at greater risk of experiencing DFV including Aboriginal and Torres Strait Islander women and women with a disability. Aboriginal and Torres Strait Islander women are 35 times more likely to be hospitalised due to family violence than non-Indigenous women.^{xxvii}

Many women and children are forced to leave their homes as it is unsafe to stay due to DFV. Of those women forced to leave their homes, those with less income and resources are more likely to require homelessness services. Women without accompanying children are more likely to end up in unsuitable accommodation as there are fewer resources available to them.^{xxviii}

Structural Factors

Domestic and family violence is underpinned by gender inequality as well as entrenched gender roles and this needs to be recognised as a social problem.^{xxix} Research and evidence show that the key drivers of violence against women are low support for gender equality and adherence to rigid gender roles and stereotypes.^{xxx}

Studies have shown that the unequal position of women within particular relationships, and the normative use of violence in a conflict were the necessary factors for violence against women. These factors are enhanced by societal norms about gender roles and male superiority. Other factors, such as alcohol, race and women's poverty are interconnected. A VicHealth study also found that

“attitudes to violence against women are inextricably grounded in and intertwined with attitudes towards women, gender and sexuality”^{xxxii}.

Financial dependence can contribute to women deciding to stay in violent relationships. The pay gap between women and men of 24.7%^{xxxiii} and the predominance of women having primary responsibility for caring for children, increases the risk of financial dependence on their partner. Financial abuse is often an aspect of DFV, in which the partner restricts access to money as a means of control. This has an emotional and psychological impact on women, and can undermine their sense of worth and self-efficacy, as well as restricting their accommodation options.

Solutions

Governments have recognised the efforts required to address DFV, including through the National Plan to Reduce Violence against Women and their Children 2010 – 2022. Comprehensive and multi-faceted initiatives are required, including:

- education in schools on healthy relationships;
- family early intervention programs;
- improved training of first to know agencies such as police personnel;
- legal and policing reform to protect the rights of people experiencing DFV;
- men’s behaviour change programs; and
- broader efforts to address underlying gender equality and rigid gender stereotypes.

Recognising the housing needs of people experiencing and at risk of DFV needs to be an integral part of responses to DFV more generally. Homelessness and housing service providers need to be part of discussions to address DFV, especially because they are often the first place to which people escaping DFV will turn.

Some programs are being implemented to remove violent men from the home, enabling women and any children to stay safely where they are connected to social networks, community support and schooling and prevent homelessness. This includes Safe at Home in Tasmania and Victoria and ‘Staying Home Leaving Violence’ in New South Wales. Research on these programs by AHURI recommended continuation and expansion.

However, such programs are not appropriate in all circumstances and resources are still needed for those women who need to leave home to be safe including crisis accommodation, rapid-rehousing.^{xxxiii} For some women, assistance needs to continue for some time after finding a new home, including trauma informed support and rental assistance (such as through the Start Safely program in NSW), until they can become fully independent. Tailored programs are also required, such as models suitable for women in remote Indigenous communities.^{xxxiv}

MA Approach

Yaralla Cottages

Yaralla in Central Sydney provides 23 one bedroom units in the Dame Edith Majestic Gardens in Concord. The property is owned and funded by Perpetual Trustees. Tenancies are managed by Mission Australia Housing, and Mission Australia provides case management support. The program caters for women over 35 who have generally been homeless for more than 12 months. Presenting issues include: DFV; untreated co-morbid health issues (such as poor physical health, mental illness, diabetes); AOD and gambling addictions; and family breakdown. Women stay for six months or more until they can be supported into long term housing options. The property operates with support from case workers Monday to Friday during business hours and the program manager is on call after hours, however they are rarely called as the tenants generally self-manage and look after each other.

Women's Safe Houses – Western NSW

Mission Australia runs three safe houses located in Western New South Wales, at Lightning Ridge, Walgett and Brewarrina. These Safe Houses operate as crisis centres and have a focus on assisting women and children escaping DFV and homelessness with a focus on Aboriginal women. Transitional accommodation assists women and families who have been through the Safe House program and cannot return home. While a woman or family is in transitional housing, staff assist them with living skills programs, financial stability, tenancy supports, children's educational engagement, liaising with health providers and progressing into more permanent stable housing. Group-based parenting and behavioural programs are also offered such as Seasons for Healing, Aboriginal Triple P, Incredible Years, Circle of Security, 123 Magic, Keeping Children Safe, LoveBites, Through Young Black Eyes, Rage (Anger Management), Managing the Bull and Act Now Stronger Together. Community outreach including intensive case management is provided for clients in the community with complex needs.

Young people

Youth homelessness generally refers to young people aged 12 to 24. The 2011 Census identified that 26,238 young people aged 12-24 were homeless, which accounts for 25 per cent of the homeless population. Most of these were living in severely crowded dwellings (56%) or in supported accommodation for the homeless (28%).^{xxxv}

Of specialist homelessness services clients in 2013-14, more than a quarter were aged under 18, and 16 per cent were under 10 years old.^{xxxvi} Homelessness services data does not account for couch surfing and is therefore likely to underestimate youth homelessness.^{xxxvii}

Individual Factors

Family problems are a major cause of youth homelessness and couch surfing is common when young people first become homeless. Often young people make a tentative break when they first leave their family home, sometimes couch-surfing and sometimes using youth refuges. The severity of family conflict that leads to young people leaving home influences the way they respond to

homelessness including whether they maintain existing friendships or seek a sense of belonging in the homeless community.^{xxxviii}

Some young people will move back home or transition to independent living while others will remain homeless and make a permanent break from their family. A minority of young people will become chronically homeless, immersed in the homeless subculture, or cycling in and out of homelessness. Intervening early, to help the young person establish themselves in a stable home, can prevent long-term homelessness.^{xxxix}

Unaccompanied children and young people are particularly vulnerable and often experience a range of interrelated and compounding risk factors including disengagement from education, interactions with the criminal justice system, the onset of mental illness and mental health issues, drug and alcohol misuse and the experience of trauma.^{xl}

Children may also become homeless with their families, usually their mother or another female family member. Domestic and family violence and relationship breakdown are the major reasons women with children become homeless.^{xli}

Structural Factors

Youth unemployment is a significant issue and affordable housing options are in short supply for jobless young people.

Young people may have greater barriers to accessing rental accommodation due to a lack of rental history and assumptions about unstable incomes. These factors make it more likely that young people who cannot live at home will experience homelessness.^{xlii}

Some young people face extreme barriers to independent living and a heightened risk of homelessness when exiting foster care or juvenile justice. 63 per cent of homeless young people surveyed in a joint Mission Australia research project had been placed in some form of out of home care before the age of 18.^{xliii} Young people who have been abused or neglected are also disproportionately represented among the long-term homeless.^{xliv}

For young people under the age of 16, there are particular issues with accessing specialist homelessness services due to interactions with the statutory child protection systems and the legal responsibility resting with the parent or guardian. Unaccompanied children and young people require an enhanced level of supervision and case management during periods of homelessness, when compared to other homelessness clients.^{xlv}

While most children who become homeless accompany their mother, a lack of accommodation options for fathers with children has been noted.

Solutions

The diversity of young homeless people and their experiences prior to homelessness need to be recognised in policy responses. Different policy responses are needed for young people leaving care and juvenile justice and for those who have experienced physical or sexual abuse. Early intervention

has better outcomes for young people, as long term homelessness can result in problems such as substance abuse and mental illness. It is also more cost effective for government because costs increase as problems worsen and become more difficult to resolve.^{xlvi}

Early intervention is particularly crucial for young people as it can prevent them from making a transition to chronic homelessness. Young people can drop out of school, quickly adopt a transient lifestyle, become involved in the homeless sub-culture and make a transition to chronic homelessness if preventative measures fail.^{xlvii}

For young people who have experienced family breakdown, it is important to work with them to build social capital and life skills as well as providing appropriate housing. It is also important to deal with intersecting issues such as disability, exits from institutions, exposure to trauma, mental health and drug and alcohol issues.

For populations with high rates of out of home care, such as the Northern Territory, Housing First models have been advocated to respond to youth homelessness.^{xlviii} However, this model needs to be adjusted for young people. Youth Foyer models which connect young people to education and employment as well as accommodation have also shown promise, but are yet to be fully evaluated in the Australian context. The Geelong Project is an interesting place-based 'community of schools and youth services' model for early intervention with at-risk young people which is starting to be replicated in other places.

MA Approach

Mission Australia operates several programs which provide tailored prevention and early intervention strategies to young people, including services which promote family connection and assist young people in contact with the juvenile justice system or exiting out of home care.

Reconnect

Reconnect is an example of a successful early intervention program for young people who are homeless or at risk of homelessness. It is a Commonwealth-funded program that works with young people and their families in flexible ways, including counselling, mediation and practical support. It has a focus on responding quickly to referrals. Reconnect results in significant positive outcomes for young people and their families, particularly in terms of housing stability and family reconciliation^{xlix}.

Springboard

In Victoria, Mission Australia delivers the Springboard program which provides intensive youth focussed assistance to those aged 16 to 18 in residential out-of-home care, or up to 21 years who have left residential care. It is intended to support both these groups to gain secure long-term employment by re-engaging with appropriate education, training and/or supported employment opportunities. Whilst young people who fit the above criteria are the priority group, the program is also available for those who are currently in or have been in foster care or kinship care and are disengaged from education, training or employment.

The program provides young people with flexible one-on-one case work support that helps them identify and negotiate access to appropriate re-engagement, education, training or employment opportunities. The young people in the program tend to have complex needs and multiple barriers and are likely to have experienced childhood trauma as well as multiple disruptions to their education. It is a culturally sensitive service with expertise in working with Aboriginal young people and refugees.

Springboard is funded by the Victorian Department of Human Services. The program is delivered across the entire Southern Metropolitan Region by Southern Metropolitan Region Springboard Consortium which is led by Mission Australia.

The Ryde Project

The Ryde Project is a joint initiative between schools and local agencies including Mission Australia, that assists young people who need support to better engage with school or who are experiencing difficulties in their lives. The Ryde Project uses a multi-step strategy to quickly identify young people and their families who could benefit from additional support. The strategy includes: voluntary completion of a survey by every student in participating secondary schools to identify program participants; the school and a local agency make an offer of support to each identified student and their family; a support plan containing specific goals is developed for each student to work towards. The Ryde Project is based on a proven early intervention model first developed in Geelong which recognises that the best outcomes for young people can be achieved if difficulties are identified, and support provided, as soon as possible.

Older People

To date, older people have received less attention in public policy than other groups requiring affordable housing.

Australia's ageing population is predicted to more than double numerically from 2010 to 2050, and to increase as a proportion of the total population from 31 per cent in 2010 to 40 per cent in 2050.ⁱ One seventh of all homelessness is experienced by those over the age of 55ⁱⁱ and there are new and emerging groups of older people at risk of homelessness, such as older women with limited retirement savings.

Studies have found that, while later-life homelessness has several different pathways, first time homelessness is the most common. Those who become homeless for the first time in later life are likely to have been private renters with a stable housing history who had experienced significant health problems, family problems, unaffordable rent, eviction and accessibility problems.

Alternatively, some older homeless people have experienced long-term chronic homelessness with multiple disadvantages, or are long-term transients without housing securityⁱⁱⁱ.

Individual factors

Older women may end up in the private rental market rather than home ownership due to time out of the workforce, lower superannuation and family breakdown. For single parents on lower wages and with more time devoted to care, it is difficult to compete with dual incomes in the home ownership market, and 48% of single parent households were in private rental in 2011-12^{liii}. This life course pattern creates risks for older women, with those in private rental generally not replicating the savings of home owners.

Factors associated with the ageing process may also play a role. Declining physical or mental health makes employment, tenancy management and family relationships more difficult. In addition, declining incomes and the need for accessibility limit housing options. Other issues such as elder abuse and discrimination also play into homelessness vulnerabilities. Critical incidents may act as triggers for homelessness where there is a lack of countervailing support.^{liv}

Structural Factors

Features of the wider housing market, including high rents in cities and limited availability of social housing, are key structural factors.^{lv}

Retirement income policies also have ramifications, with the age pension being built on the assumption that people will own their homes at the point of retirement and therefore will need less income to survive. This has consequences for older people who do not own homes outright, as the pension is increasingly inadequate to cover rental or mortgage costs.

Solutions

Tailored policies are required for older people experiencing homelessness including long-term prevention as well as outreach, housing and support services. Many older people seeking to exit homelessness require integrated services with their housing and those with high levels of frailty, comorbid or complex needs may need residential aged care.

Policies around retirement incomes, home ownership and secure tenure may contribute to preventing homelessness in older age, as well as addressing chronic homelessness and stopping its continuation into old age.^{lvi}

MA Approach

Mission Australia manages two aged care facilities in NSW, Charles Chambers Court and Annie Green Court. Both of these services offer a permanent response to the needs of elderly vulnerable people who would otherwise be homeless or living in poor quality accommodation. All residents have security of tenure by way of a Resident Agreement providing a sustainable housing solution. Mission Australia is also building an aged care facility in Orange (Benjamin Short Grove) with a Federal grant of \$14.7 million from the 2011 Aged Care Approvals Round.

As these services are operated and regulated under aged-care legislation, they have a very specialised model which is distinct from other homeless services. Mission Australia is able to increase the intensity of services provided as the person's needs increase over time, enabling our aged care

residents to remain in these facilities long-term. This is essential as these services are the last home for the majority of residents, who are often estranged from family. Arranging funeral and memorial services are in fact a vital aspect of this service to ensure that clients' dignity is respected even after their death. Any changes to legislation governing aged care should take account of the very particular needs of this group.

Charles Chambers Court

Charles Chambers Court aged care facility was built in 1998 in Surry Hills NSW. It provides permanent and secure accommodation for people who are homeless, at risk of homelessness and socially and financially disadvantaged. Charles Chambers Court provides a person centred approach, tailoring care to support individual needs and preferences by way of: care planning; assistance with hygiene and living activities; leisure and lifestyle activities to assist in reconnecting the residents to the community; assistance with medication administration; 24 hour qualified nursing staff; and access to allied health services including psychogeriatricians, psychiatrists and physiotherapists. Charles Chambers Court has received recognition for the high quality service provision by way of the following awards:

- ACSA & HESTA National Award for Excellence in Organisational Quality Care
- ACSA & HESTA State Award for Excellence in Organisational Quality Care
- Aged Care Standards & Accreditation Agency Award for Better Practice/Resident Lifestyle
- Mental Health Positive Living in Aged Care

Annie Green Court

Annie Green Court aged care facility opened in December 2012 in Redfern NSW. It provides permanent and secure accommodation for people who are homeless, at risk of homelessness and socially and financially disadvantaged. Its construction was fully funded by a Federal Government grant of \$16 million. Annie Green Court's service model is based on the award winning model of Charles Chambers Court and provides the same high quality of care to the residents.

Benjamin Short Grove (under construction)

Benjamin Short Grove aged care facility will be located on the Bloomfield campus in Orange NSW. This build is being funded by a Federal Government grant of \$14.7 million. The service model will also be based on the award winning model of Charles Chambers Court; all of its policies and procedures, processes, systems, documents and forms will be replicated, as they were with Annie Green Court. Benjamin Short Grove will provide permanent and secure accommodation for people who are homeless, at risk of homelessness and socially and financially disadvantaged.

People with a Disability

Approximately 3.9 million Australians or 20 per cent of the population have a disability of some form.^{lvii} At 30 June 2012, approximately 1 in 5 people in public housing had a disability.^{lviii} People with disability have a greater exposure to the risk of homelessness than the general population and different disabilities predispose individuals to different levels of homelessness risk.^{lix}

While the relationship between mental illness and homelessness has been the focus of much research, people with other types of disability—physical, sensory, intellectual—are also at risk, but less has been written about this group.^{lx}

There has been found to be a statistically significant relationship between physical health problems, housing instability and homelessness especially where financial resources decreased and housing costs could not be paid. However, people with disability often remain hidden and may not always be easily identified within the group of homeless people who seek help.^{lxi} For example, a recent Australian study found that 59 per cent of young people with an intellectual disability became homeless when they left out-of-home care.^{lxii}

People with disability are often undiagnosed upon entry into homelessness-specific housing and support services and this means that support is either not provided or only offered after a considerable delay. They may also have dual or multiple problems that commenced either before or after homelessness.^{lxiii}

Individual Factors

People with disability will have different pathways into homelessness affected by the nature, source and severity of their disability. Persons with learning or intellectual impairments are more at risk from precarious housing, and people with moderate impairments are also at increased risk as they may not meet the threshold for comprehensive assistance.^{lxiv}

Incidences of acquired brain injury are thought to have a substantial impact as it diminishes the person's capacity to operate independently. Some people receive compensation for injuries which may contribute to their ability to fund their housing needs, while others do not.^{lxv}

Pathways are also influenced by whether a person was born with disability or whether they acquired an injury in adult life. For instance, people with cognitive impairments from birth may continue dependence on family members compared to those who develop a brain injury later in life. Foster and or guardianship increases the risk of homelessness for people born with an intellectual disability, as does increased family conflict throughout adolescence.^{lxvi}

Alternatively, homelessness may lead to disability, where sleeping rough or insecure accommodation has resulted in assault or traumatic injury that has resulted in a loss of cognitive function, sensory loss, reduced mobility and/or physical capacity. This in turn makes it much more difficult to exit homelessness and move to employment and stable independent housing.^{lxvii}

Another pathway noted by the research is where an accident or injury prompts a period of hospitalisation and rehabilitation, breaking otherwise stable housing and sometimes contributing to relationship break-ups. This may result in people moving into substandard and less secure housing and some in this group may also experience periods of incarceration.^{lxxviii}

Structural Factors

People with disability are vulnerable to homelessness because many have low incomes, may have limited engagement with the labour market, and limited housing options.^{lxxix} Thus when a crisis occurs they may be at risk of homelessness.^{lxxx} The problems faced by this group are partly housing related, and an acute shortage of low cost appropriate housing is a major structural problem. Other structural factors include poverty and lack of paid work.^{lxxxi}

Solutions

Solutions include an increase in the supply of housing that is appropriate to the needs of people with various disabilities, affordable on their incomes and of a decent quality.^{lxxxii} Design standards for new social and affordable housing should cater to people's needs as they age allowing ageing in place.

Good service provision is crucial to ensure clients are diagnosed appropriately and that service staff advocate on their behalf to broker health and other services. Where the impairment is severe, the client may need intensive and constant support. There is a need for better integration of disability and homelessness services and a more holistic approach that also considers employment, socialisation and other needs of the individual.^{lxxxiii}

The National Disability Insurance Scheme (NDIS) opens the door for a new model of individual and wrap-around supports for people with a disability. However, it is estimated that once the National Disability Insurance Scheme (NDIS) is running at full capacity, there will be an unmet need of over 80,000 dwellings for NDIS participants.^{lxxxiv} Safe and secure housing for people with a disability should be a priority as part of this national approach.

MA Approach

Common Ground

Common Ground aims to end chronic homeless with the provision of permanent supported housing in a congregate housing model combining accommodation for rough sleepers and low-income workers. The Mercy Foundation and Australian Common Ground Alliance have been instrumental in translating this model from its New York origins to the Australian context. MA Housing is the community housing provider and Mission Australia the support services provider for Common Ground, Camperdown.

The service aims to provide affordable, permanent housing in Sydney's inner city for low income, social housing candidates and those that were previously long term homeless. The Common Ground Model focusses on those formerly homeless individuals that 'fall through the cracks' and require a high need for support in conjunction with permanent housing. This includes clients with significant cognitive impairment. This permanent housing provides stability for the individual, whilst onsite

support from both housing and case management enhances opportunities for personal improvement. Common Ground remains a 24/7 service, with staff consistently onsite to provide support to tenants when necessary and at the tenant's request.

People with a Mental Illness

People with mental health issues are also at particular risk of homelessness. In 2012–13, 20 per cent of people who received assistance from a specialist homelessness agency were identified as having a current mental health issue.^{lxxv}

It is estimated that 50 to 75 per cent of homeless youth in Australia have some experience of mental illness.^{lxxvi} For specialist homelessness services clients with a current mental health issue, those aged 18-24 had the highest rate of specialist homelessness service agency use. The rate of specialist homelessness services clients with a current mental health issue for Aboriginal and Torres Strait Islander people was around 7 times that of non-Indigenous Australians.^{lxxvii}

Poor mental health can lead to homelessness and difficulty sustaining employment. People with severe mental illness who lack supports are particularly vulnerable to homelessness.^{lxxviii} On the other hand, unstable housing can deteriorate mental wellbeing; homelessness itself can result in traumatic situations and precipitate mental health issues.

Individual Factors

The prevalence of low incomes and reliance on social security payments among people with a mental illness is a major contributor to housing stress and the risk of homelessness. A high proportion of specialist homelessness service clients who had a current mental health issue and were aged over 15, reported a government payment as their main source of income. 32 per cent were receiving the Disability Support Pension, 26 per cent were receiving Newstart and 15 per cent were receiving Parenting Payment. For specialist homelessness service clients with a current mental health issue and who were aged 15 or over, 50 per cent were not in the labour force, 43 per cent were unemployed, and 8 per cent employed (mostly part-time).^{lxxix}

The cyclical nature of mental illness also contributes to housing difficulties, which in turn exacerbates mental illness. Mental illness can lead to relationship and family breakdown which contributes to unstable housing. A poor rental history and poor relationship with real estate agents may also be a housing barrier, particularly in rural communities. On the other hand, a solid social network and knowledge of and links to appropriate services can contribute to more stable housing outcomes.^{lxxx}

Structural Factors

The process of de-institutionalisation begun in the 1980s closed some long stay psychiatric units without fully developing the community-based networks that were to replace them. Some long-term institutional care continues and improved community-based supports are required to assist people with mental illness to live in the community.

Accessing affordable housing is a major problem and public housing is subject to long waiting lists. Housing stress can be exacerbated by stigma and discrimination against people with mental health issues.

Solutions

Programs that provide housing and support to those with a mental illness are vital in ensuring this vulnerable group remains housed. Effective prevention and early intervention will address mental health and housing needs before they escalate into crisis, resulting in cost savings as well as improved wellbeing.

Appropriate mental health services also need to be available to people at risk of homelessness. Access to services may be particularly poor for people living in rural and remote areas and in low cost housing areas where transport is often inadequate.^{lxxxix}

The implementation of the National Disability Insurance Scheme (NDIS), which will provide support packages to people with physical, cognitive and mental disabilities, opens up new possibilities for delivering housing and support services to people experiencing mental illness.

MA Approach

Housing and Accommodation Support Initiative

The NSW Government's HASI (the Housing and Accommodation Support Initiative) is an effective model for working with people with a mental illness to prevent homelessness. The initiative links housing providers, area mental health services and non-government accommodation support providers to work with people with a mental illness to acquire and maintain stable housing and improve their community participation and quality of life.

The NSW Government 2012 evaluation of HASI found that "when housing is linked to appropriate clinical and rehabilitation support, people are better able to overcome the often debilitating effects of mental illness and to live more independent lives."^{lxxxix} The evaluation found that the program had achieved positive impacts for tenants on housing, health, social and economic participation indicators, with 70 per cent remaining in the same dwelling over the course of the study.^{lxxxiii} The evaluation also found that 90 per cent had not ended a tenancy since joining, and that, of those that ended their tenancy, 86 per cent were for planned reasons such as moving to more appropriate or other long-term housing.^{lxxxiv}

Personal Helpers and Mentors

Programs such as Personal Helpers and Mentors (PHaMs) have also been shown to be successful in supporting people with mental health issues to live in the community. The program provides increased opportunities for recovery for people whose lives are severely affected by mental illness, including those who are homeless. Mission Australia conducted a Client Wellbeing Pilot to increase our understanding of client outcomes and their journey to independence through our services including PHaMs. We saw significant improvements for PHaMs clients across a range of domains and self-reported measures after eight months in the program.

Most PHaMs clients (88%) experienced an increase in wellbeing as measured by the Client Wellbeing Index over the eight months. Domains where PHaMs clients showed the most improvement were 'Standard of Living', 'Future Security', 'Health' and 'Achieving in Life'. This pilot shows that programs such as PHaMs, which offer a recovery service that takes a strengths-based approach, can work towards restoring wellbeing and therefore assist clients in their journey towards independence.

PHaMs clients who participated in Mission Australia's Client Impact Pilot were asked how adequate their housing was for their current needs. At baseline, 63% of participants said their housing was less or much less than adequate. After eight months in the PHaMs program, the proportion of participants who said their housing was less or much less than adequate had reduced to 19%.

Partners in Recovery

Partners in Recovery (PIR) aims to better support people with severe and persistent mental illness with complex needs and their carers and families, by getting multiple sectors, services and supports they may come into contact with (and could benefit from) to work in a more collaborative, coordinated, and integrated way. Forty-eight NGOS including Mission Australia have been engaged to implement PIR in a way that complements existing support and service systems and any existing care coordination efforts already being undertaken.

Substance Abuse

Prevalence rates of substance use disorders among homeless persons exceed general population estimates, and co-morbidity of substance use and other mental disorders is common.^{lxxxv}

Individual Factors

Substance abuse can be a cause of homelessness for some people and a response to prolonged homelessness for others.^{lxxxvi} Alcohol and drugs may also form a part of a complex needs presentation. Among those with a cognitive impairment in the general population, the co-occurrence of a mental disorder with alcohol and/or drug use is thought to be around 50 per cent.^{lxxxvii}

Structural Factors

Where individuals are treated for their drug and alcohol issues in an institution such as a hospital, prison, residential program or foster care, they must have a carefully planned transition into the community, ensuring that their housing needs are addressed whether the client was homeless prior to treatment or at risk of homelessness.^{lxxxviii} Clients exiting custodial arrangements were over three times more likely to need drug/alcohol counselling compared with all specialist homelessness service clients (15% compared with 4%).^{lxxxix}

Solutions

Linking homeless people with substance abuse issues to supportive housing, and prioritising Housing First options, are significant steps in providing the necessary stability to allow engagement in treatment. There is also a need for integration of homelessness services with alcohol and drug

treatment services. Effective rehabilitation and treatment can form a successful early intervention strategy for those at risk of homelessness.

MA Approach

Triple Care Farm

Triple Care Farm is a residential Alcohol and Other Drugs (AOD) rehabilitation and treatment program for young people aged between 16 and 24 years. Located on 110 acres in the NSW Southern Highlands, Triple Care Farm is a national service receiving referrals Australia-wide which has been operating for more than 20 years. The program specialises in treating young people with co-morbid mental illness and drug and alcohol problems. The treatment model is a holistic psychosocial rehabilitation program based on harm minimisation and health promotion.

Triple Care Farm's vision is to provide "a safe place for change" and the program operates with the goal of treating every student as an individual, catering for his or her specific needs in order to create "a life worth living". This includes providing vocational and educational training so young people can re-engage with education and find pathways to employment. Importantly, at Triple Care Farm there is a six month period for follow up and after care.

The Drug and Alcohol Youth Service (DAYS)

DAYS is a 24 hour residential rehabilitation service provided by Mission Australia to young people aged 12 to 19 years throughout Western Australia who are experiencing alcohol and other drug issues. This facility provides a three month structured rehabilitation program that is evidence based and client directed where possible. Consultation and collaboration is at the cornerstone of the program. From the point of referral, the young person is invited to engage in a comprehensive assessment process. Treatment plans belong to the client and reflect treatment pathways they want to engage in.

Clients have access to a range of integrated services allowing a continuum of care throughout their stay and post-treatment. Service integration provides a single point of entry into the core drug and alcohol youth services and supports comprehensive data collection and monitoring of service delivery.

People in contact with the Criminal Justice System

People leaving prison are at high risk of homelessness. The Journeys Home research found that respondents that have been incarcerated, whether in juvenile detention, adult prison or remand, are particularly prone to homelessness, even when compared to other similarly vulnerable people. The risk is especially high for respondents who spent a considerable amount of time (i.e. 12 months or more) in juvenile detention. Those recently incarcerated were particularly prone to primary homelessness.^{xc} On the other hand, stable housing may contribute to a decrease in reoffending and drug use^{xci}.

Individual Factors

People may be homeless at the time of their arrest and come into contact with the criminal justice system because they engage in criminal behaviour to meet their housing or other needs or because their appearance and behaviour may make them more conspicuous to police. This is particularly true for people who are long-term homeless and/or rough sleepers, who may be more likely to meet their needs in ways that draw the attention of police.^{xcii}

There is a high prevalence of mental disorders among prisoners, and homeless people with mental disorders are more likely to be incarcerated than their non-homeless counterparts.^{xciii} People with cognitive impairment who are in the criminal justice system are also highly vulnerable to homelessness.^{xciv}

Structural Factors

The growth of the prison population means there are a growing number of people at risk of homelessness and that accommodation is a primary need for more people at the time of their release.^{xcv} Homeless people with criminal records may also encounter substantial barriers to exiting homelessness such as discrimination.^{xcvi}

Social and economic disadvantage play an underlying and compounding role in both criminal behaviour and homelessness. Other forms of intersecting disadvantage include mental illness, unemployment and substance abuse.^{xcvii}

Solutions

Reducing churn between the homelessness and criminal justice systems could reduce improve long term social outcomes for highly disadvantaged people and government spending. More resourcing is required for pre and post-release programs to prevent homelessness among prisoners and reduce reincarceration. Consideration also needs to be given to the ways in which homelessness gives rise to contact with the criminal justice system and the impacts of the legal system on homeless people, particularly around bail and remand.^{xcviii}

Integrated approaches are needed for people who are homeless, have a cognitive impairment, a mental disorder or complex needs and are enmeshed in the criminal justice system. Ongoing support with accommodation is required for adults with complex needs in preventing homelessness and reoffending. Intensive case management and support has been shown to be effective.^{xcix}

Aboriginal and Torres Strait Islander people are significantly over-represented in the criminal justice system. Culturally appropriate programs of justice reinvestment can be part of the solution to this situation, as can stable and appropriate housing within indigenous communities.

MA Approach

The Shopfront Youth Legal Centre

Shopfront is a free legal service for homeless and disadvantaged young people aged 25 and under. Established in 1993 and based in Darlinghurst in the inner city Sydney, the Shopfront is a joint project of Mission Australia, the Salvation Army and the law firm Herbert Smith Freehills.

The Shopfront's main area of practice is criminal law. The Shopfront's clients come from a range of cultural backgrounds, including a sizeable number of Indigenous young people. Common to nearly all clients is the experience of homelessness; most have been forced to leave home due to abuse, neglect, domestic violence or extreme family dysfunction. Most clients also have limited formal education and therefore lack adequate literacy, numeracy and vocational skills. A substantial proportion also has a serious mental health problem.

Culturally and Linguistically Diverse (CALD)

The increase in the number and rate of people born overseas living in severely crowded dwellings was the major contributor to the overall increase in homelessness between 2006 and 2011.^c

These severely crowded households were likely to be multi-family households and have lower equivalised household incomes. Persons in these dwellings were more likely to be unemployed or not in the labour force, to not speak English well or at all, and to have arrived in the last five years from India, Afghanistan, Vietnam or Iraq. People born in Afghanistan, Nepal and Iraq were also more likely to still be living in 'severely' crowded dwellings after being in Australia for more than five years.^{ci}

Much of the remaining homelessness experienced by members of CALD communities involves people moving between temporary arrangements including friends' houses. This keeps it largely hidden.^{cii}

Individual Factors

Cultural and linguistic differences can create barriers to accessing services and accommodation when people are at risk of homelessness. There may be a lack of awareness about services or services may not be able to offer culturally appropriate support.^{ciii}

Structural Factors

Homelessness service models are not always appropriate to the cultural norms of people from diverse backgrounds.^{civ} For example, many youth crisis accommodation models may not be appropriate for young Muslim women who are unable to share accommodation with young men. Discrimination also occurs in the private rental system.^{cv}

Overcrowding is also closely tied to issues of housing supply and affordability.

Solutions

Culturally appropriate support may include: translation services; recruiting bi-lingual staff and staff who reflect the client cohort; training of other staff in awareness and sensitivity to different cultural norms; links to cultural and community groups; and involving culturally specific services where possible due to their cultural knowledge and ability to identify vulnerability. A person-centred approach can be effective where culture is a key factor and the cultural community is recognised as a key part of identity.

Urban planning for new social and affordable housing should incorporate demand from CALD communities, particularly where there is severe overcrowding which is spatially concentrated, and reflect the location and kind of housing required.

MA Approach

Partnering with specialist agencies

Mission Australia homelessness services have strong relationships with specialist agencies that provide advice, information and strategies for working with CALD clients. This collaboration through formal memoranda of understanding as well as informal arrangements, allows for coordinated referrals, joint client assessments, shared case conferences, case management and exit planning. In New South Wales this includes relationships with migrant resource centres, NSW Ethnic Communities Council, the Ethnic Disability Advocacy Centre, the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), multicultural officers at Centrelink, and ethnic officers in local councils and police stations.

More specifically, in South West Sydney, partnerships are in place with Sydwest Multicultural Services, Pacific Island Mt Druitt Action Meeting and Penrith Multicultural Interagency, who provide Mission Australia staff with advice, information and strategies for working with CALD clients. Many of our staff are themselves from culturally and linguistically diverse backgrounds, with fluency in many of the languages spoken by clients.

Mission Australia Housing (MAH) has also built effective partnerships with culturally specific services and recruited staff to mirror the cultural diversity in the regions where tenancies are managed. For example, in Blacktown, there is a strong partnership in place with the United Muslim Women Association (MWA) - a community based welfare organisation catering to the welfare, social, education, religious and recreational needs of Muslim women of all backgrounds. The Association provides a wide range of services such as counselling, information and referrals, advocacy and crisis accommodation. MAH began a partnership with MWA back in 2010 and provided several properties to MWA through the Nation Building Project. Since then, over twenty women have been housed in MAH properties in South Western Sydney, with support being provided by MWA.

Refugees and Asylum Seekers

Refugees and asylum seekers have been an under-reported group at risk of homelessness. Young people from refugee backgrounds are six to ten times more likely to be at-risk of homelessness than Australian-born young people.^{cv} It is estimated that between 500 and 800 young refugees are homeless Australia-wide and this number is growing.^{cvii} Couch surfing is common for young refugees and may not be reported as homelessness, resulting in under-estimates.^{cviii}

Individual Factors

Refugees and migrants face additional transition points when settling into Australia including adjustments to language, culture and education.^{cix} Family relationships may be more complex amongst refugees with added burdens of trauma, overcrowding, high expectations and differing acculturation.^{cx} Disconnection from family, school and community are major precursors to homelessness for young refugees, and family reconfiguration and overcrowding contribute to this.^{cx} Unaccompanied minors lacking family support are also at risk of homelessness.^{cxii}

There are also barriers to understanding and accessing the housing system and a lack of social capital to assist with negotiating this complexity including lack of rental references, credit ratings and rental history.^{cxiii} They may not be able to afford a bond or moving costs.^{cxiv} There are also barriers in terms of a lack of understanding of tenancy rights and risk of exploitation by unscrupulous landlords.^{cxv}

Refugees also have lower labour force participation than other immigrant groups due to a lack of recognised qualifications and work experience. Disrupted education, poor literacy and English language difficulties are other contributing factors.^{cxvi} Refugees may also face financial disadvantage and may not have the support of relatives.^{cxvii} Financial difficulties may also lead to large amounts of debt at high interest and there may be an obligation to send money to family.^{cxviii}

Refugees and asylum seekers may have complex needs.^{cxix} Experiences of psychological distress may exacerbate mental health problems, and homelessness may be a re-traumatising experience.^{cxx}

Structural Factors

As with most groups, the lack of appropriate, safe and affordable housing is a significant structural barrier.^{cxxi} The Refugee Council of Australia's annual consultations found affordable and adequate housing is nominated as one of the three key concerns for refugee communities in Australia.^{cxii} Less than ten per cent of refugees successfully access public housing in the first 18 months of resettlement.^{cxiii} The number of humanitarian entrants is also rising, placing pressure on affordable housing.^{cxiv}

In addition to long public housing waiting lists, transitional accommodation may not be culturally appropriate with mixed sex dorms, lack of halal food and the association with other people with drug and alcohol problems. Young people of refugee background may feel unable to access such homelessness services. In terms of the private rental market, discrimination on the part of real estate agents has been reported as a barrier.^{cxv}

There are also a growing number of asylum seekers living in the community on bridging visas with assistance allowances lower than any Centrelink benefit and who are unable to work. Asylum seekers may therefore end up in overcrowded and sub-standard housing. Their uncertain legal status presents a barrier to housing and homelessness services.^{cxxvi}

Solutions

There is a need for cultural competency among service staff and gender sensitivity within this cultural context. Services need to provide access to interpreters, recognition of discrimination and services tailored to cultural needs.^{cxxvii} A trauma-informed care approach is also critical.

Prevention and early intervention efforts should address the risk of family breakdown. Larger houses are needed for refugee families accommodating relatives, and housing needs to be located close to education and employment opportunities.^{cxxviii}

Better coordination of settlement, youth, health and housing services would improve outcomes as would a more holistic approach to addressing the needs of refugees and asylum seekers.^{cxxix}

Adequately resourced casework models can improve support to this group.^{cxxx} Adequate transitional housing also needs to be provided to asylum seekers while their status is determined.^{cxxxi}

MA Approach

Skills for Education and Employment (SEE)

SEE helps eligible jobseekers to improve their language, literacy and numeracy skills to actively participate in their community and in training and employment. SEE offers training for between 10 to 25 hours per week in short or long courses designed to address local skills needs. People develop learning and problem solving strategies, gain entry-level vocational competencies, overcome employment and training barriers (such as writing applications and gaining a driver's licence) and build communication skills for job interviews and social inclusion. Learning projects help people gain information about local employment and training opportunities.

Home Tutor Scheme

Mission Australia's Home Tutor Scheme provides an individualized and personalized tutorial service to newly arrived adult migrants to help them learn the basics of the English language. The service is provided by trained volunteers on a one to one basis, generally in the client's home. The Home Tutor Scheme recruits and trains volunteer with a free training course to prepare them for their role. On completion of the course, tutors are matched with students by gender and locality, and supported with advice and resources. There are 800 community volunteers, 80% of whom are bilingual and there are over 65 languages represented.

The Home Tutor Scheme also manages the Enhancement Program which provides support to community groups such as libraries, schools, ethnic associations and churches to set up and run English language classes for migrants no longer eligible for the Home Tutor Scheme. In 2013-14, Mission Australia supported 84 partners across six regions to provide informal ESL classes and workshops.

Mission Australia delivers the Home Tutor Scheme and educational counselling as part of The Navitas English AMEP Consortium - a partnership of organisations dedicated to assisting migrants and refugees to settle into the community. This program is funded by the Department of Immigration and Citizenship.

Lesbian, Gay, Bisexual, Transgender, Intersex and gender Questioning (LGBTIQ)

There is a lack of research on lesbian, gay, bisexual, transgender, intersex and gender questioning (LGBTIQ) people and homelessness.^{cxxxii} Much of the information collected on homelessness does not record gender identity including the Census, specialist homelessness service reports and high school based research.^{cxxxiii} In the ABS' 2014 General Social Survey, gay or lesbian people (34%) and people with 'other' sexual orientations (21%) were more likely to report at least one past experience of homelessness compared with heterosexual people (13%).^{cxxxiv}

Individual

LGBTIQ people are over-represented in homeless populations due to both the complexity of their experiences and difficulty accessing services. LGBTIQ young people face particular issues in addition to the problems faced by other young people. This includes perceptions of the child's sexual orientation resulting in family conflict and bullying at school. In addition the experience of homelessness may be complicated by homophobia and intolerance on the streets and within services.^{cxxxv}

Structural

Institutionalised discrimination is also an issue. The lack of understanding of and respect for sexual and other differences is a broader social issue that needs wider social awareness.^{cxxxvi} Appropriate housing stock is required including crisis, transitional, medium and long term to assist homeless LGBTIQ people.^{cxxxvii}

Solutions

Australia lags behind other countries in responding to the needs of homeless LGBTIQ people.^{cxxxviii} Homelessness services need to understand the specific issues faced by LGBTIQ people without seeing it as a problem needing to be fixed. Services also need to protect LGBTIQ clients from other clients where appropriate. LGBTIQ support groups and mentoring programs may be part of the solution. A holistic and wraparound approach is also required to address complex needs. LGBTIQ people need to be involved in the development and implementation of programs that can assist them.^{cxxxix}

Organisational commitment to equality and acceptance and staff training would be beneficial. Safe and secure accommodation options for homeless LGBTIQ people should include: staff sensitivity and understanding of issues around gender and sexuality; addressing heterosexist attitudes from other residents; providing privacy; and prominently displaying resources promoting sexuality and gender diversity.^{cxl} Other service strategies include using multiple means to communicate LGBTIQ friendliness, have an LGBTIQ counsellor who attends the service; and establish and maintain networks with other LGBTIQ-friendly organisations to facilitate awareness of issues and training

possibilities.^{cxli} Model policies for safe shelters for transgender people have also been developed in other jurisdictions including topics of respect, sleeping arrangements, use of bathrooms and showers, and intake information.^{cxlii}

MA Approach

Roma House

Roma House is a 31 bed temporary accommodation service for people experiencing homelessness that provides trauma informed care. The trauma informed model aims to create a respectful, safe and supportive model for all including the provision of enhanced privacy where possible. People who identify as transgender are placed in the male or female dorm on the basis of the gender they identify as, without judgment based on physical characteristics, even when people are newly transitioning. Some people are comfortable telling other residents they are transgender, some request support to have this conversation, and others may not want to do this. Any challenges with other residents are managed, however to date there have been few concerns and residents have embraced and accepted people as they are. Roma House also engages a diverse mix of staff who model respectful communication and positive regard towards each other and residents regardless of gender, orientation, race or other differences which creates a culture of safety.

The service response continuum

Mission Australia works to reduce homelessness across all points in time from early intervention and prevention to promoting exits from homelessness and supporting sustained and secure tenancies. Mission Australia understands the drivers of homelessness, has strong service experience and is a major provider of social and affordable housing and housing services. We respond to the needs of clients that arise at the particular point in time and over the longer term.

Prevention and early intervention

Intervening early to quickly resolve homelessness when it occurs is crucial. Prevention can target known risk factors, which are different for different cohorts. Preventing homelessness from occurring in the first place is better than fixing it later.

Prevention programs can be both effective (they keep people out of homelessness) and efficient (the cost offsets of providing the programs are greater than the amount that would be spent on providing services to those who do become homeless). Greater investment is therefore needed in those prevention programs and services that work to stop people from becoming homeless.

Prevention not only helps to reduce the number of people who experience homelessness but also helps to reduce the personal and societal costs associated with homelessness. People experiencing homelessness often have a number of adverse outcomes across multiple life domains. People who

are homeless are known to experience higher rates than the general population of: isolation and fragmented social supports^{cxliii}; physical health problems such as respiratory illness, skin infestations, inflammatory skin conditions, infections including Hepatitis A, B and C, and cardiological, neurological and gastrointestinal symptoms^{cxliv}; mortality^{cxlv}; trauma and post-traumatic stress disorder^{cxlvi}; cognitive impairment^{cxlvii}; and psychiatric disorders^{cxlviii}. Therefore, the earlier homelessness is addressed, the better.

Exits from Homelessness

It is not possible to prevent everyone from becoming homeless. When people do become homeless, the service system has to be able to respond quickly to the different needs of different people.

Responses to homelessness should ensure the equitable treatment of people experiencing or at risk of homelessness, including those with particularly complex needs who are hardest to reach and who require more intensive support over longer periods of time.

While the goal is long-term stable and secure accommodation, there is also a need for transitional short-term accommodation providing timely and effective services and working with people towards a range of housing, social and economic participation goals. These services play a vital role in the continuum of care by offering much needed accommodation to those who become homeless. Crisis accommodation can also serve an important purpose in assessing underlying needs and is a necessary part of the service system due to the shortage of affordable housing supply.

Similarly, services like Mission Beat provide triage and a gateway to further support while providing an immediate service to rough sleepers. Mission Beat vans patrol inner Sydney streets seeking out those in distress and offering them support and transport to vital services.

As barriers are progressively overcome and new priorities emerge for individuals and families, the service system needs to have the flexibility and resources to continue supporting people all the way along the continuum to social and economic participation. Service intensity across the duration of a client's engagement with the system will vary according to his or her needs at any point in time. Funding strategies should allow for services that provide accommodation and support to people in need over short, medium and long-term periods. Contracts should have flexibility with regard to the length of time that services can support clients.

The homelessness services delivered by Mission Australia draw on holistic, person centred and trauma informed approaches that are coordinated with partners to offer long-term solutions.

Sustaining Housing

The availability of affordable housing is a critical element in developing a systemic approach to homelessness prevention. Mission Australia Housing was established in 2008 to help address the

shortfall in affordable rental housing. It is a Community Housing Provider with a national presence that provides a range of affordable and social rental housing for low income households.

Helping individuals at risk of homelessness to maintain their tenancies is also vital.

Hoarding and Squalor Intervention and Treatment (HSIT)

Tenants may need support to develop practical living skills and manage cleaning and basic household tasks. A program to address hoarding and squalor is being piloted by Mission Australia in Central Sydney.

People experiencing situations of severe domestic squalor and/or compulsive hoarding disorder may be at-risk of tenancy loss due to the reduced functionality and accessibility of living spaces. Living conditions, self-care and mental wellbeing can be improved through participation in a living skills program, cognitive rehabilitation, adapted cognitive behavioural therapy, individualised case management and coordinated referral to support services.

This service aims to improve living skills and conditions, increase independence and individual agency and assist clients to gain insight into the cognitions and behaviours associated with compulsive hoarding disorder and situations of domestic squalor. The ultimate aim is to reduce risk of tenancy loss.

Another successful tenancy program is the HOME (Household Organisational Management Expenses) Advice Program.

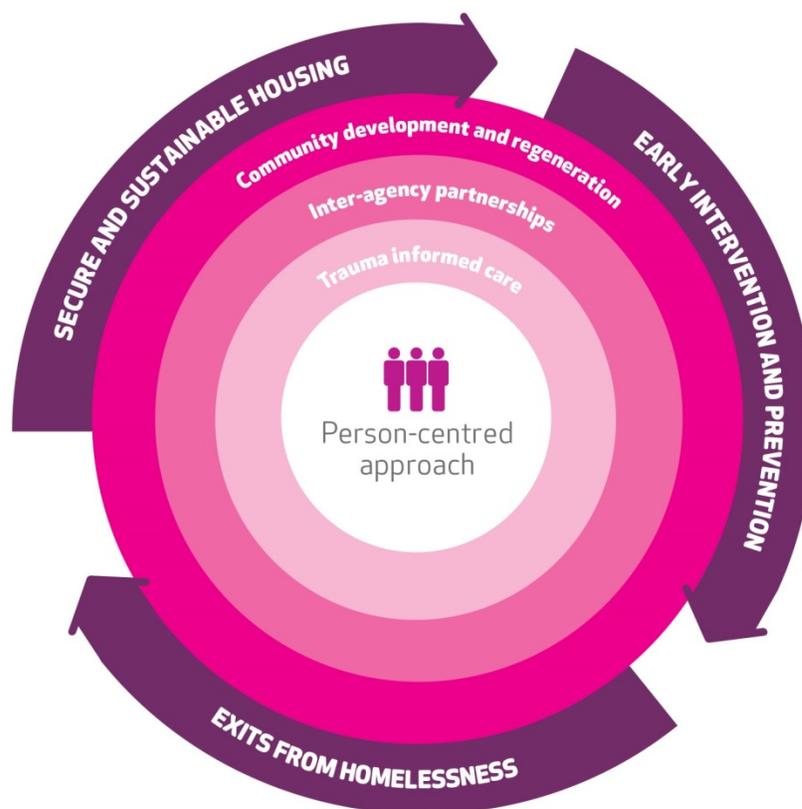
The **HOME Advice Program** is an Australian Government measure designed to assist families at risk of becoming homeless by providing holistic, strengths-based support to the entire family including rapid response to income support issues via a dedicated Centrelink staff member. A very high proportion (80-90%) of families accessing the program avoid homelessness over the time they are in contact with the program. The potential cost offsets from providing prevention services to families via the HOME Program have been calculated as being greater than the cost of providing services to them once they became homeless^{cxlix}.

Secure & sustainable housing

- Mission Australia Housing
- Charles Chambers Court and Annie Green Court, NSW (Aged)
- MISHA program
- Common Ground
- Reconnect (Youth)

Early intervention & prevention

- Housing and Accommodation Support Initiative /Partners in Recovery (Mental Health)
- Inner City Drift Project, NSW (ICDP)
- South East Community Connections, NSW (SECC)
- SEE (Skills for Education and Employment)
- Hoarding and Squalor Intervention and Treatment



Exits from homelessness

- Springboard program, Vic (youth)
- Aherikeme Village, NT (ATSI)
- Mission Australia Centre (Surry Hills)
- Roma House, Douglas House, Qld
- Drug and Alcohol Youth Service, WA (DAYS) and Triple Care Farm, NSW (substance abuse)

Delivering services to reduce homelessness

Development and implementation of service delivery models must take account of the particular target group, community setting and other contextual factors. Nevertheless, there are common principles and approaches that inform the way we work with clients. All homelessness services - from prevention to accommodation – should be delivered in accordance with the following principles.

Person centred approach

There cannot be a ‘one size fits all’ approach to homelessness service delivery. People who are homeless or at risk of homelessness are best placed to communicate their aspirations, strengths and needs, and to determine what works for them. Responses to homelessness should focus on the strengths of people who are homeless and work with them to further develop their sense of agency in effecting change in their lives. Further, the voices of people who are homeless or at risk of homelessness should be reflected in all aspects of service design, development and delivery.

A range of services are required to address the different needs of different people. Responses must be multi-dimensional, since for most people solving homelessness is about more than just housing, and should address support needs across a range of areas including health and mental health, education, employment, and family and community connection. A person centred approach also leaves room to deal with individual needs, such as people who don’t want to be separated from their pets.

The provision of integrated, wraparound services to people across a range of life domains can help them to achieve positive outcomes in housing, health and wellbeing, and social and economic participation. Providing people with the range of supports they need when they are ready to receive them has beneficial outcomes^{cl}.

The Mission Australia Centre (MAC)

The MAC is a supported accommodation service based in inner-city Sydney that provides a range of quality services and supports, case management and individualised, timely and intense service delivery in conjunction with up to three months’ accommodation. Supported housing units are provided and independent living is encouraged. The range of support programs available at the MAC includes counselling, life skills training, education programs, health services and art, music and sport programs.

The MAC is founded on strong interagency collaborative partnerships which enable it to reconnect people with supportive networks of care and work towards improved self-efficacy and interdependency. By providing intensive, wraparound care to people who are homeless, the MAC works with them to achieve positive outcomes in a number of areas, including a reduction in the number of those who sleep rough or rely on government allowances as a source of income, and an increase in people in employment.

Trauma informed care

Trauma is both a cause and consequence of homelessness. Those who suffer complex homelessness in the sense of long-term or repeated housing loss, reduced resources and multiple disadvantage, are also likely to suffer complex trauma. While only a small proportion of homeless people are experiencing complex homelessness, they are likely to require a larger proportion of resources to deal with exclusion, disadvantage and trauma as well as their lack of accommodation^{cli}.

Complex trauma refers to a period of exposure to multiple trauma events which may include childhood physical and/or sexual abuse, torture or combat. Survivors of complex trauma may have intensified forms of psychological, physiological and developmental suffering. For some homeless people there are repeated and sustained periods of complex trauma resulting in lifelong vulnerability to violent victimisation and traumatic events.^{clii}

Exposure to trauma can alter the way that individuals interact with the world in a lasting way affecting mental health and cognitive development, and negatively impacting education, employment, health, housing and relationships. This includes relationships with family and children, but also relationships with service providers and people's capacity to resolve their own homelessness^{cliii}.

According to a range of studies within Australian homelessness services, the rate of reported exposure to at least one incident of trauma is between 91-100%^{cliv} Experience of trauma is also closely linked with mental health issues, and in a recent Australian study it was found that 88% of participants within homelessness services met criteria for at least one mental health diagnosis, with the most common being Post Traumatic Stress Disorder (PTSD), depression, alcohol and substance dependence disorders and psychotic disorders. In the same study, 97% of individuals reported exposure to four or more incidents of trauma over their lives. A comparable rate within the Australian community for this rate of exposure to trauma is 4%.^{clv} These findings point to the interdependent relationships between experience of trauma, mental illness and vulnerability to homelessness.

While trauma is often seen as an individual or personal experience, it is also a structural effect of poverty and gender and race inequity and is unequally distributed. Escaping trauma may be part of a pathway into homelessness, and experiences of homelessness may involve exposure to trauma including witnessing and experiencing violent crime on the street. Violence may continue in marginal and transitory accommodation and homeless people may end up in neighbourhoods of concentrated disadvantage due to housing affordability and proximity to services. Therefore trauma may become more prominent in people's lives once they become homeless; the stress and anxiety of homelessness itself may also be considered traumatic.^{clvi}

In this context, it is important that homelessness services are aware of and are able to address the impact of trauma. Homelessness services need to engage in trauma-sensitive practice which requires practitioners to be knowledgeable about trauma and also takes the likely concentration of complex trauma as the starting point for service delivery. Routine use of screening tools for trauma should be

incorporated and links should be provided to trauma-specific services. Everyday trauma survival mechanisms, such as distrust, aggression, disorganisation, substance abuse and self-harm can then be factored into the delivery of services.^{clvii}

More broadly, political commitment is required to address the root causes of trauma including racial inequality, gender inequity and poverty and to prevent trauma events such as domestic and family violence, childhood abuse and neglect and intergenerational trauma in Indigenous communities.^{clviii}

Douglas House

Douglas House is a Cairns based, 22 bed supported accommodation facility, working with individuals who have experienced long term chronic homelessness. Prior to being accommodated, many of the Douglas House residents were excluded from other services, with frequent presentations at hospitals and mental health facilities, and they were in regular contact with police for minor offences.

Douglas House works from a trauma informed framework, which incorporates recovery, oriented practice, strengths based and individually tailored approaches. Douglas House recognises the social, physical, emotional, cultural and spiritual needs of its residents.

Trauma Informed Care

TIC is a way of working with clients that is highly compatible with, and shares many elements of, other frameworks used within Mission Australia, including:

- **Strengths based** - the principles of choice and empowerment and strength based practice are embedded within the TIC approach.
- **Recovery focused** – recovery from trauma is seen as a concurrent priority, and a recovery-focused framework is actively used within TIC services.
- **Person-centred** – the principles of trauma awareness, safety and choice all require tailored and flexible person-centred practice.
- **Culturally competent services** – a TIC approach should be culturally appropriate and aware of the cultural lens through which trauma is experienced and seen by an individual and their community in context. Trauma and traumatic events may be seen differently, coping strategies can be diverse, and trauma can be experienced in intergenerational and group forms.

The main differences that TIC articulates are:

- **The effects and prevalence of trauma** - the real effect that trauma has on individuals, and its prevalence within the histories of clients.
- **Unaddressed trauma can hamper the development of life and coping skills** – some people learn maladaptive or poor ‘coping strategies’ in response to trauma, such as AOD misuse, aggression, withdrawal, avoidance, etc. In other models these are considered ‘difficult’ behaviours, rather than understandable responses to traumatic events.

- **The belief that recovery from trauma is possible** – trauma is addressed concurrently as an underlying and ‘causal’ issue along with other presenting issues such as homelessness, inability to cope with day-to-day tasks, AOD addiction, etc.
- **Safety for the client and the service provider** - the possibility of re-traumatisation for clients is acknowledged, along with the high risk of vicarious trauma and the need for self-care strategies to be in place for staff providing support. Mapping clients’ trauma histories requires the consideration of access to clinical supervision and strong de-briefing processes as Work Health and Safety and quality measures.
- **The need for trusting, consistent relationships** - TIC promotes relationships built around trustworthiness, clear roles, respect, acceptance and collaborative decision-making.

Interagency partnerships

Working in partnership with other agencies can improve service delivery, when done well. Responses to homelessness should facilitate the involvement of the whole community and promote shared responsibility for preventing and addressing homelessness amongst the community, government and business sectors. Responses must be designed to work in harmony to achieve the vision of ‘no wrong doors¹’, and to ensure that workers who are the ‘first to know’ are sufficiently informed and supported to take action.

It is vital that mainstream services such as Centrelink and others in the health, education, employment and other sectors, are sufficiently resourced and equipped to respond swiftly to homelessness (or signs that someone is at risk of homelessness) and that accountability mechanisms reinforce this. Mainstream service agencies need to know about homelessness in order to be able to identify and work with people who are at risk of homelessness. They also need to be equipped to respond to those who are homeless or at risk of homelessness to ensure they adequately assess the individuals’ needs and provide them with appropriate assistance.

Inner City Drift Project (ICDP)

An evaluation of a Mission Australia early intervention service aimed at stemming the flow of homeless people from western Sydney into the inner city found that no participant followed-up at six months had ‘drifted’.

The service model identified assessment and referral pathways as critical to the early intervention and prevention focus of the ICDP. Integral to this was the need to work with ‘first to know’ agencies, two key agencies being Housing NSW and Centrelink since most people with financial and/or accommodation difficulties will have contact with one or both of these services. There were also other important partnerships that the ICDP developed, including a real estate agency in Fairfield.

¹ ‘No wrong doors’ refers to a service system that provides multiple entry points into services and any of the potential points of access represent a point at which people who are homeless or at risk of homelessness can be assessed and receive appropriate assistance.

Underlying the ICDP was the centrality of a client's needs and this was evident in the 'no wrong door' approach to referrals, undertaking the earliest possible intervention with a client and the persistence or relational continuity regardless of the number of setbacks experienced in a client's journey out of homelessness.

Agencies working in partnership with each other can result in benefits for clients, including improved access to services and better outcomes. Greater cooperation between agencies at the local level can enhance homelessness service provision across the spectrum, from identifying those at risk of homelessness, providing improved services to those who do become homeless, and locating housing options to exit people from homelessness. This is true both of relationships between Specialist Homelessness Services (SHS) and between SHS and mainstream service providers.

Effective partnerships between agencies can take many different forms, including: government-led initiatives; consortia of local agencies, such as Brisbane's Under 1 Roof, that may even develop new administrative structures as a distinct organisation; or the relatively informal cooperation that takes place between staff in local agencies around the country every day.

Irrespective of the particular form that the partnership takes, developing good working relationships with other agencies takes time and requires genuine commitment from all parties to the process and to the intended outcomes. Partnership arrangements need to be mutually beneficial, value-aligned, diverse, transparent and continuous. They are more likely to work where partners are seen to add value to client outcomes in a way an individual agency itself cannot.

Relationships in the homelessness sector are often grown in local settings over many years. They may depend on personal skills and a strong level of rapport. However they can be deliberately strengthened by making network development a key performance indicator for staff and sharing training and professional development opportunities between organisations.

Funders are increasingly expecting and requiring partnerships between service providers to achieve efficiencies, outsource risk and deliver improved and more integrated services. There is also a shift to individual and client-led funding to better integrate services. The way tenders are established can encourage partnership or increase tension through competition. In the community sector, collaboration is seen as an increasingly important policy and practice response in recognition of the complex and multidimensional nature of people's needs.

Mission Australia's Strategic Plan 2014-17 identifies becoming a Partner of Choice in areas of core expertise for government funders, corporate donors and other organisations (both not-for-profit and corporate) to deliver contracted services. We have prioritised this to augment our service offering and provide better support for Australians in need.

South East Community Connections

The South East Community Connections program run by Mission Australia under the NSW Government's Homelessness Action Plan, worked with a wide array of stakeholders to prevent

people becoming homeless and provided rapid rehousing where this was the presenting need. By working with everyone from real estate agents to services supporting women leaving domestic violence, SECC was able to successfully support more than 500 clients including through intensive case management where complex issues arose. The program was regional rather than issue specific so worked across a variety of issues including domestic and family violence, mental health, substance abuse issues, youth, refugees and migrants and people in contact with the criminal justice system. The NSW Department of Family and Community Services has adopted many of the reforms developed through the program such as innovative repayment plans, and integrated them into its best practice framework.

Under 1 Roof

Mission Australia is a partner in the Under 1 Roof consortium of homelessness, housing and community agencies based in Brisbane. Under 1 Roof provides a coordinated service system response based on a Housing First model that moves people as quickly as possible into long term housing with wrap-around support as a way of preventing ongoing homelessness. Under 1 Roof also provides assertive outreach and tenancy supports to keep people housed. Under 1 Roof's multi-agency approach extends to a range of partners to deliver integrated and coordinated services geared to achieving sustained housing outcomes.

Housing First support services

The Housing First approach has gained traction nationally and internationally as an approach for addressing homelessness. Housing First models prioritise the provision of permanent housing as the critical stabilising factor for homeless clients, over and above addressing whatever personal factors may have led to homelessness. They are generally predicated on the idea that people have a right to housing, should be free to engage with support services (or not) as and when they choose, and that permanent housing should be provided irrespective of the person's engagement with treatment or support services. Such services can either be provided in a single location (a hub model) or across a geographic area.

MISHA

The MISHA project was a successful Housing First model providing holistic care to men who were chronically homeless. It began in late 2010 with the aim of providing homeless men with support to enter and sustain permanent housing, ensure access to mental and physical health supports, reduce social isolation and equip the men to live successfully within the community.

As a result of services provided, 98 per cent of our clients were able to support their tenancy over a 12 month period because of the support they received.

Research on the project from 2010-2013 demonstrated costs associated with use of health and justice services were more than halved over two years – delivering a saving to Government of more than \$8000 per person each year. Overall financial savings to Government attributed to the MISHA Project were estimated at close to a million dollars over two years, through fewer nights spent in hospitals, mental health facilities or drug and alcohol centres, fewer visits from justice officers, less police interaction and less time spent in detention facilities.

There were also savings generated to housing providers due to reduced evictions, estimated at \$1,880 per client in the first 12 months of the client being housed. The total net savings to housing providers generated by providing tenancy support services to 74 MISHA clients over a one year period were estimated at \$138,880.

Ending homelessness for the chronically homeless is a particularly cost effective use of public money, not only delivering outcomes for clients but providing savings from health, justice and police spending. The service costs of not responding to chronic homelessness are large, as are the personal and social costs to those most in need.^{clix} At this stage, the evidence on the effectiveness of Housing First models is clearer on housing outcomes (i.e. remaining housed longer) than other health, social and economic participation outcomes.

Mission Australia is committed to the further development of Housing First approaches such as MISHA and Common Ground, based on the strong results demonstrated for vulnerable clients.

However, for Housing First to work as an approach, there must be a supply of housing where homeless people can live. This is challenging in cities like Sydney where there are significant numbers of homeless people and also low rental vacancies, low housing affordability and an undersupply of housing. Therefore, the lack of an available housing 'bank' to operationalise a Housing First model is a key impediment to addressing homelessness.^{clx}

Sustaining stable housing

Affordable and social housing

Keeping people out of homelessness, or supporting them to exit if they do become homeless, requires an adequate stock of affordable, appropriate housing. The ACOSS Community Sector Survey (2013) found that housing availability and affordability were the highest priorities for both people living in poverty and the services supporting them.^{clxi}

The undersupply of affordable and social housing in Australia has seen more and more people struggle to meet costs associated with their housing. Affordable housing is critical both in preventing homelessness and enabling people to exit homelessness. Unfortunately, the lack of appropriate and affordable housing in Australia remains the most significant barrier to people exiting homelessness. This is a serious bottleneck which has the consequence of keeping people who are homeless in the

specialist homelessness service system in crisis or transitional accommodation for longer periods of time, when there is no permanent affordable housing available for them to move on to - with prolonged disruption to those people's lives and at higher cost to governments.

Housing Under Supply

There is currently inadequate housing to meet demand. Australia wide, the National Housing Supply Council (NHSC) forecast shortages in the five years to 2015 to be around 328,800 dwelling, which could increase to more than 640,000 dwellings over the next 20 years.^{clxii} The NHSC also estimated that Australia is short of 553,000 affordable and available properties for renters on low income because the properties that are affordable, are often taken up by people 'camping' in the rental market because they cannot afford to buy. At the same time, 60 per cent of people who are on low incomes who rent are in housing stress.^{clxiii}

Demand for social and affordable housing is increasing. More than 220,000 people on public and community housing waiting lists across the country. Government investment in housing is at an historical low as a proportion of new stock.^{clxiv} Demand for public housing is estimated to rise by 28% or about 93,000 houses by 2023.^{clxv}

Nationally, social housing has a low rate of turnover – only six per cent of tenants exit each year.^{clxvi} People generally remain in social housing because there are no alternative affordable housing options. In short, there is nowhere else for them to go. The low turnover also means that, without significant additional stock, it will be virtually impossible to shrink the social housing waiting lists.

The private rental market has become a largely unviable option for clients of homelessness services across Australia. There is a need to increase the supply of private rental accommodation at the low end of the market; as this is where many low income households are located due to the shortage of social housing options. Models should be developed to allow people to transition out of public housing with improved access to the private rental market.

Beyond the cost of housing, there are also issues with affordable housing in the private rental market often being in the wrong location. Analysis by Australians for Affordable Housing showed that housing is unaffordable for jobseekers in all of the 40 regions across the country where they are most likely to find employment.^{clxvii}

Whole of Government and Whole of Housing Approach

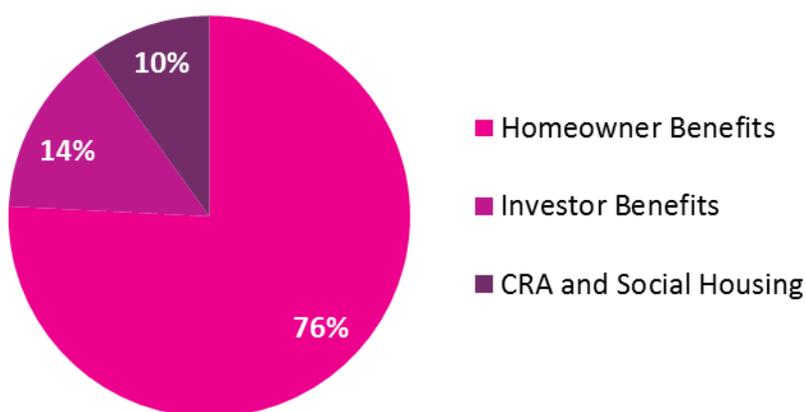
There needs to be a nation, all of government approach which covers the full continuum of housing policy. Housing policy straddles Commonwealth, State and Local Government roles and responsibilities. State and Territory Governments have key responsibilities in areas such as stamp duties and land taxes, planning controls, transfer of social housing assets or management to community housing providers and inclusive zoning. The critical areas that fall within the Federal Government's responsibilities include Commonwealth Rental Assistance, review of the National Affordable Housing Agreement, public infrastructure, the national regulatory framework for community housing, taxation and revenue generation settings. Local governments have

responsibility for local planning rules which can facilitate the delivery of social and affordable housing.

Taxation settings currently favour owner-occupiers over other household types and have skewed the market towards investment in higher cost housing, thereby compounding issues around affordability.

Government expenditure on social and affordable housing is marginal when compared to support for home owners and investors^{clxviii}. In addition, other tax settings encourage a granular and speculative rental provision pattern which has done little to increase supply at the lower end of the market.

Government spending on housing



A fundamental and comprehensive review of taxation settings is necessary to achieve national objectives of ensuring adequate housing. Such a review should examine innovative proposals, such as bonds for affordable housing, and creation of a new tax credit system to fund a mezzanine level of affordable housing between social and private rental housing.

Planning systems must be redesigned so that they encourage, enable and expedite approval processes for construction of affordable housing and mainstream property developments that include a proportion of affordable housing. New large-scale developments should be required to allocate a set proportion of the dwellings to affordable or social housing, both on Government-owned sites and privately-owned land.

Measures to increase social and affordable housing must be accompanied by efforts to address underlying factors including poverty, concentrated disadvantage, low welfare benefit levels and unemployment.^{clxix}

A comprehensive solution from all levels of government, business and the community sector is needed to the challenges faced in the housing sector and to deliver more affordable housing, which is key to addressing homelessness.

Institutional Investment

Institutional investment can play a significant role in bridging the gap between supply and demand for social and affordable housing. However, it needs to be underpinned by a strong government commitment.

Recognition of social and affordable housing as a critical social and economic infrastructure investment will facilitate the engagement of the infrastructure debt markets. Government needs to provide market consistency and certainty in policy settings to boost investor confidence.

Rental Stress and Rental Assistance

People need to be able to cover housing costs and not end up in housing stress. The proportion of low income households in rental stress was over 40% nationally in 2011-12.^{clxx}

The majority of individuals experiencing housing stress in private rental are also recipients of Commonwealth Rent Assistance (CRA).^{clxxi} The provision of CRA is the largest single direct expenditure on housing incurred by the Federal Government, costing it more than the net cost associated with the provision of social housing.^{clxxii} Federal Government expenditure on CRA was \$3.9 billion in 2013-14, increasing from \$3.2 billion in 2009-10 (in real terms).^{clxxiii} Without CRA, more than 65 per cent of CRA recipients would have been in rental stress. However, even with CRA, more than 40 per cent of clients receiving CRA will still be in rental stress.^{clxxiv} Commonwealth Rental Assistance should be increased to alleviate rental stress for low income earners.

Secure and sustained tenancies

We firmly believe that everyone has the right to secure accommodation and a place to call home. Housing must offer certainty and security of tenure given the benefits in health and wellbeing, family stability, beneficial outcomes for children, and enhanced social cohesion it delivers. Housing also needs to be appropriate - not overcrowded, safe, in a suitable condition, close to infrastructure and meeting any cultural needs.

Problems often arise for clients in relation to the security and safety of tenancies. For example, some boarding houses do not provide adequate safety, particularly for highly vulnerable clients, and homelessness services will not refer clients to these facilities. Private rental tenants also lack secure protection from eviction and rent rises. In the NSW Tenants' Union's 2014 survey, 92 per cent of tenants said they worried that they would not find affordable alternative housing if they had to move; and 77 per cent had put up with problems, or declined to assert their rights, because they were worried about the consequences.^{clxxv}

Improvements to tenancy protections could be achieved through reforms to the tenancy laws, longer tenancies in a mezzanine level of housing, increased supply of social housing and alternative models (such as Mission Australia's aged care facilities for people experiencing or at risk of homelessness).

Integrated Services Model

Secure housing is needed to foster healthier and stronger communities, as well as connecting residents to jobs and services and broadening people's economic opportunities. It is a platform for positive connection, participation and social inclusion.

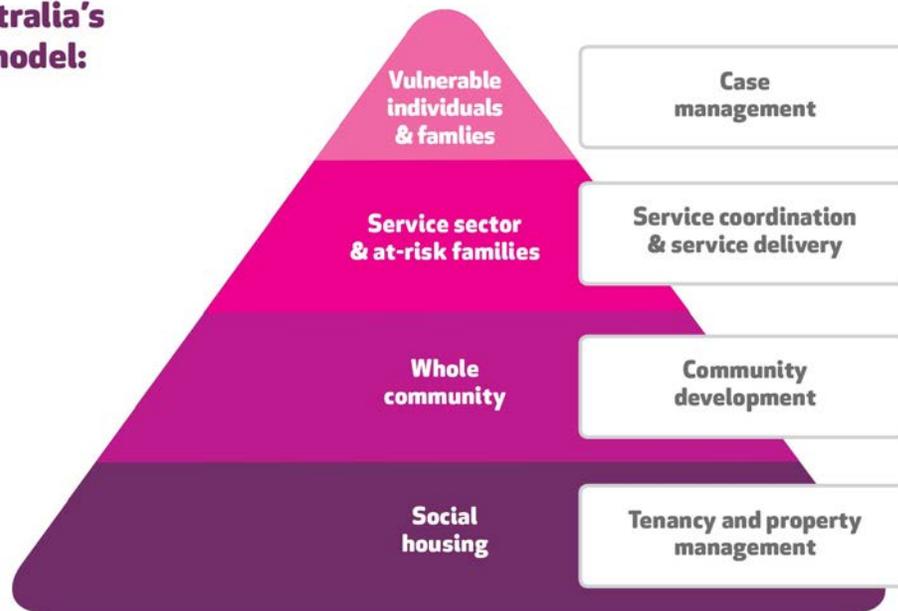
Housing is an important foundation for education and employment. Without an appropriate home environment, it is difficult for people to connect and belong within the community^{clxxvi}. The disruption associated with a lack of permanent housing and frequent moves has been identified as an impediment to job retention.^{clxxvii}

Emerging evidence also suggests that the provision of wraparound support – even where an explicit employment component is not included - can indirectly enhance people's ability to gain or maintain employment or simply begin to seek out employment opportunities. A study of Mission Australia's Michael Project found improved employment circumstances, 12 months after program entry, for a subset of homeless men who received combined housing and support for up to three months. The proportion of those who were employed increased from 5.5 per cent to 17.8 per cent, with the proportion who were not in the labour force declining from 78.3 to 63.3 per cent^{clxxviii}.

Mission Australia has developed an integrated model to help individuals and communities regain independence. Management of the social housing and community development activities takes place in partnership with State Government, but the Commonwealth also has a significant role as the provider of a whole range of allied services and supports to ensure client centric and place-based service provision. Centrelink offices and employment services providers are two crucial Commonwealth arms that need to be included in the model.

Individual service responses are not sufficient alone to address the challenges of deep, persistent and concentrated disadvantage. Particularly in areas of concentrated disadvantage, additional place-based models that co-ordinates services and targets intergenerational disadvantage through education and employment are required.

Mission Australia's integrated model:



However it should be noted that a minimum of ten years is required for a housing and support providers to commit to a community, plan and engage in programs and make adjustments as necessary. Where there is such a long term commitment, community housing providers such as Mission Australia Housing alongside support providers such as Mission Australia can play a vital role in strengthening the community through an integrated service provision model.

To enable such longer term social outcomes and generational change, community housing providers need to be provided with long term management contracts and require scale in their stock levels, including through transfer of public housing dwellings.

Community Renewal

Where there is entrenched disadvantage and high concentrations of social housing, a community development approach should be taken which aligns housing regeneration with locally tailored service and capacity building.

Community Renewal – Clarendon Vale and Rokeby

Clarendon Vale and Rokeby is one of the country's most disadvantaged communities. In this community, Mission Australia Housing has been commissioned to manage 500 homes for Housing Tasmania over a 10 year period and has developed a decade long plan to provide management, maintenance, property upgrades and new homes.

In partnership, Mission Australia has developed a community renewal model, involving a 10 year community development plan encompassing community improvement projects which will see generational change.

The plan is designed to generate social and physical change within the community. Early initiatives include the creation of a residents group to prioritise projects and address concerns within the community. An initial focus has been on improving safety and the group has successfully lobbied local government to improve amenities including street lights.

Using funding from the Commonwealth Department of Social Services Mission Australia has also been able to develop a community regeneration and workplace training program which helps residents to learn about and develop skills in some of the niche agriculture and food industries established in Tasmania.

And by rebuilding relationships with the local high school, Mission Australia has sought to

create paths out of intergenerational poverty for young people living in the community and provide access to education for other residents to improve long-term employment opportunities.



Further Research and Planning

Knowing more about homelessness will help us to better address it.

Research into homelessness is vital in helping us to better understand and address it. Mission Australia is committed to continuing its program of research into homelessness, and drawing on this to assist in developing good practice models for working with those who are homeless or at risk of homelessness. The homelessness research agenda and knowledge that it develops should play a critical role in informing the development and implementation of policies to address homelessness.

Ensuring Good Data Collection

There are two main sources of data available about homelessness in Australia: point-in-time figures from the Census collected by the Australian Bureau of Statistics (ABS); and the Specialist Homelessness Services (SHS) collection from the Australian Institute of Health and Welfare. Mission Australia welcomes the development of new datasets and urges governments to continue its investment in frequent, consistent and early reporting on the data collected.

Ensuring good data collection about people experiencing or at risk of homeless necessarily involves the cooperation of the service sector. Service sector staff are well-positioned to provide advice to government on data collection methodology. The ABS has worked with the sector on previous Censuses and should continue this to improve collection where there is a recognised undercount, for example better capturing young people who are couch surfing or pockets of hidden homelessness in local areas. The service sector should also be consulted on counting homeless and at-risk populations in local areas.

Outcomes Measurement

Robust and consistent measurement of homelessness services can ensure that they deliver the best outcomes for clients. Governments need to allow for adequate funding for the collection, analysis and reporting of meaningful quality performance measures, including through contractual or grant arrangements.

Mission Australia supports the development and implementation of the National Quality Framework to achieve better outcomes for people who are homeless or at risk of homelessness by improving the quality and integration of services they receive.^{clxxix} However, ongoing input is required from service providers to ensure the system operates efficiently and to the optimal benefit for clients.

Mission Australia is committed to understanding the outcomes for clients who receive our services, as well as the overall impact we make in reaching our goal of reducing homelessness and strengthening communities. For this reason, we have developed an outcome framework which works alongside the mandatory data collection systems to help us understand our clients' concerns and

issues when they enter our services as well as how they change over time. The foundation of our data collection is a the Personal Wellbeing Index (PWI) which is a measure of life satisfaction as a whole and includes the domains of satisfaction with standard of living, health, achievements, relationships, safety, being part of the community and future security. We then further supplement this with service specific outcome measures. This will be implemented across Mission Australia in 2015-16 to enable us to report on outcomes and our impact against our strategic vision of reducing homelessness.

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