

**Submission
No 207**

INQUIRY INTO HOMELESSNESS IN VICTORIA

Organisation: The Salvation Army

Date Received: 31 January 2020

Inquiry into Homelessness in Victoria

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Organisation Name:The Salvation Army

Your position or role: Head of Government Relations

SURVEY QUESTIONS

Drag the statements below to reorder them. In order of priority, please rank the themes you believe are most important for this inquiry into homelessness to consider::

Rough sleeping,Public housing,Indigenous people,Housing affordability,Services,Family violence,Mental health,Employment

What best describes your interest in our Inquiry? (select all that apply) :

Working in the alcohol or other drug services sector ,Working in Homelessness services

Are there any additional themes we should consider?

YOUR SUBMISSION

Submission:

Do you have any additional comments or suggestions?:

FILE ATTACHMENTS

File1: 

File2:

File3:

Signature:

Ben Damiano

Table of Contents

Statement of Recognition	3
Introduction	4
Executive Summary and Recommendations	5
The Salvation Army – 2020-2023 Victorian Homelessness Agenda.....	5
Recommendations	6
The changing scale and nature of homelessness across Victoria	10
Rough sleeping.....	11
Women aged over 55.....	13
Children and the impact of homelessness.....	14
Family and domestic violence	15
Exiting institutions	16
Asylum seekers and refugees.....	20
Veterans	21
Aboriginal and Torres Strait Islander peoples	23
Social, economic and policy factors that impact homelessness.....	24
The opportunity costs of homelessness	24
Housing affordability	25
Social housing	27
Early intervention and prevention.....	29
Policies and practices	31
Intersectionality.....	31
Existing funding and service arrangements for homelessness services	33
The Salvation Army in Victoria: A snapshot of homelessness services	36
Salvation Army Housing (Victoria).....	37
About The Salvation Army	38
Further Information	38



Statement of Recognition

The Salvation Army acknowledges the Traditional Custodians of the lands and waters throughout Australia. We pay our respect to Elders, past, present and emerging, acknowledging their continuing relationship to this land and the ongoing living cultures of Aboriginal and Torres Strait Islander peoples across Australia.



Introduction

The Salvation Army welcomes the opportunity to share our experience and the stories of the people with whom we work.

Fundamental to the ethos of The Salvation Army is the idea that every human being has inherent worth and every person should live with dignity. The Salvation Army envisions an Australia where all people have adequate and stable incomes, can afford and sustain housing and are healthy and connected to community.

For too many Australians this is not the reality. One of the most visible ways in which this is manifest is in the ever-increasing number of people experiencing homelessness across the country.

It has been more than twenty years since Australia's Human Rights Commissioner affirmed the place of housing as a fundamental human right.¹ Yet, over this period, we have witnessed our country's worst record on homelessness.

This submission is in three parts:

The changing scale and nature of homelessness

Focussing on the cohorts who are most vulnerable to homelessness.

Social, economic and policy factors

Which have the potential to exacerbate or alleviate the effects of homelessness.

Policies and practices

Outlining the factors that ideal government policy will consider in addressing the issue of homelessness.

In preparing this submission, The Salvation Army consulted extensively internally and externally to ensure our evidence is an accurate reflection of the experience of people who have experienced homelessness and the frontline staff who work with them. The Salvation Army acknowledges the courage, strength and individual stories shared and our unique position of privilege in hearing these stories.

¹ Human Rights and Equal Opportunity Commission, *Housing as a human right* (1997). Available at www.humanrights.gov.au/sites/default/files/content/pdf/human_rights/housing.pdf.



Executive Summary and Recommendations

Ending Homelessness – The hallmark of civil society

With over a century serving and advocating on behalf of vulnerable individuals, families and communities in Australia, The Salvation Army has built up expertise on the causes, effects and solutions to homelessness.

In addition to our professional expertise we have taken care to consult with and include the wisdom of people who have actually experienced homelessness.

Our solution to homelessness is clear. It requires:

1. Strong leadership from Government in partnership with the community sector and corporate Australia;
2. An aspirational vision to guide decision-making; and
3. Delivered via a bi-partisan and transparent Victorian Homelessness Strategy and accountable to the office of the Victorian Premier.

The Salvation Army – 2020-2023 Victorian Homelessness Agenda

In line with The Salvation Army's National Homelessness Stream 3-year Agenda (2020-2023), a Victorian Homelessness Agenda has been established with intentional focus and outcomes specific to:

- Street sleeping/rough sleeping, including a revised model of care.
- Women over 55 experiencing and/or experiencing homelessness.
- Veterans at risk and/or experiencing homelessness.
- The impact of homelessness on children, including expanding child-specific services.
- Increasing the supply of long-term supportive housing.
- Redevelopment of key Salvation Army accommodation sites with the aim of improving the overall quality of the accommodation, increasing and diversifying the offered support programs as well as an overall increase of 5-10% in actual accommodation numbers.

Recommendations

Drawing upon our expertise gleaned through professional experience and through hearing the many voices of people with a lived experience of homelessness, The Salvation Army offers the following recommendations for the Committee's consideration.

Governance and leadership

1. Establish a bipartisan Victorian Premier's Homelessness Taskforce that seeks to end street sleeping/rough sleeping by 2024.
2. Develop a bipartisan Victorian Homelessness Strategy, including of commitments and actions, to end street sleeping/rough sleeping by 2024 and increase the supply of community housing, public housing and affordable housing.
3. Ensure the 'lived experience voice' is resourced, supported and built into the Homelessness Taskforce and Homelessness Strategy.

Client rights

4. Review and adequately fund state-wide homelessness advocacy programs to support, protect and promote the rights of clients accessing, engaging and exiting the homelessness service system.
5. Continue to improve regulation and protection across all tenancies, including the private rental market.

Funding of Programs and Training

'One-size-fits-all' support programs have proved to be insufficient to improve housing outcomes. For this reason, this submission identifies the need for multidisciplinary and sustainable services for people experiencing homelessness.

Similarly, this submission highlights issues of equity and access in the services we provide, independent of area (metropolitan, regional or rural). Current funding models fail to account for the significant resources, including time and travel costs associated, to effectively assist clients.

6. Transition from target focused funding and service agreements to 'duration of need'.
7. Transition from universal funding and service agreements to funding and service agreements with 'built in' recognition of time and distance for rural and regional Victoria, within the service delivery context.

8. Commit to funding intentional multidisciplinary services and case management programs inclusive of mental health, education and employment and health and wellbeing ensuring a comprehensive, integrated and responsive service towards ending the cycle of homelessness.

Housing Supply and Affordability

The current housing system not only fails to meet the housing needs of low-income households, but also exacerbates the deprivations of poverty and housing insecurity. This submission identifies housing affordability as the main factor for increasing homelessness in Victoria over the last decade. The most pressing and immediate need is sufficient provision of housing suited to the needs of the full range of household affordability capacities and support requirements.

9. Immediate commencement of at-scale investment in social housing (with a target rising to 3,000 housing units per annum for Victoria by 2021-22).
10. Commit to a long-term subsidy pipeline (including cash subsidies, tax relief and capital investment) to increase the supply of affordable housing.
11. Undertake a review of existing vacant and under-utilised government buildings and land that have the potential to be re-purposed for supportive housing in partnership with service providers and business.
12. Substantially increase the availability of funding to enter, establish and maintain housing in a competitive private rental market.
13. Increase the availability of case management programs to assist households to maintain and sustain their housing within the private and social housing markets.
14. Undertake a review to better understand the use and costs of the private market as well as the adequacy of the service response by homelessness service providers in the purchase of crisis accommodation for households experiencing homelessness.

Client Cohorts

This submission identifies the complexity and intersectionality amongst different cohorts and recognises that personal, social, structural and economic factors overlap and interact with each other. The Salvation Army considers that, given the mix of service provision required for people with different needs, there is a need for an integrated and holistic approach when developing social policy aimed to improve housing and quality of life in general.

Similarly, we have identified that a significant driver of homelessness is the failure of many mainstream institutions to support and manage the transition of people in their care into independent living. The lack of appropriate levels of service provision increases the likelihood that a person with increased vulnerability will experience a crisis that leads them back into prison or hospital.

Children

15. Undertake research to better understand the impact of homelessness on children.
16. Expand specialist services directly to children along the homelessness service continuum, including case management and secondary consultations.
17. Expand the training available within the homelessness service system to better understand the impact of homelessness on children.

Street sleeping/rough sleeping

18. Commit to end street sleeping/rough sleeping in Victoria by 2024 through the prioritisation and resourcing of programs such as the Rough Sleeping Initiative and Melbourne Streets to Home.
19. Ensure the evaluation of programs targeted towards ending street sleeping/rough sleeping to better understand the cohort, the adequacy and appropriateness of the programs and value against expenditure for the intended outcomes.
20. In partnership with local government commit to resourcing the pilot of the Advance to Zero initiative, system to better understand and respond to the street sleeping/rough sleeping cohort.
21. Improve the 'Extreme Weather' service response to street sleeping/rough sleepers, inclusive of existing extreme weather definition, housing, support, material aid, health and wellbeing, and extreme weather alerts.

Veterans

22. Undertake research to better understand veteran homelessness.
23. Expand the training available within the homelessness service continuum to better understand and respond to veteran homelessness.
24. Establish a service within Victoria to identify veteran homelessness and provide a tailored case management service to veterans respecting their specific needs, both of the veteran and the cohort at large. This service would be a partnership between an ex-service organisation and a Specialised Homelessness Service to provide an outreach model of support across the state. This service model should provide ongoing support for up to 12-18 months so that veterans are supported to not only secure but sustain their tenancy.

Women over 55

25. Expand support mechanisms, including additional funding, to facilitate the identification of women over 55 who are at risk of homelessness. These mechanisms must include prevention and early intervention programs with tailored case management services such as the Home Connect program.

Exiting Institutions

26. Ensure that every young person in care may extend their leaving care age from 18 to 25 years. This approach should be complimented by funding programs that provide housing, support, education and training pathways for young people exiting out-of-home care to live independently in the community.
27. Expansion and extension in all regions of the Enhanced Pathways Worker positions (developed as part of the launch site initiatives and currently funded to the end of the 2020-21 financial year). This includes the connection to prison inmate assistance program (**IAP**) functions and the provision of a referral point dedicated to resettling prisoners exiting from incarceration.
28. The development of a Specialist Homelessness Services-specific (homelessness workforce focused) training on:
 - The incarceration experience, involving individuals in co-design and delivery, the lived experience voice from prison and forensic mental health facilities, with a focus on transitioning to independent community living
 - Understanding corrections and forensic patient judicial orders
 - Working constructively with Community Corrections Victoria to support people under supervision orders.

The changing scale and nature of homelessness across Victoria

The lack of affordable housing options remains the single most critical factor that has impacted on homelessness for communities. It both causes homelessness and plays a role in keeping people in homelessness longer. The lack of affordable housing contributes to the depth and breadth of co-morbid presentations occurring alongside homelessness.

With a further deepening of the size and depth of homelessness, our evidence reaffirms the following groups as being more likely to become entrenched in homelessness in the absence of significant and targeted intervention:

- People who are sleeping rough.
- Women aged over 55.
- Women and children impacted by family and domestic violence.
- People exiting institutions (young people leaving state care, people exiting prison, and people exiting hospitals).
- Veterans.
- People seeking asylum.
- People of Aboriginal and Torres Strait Islander descent.

There are a range of co-occurring presenting issues, which we see increasing both in terms of prevalence and complexity. The consultations that informed this submission highlighted that an experience of homelessness leads to increased impact and complexity of existing trauma, substance use and mental ill-health.

According to the Australian Bureau of Statistics (**ABS**), a person is considered homeless if their current living arrangement:

- is in a dwelling that is inadequate;
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of or, access to space for social relations.²

² Australian Bureau of Statistics, *Census of Population and Housing: Estimating homelessness, 2016* (2018). Cat. No. 2049.0, Appendix 1. Available at <https://www.abs.gov.au/ausstats/abs@.nsf/mf/2049.0>.

The top five primary presenting reasons at Salvation Army Homelessness Services clearly show the areas that both drive people toward homelessness, and require attention to better prevent homelessness:

- Housing crisis (imminent eviction) - **26.5%**
- Domestic or family violence - **13.7%**
- Financial difficulties - **12.2%**
- Inadequate or inappropriate dwelling – **11.1%**
- Transition from custodial arrangements – **5.5%**

Rough sleeping

Rough sleepers are one of the most vulnerable groups in society

Rough sleeping makes up approximately seven per cent of homelessness while the remainder of Australia's homeless are the 'hidden homelessness' (typically people sleeping in cars, rooming houses, couch surfing, or staying in other temporary types of accommodation).³ These groups are often one step away from rough sleeping.

According to the 2018 *Victoria's Homelessness and Rough Sleeping Action Plan*, on any given night 1,100 people sleep rough throughout Victoria.⁴ A large part of this population was counted in Melbourne. In 2018, the City of Melbourne undertook *StreetCount*, a joint count across five inner Melbourne councils: the cities of Melbourne, Port Phillip, Yarra, Stonnington, and Maribyrnong. It counted 392 people sleeping rough in the council areas under investigation, with the majority (279 people) in the City of Melbourne alone.⁵

³ Council to Homeless Persons, *Facts about homelessness* (2019). Available at www.chp.org.au/homelessness/.

⁴ Department of Health and Human Services, *Victoria's Homelessness and Rough Sleeping Action Plan* (2018). Available at www.dhhs.vic.gov.au/sites/default/files/documents/201802/Rough%20Sleeping%20Action%20Plan_20180207.pdf.

⁵ City of Melbourne, *StreetCount* (2018). Available at www.melbourne.vic.gov.au/community/health-support-services/social-support/Pages/streetcount.aspx.



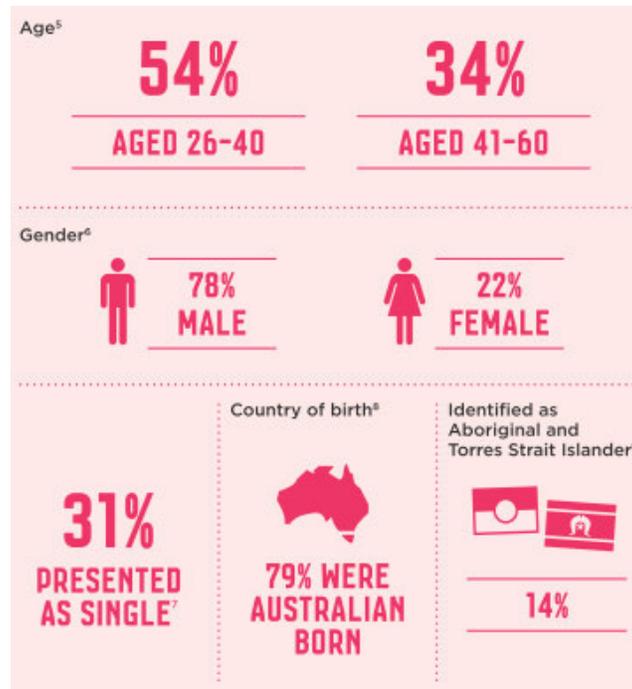


Figure 1. Demographics of people experiencing homelessness in the Cities of Melbourne, Maribyrnong, Yarra, Stonnington and Port Phillip (2018)

Source: City of Melbourne (2018). StreetCount 2018: A snapshot of people living rough. Available at <<https://www.melbourne.vic.gov.au/sitecollectiondocuments/streetcount-2018-snapshot-inner-melbourne.pdf>>

In 2016, the City of Melbourne had surveyed a smaller area of the city (totalling 20 per cent of the municipality of Melbourne). Within this area a total of 247 rough sleepers were counted (195 men, 35 women and 17 people whose gender could not be identified by the volunteers). When compared to the 2018 result, this represents a 13 per cent increase in rough sleepers in the City of Melbourne alone.

By using four years of Specialist Homeless Services (**SHS**) data, the Australian Institute of Health and Welfare (**AIHW**) published a report in 2018 which mapped what a typical rough sleeper looks like, the challenges they face and the services they use.⁶ According to this research 47 per cent of rough sleepers reported having mental health issues, compared with 34 per cent of other SHS clients.

This correlates with research conducted in the United Kingdom in 2019 which found that rough sleepers are over nine times more likely to commit suicide than the general population. On average rough sleepers die at age 47 (age 43 for women).⁷

⁶ Australian Institute of Health and Welfare, *Sleeping rough: a profile of Specialist Homelessness Services clients* (2018). Available at www.aihw.gov.au/reports/homelessness-services/sleeping-rough-profile-shs-clients/contents/table-of-contents.

⁷ Wilson, W. and Barton, C., *Rough sleeping* (2019). Available at <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN02007>.

Women aged over 55

After a lifetime of sacrifice, Australia's older women are increasingly finding they have nowhere to go

According to the Australian Human Rights Commission, the number of older homeless women in Australia increased by over 30 per cent between 2011 and 2016 to nearly 7,000 women. More precisely, the 2016 census estimated that 6,866 older women were homeless and a further 5,820 older women were living in marginal housing and may have been at risk of homelessness.⁸ However, only limited resources are available for older women who are renting, working and have modest incomes.

Women experiencing homelessness typically stay with friends or family, live in their car or in severely crowded dwellings, or are physically 'hiding'. Often older women are experiencing homelessness for the first time at this later stage in life, having lived conventional lives and may still be working or seeking work.⁹

The population of women aged 55 and over in Australia was 2.9 million in 2012 with that number expected to rise to 6 million in 2050.¹⁰ This segment of the population is at a greater risk of financial and housing insecurity than older men due to several compounding and systematic factors.

Women in this older age group today did not benefit from compulsory superannuation at the beginning of their working lives, they were more likely to have been paid at a lower rate than their male counterparts and were likely to have taken time out of paid workforce to have children and fulfil caring roles. In 1950 the basic wage for females was set at 75% of the basic wage for males. Additionally, a significant number of women in the cohort currently aged over 70 were required to resign their paid employment upon marriage. Many women now aged over 60 were also either required or expected to leave paid work when they became pregnant.¹¹

⁸ Australian Human Rights Commission, *Older Women's Risk of Homelessness: Background Paper* (2019). Available at https://www.humanrights.gov.au/sites/default/files/document/publication/ahrc_ow_homelessness2019.pdf.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Mercy Foundation, *Retiring into Poverty: A National Plan for Change: Increasing Housing Security for Older Women* (2018). Available at www.mercyfoundation.com.au/wp-content/uploads/2018/08/Retiring-into-Poverty-National-Plan-for-Change-Increasing-Housing-Security-for-Older-Women-23-August-2018.pdf.



Children and the impact of homelessness

One in seven people accessing a homelessness service in Victoria is a child under the age of ten

On census night 2011, 17,845 children under twelve were counted homeless and 402 of them were sleeping rough. Children under the age of 18 made up 27 per cent of people experiencing homelessness (of this figure 16 per cent were aged 0-10).¹²

A few years later, over the period 2015-16, the AIHW reported that 80,000 people under the age of 18 accessed support from Specialist Homelessness Services. This equates to approximately 25 per cent of all clients. Around 16 per cent of clients (n=46,000) were under ten years old. A large part (46 per cent) of these children cited domestic and family violence as their main reason for accessing homelessness services.¹³

More recently, in 2017-18, roughly one in every six people accessing Specialist Homeless Services were under ten years old (17 per cent or more than 47,700 clients).¹⁴ Similarly, The Salvation Army has observed a significant increase in children accessing our services over time. In 2018-19 a fifth (20 per cent) of all support periods were for children under ten.

Homelessness can affect children in many ways. For a homeless child, it can become increasingly difficult to stay engaged in education, with the increased likelihood of developing academic and learning delays, absenteeism or leaving school early. They also tend to experience emotional isolation and difficulty relating to their peers, along with difficulties making and keeping friends. Most importantly, experiencing homelessness has an impact on both the physical and mental health of children.¹⁵

¹² Homelessness Australia, *Homelessness and Children* (2016). Available at www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-07/Homelessness_and_Children.pdf.

¹³ Statewide Children's Resource Program. *See, Listen, and Respond* (2017). Available at www.loma.net.au/devsite/wp-content/uploads/2017/12/See-Listen-and-Respond.pdf.

¹⁴ Australian Institute of Health and Welfare. *Specialist homelessness services annual report 2017–18* (2019). Available at www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/clients-services-and-outcomes.

¹⁵ Homelessness Australia, *Homelessness and Children* (2016).



Family and domestic violence

Family and domestic violence can affect anyone, but women and children are becoming increasingly vulnerable

According to AIHW, family violence refers to violence between family members, typically where the perpetrator exercises power and control over another person. The most common and pervasive instances occur in intimate (current or former) partner relationships and are usually referred to as domestic violence. This represents a major health and welfare issue.¹⁶

Although family and domestic violence occurs across all ages and all socioeconomic and demographic groups, it predominantly affects women and children. According to the ABS 2016 Personal Safety Survey:

- Women were nearly three times more likely to have experienced partner violence than men, with approximately one in six women (17 per cent or 1.6 million) and one in 16 men (6.1 per cent or 547,600) having experienced partner violence since the age of 15.
- One in six women (16 per cent or 1.5 million) and one in 17 men (5.9 per cent or 528,800) experienced physical violence by a partner.
- Women were eight times more likely to experience sexual violence by a partner than men (5.1 per cent or 480,200 women compared to 0.6 per cent or *53,000 men). (* Note: This estimate has a relative standard error of 25% to 50% and should be used with caution.)¹⁷

¹⁶ Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: continuing the national story* (2019). Available at www.aihw.gov.au/getmedia/b0037b2d-a651-4abf-9f7b-00a85e3de528/aihw-fdv3-FDSV-in-Australia-2019.pdf.aspx?inline=true.

¹⁷ Australian Bureau of Statistics, *Personal Safety, Australia, 2016* (2017). Catalogue: 4906.0. Available at www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0.



As stated in the 2019 *Family, domestic and sexual violence in Australia* report by AIHW, more people are accessing specialist homelessness services due to family and domestic violence. In 2017-18, more than 121,000 (42 per cent) of people assisted by Specialist Homelessness Services had experienced family and domestic violence. Of these, more than three in four (78 per cent or 94,100) were female. In the same period, 22 per cent (n=26,500) of clients seeking Specialist Homelessness Services as a result of family or domestic violence were aged 0–9, and nearly 41,700 (34 per cent) of clients were aged under 18.¹⁸ In 2016–17, about 72,000 women, 34,000 children and 9,000 men sought homelessness services due to family and domestic violence.¹⁹

The Salvation Army's 2018 *Economic and Social Impact Survey (ESIS)* Report found that family violence remained the main reason that people moved house. A quarter of respondents had relocated in the past year and 59 per cent of households with children changed schools due to family violence, creating further isolation, disconnection and hardship for families.²⁰

Exiting institutions

Exiting institutional care is a vulnerable time

Consultations with frontline Salvation Army services show that a significant driver of homelessness is the failure of many of the mainstream institutions in our community to support and manage the transition of people in their care into independent living.

In far too many cases, people being released from hospitals, psychiatric inpatient units, prisons and residential care services find themselves having to seek help from a homelessness program. Where some form of aftercare follow-up does exist, people frequently report that it is too scarce, has insufficient capacity and does not operate for long enough. In every dimension, the lack of appropriate levels of service provision increases the likelihood that a person with increased vulnerability will experience a crisis that leads them back into institutions. Young people who have been unable to successfully complete their secondary education or transition into the labour market are also at high risk of becoming homeless.

¹⁸ Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: continuing the national story* (2019).

¹⁹ Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia, 2018* (2018). Available at www.aihw.gov.au/reports/fdv/02/family-domestic-sexual-violence-in-australia-2018/contents/summary.

²⁰ The Salvation Army, *Feeling the Pinch: National Economic and Social Impact Survey 2018* (2018). Available at https://www.salvationarmy.org.au/scr/be/sites/auesalvos/files/ESIS_2018_Main_Report.pdf.

ESIS was completed by 1,267 respondents who had accessed services from one of 281 Salvation Army Relief and Community Support Centres nationally.



Three cohorts are particularly vulnerable to experiencing entrenched disadvantage over time if they do not receive adequate supports:

- Young people transitioning from state care;
- People leaving prison; and
- People leaving hospital and institutionalised care.

Hospitals and institutional care

About 45 per cent of people aged 16–85 will experience a mental health disorder, such as depression, anxiety or a substance use disorder in their lifetime²¹

The Australian Government Department of Social Services estimates that 91,916 persons have a severe and complex disorder and would be eligible for a support package under NDIS.²² This indicates a shortage of approximately 28,000 NDIS places for people with lived experience of mental ill health.²³

In a profile of the 6,900 clients leaving care seeking Specialist Homelessness Service support in 2017-18, over half (53 per cent) were leaving either a psychiatric hospital (19 per cent), rehabilitation facility (18 per cent) or a hospital (15 per cent).²⁴

Contrary to a widely held belief that most homeless people have mental health issues and that mental illness is a primary cause of homelessness, the evidence shows that while a mental health episode can plunge someone into homelessness, the isolation and trauma often associated with rough sleeping can also precipitate mental illness. A study conducted in 2011 on a population of 4,291 homeless people in Melbourne found that 16 per cent had developed a mental illness since experiencing homelessness, particularly anxiety and depression.²⁵

²¹ Australian Bureau of Statistics, *4326.0 – National Survey of Mental Health and Wellbeing: Summary of Results, 2007* (2008). Available at <<https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4326.0Main+Features32007?OpenDocument>>

²² Department of Social Services, Senate Community Affairs Committee: Health access and support services, Budget Estimates 2017-2018 – NDIS Funding (2017).

²³ Brackertz, N., Davison, J. and Wilkinson, A. (Australian Housing and Urban Research Institute), *Trajectories: the interplay between mental health and housing pathways, a short summary of the evidence* (2019). Report prepared by AHURI Professional Services for Mind Australia. Available at https://www.ahuri.edu.au/data/assets/pdf_file/0010/40303/Trajectories-the-interplay-between-mental-health-and-housing-pathways.pdf.

²⁴ Australian Institute of Health and Welfare. *Specialist homelessness services annual report 2017–18* (2019). Available at www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/client-groups-of-interest/clients-leaving-care.

²⁵ Johnson, G. and Chamberlain, C., 'Are the homeless mentally ill?,' *Australian Journal of Social Issues* 46, no. 1 (2011): 29–48.



Child protection

The child protection system is failing our children

Many young people exposed to the child protection system have already experienced significant neglect, abuse or trauma during childhood. Then, on their 18th birthday, their care arrangements terminate. They exit care without the necessary support in place. Young people leaving care face significantly reduced life outcomes compared with their peers who do not have a 'care' history.

In Victoria, over 700 young people aged 15-17 left the care of the state in 2017-18, including those who left care on their 18^h birthday.²⁶ Youth that leave out-of-home care at age 18 are often not prepared to be independent adults. As a result, they can face unemployment, homelessness, and mental and physical health issues. Research conducted by the CREATE Foundation (2009) found that:

- 35 per cent of care leavers were homeless within the first year of leaving care.
- 46 per cent of male care leavers were involved in the juvenile justice system.
- 29 per cent of leavers were unemployed.

Research both nationally and internationally indicates that a high proportion of care leavers end up homeless, in the criminal justice system, unemployed or a new parent within the first year of leaving care. Moreover, international research shows that extending care to age 21 results in doubled education participation and halved homelessness rates. Whilst there are some available services to assist the transition to independence, too many young people are still struggling to cope independently at 18 years after a life in state care.²⁷

Aboriginal young people are more likely to experience negative aspects of leaving care, including homelessness. This is in part due to the over-representation of Aboriginal children in out-of-home care. In Victoria in 2013 Aboriginal children were more than 15 times more likely than non-Aboriginal children to be in out of home care (69.5 compared with 4.4 per 1,000).²⁸

While The Salvation Army welcomes the fact that the Victorian Government acknowledges its 'parenting' responsibilities to young people beyond the age of 18 through the commencement of dedicated funding and programs (such as Home Stretch), there remains a significant population of Victorians who were also state wards and who have been cycling through homelessness, incarceration, hospitals and other health and welfare services since leaving care at age 18.

²⁶ Australian Institute of Health and Welfare, *Child protection Australia 2017-18* (2019). Child Welfare series no. 70. Cat. No. CWS 65. Available at <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2017-18/contents/children-receiving-child-protection-services/children-in-out-of-home-care>.

²⁷ Home Stretch, *Learn More – The Home Stretch* (2016). Available at www.thehomestretch.org.au/learnmore/.

²⁸ Council to Homeless Persons, *Preventing homelessness for young people leaving out of home care* (2014). Available at www.chp.org.au/wp-content/uploads/2014/12/CHP-leaving-care-proposal.pdf.



Indeed, this was a persistent theme raised by numerous clients who shared their lived experience of being homeless with The Salvation Army. In addition to the trauma and despair they experienced through their exposure to homelessness and the inability to achieve long-term housing and other supports, there was a bitter resentment expressed at the injustice of the way they have been treated through the child protection system.

The experience of trauma was a common theme arising from exposure to physical and sexual abuse (whether prior to or arising during their out-of-home care experience) that was further multiplied by the trauma of experiences associated with being homeless. For these people, there was an overwhelming sense of betrayal by society and the system set up to support them all because, as children, they were taken from their families into the care of the state. In the end, people compelled into the child protection system are often the ones who will endure the costs of these failed policies for the rest of their lives.

Exiting custodial settings

With nowhere safe to go upon release, those who have been incarcerated can find themselves straight back into the loop of poverty

A significant number of clients who participated in consultations for the submission indicated a history of incarceration. While not always resentful about their incarceration, there was a common story of displacement, homelessness, and a lack of hope for permanent housing, employment and a normal life expressed by many participants.

According to the Journeys Home longitudinal study conducted by the Melbourne Institute of Applied Economic and Social Research in 2015, respondents that have ever been incarcerated, whether in juvenile detention, adult prison or remand, are particularly prone to homelessness, even when comparing to other similarly vulnerable people. The risk is especially high for respondents who spent a considerable amount of time (i.e. twelve months or more) in juvenile detention.²⁹

Growing rates of incarceration are rapidly inflating rates of prisoner discharge – a point at which many are highly vulnerable to homelessness. *The Health of Australia's Prisoners 2018* report showed that 55 per cent of Australian prisoners surveyed said they would be homeless on release from prison.³⁰ This includes two per cent who said they were expecting to sleep rough, 44 per cent who said they would go into crisis accommodation, and eight per cent who said they did not know where they were going to sleep at all. The report also showed that the number of

²⁹ Bevitt, A., Chigavazira, A., Herault, N., Johnson, G., Moschion, J., Scutella, R., Tseng, Y., Wooden, M. and Kalb, G., *Complete Findings from Waves 1 to 6: Journeys Home Research Report No. 6: May 2015* (2015). Available at https://melbourneinstitute.unimelb.edu.au/data/assets/pdf_file/0007/2202865/Scutella_et_al_Journeys_Home_Research_Report_W6.pdf.

³⁰ Australian Institute of Health and Welfare, *The health of Australia's prisoners 2018* (2019). Cat. no. PHE 246. Available at <https://www.aihw.gov.au/reports/prisoners/health-australia-prisoners-2018/contents/table-of-contents>.



prisoners who experienced homelessness before incarceration rose from 30 per cent in 2015 to 33 per cent in 2018.³¹

As for Victoria, the number of prisoners released into homelessness has more than doubled in the past five years, an increase from 17,930 prisoners in 2011-12 to 43,751 prisoners in 2016-17.³² In addition, less than two per cent of prisoners have access to transitional housing on release and one in five have any form of post release support. The social housing waiting lists have skyrocketed to more than 35,000 in Victoria.³³ Therefore, a majority look for private housing within the context of the current housing affordability crisis.

A study in 2004 by the Australian Institute of Criminology found that prisoners released unconditionally without parole or other supervision may have less prospect of successfully returning to the community than those released under supervision conditions. Prisoners released from remand or at the end of a sentence without a parole period were more likely to have to try and get by without support or guidance. Many prisoners found this too difficult and a lack of supervision and support was seen by both staff and clients to directly relate to levels of re-offending.³⁴

Asylum seekers and refugees

Accessing affordable and suitable housing is a challenge for all low-income earners in the current market. Among them, people seeking asylum are at particular risk of homelessness. Humanitarian entrants face a range of additional barriers which hampers their capacity to find and maintain sustainable housing. While waiting for their refugee claim to be determined, many of them do not speak English, have local references or a financial safety net and therefore find it difficult to find work.³⁵

As recently stated by the CEO of the Refugee Council of Australia, Paul Power, "while the number of people seeking asylum has doubled over the past four years, the government has savagely cut access for people who are unable to find work."³⁶ This is an issue which clearly emerges from data collected by the Asylum Seeker Resource Centre (**ASRC**).

³¹ Ibid.

³² Ibid.

³³ Ibid.

³⁴ Wan W., Poynton S., Doorn G. and Weatherburn D., *Parole supervision and reoffending* (2014). Trends & issues in crime and criminal justice no. 485. Available at <https://aic.gov.au/publications/tandi/tandi485>.

³⁵ Refugee Council of Australia, *Australia's hidden homeless* (2018). Available at www.refugeecouncil.org.au/australias-hidden-homeless/.

³⁶ Refugee Council of Australia, *Morrison's inclusive rhetoric cast aside with a harsh Budget for refugees* (2019). Available at www.refugeecouncil.org.au/budget-2019-media-release/.



Last year the ASRC through their Rental Support Program provided 25,062 nights of shelter to 147 of their members. Of these people, 80% had no income or the right to work and 14% were experiencing mental or physical hardship that severely reduced their opportunities to be independent. However, the program operates as an internal referral-only program and support is limited with no capacity for external organisational referral.³⁷

And even when a small proportion of people seeking asylum manage to find paid work, it is still hard for them to rent housing. Two of the key reasons are a lack of rental references and discrimination. Despite this, people seeking asylum are often left out of the mainstream debate over homelessness.³⁸

The Refugee Council of Australia estimates that the allocation for asylum seeker support administered by the Australian Government Department of Human Services has been cut by more than 60 per cent over two years, from \$139.8 million in 2017-18 to just \$52.6 million in 2019-20.³⁹ According to a survey of organisations who support people seeking asylum, almost four in five (79 per cent) of the people they help were likely to face homelessness and destitution if they were no longer eligible for Status Resolution Support Service program (SRSS).⁴⁰ It is also estimated that 6,000 people could be reliant on Victorian Government support to meet basic health and wellbeing needs. This includes families and people with complex physical and mental health needs who have no income or savings.⁴¹

Veterans

They have served their country, but now they can't even find somewhere to call home

Until recently there has been limited evidence on homelessness among Australian veterans. The prime reason for this is that veteran status has not been included in the census or in the Specialist Homelessness Services Collection (SHSC). Furthermore, it is difficult to obtain estimates of the number of people who are Australian veterans living in Australia at any given time. In contrast to the Australian case, the issue of veterans' homelessness is a major topic of interest in the United States.⁴²

³⁷ Asylum Seeker Resource Centre, *Access Program* (n.d.). Available at www.asrc.org.au/home/our-services/how-we-help/justice/casework/.

³⁸ Refugee Council of Australia, *Morrison's inclusive rhetoric cast aside with a harsh Budget for refugees* (2019). Available at www.refugeecouncil.org.au/budget-2019-media-release/.

³⁹ Ibid.

⁴⁰ Asylum Seeker Resource Centre, *Cuts to support for people seeking asylum put pressure community organisations to help those made homeless* (2018). Available at www.asrc.org.au/2018/11/01/new-report-homelessness/.

⁴¹ Victoria State Government, *Stepping in to support people seeking asylum* (2019). Available at <www2.health.vic.gov.au/Api/downloadmedia/%7B7D92DD78-575E-4550-95D9-797DE8C34DD0%7D>.

⁴² Flatau, P., Tyson, K., Callis, Z., Seivwright, A., Box, E., Rouhani, L., Lester, N., Firth, D. and Ng, S-W, *The State of Homelessness in Australia's Cities: A Health and Social Cost Too High* (2018). Available at www.csi.edu.au/research/project/the-state-of-homelessness.



What emerged from an investigation commissioned by the Australian Government Department of Veterans' Affairs (**DVA**) to the AIHW is that between 1 July 2011 and 30 June 2017, 1,215 contemporary ex-serving Australian Defence Force (**ADF**) members used Specialist Homelessness Services, representing 1.1 per cent of the contemporary ex-serving ADF population (those who have at least 1 day of service on or after 1 January 2001 who were discharged after that date).⁴³

According to recent research published in May 2019, almost 5,800 veterans experienced homelessness in a twelve-month period.⁴⁴ To date, this study provides the best estimate of veteran homelessness in Australia. It is based on a reliable data source and is consistent with findings from other data sources. However, for a number of reasons, this estimate is likely to be an undercount, and the true extent of homelessness amongst the veteran population may be substantially higher than this figure. In fact, veterans who are homeless or at risk of homelessness are reluctant to access support services, especially mainstream homelessness services.⁴⁵

Veterans who had experienced homelessness were more likely to report higher levels of psychological distress and post-traumatic stress symptoms, less contact with family and friends, lower levels of satisfaction with partner and children, engaging in risky behaviours, smoking and use of recreational drugs, arrest or conviction for a crime and a greater number of lifetime traumatic events.⁴⁶

Veterans experiencing homelessness have diverse service needs that require similarly diverse service responses across multiple policy areas. These can be summarised as follows:

- Early intervention responses.
- Active face-to-face case management and ongoing, wrap-around support services.
- Gaining a suitable home is the core service need of homeless veterans.
- Multiple services are required to meet the varied needs of homeless veterans (e.g. mental health services, drug and alcohol services, and healthcare services).

⁴³ Australian Institute of Health and Welfare, *Use of homelessness services by contemporary ex-serving Australian Defence Force members 2011–17: summary report* (2019). Available at www.aihw.gov.au/reports/veterans/homelessness-services-ex-serving-adf-11-17-summary/contents/summary.

⁴⁴ Hilferty, F., Katz, I., Van Hooff, M., Lawrence-Wood, E., Zmudzki, F., Searle, A., and Evans, G., *Homelessness amongst Australian veterans: summary of project findings* (2019). Available at www.ahuri.edu.au/data/assets/pdf_file/0026/46583/AHURI-Report_Homelessness-Amongst-Australian-contemporary-veterans_SHS-Collection.pdf.

⁴⁵ Ibid.

⁴⁶ Ibid.



Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander peoples are more likely than non-Indigenous Australians to experience insecure housing, live in overcrowded dwellings and experience homelessness, including intergenerational homelessness.⁴⁷

As a result, Aboriginal and Torres Strait Islander peoples are more likely to experience poor health related to poverty, diet and substance misuse, factors that contribute to the gap in life expectancy between Aboriginal and Torres Strait Islander peoples and other Australians. Overcrowding, for instance, limits a household's ability to access basic household amenities that are important in maintaining a healthy living environment (e.g. washing, laundry, hygienic storage and preparation of food).⁴⁸

A study published in 2018 by Flatau et al. shows that Aboriginal and Torres Strait Islander peoples are overrepresented in a myriad of statistics relating to disadvantage and ill-health. The research is based on interviews with over 8,000 people sleeping rough or otherwise homeless undertaken by Australian homelessness services since 2010. What emerges is that a higher proportion of Aboriginal and Torres Strait Islander peoples than non-Indigenous people interviewed reported sleeping rough, incarceration and youth detention at some point in their lifetime.⁴⁹

According to the 2016 Australian census, although approximately 3 per cent of Australians identify as Aboriginal and/or Torres Strait Islander, this group make up a disproportionate 20 per cent of people experiencing homelessness.⁵⁰ In 2017-18, Aboriginal and Torres Strait Islander peoples continued to be over-represented among Specialist Homelessness Services clients with one-quarter of clients (25 per cent or almost 65,200 people) who provided information on their Indigenous status identified as being of Aboriginal and/or Torres Strait Islander origin.⁵¹

It is important to note that of all the Aboriginal and Torres Strait Islander clients who received services in 2017-18, around one in five (22 per cent or 14,500 people) were children aged under ten, compared with 15 per cent (or around 28,200) of non-Indigenous clients. And just over half (53 per cent or 34,600 clients) were aged under 25, compared with 40 per cent of non-Indigenous clients (or 78,300 clients).⁵²

⁴⁷ Australian Institute of Health and Welfare, *Specialist homelessness services annual report 2017–18: Indigenous clients* (2019). Available at www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/client-groups-of-interest/indigenous-clients.

⁴⁸ Flatau, P. et al, *The State of Homelessness in Australia's Cities* (2018).

⁴⁹ Ibid.

⁵⁰ Australian Bureau of Statistics, *Census of Population and Housing: Estimating Homelessness, 2016* (2018). Cat. No. 2049.0. Available at <https://www.abs.gov.au/ausstats/abs@.nsf/mf/2049.0>.

⁵¹ Australian Institute of Health and Welfare, *Specialist homelessness services annual report 2017–18: Clients, services and outcomes* (2019). Available at www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/clients-services-and-outcomes.

⁵² Australian Institute of Health and Welfare, *Specialist homelessness services annual report 2017–18: Indigenous clients* (2019). Available at <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/client-groups-of-interest/indigenous-clients>.

Social, economic and policy factors that impact homelessness

Poverty is an underlying cause of homelessness. The circumstances of poverty that can lead a person to become homeless include having little money, debt, a lack of education, poor mental and physical health, disability, reliance on public housing, living in sub-standard accommodation and social exclusion.

Homelessness is one of the most extreme manifestations of poverty. There is both national and international evidence that highlights the link between poverty and homelessness. A number of Australian studies have also reported on families' entrenched financial hardship and therefore their ongoing risk of homelessness.⁵³

The opportunity costs of homelessness

The cost of homelessness to homeless persons, our community and economy is enormous, and increases the longer the individual remains homeless. A number of studies have consistently indicated that the savings from reduced public health and criminal justice costs achievable by programs that effectively reduce homelessness can far outweigh their expense. For instance, alternative housing models, such as 'Housing First' approaches to ending homelessness, can quickly move people experiencing homelessness into independent and permanent housing while also providing appropriate support.⁵⁴

While there is minimal empirical research in Australia examining the life course institutional costs associated with vulnerable people who are homeless, costs to the person and the community are estimated to be very high. Research conducted by Baldry et al. in 2012 for the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs highlights the existence of significant disadvantage, vulnerability and risk factors from early adolescence in almost every case discussed in their paper.⁵⁵

A lack of adequate services is associated with costly criminal justice, health and homelessness interactions and interventions later in their lives. Early and well-timed interventions, the provision of secure housing and support for an individual to maintain a tenancy could significantly reduce the need (and cost) for the future years of crisis or criminal justice interventions.⁵⁶

⁵³ McCaughey, J., *Where Now? Homeless Families in the 1990s* (1992). Policy Background Paper No. 8, Australian Institute of Family Studies, Melbourne.

⁵⁴ Steen, A., *The many costs of homelessness* (2018). Available at www.mja.com.au/journal/2018/208/4/many-costs-homelessness.

⁵⁵ Baldry, E., Dowse, L., McCausland, R., and Clarence, M., *Life course institutional costs of homelessness for vulnerable groups* (2012). Available at www.mhdcd.unsw.edu.au/sites/www.mhdcd.unsw.edu.au/files/u18/Lifecourse-Institutional-Costs-of-Homelessness-final-report.pdf.

⁵⁶ Ibid.



According to recent research, commissioned by the University of Melbourne, it is significantly cheaper for governments to provide last-resort housing than to have people continuing to sleep on the streets. The fact that 7,600 Victorians were living on the streets in 2017 represents an annual cost of \$194 million.⁵⁷

Housing affordability

Housing affordability is more than a catchy phrase: it's a life sentence

Housing affordability has been raised by people using our services and our front-line staff as the main factor for increasing homelessness in Victoria over the last decade.

The term 'housing affordability' usually refers to the relationship between expenditure on housing (prices, mortgage payments or rents) and household incomes. Overall, any type of housing (including rental/home ownership, permanent/temporary, for-profit/non-profit) is considered affordable if it costs less than 30 per cent of household income.⁵⁸

The problem of housing affordability across Australia continues to exceed previous records, with reports showing the ongoing growth of individuals and households in housing need predicted to rise from 1.3 million (just under 14 per cent of households) to 1.7 million by 2025.⁵⁹ In Victoria, housing need is estimated to rise from 291,000 to 462,000 over the eight-year period.⁶⁰

Housing prices in Australia have also been steadily increasing since the 1980s, while incomes and support payments have not been keeping up. As a result of this, a large part of the Australian population—and young people in particular—have been unable to be home owners and to break into the property market. For example, in 1980 the nominal median house price in Melbourne was \$40,800, while the same indicator in 2016 was \$713,000 (see Table 1). Similarly, growing competition for rental properties have caused rents to skyrocket and a focus on property investment is locking a generation out of home ownership,⁶¹ while for those Australians who are surviving on government payments, the evidence is even more grim.⁶²

⁵⁷ Witte, E. 'The case for investing in last resort housing', *MSSI Issues Paper* No. 10 (2017). Melbourne Sustainable Society Institute, The University of Melbourne. Available at https://sustainable.unimelb.edu.au/data/assets/pdf_file/0012/2756874/MSSI-IssuesPaper-10_Last-Resort-Housing_2017_0.pdf.

⁵⁸ Thomas, M. and Hall, A., "Housing Affordability in Australia", *Parliamentary Library Briefing Book* (2016). Available at www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook45p/HousingAffordability.

⁵⁹ Rowley, S., Leishman, C., Baker, E., Bentley, R. and Lester, L., *Modelling housing need in Australia to 2025* (2017). AHURI Final Report 287. Available at <http://www.ahuri.edu.au/research/final-reports/287>.

⁶⁰ Ibid.

⁶¹ Everybody's Home, *About the campaign* (2018). Available at www.everybodyshome.com.au/about/.

⁶² Butler, J., *People On Centrelink Can Afford Literally Zero Percent Of Rental Properties In Australia* (10Daily, May 23). Available at www.10daily.com.au/news/politics/a180426iwp/people-on-centrelink-can-afford-literally-zero-percent-of-rental-properties-in-australia-20180523.



	March 1980	March 2016
Sydney	\$64,800	\$999,600
Melbourne	\$40,800	\$713,000
Brisbane	\$34,500	\$480,000
Adelaide	\$36,300	\$445,000
Perth	\$41,500	\$520,000
Canberra	\$39,700	\$570,000
Hobart	N/A	\$385,000
Darwin	N/A	\$582,500

Table 1: Capital cities' nominal median house prices

Source: Thomas, M. and Hall, A., "Housing Affordability in Australia", *Parliamentary Library Briefing Book* (2016). Available at [www.aph.gov.au/About Parliament/Parliamentary Departments/Parliamentary Library/pubs/BriefingBook45p/HousingAffordability](http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook45p/HousingAffordability).

With more and more people struggling to afford the private rental market, the demand for affordable or social rental properties has outstripped supply, and a chronic shortage of social and affordable housing is forcing record levels of homelessness.⁶³

There was just one property out of more than 69,000 that was affordable and suitable on the Snapshot weekend for people receiving Youth Allowance and only two for a single person on Newstart. Just 554 properties were affordable for a single person on the Age Pension, and devastatingly, only 317 were affordable for a person on the Disability Support Pension.⁶⁴

A poll released by the Everybody's Home campaign shows that 42 per cent of people are worried about becoming homeless if their circumstances change, and more than half feel too stretched to meet their current housing commitments.⁶⁵

⁶³ Everybody's Home, *About the campaign* (2018).

⁶⁴ Anglicare Australia, *Rental Affordability Snapshot: National report – April 2019* (2019). Available at www.anglicare.asn.au/docs/default-source/default-document-library/final---rental-affordability-snapshota302da309d6962baacc1ff0000899bca.pdf?sfvrsn=4.

⁶⁵ Everybody's Home, *About the campaign* (2018).



The Salvation Army considers that sufficient provision of housing, suited to the needs of the full range of households (including different affordability capacities), should be one of the priorities within the Victorian housing system. Currently, we believe this is not the case. The solution is not simply more housing. Rather, there is need for more supply of adequate types of housing, with better locations and available at a range of affordable rates.⁶⁶

Social housing

Social housing is affordable housing provided by the government and community sector to assist people who are unable to afford or access suitable accommodation in the private rental market. It includes public housing, state owned and managed Indigenous housing (SOMIH) and community housing. Public housing is owned and managed by state and territory governments while community housing is housing that is either owned or managed by not-for-profit community sector organisations.⁶⁷

For many people who come to The Salvation Army for support, social housing plays a vital role in an increasingly unaffordable and insecure housing market. Housing shortages, more households renting, people renting for longer periods and high rents coupled with stagnating incomes all contribute to the growing demand for social housing. With more Victorians already on the public housing waiting list and rising numbers of homeless, Victoria's housing situation has become dire. It is clear that Victoria's current level of social housing is inadequate, and as the state's population continues to grow, even more social housing will be needed to cater for those who cannot afford or sustain tenancies in the private rental market.

According to Anglicare Australia, Australia has a shortfall of 300,000 social and public rentals across Australia.⁶⁸ Furthermore, according to some studies, housing in each of Australia's major markets is now severely unaffordable.⁶⁹ In Victoria, the public housing wait list is estimated at 83,000.⁷⁰ People who have partial housing (being temporary, crisis or unstable) are often pushed down the list. Those who are single, above 'youth' age and lacking other topical criteria are less likely to be given priority than identifiable minorities.

Despite the fact that providing social housing is defined as the single most effective means to get people out of homelessness, public housing supply has lagged behind housing need for decades in Australia. Australia needs to build 100 public housing dwellings a day for 20 years to provide for the people in the most urgent housing need – typically the bottom two-fifths of

⁶⁶ Melbourne School of Design, *Affordable housing for all: Towards an integrated affordable housing strategy for Victoria* (2016). Available at www.msdu.unimelb.edu.au/data/assets/pdf_file/0007/2603536/Affordable-Housing-For-All_0.pdf.

⁶⁷ Thomas M., "Social housing and homelessness," *Budget Review 2017-18* (2017). Available at www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/BudgetReview201718/Social_housing_and_homelessness.

⁶⁸ Chambers, K., *The latest depressing insight into Australia's housing crisis* (Canberra Times, April 29 2019). Available at www.canberratimes.com.au/story/6088170/the-latest-depressing-insight-into-australias-housing-crisis/.

⁶⁹ Raynor, K., Dosen, I. and Otter, C., *Housing affordability in Victoria* (2017). Available at www.msdu.unimelb.edu.au/data/assets/pdf_file/0007/2650858/APO-Housing-affordability-in-Victoria.pdf.

⁷⁰ Kelly, D. and Porter, L., *Understanding the assumptions and impacts of the Victorian Public Housing Renewal Program* (2019). Available at www.cur.org.au/cms/wp-content/uploads/2019/05/understanding-the-assumptions-and-impacts-of-the-phrp-final-report-28-5-19.pdf.



income groups.⁷¹ In Victoria alone, 1,700 more social housing homes are needed each year over the same period of time just to maintain social housing at its current 3.5 per cent share of the total homes in Victoria.⁷²

Comparing net spending on social housing across Australia since 2014-15, Productivity Commission data for 2019 shows that while every other state in Australia has increased their spend, with the exceptions of Victoria and South Australia.⁷³ Indeed, since 2016 Victoria has transferred more public housing stock than any other state, resulting in the state having fewer public housing dwellings today than ten years ago.⁷⁴

In 2015, there were 77,093 social housing units in Victoria with a waiting list of 34,464 households.⁷⁵ However, 76,043 households are eligible to register for social housing and paying 30 per cent or more of their income on rent and, of these, 40,318 households are eligible for priority housing.⁷⁶

Victoria's public housing stock has remained static for the last 20 years, at around 65,000 dwellings.⁷⁷ In that time, public housing as a proportion of all housing in Victoria has steadily declined, down to 3.4 per cent in 2011.⁷⁸ We now have the lowest proportion of public housing in the country.⁷⁹ At the same time, the stagnation of public housing numbers means that our existing stock is aging, requiring more and more maintenance.⁸⁰

Had the rates of past provision been sustained over this period there would be a much lower rate of homelessness and tens of thousands of households would be experiencing less housing induced financial and family stress.⁸¹

⁷¹ Kelly, D., Shaw, K., and Porter, L., *Shh! Don't mention the public housing shortage. But no serious action on homelessness can ignore it* (The Conversation, October 10 2019). Available at www.theconversation.com/shh-dont-mention-the-public-housing-shortage-but-no-serious-action-on-homelessness-can-ignore-it-124875.

⁷² Council to Homeless Persons, *Victoria's social housing supply requirements to 2036* (2017). Available at www.parliament.vic.gov.au/images/stories/committees/SCLSI/Public_Housing_Renewal_Program/QON/VPTA-QON-Victorias_social_housing_supply_reqs_to_2036.pdf.

⁷³ Productivity Commission, *Report on Government Services 2019* (2019). Available at www.pc.gov.au/research/ongoing/report-on-government-services/2019/housing-and-homelessness.

⁷⁴ Kelly, D., Shaw, K., and Porter, L., *Shh! Don't mention the public housing shortage. But no serious action on homelessness can ignore it* (The Conversation, October 10 2019). Available at www.theconversation.com/shh-dont-mention-the-public-housing-shortage-but-no-serious-action-on-homelessness-can-ignore-it-124875.

⁷⁵ Community Housing Federation of Victoria, *Quantifying the shortfall of Social and Affordable Housing* (2016). Available at www.chiavvic.com.au/wp-content/uploads/2017/08/CHFV-Housing-Needs-Estimates.pdf.

⁷⁶ Ibid.

⁷⁷ The Greens, *A home for all: The Greens' plan to solve Victoria's public housing crisis* (2017). Available at www.savepublichousing.org.au/wp-content/uploads/sites/153/2018/06/A-Home-for-All-The-Greens-Plan-to-Solve-Victorias-Public-Housing-Crisis-FINAL-REPORT.pdf.

⁷⁸ Ibid.

⁷⁹ Ibid.

⁸⁰ Ibid.

⁸¹ Community Housing Federation of Victoria, *Quantifying the shortfall of Social and Affordable Housing* (2016). Available at www.chiavvic.com.au/wp-content/uploads/2017/08/CHFV-Housing-Needs-Estimates.pdf.



Early intervention and prevention

Early intervention and prevention is the key to ending homelessness

There is strong evidence to show that getting people into housing as quickly as possible is an effective measure to address homelessness. Known as rapid re-housing, this approach is premised on the 'Housing First' philosophy that once people are in secure housing they can start addressing the issues that have contributed to their homelessness. At the same time, it also prevents problems associated with being homeless from escalating.⁸²

It is also important to be mindful that the experience of the sector has often been that the terms have not been well defined and are often attached to homelessness responses with a lack of clarity around issues such as how soon is early and what types of interventions best characterise successful responses that enable workers and services to intervene early enough to either prevent homelessness or end it before it becomes entrenched.⁸³

What emerges from a recent study conducted by Brackertz et al. for the Australian Housing and Urban Research Institute is that many early intervention strategies can be implemented quickly and cost effectively by stabilising people in their existing tenancy and avoiding evictions. There is considerable scope to increase and improve early intervention to provide more secure housing, and to achieve better mental health outcomes for people at risk of homelessness.⁸⁴

Another study, which is based on analysing records of over one million people who experienced homelessness in major US metropolitan areas, introduces two new screening tools to end homelessness. While rejecting the prevailing service delivery model which calls for "progressive engagement" (progressively provide more help as individuals remain homeless longer), "predictive analytic models" can help distinguishing accurately between different types of homelessness and predict future outcomes. In addition to housing chronically homeless individuals, predictive analytic models provide key tools for differentiating level of need among newly homeless individuals and to intervene early with intensive help for individuals who are likely to become persistently homeless.⁸⁵

⁸² Council to Homeless Persons, *Early intervention the key to ending homelessness* (2014). Available at www.chp.org.au/early-action-ends-homelessness-for-many/.

⁸³ Homelessness Australia, *Prevention or cure?* (2012). Available at www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-07/Early_intervention_in_theory_and_practice_an_evidence_based_policy_paper_vers_2.pdf.

⁸⁴ Australian Housing and Urban Research Institute, *Housing, homelessness and mental health: towards systems change* (2018). Available at www.ahuri.edu.au/data/assets/pdf_file/0023/29381/Housing-homelessness-and-mental-health-towards-systems-change.pdf.

⁸⁵ Toros, H., Flaming, D. and Burns, P., *Early Intervention to Prevent Persistent Homelessness* (2019). Available at www.economicrt.org/publication/early-intervention-to-prevent-persistent-homelessness/.



Early intervention and prevention – the HomeConnect program

“Early intervention is positioned as a strategy that enables individuals to gain assistance before the situation becomes chronic and denies them access to those possibilities the community takes for granted.”⁸⁶

HomeConnect was one of several Innovation Action Plan projects funded through the Department of Health and Human Services in 2012. It is a support program that works from an early intervention and prevention approach and provides support to individuals and families who are at risk of experiencing homelessness. HomeConnect links in with clients before a crisis occurs and provides support to either stabilise their current housing, or to find more appropriate housing through the private rental or community housing markets. HomeConnect also provides support around a range of needs, including health, mental health, education, employment, wellbeing, financial counselling, living skills and social connections.

HomeConnect supports clients to achieve the goals that they identify, whether it be finding safe and affordable accommodation or linking in with a local sporting club. Depending on their needs, clients are able to receive varying levels of support. This can range from short to long periods of support and is determined by what the person or family needs.

The program provides support to individuals and families across six areas:

- Housing
- Health and wellbeing
- Education, employment and training
- Living skills
- Social connections
- Income

HomeConnect provides support across three cohorts: Young Adults (16-25 years), Families (caregivers with dependent children) and Adults/Older Adults (single adults aged 25+ years with no dependent children). HomeConnect’s partnership with Anglicare Victoria’s Breaking the Barriers program also provides support to young adults (with or without dependent children) aged 18-21 who have recently finished statutory care orders through the Department of Health and Human Services.

HomeConnect works from a transdisciplinary support model. A transdisciplinary approach is based on the premise that one person can perform professionals’ roles by providing services to the patient under the supervision of the individuals from the other disciplines involved. Representatives of various disciplines work together in the initial evaluation and care plan, but only one or two members actually provide the services.

Policies and practices

Although there is no one root cause that leads to a person becoming homeless, the existence of strong links between homelessness, other social vulnerability factors and structural causes have been well established. While untangling the complex interplay between these social and structural causes remains the subject of ongoing practice pilots and research and evaluation projects, there is an abundance of existing evidence that sufficiently demonstrates the directions and initiatives that ought be undertaken by all levels of government in addressing these.

While a number of particular social vulnerability factors and homeless cohorts have already been outlined throughout this submission, Salvation Army stakeholders also highlighted a number of other factors impacting people experiencing homeless that arise either as a direct result of government policy, or require changes in government policy, funding and practice in order to influence improved social and homelessness outcomes.

Intersectionality

It is critical that any policy response is informed by a thorough and sensitive consideration of intersectionality. Intersectionality involves recognising that people have many layers and possess multiple characteristics that are interconnected or intertwined. Intersectionality recognises that people can belong to more than one of the diverse groups. Adopting an intersectional framework approach will enable the identification of barriers to safety and access to services that individuals experience due to discrimination on the basis of social categorisations.⁸⁷

Some of the elements that need to be considered in developing policy which recognizes intersectionality are:

- **Trauma** – Traumatic events often occur as a precursor to becoming homeless, with many people leaving home to avoid ongoing trauma in the form of assault, child abuse and other forms of interpersonal violence. Service systems are not always equipped with the necessary tools or the right responses to help people who have a history of trauma. Often this lack of consideration or understanding of how central the experience of trauma can be for people with whom we work can prevent diverse homeless services from being effective.⁸⁸

⁸⁶ Chamberlain, C. and Mackenzie, D., *The development of prevention and early intervention services for homeless youth: intervening successfully* (2003). AHURI Positioning Paper No. 48. Available at <https://www.ahuri.edu.au/research/position-papers/48>.

⁸⁷ State of Victoria (Family Safety Victoria), *Everybody Matters: Inclusion and Equity Statement* (2018). Available at www.vic.gov.au/everybody-matters-inclusion-and-equity-statement.

⁸⁸ European Federation of National Organisations Working with the Homeless, *Recognising the link between trauma and homelessness* (2017). Available at https://www.feantsa.org/download/feantsa_traumaandhomelessness03073471219052946810738.pdf.



- **Alcohol and other drug-related issues** – There is a strong association between problematic alcohol or other drug use and experiences of homelessness.⁸⁹ Research from homelessness services in Melbourne showed that 43 per cent of the homeless population reported that they had alcohol and other drug use problems. Of these, one-third reported that they had these problems prior to becoming homeless, with the remaining two-thirds reporting that they developed problems with alcohol and other drugs following homelessness. The duration of substance use problems is often prolonged in the homeless population, because their social networks may perpetuate their alcohol and other drug problems.⁹⁰
- **Deinstitutionalisation** – deinstitutionalisation policies of the 1980's were predicated on the assumption that social housing would be available for all those living in the community with psychosocial disability. They assumed the availability of adequate: housing, employment, income, clinical services and psychosocial support. As stated in the Mental Health Draft Report Volume 1 released in October 2019 by the Productivity Commission, many people became homeless or vulnerable to living in unsuitable housing situations as a result of deinstitutionalisation.⁹¹ Sadly, the experience of mental illness and related disability today is frequently a fast track to deep, permanent poverty. Living with psychosocial disability too often means reduced access to employment, and income at poverty levels. Consequently, many people living with psychosocial disability cycle in and out of homelessness.⁹²
- **Mental ill-health** – Suitable housing (housing that is secure, affordable, of reasonable quality and of enduring tenure) is particularly important in preventing mental ill-health and a first step in promoting long-term recovery for people experiencing mental illness.⁹³ Unfortunately, around 16 per cent of people with mental illness live in unsuitable accommodation (homelessness, overcrowding, at risk of eviction, substandard quality).⁹⁴ People living with mental health issues are more likely to experience homelessness compared to all SHS clients. In particular, those with severe mental illness are more likely to experience higher housing stress and live in unstable housing compared to all people with a mental health issue.⁹⁵

⁸⁹ Australian Institute of Health and Welfare, *Alcohol, tobacco & other drugs in Australia* (2019). Available at www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/homeless-people.

⁹⁰ Ibid.

⁹¹ Productivity Commission, *Mental Health, Draft Report*, (2019). Available at <https://www.pc.gov.au/inquiries/current/mental-health/draft>.

⁹² Smith, J., *Introduction; Mental Health, Disability and Homelessness* (2018). Available at www.chp.org.au/mental-health-disability-and-homelessness/.

⁹³ Productivity Commission, *Mental Health, Draft Report*, (2019).

⁹⁴ Ibid.

⁹⁵ Smith, J., *Introduction; Mental Health, Disability and Homelessness* (2018). Available at www.chp.org.au/mental-health-disability-and-homelessness/.



The Salvation Army's work in homeless and mental health

The Salvation Army operates a number of different services across Victoria, and Australia more broadly – including services for people struggling with housing and homelessness issues, family violence, substance use disorders or a financial matter. Of the thousands of clients we help to find a safe home or a hot meal, to sleep in warmth or to help pay a bill, the majority (59 per cent) believe that their ongoing mental health and emotional wellbeing is their greatest challenge on a day-to-day basis. In the 2018-19 financial year The Salvation Army served over 5,500 clients in Victoria who experienced a mental health condition.

In particular, the Salvation Army operates a wide network of homelessness services throughout Australia. In 2018-19, The Salvation Army supported almost 46,00 people and provided more than 470,100 beds to those in need.⁹⁶ Throughout the 2015-16 financial year, The Salvation Army has also conducted research into the relationship between homelessness and mental health with the most pertinent evidence coming from Western Australia. The data gathered indicated that:

- 52.8 per cent of clients had a mental health or psychosocial condition.
- The average number of co-occurring conditions per client was 4.
- 21 different conditions were identified, with two clients assessed with 15 different conditions each.

Existing funding and service arrangements for homelessness services

Salvation Army stakeholders were abundantly clear in naming the critical, overarching requirements necessary to address homelessness in Victoria. Simply, these include a significant, at-scale pipeline of affordable housing and flexible support that meets the diverse needs of people experiencing and at-risk of homelessness, together with the adjustment of income support (including Commonwealth Rent Assistance) to ensure cost of living expenses can be met. These are the most urgent and foundational reforms required in Victoria (and probably the rest of Australia).

However, once these priority items had been rightly and thoroughly discussed in consultation forums, a number of other issues and recommendations were identified through a more considered reflection on local practice and the identification of issues negatively impacting effective service delivery and client outcomes. These issues concern funding and service agreements (and other service delivery guidelines etc), which are primarily the responsibility of the Department of Health and Human Services.

⁹⁶ The Salvation Army, *Annual Report 2019* (2020). Available at <https://www.salvationarmy.org.au/subscribe/sites/auosalvos/files/2019-Annual-Report%5B1%5D.pdf>.



The following issues were identified:

- Increased demand for services but no corresponding growth in resourcing.
- Issues of equity and access.
- Service coordination and case management.
- Greater flexibility of support periods.
- Service cooperation.

Increased demand for services but no corresponding growth in resourcing

As the Council to Homeless Persons outlined in its submission to the Productivity Commission's 'Reform of Human Services' issues paper in 2017, there is significant scope for improvement in government processes in identifying the level of community need such that funding for homelessness services would correspond to the extent of homelessness. This has led to a backlog of under-resourcing of frontline services.⁹⁷ Indeed, despite The Salvation Army supplementing funding to its homelessness services in Victoria by some \$14 million each year, demand for services continues to exceed the capacity to deliver.

Issues of equity and access

This issue remains a key concern for The Salvation Army in ensuring that community members, whether they are in the city, the suburbs or in regional and rural areas, have access to the services that they require. For example, in rural and regional areas there is a significant number of clients whose service needs can only be met by outreach visits to where they are actually located. However, current funding models fail to account for the significant time and travel costs associated with providing support services to these areas. In an environment where it is not uncommon to have to travel 90 or more minutes each way to see a client, half of a staff members' business day may be spent on a single service interaction. Clients with complex needs may need support in attending appointments for necessary complementary services (such as mental health treatment, court dates, etc), which can mean multiple visitations a week in the early stages of a service period. However, funding ratios for rural and regional areas do not account for the significant difference in time commitment per client, leaving rural and regional areas significantly under resourced.

⁹⁷ Council to Homeless Persons, *Council to Homeless Persons – Productivity Commission Reforms to Human Services Issues Paper – December 2016* (2017). Available at [www.http://chp.org.au/wp-content/uploads/2017/02/161219-Human-Services-review-response-to-December-issues-paper-FINAL.pdf](http://chp.org.au/wp-content/uploads/2017/02/161219-Human-Services-review-response-to-December-issues-paper-FINAL.pdf).



Service coordination and case management

In taking up on the theme of increased complexity on presentation, co-morbidity and episodes of homelessness occurring where any number of personal vulnerabilities and structural forces intersect, Salvation Army staff stakeholders identified the need for dedicated efforts to improve cooperation among relevant practitioners, homelessness services and homeless clients. While no single collaborative model or its practitioner composition was proposed, due to the unique service delivery profiles already present from each different outlet, town, suburb and region, there was consensus on the need for increasing the presence and culture of deliberate, planned and funded multidisciplinary services and case management partnerships.

Greater flexibility of support periods

The three-month support duration is often insufficient to address clients' housing issues, particularly if these are complex and occurring within the context of an increasingly constrained and unaffordable housing market. Support periods should be responsive to current and emerging trends rather than being constrained by the circumstances that informed the historical 13-week support duration. Greater flexibility of support would lead to improved housing outcomes. Increased flexibility that is informed by individual need would also ensure a person-centred approach to service delivery and ensure less people are excluded by falling outside program guidelines.

Service cooperation

Service cooperation is essential to ensuring that people experiencing homelessness are supported by the suite of specialist services often required to gain or sustain housing. Homelessness occurs at the intersection of personal vulnerabilities and structural forces. Accordingly, those experiencing homelessness (even short-term) are likely to require multiple supports, whether low complexity supports like material aid and advocacy, or high complexity supports such as mental health treatment or family reunification. In practice, no single homelessness agency is able to provide all of the supports required by all of their clients, making cooperation between services essential.⁹⁸

The success of service cooperation is dependent upon strong service relationships between homelessness access points and the variety of services to which a client may be referred. Funding and commissioning arrangements can be used to institutionalise such relationships through a variety of mechanisms. One such mechanism is co-location. Services advised that under current arrangements, a lack of system integration leaves individual workers spending substantial time and energy in overcoming systemic barriers for clients. Clients also identified a complex service system that was difficult to navigate. Co-location provides for stronger relationships between services, and better service pathways for clients.

⁹⁸ Ibid.



The Salvation Army in Victoria: A snapshot of homelessness services

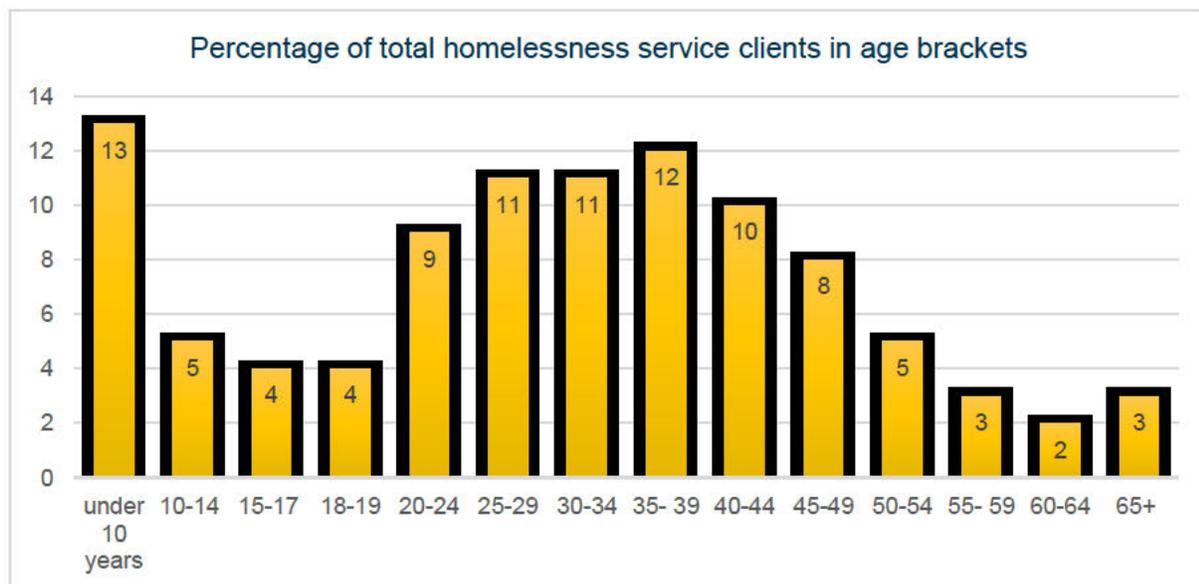
The Salvation Army is the largest provider of specialist homelessness services in Victoria. In excess of 40,000 clients received a provision of specialist homelessness services in the previous financial year. The services were delivered via specific locations throughout the state and attributed via:

- 108 homelessness & housing specific services.
- 19 entry points (intake and assessment for service provision).
- 31 family and Domestic violence services.

These services are distributed widely in both metropolitan and regional Victoria including: Greater Metropolitan Melbourne, Barwon, South Coast, Wimmera, Central Highlands, North & North East Victoria, the Mornington Peninsula and Gippsland.

In addition, The Salvation Army is funded to provide the 24/7 state-wide crisis (phone) contact centre for homelessness services in Victoria (based out of our St Kilda Crisis Centre).

Age grouping receiving service and support



Across the services provided in total, men and women are equally represented in presenting for support.

Salvation Army Housing (Victoria)

About Us

Salvation Army Housing (Victoria) (SAHV) is a community housing organisation that provides homes for individuals and families who are homeless or at risk of homelessness, are on low incomes and those with specific support needs.

A significant proportion of SAHV properties are in the Transitional Housing Management Program (THM). There are a number of tenancies in the Long-Term Housing Program and the Rooming House Program.

SAHV is a not-for-profit organisation, registered charity and a public company limited by guarantee, established in 2015 under the auspices of The Salvation Army to address the needs of people at all stages of their life and housing requirements. This includes early intervention to avoid a slide into homelessness, emergency accommodation and crisis response, transition to more stable accommodation and supporting a move to independence.

Our History

SAHV had its origins as The Salvation Army Red Shield Housing Victoria in 2008 and became a registered Housing Provider in 2009 in response to regulatory requirements of the Victorian Housing Registrar which regulates community housing agencies in Victoria. The Salvation Army later developed a social housing strategy which acknowledged that The Salvation Army in Australia had the potential to address the needs of people at all stages of the entry and support continuum, including early intervention to avoid a slide into homelessness, emergency accommodation and crisis response, transition to more stable accommodation and supporting a move to independence and in 2015, established SAHV as a separate entity along with Salvation Army Housing and Salvos Housing.

Following The Salvation Army's launch of the Australian Territory on 1 December 2018, SAHV with its presence throughout Victoria, is coming together with Salvation Army Housing which operates in SA, NT, WA and Tasmania as well as Salvos Housing with its presence in NSW, Queensland and ACT to act collaboratively as a national organisation headquartered in Melbourne.

Properties

- Transitional Housing – 612 properties (647 Tenancies).
- 60 Crisis (63 Tenancies).
- Rooming House Properties – 9 (120 Tenancies).
- Long Term Housing – 172 (189 Tenancies).
- Total Tenancies – approximately 1,019 per year.



About The Salvation Army

The Salvation Army is an international Christian movement with a presence in 128 countries. Operating in Australia since 1880, The Salvation Army is one of the largest providers of social services and programs for people experiencing hardship, injustice and social exclusion.

The Salvation Army Australia has a national operating budget of over \$700 million and provides more than 1,000 social programs and activities through networks of social support services, community centres and churches across the country. Programs include:

- Financial inclusion, including emergency relief
- Homelessness services
- Youth services
- Family and domestic violence services
- Alcohol, drugs and other addictions
- Chaplaincy
- Emergency and disaster response
- Aged care
- Employment services

As a mission driven organisation, The Salvation Army seeks to reduce social disadvantage and create a fair and harmonious society through holistic and person-centred approaches that reflect our mission to share the love of Jesus by:

- Caring for people
- Creating faith pathways
- Building healthy communities
- Working for justice.

We commit ourselves in prayer and practice to this land of Australia and its people, seeking reconciliation, unity and equity.

Further Information

The Salvation Army would welcome to opportunity to discuss the content of this submission should any further information be of assistance.

Further information can be sought from Major Paul Hateley, National Head of Government Relations, [REDACTED]

