



**MISSION
AUSTRALIA**

**10-Year Strategy on
Homelessness Western
Australia 2019-2029:
Submission**

Western Australian 10-Year Strategy on Homelessness 2019-2029

Introduction

Mission Australia is a national, non-denominational Christian charity that has been helping vulnerable Australians move towards independence for more than 160 years. During the 2017-18 financial year we supported over 120,000 individuals through 461 programs and services nationally.¹ In WA we supported over 12,000 people through 46 services.² Of these, 507 people accessed specific housing and homelessness services, with hundreds of others receiving support and referrals from related services for issues such as family and domestic violence (FDV), mental health, alcohol and drugs and other similar services.

Mission Australia welcomes the opportunity to provide input into the 10 Year Strategy on Homelessness: Western Australia 2019-2029. This submission is based on a combination of research and insights from our direct service provision across WA and other states. It includes direct testimony from some of our practitioners and the participants they work with.

Recommendations

In order to achieve meaningful long-term outcomes through this strategy, it should be underpinned by a robust action plan with clear and measurable outcomes and timelines for achieving those outcomes. This action plan should be supported by necessary financial and human resources over the course of the strategy to ensure that the outcomes are achieved or adjusted where necessary.

Focus area 1: sustainable pathways out of homelessness

Direction 1.1: Create and trial different types of housing and accommodation that address the diverse needs of people across the homelessness continuum

- Mission Australia supports the actions being considered, particularly implementing a private rental brokerage scheme and looking at new evidence-based housing models for Western Australia such as a Common Ground Housing model.
- Measures must be in place through the homelessness strategy to provide systemic support from experiencing or being at risk of homelessness to having stable and sustainable long-term housing.
- An increase in the supply of social and affordable housing is crucial to reducing homelessness.

¹ Mission Australia, Annual Report, 2018, accessible at: <https://www.missionaustralia.com.au/publications/annual-reports/annual-report-2018/809-annual-report-2018/file>

² Mission Australia, Service Delivery Census FY 2017/18.

Direction 1.2: make more beds available in low-barrier crisis and short-term transitional accommodation

- Mission Australia supports the actions considered under this direction to increase crisis accommodation, noting that the lack of long-term safe and affordable accommodation is often the cause of bottlenecks that prevent people moving out of crisis and transitional housing.
- People who are dependent on substances need immediate access to detoxification or rehabilitation facilities as they are likely to be unable to access crisis or transitional accommodation while dependent on substances.
- These supports should target areas that are most in need, particularly rural and remote areas where there is a severe shortage of services.

Direction 1.3: Improve Service delivery through innovation and collaboration

- It is important to share data across different services with the consent of the individuals to track journeys and measure shared outcomes. However, this process should be complemented by concerted measures to adopt enabling privacy legislation as a matter of priority.
- Funding and resources should be allocated and demarcated under the homelessness strategy to ensure the cost of collaboration across different levels of government, community sector organisations and other relevant stakeholders are not impacting on service delivery and staff capacity.

Prevention and Early Intervention

Direction 2.1: Focus on families and young people to break the cycle of homelessness

- A focus on families and young people and on preventing and responding to youth homelessness is welcome and reducing youth homelessness is a key step in reducing overall homelessness.
- Mission Australia supports increased focus to reduce the risk of homelessness among LGBTI young people. There should also be a focus on other specific and emerging cohorts, in particular, women leaving FDV, older women, older LGBTI people, people from CALD backgrounds, Aboriginal and Torres Strait Islander people and others who experience multiple challenges in accessing housing and related services.
- Early intervention should also incorporate processes to raise awareness about the availability of services and educate community leaders, schools, medical practitioners and other relevant stakeholders to ensure they are aware of services available in the local communities and are able to make appropriate referrals.

Direction 2.2: Better Support for people who have recently exited homelessness or whose tenancies are at risk

- Mission Australia supports the proposed action. These supports should incorporate holistic, wrap around services to address the multiple challenges that people are experiencing.
- Current effective tenancy support programs such as PTSS should receive ongoing funding to ensure that the services are able to continue providing effective supports in local communities.
- Ensuring that services are culturally appropriate meet the needs of Aboriginal people including delivery by Aboriginal Community Controlled Organisations is key to sustainable impact.

Direction 2.3: No exits into homelessness from government institutions including prisons, hospitals and out of home care

- Mission Australia is a strong advocate for preventing exits into homelessness from government institutions. In addition to the identified groups of people, there should be processes to prevent people in public housing from exiting into homelessness.

System Transformation

Direction 3.1: Implement a no wrong door approach

- Mission Australia supports the adoption of a no wrong door approach to service delivery.
- The framework should work across different layers of government and community sector including Centrelink, community services, facilities such as hospitals, prisons, other acute care units, real estate agents or SHS providers and community leaders who are likely to come in contact with people who are experiencing or at risk of homelessness.

Direction 3.2 Implement integrated whole of government responses to homelessness

- Whole of government targets to reduce homelessness are welcome as are cross-government accountability mechanisms.
- Information sharing should be subject to the implementation of enabling privacy legislation.
- In addition to improving links between mental health and alcohol and drug services, the actions should be expanded to engage and work with justice, health, domestic and family violence services and other relevant community services.

Direction 3.3: Roll out consistent trauma informed practice across programs and services

- Mission Australia highly recommends adoption of measures and services that are trauma informed.
- The government should invest in upskilling or reskilling the workforce and fund multi-disciplinary training to ensure all government and community sector services are able to deliver trauma informed services.

Creating sustainable pathways out of homelessness

It is encouraging to note the discussion paper clearly recognising the need for sustainable and concerted measures to address the prevailing issues in relation to homelessness and that the people experiencing homelessness are not a homogenous group.

Different housing options for people across the homelessness continuum

Support services should be flexible to meet the diverse needs of people experiencing homelessness. In order to achieve positive, long-term outcomes, services should be able to provide holistic wrap around supports for people to address the multitude of challenges they are experiencing. 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.

Available data demonstrate that 40% of the nearly 24,000 people in WA who sought support from specialist homelessness services (SHS) were experiencing homelessness on presentation.³ Thus, there is a clear need to invest in crisis and transitional accommodation. In addition to increasing the availability of crisis accommodation, the WA government should increase support for emergency relief, access to food banks, funding for other services such as community advocacy and support services.

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, adequate, in a suitable condition, close to infrastructure and able to meet any cultural needs. 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.⁴

Housing First is an effective model where people are provided with housing prior to assisting them with other needs. This model can be adapted to meet the needs of specific cohorts of people to ensure services are meeting the diverse and complex needs of people, particularly those who have been experiencing chronic homelessness.

³ Australian Institute of Health and Wellbeing, Specialist homelessness services 2017–18: Western Australia, 2019, accessible at: <https://www.aihw.gov.au/getmedia/8c2aa0ea-6f3c-4a35-a6ea-3255118941f4/aihw-hou-299-wa.pdf.aspx>

⁴ Mission Australia, Mission Australia's review of homelessness, 2015, accessible at: <https://www.missionaustralia.com.au/publications/position-statements/mission-australia-s-review-of-homelessness-2015>

Common Ground Camperdown NSW

Common ground aims to end chronic homelessness 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.

Michael's Intensive Supported Housing Accord (MISHA Project) NSW⁵

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 aims of providing homeless men with support to enter and sustain permanent housing, ensuring access to mental and physical health supports, reducing social isolation and equipping clients to live successfully within the community.

As a result of services provided, 98% of clients were able to support their tenancy over a 12 month period. Research on the project from 2010-2013 demonstrated costs associated with use of health and justice services were more than halved over 2 years – delivering a saving to government of more than \$8,000 per person each year.

Overall financial savings to government attributed to the MISHA Project were estimated at close to a million dollars over 2 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 saving to housing

⁵ See further: Mission Australia, *From Homelessness to Sustained Housing, 2010 – 2013, MISHA research report*, accessible at: <https://www.missionaustralia.com.au/documents/279-from-homelessness-to-sustained-housing-2010-2013-misha-research-report-2014/file>

providers generated by providing tenancy support services to 74 MISHA clients over a one year period was estimated at \$138,880.

The current affordable, crisis and transitional housing stock in WA is inadequate to meet needs and a substantial proportion of social houses require various upgrades to increase liveability.

“There is a definite need to build more housing be it crisis, transitional or long-term ... The old housing stock should be upgraded because some of them are in such poor state. Some tenants don’t complain about the repairs because they are worried that they’ll have to move out or pay for the repairs. There has to be a better system and funding to upgrade the existing houses.”

Mission Australia, Area Manager – Regional WA

Although the needs of diverse groups are discussed under different sections, it should be noted that these cohorts are not homogenous and that there is significant overlap of experiences which are likely to exacerbate the challenges people experience.

Mission Australia is a part of the Everybody’s Home campaign⁶ which calls for a series of housing and homelessness policy reforms including investment in 500,000 social and affordable housing across Australia. Housing policy has overlaps between Commonwealth, State and Local Government roles and responsibilities. The opportunity to address the majority of these issues through National Housing and Homelessness Agreement and other relevant funding mechanisms should be utilised to identify best possible mechanisms to increase the social and affordable housing stock within WA. The consultations in relation to future directions of WA State Affordable Housing Action Plan 2010-2020 should build on the WA homelessness strategy and complement each other in a meaningful and sustainable manner.

Aboriginal and Torres Strait Islander people

As highlighted in the discussion paper, Aboriginal and Torres Strait Islander communities experience disproportionately high levels of homelessness, contributed to by social stressors such as poor housing or overcrowding, poverty and unemployment as a consequence of colonialism, dispossession from land, culture and traditional social structures and racism.⁷

Both research and our service experience has highlighted the high rates of Aboriginal and Torres Strait Islander people living in overcrowded dwellings. Of the Aboriginal and Torres Strait Islander people who

⁶ See further: Everybody’s Home, accessible at: <https://everybodyshome.com.au/>

⁷ Mission Australia, Out of the Shadows: Domestic and family violence: a leading cause of homelessness in Australia, 2019, accessible at: <https://www.missionaustralia.com.au/publications/position-statements/Out-of-the-shadows>

were homeless in Western Australia on Census night in 2016, 68% were living in severely crowded dwellings. A further 14% were living in improvised dwellings, tents or sleeping out.⁸

It is important to recognise that poor housing conditions and severe overcrowding can contribute to escalating violence and increasing the vulnerability of women and children to abuse and violence from a range of potential perpetrators and as a result increase risks of experiencing homelessness.⁹

“One of the best ways to address homelessness in remote areas is to make houses of 4 or 5 bedrooms to address overcrowding. There should be a clear plan to identify areas and increase the stock of larger homes in remote locations.”

Mission Australia, Area Manager – Regional WA

Family violence is one of the major drivers of homelessness among Aboriginal communities. Important new approaches to family violence in Aboriginal and Torres Strait Islander communities include a focus on social and emotional wellbeing, that draws on connection with law, cultures, and spirituality as protective factors against the occurrence of family violence and putting Elders (male and female) at the centre of interventions wherever possible.¹⁰

Mission Australia is pleased that the National Partnership Agreement on Remote Indigenous Housing (NPARIH) funding has been extended for a further year. However, considering the increasing need for social and affordable housing to address the housing issues in Aboriginal communities, the state government needs to identify multiple approaches to increase funding and housing stock through a long-term, sustainable framework.

Homelessness services designed to benefit Aboriginal and Torres Strait Islander people should be co-designed and implemented with community members, Elders and Aboriginal Community Controlled Organisations to ensure they are culturally adapted and effective. Particularly in regional and remote areas, relationships with the local community and having a strong understanding of local cultures are critical to developing the necessary trust for community members to accept support from services.

Women and children affected by family and domestic violence

Family and domestic violence (FDV) is a leading cause of homelessness, and must be considered in connection with the homelessness strategy. The top reason for seeking assistance from specialist homelessness services in WA was domestic and family violence (43%).¹¹ Lack of availability of appropriate accommodation is likely to prevent people from leaving abusive relationships. Therefore,

⁸ Government of WA, Department of Communities, Directions Paper for the 10-Year Strategy on Homelessness Western Australia 2019–2029, P. 13 <https://www.communities.wa.gov.au/media/1746/homelessness-strategy-directions-paper.pdf>

⁹ Ibid

¹⁰ H. Blagg, et al., *Innovative models in addressing violence against Indigenous women: Key findings and future directions*, Sydney: ANROWS, 2018.

¹¹ Government of WA, Department of Communities P. 13 <https://www.communities.wa.gov.au/media/1746/homelessness-strategy-directions-paper.pdf>

housing assistance measures, particularly for women affected by FDV need to include options that allow women to remain safely housed or to find affordable, stable and suitable accommodation within a short timeframe.¹²

Women will often cycle in and out of homelessness as they try to rebuild their relationship with their abusive partner.¹³ Safe accommodation is therefore a vital part of the service landscape. This includes increasing the stock of crisis, transitional and long-term social and affordable housing in WA.

The level of understanding and availability of sensitive and culturally appropriate supports play a key role in addressing FDV, particularly among diverse community groups. These needs should be clearly identified to provide holistic supports to ensure victims of FDV are comfortable and confident to reach out and access services.

Meekatharra Family and Domestic Violence and emergency accommodation service

Meekatharra family and domestic violence and emergency accommodation service is available for two types of intervention. It helps women who need crisis intervention, but also assists women who recognise escalating patterns of behaviour and wish to remove themselves and their children from potentially dangerous situations to avoid further trauma.

The Meekatharra service also works with women and children at risk of homelessness to find suitable safe accommodation either in their community, with relatives in neighbouring communities or elsewhere. Women and children who come into the service are assisted with a range of issues including housing applications, accessing income support through Centrelink and seeking legal advice from appropriate family law services to help them to remain safe.

The majority of women and children accessing this service identify as Aboriginal. The Meekatharra Aboriginal Reference Group (MARG) has played a crucial role in shaping and delivering these services.

Young people

Mission Australia conducts an annual youth survey and over 28,000 young people participated in 2018. In total, 3,202 young people from WA aged 15 to 19 years responded. For the first time in 2018, young people were asked whether they felt there were any barriers which may impact upon them moving out of home in the future. Of those responding, seven in ten (70.3%) respondents from WA indicated housing costs (e.g. rent, utilities) would be a future barrier to moving out of home, followed by financial

¹² Mission Australia, *Out of the Shadows: Domestic and family violence: a leading cause of homelessness in Australia*, 2019, accessible at: <https://www.missionaustralia.com.au/publications/position-statements/Out-of-the-shadows>

¹³ Chamberlain, C. & MacKenzie, D. (2003), *Counting the homeless 2001, Australian Census Analytic Program*, Canberra: ABS.

stability (67.0%) and availability of housing (37.6%).¹⁴ This demonstrates that housing affordability is a significant issue for young people, coupled with issues of financial stability.

At 14.5%, WA's annual average unemployment rate for young people (those aged 15 to 24 years) is at its highest level in 20 years.¹⁵ Current social security payments including the Newstart Allowance, Youth Allowance, and Commonwealth Rental Assistance (CRA) are insufficient for many young people to pay the rent and meet other costs, particularly those in lone households and in the private rental market.¹⁶

The services targeting adults are often unsuitable for young people and may not provide an appropriate platform for them to engage with services. Youth services should provide holistic wraparound supports that respond to young people's individual needs and circumstances. Young people need access to a broad range of services that include both universal programs and targeted approaches that respond to the needs of the most vulnerable young people including those experiencing homelessness, disengaged from education and employment, experiencing mental illness, in out of home care and in contact with the juvenile justice system.

Youth Accommodation Support Services (YASS)

This service provides 24/7 accommodation and support for up to six young people, aged 15 to 18 years, who are homeless or at risk of being homeless.

Providing holistic support for up to three months, the service aims to help young people to address issues underlying their homelessness (e.g. drug and alcohol issues, mental health and family relationships), increase life skills (e.g. financial management, cooking), transition home or to stable long-term accommodation and engage/re-engage with education or employment.

There are also four transitional beds on site, which can be occupied for up to one year by young people aged from 16 to 25 years who are more independent and require less support.

We are encouraged that this framework will be informed by the work that is already being done on the WA Youth Strategy.¹⁷ This is an important step given that young people themselves should be an integral part of the strategy design process.

¹⁴ Mission Australia, Youth Survey Report 2018, 2019, accessible at:

<https://www.missionaustralia.com.au/publications/youth-survey>

¹⁵ WA Department of Training and Workforce Development, Workforce Information, accessible at:

<https://www.dtwd.wa.gov.au/workforce-development/workforce-information>

¹⁶ See further: W. Stone, S. Parkinson, *et al* (2016) *Housing assistance need and provision in Australia: a household-based policy analysis*, AHURI Final Report 262, Melbourne, accessible at:

https://www.ahuri.edu.au/_data/assets/pdf_file/0021/7617/AHURI_Final_Report_No262_Housing-assistance-need-and-provision-in-Australia-a-household-based-policy-analysis.pdf

¹⁷ WA Department of Communities, Directions paper for the 10 year strategy on homelessness, 2019, p.10.

Open Doors

Open Doors supports young people aged 12 to 18 and their families living in the Mirrabooka area and surrounding suburbs in WA. Support is provided to young people experiencing issues with drug and alcohol abuse, family breakdown, unemployment, homelessness and mental health. The program is an outreach based service which means service staff meets with the young people on their terms including at school, home or anywhere that is suitable for the young person.

Older people

Appropriate and affordable housing is a key part of the solution for all older people experiencing, and at risk of homelessness. One seventh of all homelessness is experienced by those over the age of 55 and there are new and emerging groups of older people at risk of homelessness, such as older women with limited retirement savings.¹⁸

A range of housing options is required to cater for a broad spectrum of circumstances including supports to age in place, an increased supply of social and affordable housing for older people, supported accommodation models for older people with more complex needs and specific residential aged care facilities that can provide intensive supports to those who have previously experienced homelessness. For a group of older people who do not own their own home and are reliant on social security payments, rental stress is a significant concern.

Supports to ensure older people can stay in their homes as long as possible are needed, including tenancy support services and upgrading or renovating current social and affordable housing to meet accessibility and living needs.¹⁹ The needs of this emerging cohort should be acknowledged in the strategy and supported by concrete action to address their needs.

People with disability and mental health issues

It is estimated that there are over 360,000 people with disability in WA.²⁰ Of these, almost 70,000 had a mental or behavioural disorder.²¹ 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.²²

¹⁸Mission Australia, Ageing and Homelessness: Solutions to a growing problem, 2017, accessible at: <https://www.missionaustralia.com.au/publications/position-statements/ageing-and-homelessness-solutions-to-a-growing-problem>

¹⁹ Ibid

²⁰ Australian Bureau of Statistics, 4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2015, accessible at: <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02015?OpenDocument>

²¹ Ibid

²² Mission Australia, Mission Australia's review of homelessness, 2015, accessible at: <https://www.missionaustralia.com.au/publications/position-statements/mission-australia-s-review-of-homelessness-2015>

People with disability are vulnerable to homelessness due to low income, increased medical costs, limited employment options, and particularly, limited accessible and appropriate housing options.²³ Other structural factors that impact on this cohort include poverty and lack of paid work.

Case study

17-year-old Scott* was referred to YASS as a *child in care* since the age of five. Scott moved into YASS Crisis service in July 2018, six weeks from his 18th birthday. YASS staff were provided with information about Scott's care home history which included reports of challenging, aggressive and disruptive behaviours.

After a few weeks at YASS, he started settling in and began slowly building rapport with staff and positively engaging with other residents. Scott was not interested in cooking, cleaning, and other participation in regular chores, he would often refuse, raise his voice at staff and storm off into his bedroom when asked to engage in these activities. After having a conversation about his needs, the staff developed a routine that met his requirements, which was successful.

His YASS case manager accompanied Scott to case conferences and his Leaving Care Planning meetings and advocated on his behalf including an application to the Housing Authority, for medical/health assessment, a disability assessment and obtaining legal documents. His case manager and youth workers had many conversations with Scott and provided him with leaving care information and paperwork, ensuring he had a good understanding of his rights and what support he is entitled to after leaving care.

Following the medical assessment, Scott was diagnosed with Fetal Alcohol Spectrum Disorder (FASD). A referral was made to NDIS following this report.

While at YASS Scott Graduated Year 12 and YASS staff celebrated his achievement of completing school with the other residents. He was supported to enrol at the local TAFE and his case manager completed a support letter for his Priority Housing Authority application. Scott was hesitant about moving into independent accommodation. He was accepted into a medium term accommodation facility and he still continues to live there and continue his education.

*name has been changed for confidentiality

People with mental health issues are particularly vulnerable to homelessness, and can be isolated, have disrupted family and social networks and sometimes suffer poor physical health, all of which impacts

²³ Ibid

their capacity to find and maintain adequate housing.²⁴ Several studies suggest that when people with mental health issues are supported by homelessness agencies, they are more likely to remain housed rather than return to homelessness.²⁵

Of over 288,000 people accessing Specialist Homelessness Services (SHS) nationally last financial year, over 81,000 indicated that they were experiencing mental health issues.²⁶ Mental health services, including psychological, psychiatric and mental health services, were one of the most common specialised services identified as needed by clients accessing SHS services, however, these needs were frequently unmet with around 3 in 10 clients (32%) neither provided nor referred to these services.²⁷ Increased access to mental health services are required.

People with alcohol and drug dependence related issues

There is a clear correlation between alcohol and drug dependence and homelessness or increasing risk of homelessness.²⁸ One study found that an estimated 17% of the national homeless population became homeless because of substance dependence.²⁹ Another study found that people experiencing homelessness were six times more likely to have a drug-use disorder and 33 times more likely to have an opiate use disorder than the Australian general population.³⁰

Where individuals are treated for their substance dependence issues in an institution such as a hospital, prison or residential program, they must have a carefully planned transition into the community, ensuring that their housing needs are addressed whether they were homeless prior to treatment or at-risk of homelessness. Access to treatment when needed is also crucial and this includes age and culturally appropriate detoxification and rehabilitation options close to the person's community. Youth specific detoxification and rehabilitation is particularly important to ensure early intervention and to increase the prospects of recovery for young people and provide integrated care.

Drug and Alcohol Youth Service (DAYS)

A number of co-located programs and services operate under this umbrella and aim to address the holistic needs of young people in Perth who are trying to deal with alcohol and/or other drug misuse and associated challenges such as mental illness, gender identity and a past history of trauma or abuse.

²⁴ See further: Homelessness Australia, States of being: Exploring the links between homelessness, mental illness and psychological distress: an evidence based policy paper, 2011 and NSW Mental Health Commission, Living Well: A Strategic Plan for Mental Health in NSW. Sydney, NSW Mental Health Commission, 2014.

²⁵ Ibid

²⁶ Australian Institute of Health and Welfare, Specialist Homelessness Services Annual Report 2017-18, 2019, accessible at: <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/contents>

²⁷ Ibid

²⁸ P. Flatau, et al, How integrated are homelessness, mental health and drug and alcohol services in Australia? AHURI Final Report No.206, Australian Housing and Urban Research Institute, 2003.

²⁹ G. Johnson and C. Chamberlain, Are the homeless mentally ill? Australian Journal of Social Issues, 46(1), 2011, pp 29-48.

³⁰ L. Kaleveld, et al, Homelessness in Western Australia: A review of the research and statistical evidence, 2018, p. 60.

Mission Australia works closely with young people, their families and other service providers in areas such as education, employment and housing. In particular, Mission Australia works collaboratively with Next Step, the clinical services arm of the Mental Health Commission, and court-related Juvenile Justice Teams to provide integrated services. DAYS offers case-management, individual and family counselling, access to mentors, psycho-education groups and clinical psychology, residential services and includes access to an allied health team of clinical psychology, nurses, GPs and psychiatry. DAYS also offers the additional programs set out below:

Youth Withdrawal and Respite Service

24/7 residential-based support (for up to 21 days) for young people aged 12 to 21 years, who want to detoxify and address alcohol and/or other drug misuse.

Youth Residential Rehabilitation Service

24/7 residential-based support (for up to three months) for young people aged 12 to 20 years, who are experiencing difficulties related to alcohol and/or other drug misuse.

THASP/Transitional Accommodation

Supported transitional accommodation is available for young people who have completed residential rehabilitation.

Youth Outreach Service

This service is particularly suited to young people who find it challenging to deal with mainstream treatment service options. The DAYS Outreach Workers are also available to provide information and presentations to agencies regarding DAYS and referral processes.

Cannabis Intervention Service

With referrals from the Police or Courts, this early intervention service supports and counsels young people about the harmful effects of using cannabis and the desirability of quitting.

Young Person's Opportunity Program

This early intervention and prevention/diversion program supports young people aged 12 to 17 years referred by the Juvenile Justice Teams because of offending behaviour related to substance misuse.

Youth Detention Counsellor

This service provides information, education and counselling support to young people aged 12 to 17 years in juvenile detention centres because of offending behaviour related to substance misuse.

Methamphetamine Initiative

The Methamphetamine Initiative supports young people who are identified as meth-amphetamine using from the point of referral to the Drug and Alcohol Youth Service (DAYS) through to residential services using a short-term case-management model. DAYS recognises that young people who are using Methamphetamine are more vulnerable to disengagement particularly in the weeks prior to entry into

residential services, and aims to reduce disengagement by employing proactive and assertive outreach strategies and associated follow-up.

Case study

Jack* is a 20-year-old Aboriginal male who self-referred to DAYS in March 2018 for the treatment of problematic intravenous (IV) methamphetamine, cannabis and opioid use. He identified as a gay man who has experienced sexual violence at the ages of 12 and 16 years. He also indicated that he needed support with his mental health concerns including anxiety and depression.

Jack's parents divorced when he was roughly seven years old when his father left the family home one morning for work and never returned. He lost his mother to cancer in January 2018. Jack then went to live with his grandmother as a short term solution to accommodation issues resulting from the passing of his mother.

Throughout his 12 weeks in the program at DAYS, Jack actively participated in all educational groups and recreational components of the program. He displayed a real willingness and strong motivation to address barriers he was facing which included his substance use dependency, homelessness and grief and loss. Jack worked hard to develop strategies to prevent relapse which included distancing himself from negative peer groups, working with the staff to identify triggers and finding alternate coping mechanisms to deal with his need to use drugs. He was also being supported by his DAYS Clinical Psychologist on a weekly basis to work through his grief and loss struggles.

During Jack's 12-week residential rehabilitation program he was supported to attend The Freedom Centre which was an opportunity for him to meet other young people with diverse sexuality and gender identities and gain support and information from The Freedom Centre staff.

The staff supported Jack to gain a Violence Restraining Order against his former partner who was continuing to try to have contact with Jack. He reported to staff that he felt safer after obtaining the order. During the latter part of Jack's time in the program, staff began to assist him to source stable accommodation and provided him with referral paperwork and assessments for the DAYS Transitional housing and support program (THASP). Staff also supported Jack to enrol in TAFE studies to complete his Certificate III in Community Services and Jack was successful in gaining a place in both the THASP program and his TAFE course which began in 2018. Since leaving DAYS, Jack continues to receive support from the aftercare team and is successfully working towards achieving his goals.

*name has been changed for confidentiality

A challenge with people experiencing homelessness and alcohol and drug dependence is the limited availability of appropriate crisis accommodation. For example, the FDV crisis accommodation services that support parents with young children are often unable to provide accommodation to people who are currently using or dependent on substances due to safety reasons. These people who may also have children, may return to their abusive partners as there are no safe and affordable accommodation options.

Additional accommodation support services are required for people with substance dependence issues. There should be additional brokerage funding to ensure that people are able to access temporary and emergency accommodation until they are in a position to access detoxification or rehabilitation services, particularly in the case of people fleeing domestic and family violence to ensure these people are not becoming homeless. Earlier access to detoxification and rehabilitation closer to communities is also required.

People in rural, remote and regional areas

People living in regional, rural and remote communities who are experiencing homelessness or at risk of homelessness have specific challenges to seeking support including social and geographic isolation and a scarcity of housing and other services.³¹ In these areas, lack of appropriate resourcing for vital services usually means that efforts were focused on crisis response and risk management at the expense of outreach work.³²

Having to travel significant distances to access crisis accommodation is not a viable option for many people, particularly those with school aged children. Thus, where there are no refuges in the community, the individuals should have access to a pool of funding to access accommodation in safe places or hotels in the local community until more stable options become available.

There are some services that use a 'hub and spoke' model with funding to provide outreach services to support people in rural and remote communities. It is important to note that these services need to understand the cultural norms and nuances prior to delivering services, particularly in Aboriginal communities. For instance, Mission Australia's FDV services follow the cultural protocols in these communities and visit communities after being invited by the respective community Elders.

For regional and remote areas, certain locations become hubs which need to be well resourced to be able to also support peripheral communities. For example, Carnarvon is located 470km north of Geraldton and provides regional services to local cattle stations, horticultural and mining operations and the neighbouring communities of Exmouth, Denham, Shark Bay, Gascoyne Junction and Burringurrah. Like Meekatharra, Carnarvon still maintains a level of transience amongst its population with many residents travelling north to the Pilbara, south to Geraldton or east to Burringurrah or Meekatharra

³¹ Holder, R. Putt, J. & O'Leary, C. (2017), *Women's specialist domestic and family violence services: Tehri responses and practices with and for Aboriginal women: Key findings and future directions*, Sydney: ANROWS.

³² Wendt, S. et al. (2017), *Seeking help for domestic and family violence: Exploring regional, rural, and remote women's coping experiences: Key findings and future directions*, Sydney: ANROWS.

during different periods of time. This can be a particular challenge for service providers as it can be weeks or sometimes months before individuals and families return and re-engage with the service.

Lesbian, Gay, Bi-sexual, Transgender and Intersex (LGBTI) people

LGBTI people are an important cohort that need to be closely considered in the 10-year Strategy discussion as they are over-represented in homeless populations due to both the complexity of their experiences and difficulty accessing services. Rejection by family and the community is a main driver of homelessness among LGBTI young people. A study found that LGB respondents were at least twice as likely as heterosexuals to have ever experienced homelessness.³³ Lesbian and gay people were also twice as likely to stay in crisis accommodation or sleep rough.³⁴

Research has found that older LGBTI people have higher levels of some health and mental health problems and increased social isolation, compared to their non-LGBTI counterparts.³⁵ Many older LGBTI people refrain from divulging their sexuality when accessing services due to fears of discrimination and/or abuse. The lack of understanding of, and respect for, LGBTI people is a broader systemic social issue that needs wider social awareness.

While young LGBTI people are mentioned in the directions paper, the needs of older LGBTI people should be carefully considered. WA based advocacy body GRAI³⁶ have done some extensive work in this area. These representative organisations should be consulted when developing this framework.

People from culturally and linguistically diverse (CALD) backgrounds

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.³⁷ It is estimated that between 500 and 800 young refugees are homeless Australia-wide and this number is growing.³⁸ Couch surfing is common for young refugees and may not be reported as homelessness, resulting in under-estimates.³⁹ There is a clear need for housing support for people on temporary visas who may not be eligible for federally funded housing services.

Challenges refugees and migrants face include adjustments to language, culture and education when settling into Australia.⁴⁰ Family relationships may be more complex amongst refugees with added burdens of trauma, overcrowding, high expectations and differing acculturation.⁴¹ Disconnection from

³³ GALFA LGBTQ Homelessness Research Project: LGBTQ Homelessness: Risks, Resilience, and Access to Services in Victoria, 2017, accessible at: http://www.lgbtihomeless.org.au/wp-content/uploads/2018/04/LGBTQ-Homelessness-project-Final-report-September-2017-Final_.pdf

³⁴ Ibid

³⁵ ACON, (2013), Love: Living Older Visibly and Engaged, NSW, p.2.

³⁶ GRAI, accessible at: <https://www.grai.org.au/>

³⁷ Centre for Multicultural Youth, Finding Home in Victoria, Melbourne, 2010.

³⁸ J. Couch, 'A new way home - Refugee young people and homelessness in Australia' in Journal of Social Inclusion 2(1) 2011.

³⁹ Ibid

⁴⁰ Ibid

⁴¹ Centre for Multicultural Youth, Finding Home in Victoria, Melbourne, 2010.

family, school and community are major precursors to homelessness for young refugees, and family reconfiguration and overcrowding contribute to this.⁴²

Case study

James* is a 15 year old young person from a migrant background living in Perth metro area. When he was connected with Mission Australia's Youthbeat service, he was couch surfing for over a year. James informed the services that he was dependent on drugs and was socialising with a group of people older than him which increased the risk of engaging in anti-social behaviour. Due to these interactions, his education was disrupted and conflict had arisen with his family. All these factors were significant contributors to James' experiences of homelessness.

The Youthbeat team worked with James and his family, particularly his brother to rebuild the relationships and link him to education. Arrangements were made for James to return home after discussing with his family, however, James' actions such as damaging property and stealing household items continued to disrupt the family. Although he promised to change his behaviour, he would return home and return to his disruptive behaviour.

The Youthbeat case managers supported James to access detoxification services, provided referrals to counselling and other supports. Following this he was supported to find appropriate accommodation and reengage with education. While working with him on these issues, it became apparent that James' issues were stemming from a lack of social connectedness. The case managers are continuing to work with James' family to slowly rebuild the relationships and are impressed with the progress James has made since coming into contact with the service.

*name has been changed for confidentiality

Women from migrant and refugee backgrounds may experience violence from their intimate partner, extended family or adult children. The experience of migration itself can lead to women becoming socially isolated, and therefore beholden to a partner and possibly his family.⁴³ Stigma and shame associated with domestic and family violence can result in women from migrant and refugee backgrounds being less willing to speak out or seek assistance and remain in abusive relationships.⁴⁴

⁴² Ibid

⁴³ Australian Institute of Family Studies (2018), *Intimate partner violence in Australian refugee communities Scoping review of issues and service responses*, CFCA paper no. 50, p.2, AIFS

⁴⁴ Australian Institute of Family Studies: Australian Centre for the Study of Sexual Assault, (2011), *Supporting women from CALD backgrounds who are victims/survivors of sexual violence Challenges and opportunities for practitioners*, No 9, p. 9-10, Melbourne, AIFS.

Prevention and early intervention

Services to prevent homelessness should be diverse and available across the state. Early intervention should also incorporate processes to raise awareness about the availability of services and educate community leaders, schools, medical practitioners and other relevant parties to ensure they are aware of services available in the local communities and are able to make appropriate referrals.

Mission Australia provides a range of interventions and programs critical to preventing homelessness to rebuild family relationships.

Reconnect

Reconnect supports young people aged 12–18 years who are homeless or at risk of homelessness. The aim is to improve family relationships so the young person may be able to return to the family home. If this is not possible, the young person will be supported to obtain alternative housing. In addition, the young person will be supported to remain engaged at school and to address their other needs, such as mental health, addiction issues and life skills.

Mission Australia conducted an outcomes evaluation⁴⁵ from March to October 2016 across all of its seven Reconnect sites. The evaluation considered a range of measures mapped to the outcomes that Reconnect aims to achieve. Overall, improvements were found in clients' wellbeing, sense of control and support, housing permanency, family cohesion and financial condition of the family. The evaluation also found that Reconnect services fill a significant gap in existing regional service systems, including a central role in supporting schools to connect young people to other services in the community.

Mission Australia runs seven Reconnect services across the country including one in WA (Peel, Mandurah).

For people experiencing FDV, 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. These examples include, Safe at Home in Tasmania and Victoria and Staying Home Leaving Violence in New South Wales. The WA state government can invest in similar models to ensure families experiencing violence are able to access appropriate early intervention to prevent homelessness.

⁴⁵ Mission Australia, Reconnect Evaluation Report, 2016, accessible at: <https://www.missionaustralia.com.au/publications/research/homelessness/687-reconnect-evaluation-report/file>

Tenancy support and conditions

Having access to housing alone is insufficient for a number of people who have experienced homelessness over long periods of time or are at risk of homelessness due to other issues such as financial pressure, mental health issues, alcohol or drug dependence, domestic and family violence or other similar issues. They may also have limited understanding about maintaining a tenancy, life skills to live independently and the requisite financial capacity. Tenancy support programs are required to assist people at risk of homelessness or who have recently exited homelessness.

Public Tenancy Support Service Meekathara (PTSS)

Tenants are proactively assisted with regular home visits to offer support, education and assistance in maintaining and sustaining their tenancy. Action is prioritised according to the importance of each presenting issue, with attention specifically given to addressing each issue in a timely matter. This ongoing engagement with tenants also reduces the need for PTSS case managers to respond reactively and in times of crisis.

The most common issues facing PTSS clients include maintenance, rental arrears, vandalism, break in and entering, financial management, advocacy with other services such as justice, housing, banking and Centrelink. Assistance in adhering to a budget and maintaining the properties are the most common supports that are provided under this service.

The person centred approach of empowering tenants to recognise problems and act on them in a timely and confident manner has enabled many to maintain their tenancy over long periods of time.

The PTSS case management assists tenants whose complex issues impact on their ability to maintain their property. For example, tenants typically present with legal issues, often requiring clarification and interpretation so they better understand what is required of them. Others may present with significant debt, may be experiencing problems with partners or other family members or do not fully understand a document they have received and require explanation. Tenants are referred to a number of local and visiting agencies that can effectively resolve these matters when they arise.

Service staff from PTSS observed an increase of evictions or near evictions due to high tenant liabilities (caused by property damage) and a corresponding increase in financial hardship, which meant people were unable to maintain their rental payments and as such, incurred rental arrears. Consequently, people had to increase their payments to the Housing Authority to reduce their outstanding tenant liability and rental arrears, which meant there was little left to pay for other living expenses. It is concerning that tenants who are making efforts to pay their rent and any outstanding liabilities, may be left with insufficient funds to purchase other basic items. Payments for liabilities should be appropriately paced so as not to add undue financial pressure.

In order to deliver successful tenancy support programs, the service should be able to adopt a holistic approach where the services work with the family of the tenant as well as the neighbours and the community. This is particularly important in Aboriginal communities. For example, in the six-month reporting period ending 31 December 2017, the PTSS in Meekatharra spent 910 hours of direct contact across 1810 discrete service incidents, however, only 14% of this time was spent directly with the individual lease holder. The remainder was spent with the family (51%), extended family (18%) and others living at the house (17%). This demonstrates the need for a holistic approach to supporting people and their families to maintain tenancies.

Private rental tenants also lack secure protection from eviction and rent rises. It is encouraging to note that the WA government has introduced tenancy protections for victim-survivors of FDV. However, additional protections are needed to prevent no ground evictions, regulate increasing rents and allow for home modifications to meet the needs of people with disability or older tenants. The WA government's upcoming review of the tenancy legislation provides a timely opportunity to strengthen protections for private renters.

Rental stress heightens the risk of homelessness. Concerningly, Anglicare's *Rental Affordability Snapshot* 2019 found that there were very few affordable properties available to those receiving social security payments in South West and Great Southern and North West WA.⁴⁶

People living in South Australia and Western Australia face the highest risk of poverty based on the 50% median income poverty line.⁴⁷ It is widely accepted that social security payments are far too low and are increasing the risk of homelessness.⁴⁸ The National Housing Supply Council calculated that 60% of people who are on low incomes in the rental market are in housing stress⁴⁹ and therefore at risk of homelessness. Even for those receiving CRA, 41% of people are still living in rental stress after the payment is taken into account.⁵⁰

Additional financial supports such as brokerage funding should be available through state government for people to supplement the CRA and other social security payments to bridge the gap between housing cost and social security payments.

⁴⁶ Anglicare, Anglicare Rental Affordability Snapshot 2019, accessible at:

<https://anglicareras.files.wordpress.com/2019/04/western-australia.pdf>

⁴⁷ P. Davidson, P. Saunders, B. Bradbury, and M. Wong, *Poverty in Australia*, 2018. ACOSS/UNSW Poverty and Inequality Partnership Report No. 2, Sydney: ACOSS, 2018, pp. 64-65.

⁴⁸ See further: Business Council of Australia, *Submission to the Senate Inquiry into the Adequacy of the Allowance Payment System for Jobseekers and Others*, accessible at: <http://www.bca.com.au/publications/submission-to-the-senate-inquiry-into-the-adequacy-of-the-allowance-payment-system-for-jobseekers-and-others>

⁴⁹ National Housing Supply Council, *Housing Supply and Affordability Key Indicators*, 2012, NHSC, Canberra.

⁵⁰ Australian Institute of Health and Welfare, *Housing Assistance in Australia 2017*, accessible at:

<https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia-2017/contents/financial-assistance>

“Some people need large houses to accommodate their families comfortably. There are plenty of private properties available especially in areas like Gascoyne, but people we support can’t afford to pay the kind of rent that the private owners are asking for ... There should be a way for the state government to provide some form of subsidy to those people so that more empty houses are rented to people in need.”

Mission Australia, Area Manager – Regional WA

Another aspect not addressed in the discussion paper is the precarious position of social housing tenants who are evicted from their homes. These individuals often have no access to secure housing or a history of tenancy in the private rental market to support their private rental applications.

“We see people who are looking for crisis accommodation because they have been evicted from public housing. It could be anything from disputes, property damage to unpaid rent ... There needs to be support for these people because they don’t have the finances or rental history when they have to apply for public housing.”

Mission Australia, Area Manager Regional WA

Additional supports should be made available to these people and eviction should be used as the last resort for people who are currently residing in social housing managed by the government or community housing providers.

In addition to tenancy support, supports for mental health and other issues may be required and these should be integrated with housing supports. One model for such support is the Housing Accommodation and Support Initiative in NSW for which Mission Australia is a provider.

Housing and Accommodation Support Initiative (HASI) Plus NSW

HASI Plus is a supported accommodation program providing housing, daily living support and clinical care for people with lived experience of mental illness.

HASI Plus is a program specifically for people with severe and persistent mental illness who are ready to transition back to community living after long periods of stay in psychiatric facilities or similar institutions. HASI Plus provides 24/7 hour support to people who would otherwise be unable to successfully live independently.

HASI Plus is strongly based upon the principles of recovery in which we foster hope, empowerment and self-determination in all aspects of our work. Day to day we provide hands on support and structure to teach wellbeing in daily living skills such as cooking, cleaning and budgeting; mental and physical health; community engagement and the ultimate recovery goal of one day all of our consumers being able to return to independent living.

No exits into homelessness from institutions

A 'zero tolerance' approach to people becoming homeless upon exiting hospitals and other health facilities has been a key platform for our homelessness action plan. We are members of the Home Stretch campaign and also providers of specific programs for young people leaving out of home care and adults leaving health and mental health facilities and prisons including the HASI model detailed above.

People leaving prison are at high risk of homelessness, particularly those who spent a considerable amount of time (i.e., 12 months or more) in juvenile detention.⁵¹ On the other hand, stable housing may contribute to a decrease in reoffending and drug use.⁵² The growth of the prison population means there are a growing number of people at risk of homelessness and accommodation is a primary need at the time of release.⁵³

More resourcing is required for through-care programs in which people are supported going into prison, during incarceration and after release to prevent homelessness and reduce re-incarceration. Securing employment is a particular barrier for this group and should be included in support services as should drug and alcohol rehabilitation where required. Integrated approaches and intensive case management are needed for people who are homeless, have a cognitive impairment, mental disorder or complex needs and are enmeshed in the criminal justice system.⁵⁴

Stronger planning is also required for those exiting prison and other 'institutions' such as acute mental health facilities to avoid clients exiting into homelessness. There is a significant gap in supported accommodation options available to young people and adults on release from incarceration.

⁵¹ Bevitt et al (2015) *Journeys Home Research Report No.6 – Complete Findings from Waves 1 to 6*, University of Melbourne, accessed at:

http://melbourneinstitute.com/journeys_home/assets/pubs/2015/Scutella%20et%20al%20Journeys%20Home%20Research%20Report%20W6.pdf

⁵² Commonwealth of Australia (2008) *The Road Home: A national approach to reducing homelessness*. Canberra: Commonwealth of Australia.

⁵³ Baldry E (2014) 'Complex needs and the justice system' In Chamberlain, Johnson and Robinson ed *Homelessness in Australia: An Introduction*, UNSW Press, Sydney.

⁵⁴ Ibid

Wandoo Young Adult Facility – WA (ended in 2018)

Wandoo Reintegration Facility - a minimum security prison for young men aged 18 – 28 years. It is the first prison in Western Australia that caters to the unique needs of this age group. Practical assistance, professional support and targeted referrals were offered to young men, in the Corrective Services' Wandoo Young Adults Reintegration Facility. Mission Australia delivered a through care model, from admission to three months' post release, that promotes successful reintegration back into the community with a specific focus on supports during the transition from incarceration including education and employment, housing and individual need as well as working with family/significant others.

Due to the change of purpose for Wandoo facility, this program ceased operations last year. Considering the positive outcomes this program achieved while it was in operation, a similar model can be adopted in WA to support young people who are incarcerated to prevent homelessness and successful transition into the community.

Home and Healthy - NSW

Mission Australia will deliver a new program called Home and Healthy, for people at risk of homelessness leaving hospital and other health facilities in partnership with the NSW Government. The new program is funded through social impact investment and will prevent people becoming homeless when leaving hospitals and health facilities.

The program will start to make a vital connection between health facilities and housing with a focus on preventing those who are exiting hospitals, mental health facilities and alcohol and other drug treatment centres from becoming homeless.

Home and Healthy will allow Mission Australia to work with health facility staff so we can engage early with people who are at risk of homelessness while they are still in the facility. We can help them to find suitable, long-term housing, ready for when they leave. Once they are suitably housed, we will keep working alongside them to support them to engage with work, connect with their local community and not slip into homelessness.

Home and Healthy will be rolled out in West, South-West, Eastern and Central Sydney with plans to support over 1,200 people leaving health facilities over five years. The program will commence in Central Sydney in July this year.

Transforming services to create an integrated, person-centred system

In order to develop a robust framework to address homelessness, a range of effective models should be carefully considered. A No wrong door approach to service delivery is vital and Mission Australia supports the work that has begun on this approach.

A collective Impact approach can be used for the collaboration of members from different institutions working together to promote a common agenda to end homelessness in WA. Mission Australia supports the position of WACOSS in relation to strengthening the WA government's Sustainable Funding and the Delivering Community Services in Partnership Policy which already provides a broad framework for collaboration between different stakeholders.

As discussed above, people experiencing various challenges in life may also experience a heightened risk of homelessness. The current siloed approaches limit the ability of various services to work across different sectors or services to provide early intervention to prevent or limit the incidents of homelessness. Integrated whole of government responses are essential to address the underlying issues driving homelessness and provide effective responses when people do become homeless so they can be rapidly housed and necessary support services put in place.

The majority of services including Centrelink, community services, facilities such as hospitals, prisons, other acute care units, real estate agents or SHS providers are likely to come in contact with people who are likely to experience homelessness. For example, in private housing, real estate agents are often the first to know when a tenancy is at risk. Delayed rent, observations from property inspections, complaints from neighbours and strata, or contact from police, are some of the early signs a tenancy may be at risk. Working with real estate agents provides an opportunity to identify tenants at risk of eviction early and link them with service providers and supports to help them maintain their tenancies.⁵⁵

The implementation of the strategy process should include a mechanism to identify the needs in local communities and feed that information back to the central decision making bodies. A structure of this nature should include people with lived experience of homelessness, local community organisations, Aboriginal community leaders and Elders and people from diverse backgrounds. Funding should be made available for coordination of such local groups to ensure they can continue providing feedback on an ongoing basis.

Service delivery should be underpinned by strengths based community development approach, building a stronger community foundation for service delivery by identifying and promoting community strengths, addressing partnerships to support service collaboration and more effective referral pathways, increasing community confidence and building capability and resilience.

⁵⁵ NSW Government, NSW homelessness Strategy 2018-2023, 2018, p.13.

Wattle House

Wattle House provides clients with better access to services in WA's South East Region. Wattle House is a 'hub' of co-located integrated service provision and delivery offering a range of services and assistance to help address clients' complex needs and circumstances. The Family Support and Accommodation Service co located at Wattle House provides support to clients through provision of transitional housing, case management and referral to ensure clients obtain and maintain long term stable housing. Clients can be self-referred or referred from other agencies

Integration and collaboration within and between services is vital, especially in rural and remote communities where services are limited with a significantly high demand. However, the government should take into account of the fact that collaboration requires investment of human and physical resources. It is imperative that services, already stretched beyond their capacity, are not expected to perform additional functions in absence of provision of additional resources. The additional cost of working across multiple sectors, services and communities, and with clients with increasingly complex needs, should be built into the funding contracts.

Trauma informed practice

Trauma is both a cause and consequence of homelessness. 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%.⁵⁶ Mission Australia's homelessness services operate within a trauma informed care model, ensuring this is applied across the service system is crucial.

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.⁵⁷

More broadly political commitment is required to address the root causes of trauma including racial inequality, gender inequity and poverty and to prevent traumatic events such as domestic violence, childhood abuse and neglect and intergenerational trauma in Indigenous communities.⁵⁸

⁵⁶ Cash R, O'Donnell M, Varker T, Armstrong R, Di Censo L, Zanatta P, Murnane A, Brophy L, & Phelps A 2014. *The Trauma and Homelessness Service Framework*, Report prepared by the Australian Centre for Posttraumatic Mental Health in collaboration with Sacred Heart Mission, Mind Australia, Inner South Community Health and VincentCare Victoria. http://www.mindaustralia.org.au/assets/docs/research/THI_Frameworks_2014.pdf

⁵⁷ Robinson C (2014) 'Trauma: A cause and consequence of homelessness' In Chamberlain, Johnson and Robinson ed *Homelessness in Australia: An Introduction*, UNSW Press, Sydney.

⁵⁸ Ibid

Data collection and sharing

As recognised in the discussion paper, access to appropriate and accurate data is vital to ensure that the government is able to channel the supports to areas that are in acute need of additional housing related investment.

In addition to gathering accurate data, there needs to be a mechanism to share data across different services with the consent of the individuals.

“People don’t want to tell their story to different people every time they engage with a service. there needs to be a central system to share information with the consent of the people we work with ... this will make sure that there is a continuation of support and a way to track the history of support people have received from different services at different points in their journey.”

Mission Australia, Area Manager WA

Considering the importance of information in relation to history of homelessness and supports people have received over the years, a mechanism to share data across different branches of government including health, community services, alcohol and other drugs, mental health, justice, housing and homelessness related services, etc. with the consent of individuals would increase the efficiency and effectiveness of service delivery. As a mechanism to facilitate this process, it is important that the WA government work with the relevant stakeholders to enact enabling privacy legislation as a matter of priority.

Funding certainty for service provision

It is imperative that there is a consistent service presence in the local communities, with people aware of the services available to them and the services are able to build trust and relationships with local residents.

“services get funding to run a project for a year or two and then it disappears. This is disruptive to the community and the service ... There should be multi-partisan agreement on funding for community services to make sure the funding arrangements are longer.”

Mission Australia, Family Support Worker – Regional WA

Another challenge with service delivery is the delay in advising services as to whether the funding contracts have been renewed. This impacts on the service delivery due to the difficulty of planning ahead to support the individuals that Mission Australia services work with.

As recommended by Productivity Commission, to allow adequate time for service providers to establish their operations, and have a period of continuity in service provision and handover before the conclusion of the contract (when a new provider is selected), default contract lengths for family and community services should be increased to seven years, and for Aboriginal and Torres Strait Islander

specific services, this should be increased to 10 years.⁵⁹ Given the importance of these services in local communities, a review of current funding levels and contract length should be conducted and ensure funding enables services to attract and maintain adequate staffing levels and retain the qualified workforce.

⁵⁹ Productivity Commission, *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services*, No 85, Productivity Commission Inquiry Report, 2017, accessible at: <https://www.pc.gov.au/inquiries/completed/humanservices/reforms/report>