



JUNE 2020

Inquiry into Homelessness in Australia

AUSTRALIAN HOUSING AND URBAN RESEARCH INSTITUTE

Submission to the Parliament of Australia House
of Representatives Standing Committee on Social
Policy and Legal Affairs

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As the only organisation in Australia dedicated exclusively to housing, homelessness, cities and related urban research, AHURI is a unique venture. Through our national network of university research partners, we undertake research leading to the advancement of knowledge on key policy and practice issues.

AHURI research informs the decision-making of all levels of government, non-government sectors (both private and not-for-profit), peak organisations and the community, and stimulates debate in the media and the broader Australian community.

Our mission is to inform and impact better housing, homelessness, cities and related urban outcomes through the delivery and dissemination of relevant and authoritative research. To achieve this mission we deliver four key programs.

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- AHURI Research Centre—RMIT University
- AHURI Research Centre—Swinburne University of Technology
- AHURI Research Centre—The University of Adelaide
- AHURI Research Centre—The University of South Australia
- AHURI Research Centre—The University of New South Wales
- AHURI Research Centre—The University of Sydney
- AHURI Research Centre—University of Tasmania.

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List of abbreviations

ABS	Australian Bureau of Statistics
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
CALD	Culturally and Linguistically Diverse
CHP	Community Housing Provider
CNOS	Canadian National Occupancy Standard
CRA	Commonwealth Rent Assistance
DFV	Domestic or Family Violence
J2SI	Journey to Social Inclusion
NHHA	National Housing and Homelessness Agreement
SHS	Specialist Homelessness Service

Executive Summary

A reformed system embracing Housing First principles and rights of consumers is necessary

Programs that reflect Housing First principles emphasise a suite of services such as rapid rehousing into long term accommodation, wrap around support, client centred care, and service integrated collaborative practice. Many have demonstrated impressive results. However these services are small in scale and further growth is limited by lack of access to housing.

An agenda for longer term reform might involve:

- Restructuring the crisis-driven, inequitable and 'siloed' service system
- Redesigning the homelessness governance system to work at a national level to ensure it works more cohesively as a system and is more equitable
- Having early intervention and prevention, rather than crisis, as a focus
- Increasing use of universal welfare services (like Centrelink) to screen for homelessness and broker services
- Developing local, integrated and networked 'place based' service responses
- Enshrining rights of homeless persons to access housing and enforcing this through a 'duty to assist' for services.

The rights of homeless persons to housing might be formally recognised

Increasing access to hotel accommodation for homeless persons during the recent COVID-19 lockdown appears to have had a positive effect in increasing engagement of long term homeless persons and services, highlighting the potentially valuable role of mandating provision of housing and services for homeless people. Further research is needed to understand the effects of recent interventions. However, the rights of homeless persons to housing that have been recognised in this pandemic might be recognised.

National governance frameworks and funding

There is a need for a more nationally coordinated response to homelessness. Some programs, such as integrated housing and mental health services, should be expanded to a national level. National policies should also be developed around discharge from institutions such as hospitals, prisons and persons exiting care settings.

Specialist Homelessness Services (SHS) have been found to improve outcomes for their clients, and help reduce costs in other areas of justice, health and welfare expenditure. However, SHS are unable to place most people who are experiencing homelessness in long term accommodation. This is mainly because providers find it hard to source appropriate, affordable, long term housing.

Effective service responses will require increasing access to affordable and secure housing. Public and community housing are generally best placed to offer long term secure housing for those exiting homelessness, but supply might also come from head leasing through the private rental market.

Funding should be increased to take account of the increased needs of people exiting homelessness and ensure a rights-based approach to provision of housing.

Commonly used definitions of homelessness and overcrowding are useful but still need to be reviewed to more adequately address the experiences of Indigenous groups, migrants and Veterans

There are two main definitions of homelessness in Australia—the cultural definition and the ABS statistical definition—both of which are used in research and data collections. The current ABS definition defines a person as homeless if their living arrangement lacks adequate dwelling, secure tenure or living space to facilitate a sense of security, privacy, safety and social relations. These definitions have been criticised for not being sufficiently embracing of differing cultural perspectives or capturing the experience of homelessness.

Overcrowding in Australia is measured using the Canadian National Occupancy Standard (CNOS) and included in the ABS statistical definition. There are a number of issues with using this standard because of its western cultural assumptions.

Homelessness is increasing and economic disruption from COVID-19 will require a short and longer term response

Over the last ten years homelessness has been increasing and there has been higher homelessness service usage. The number of people at risk of homelessness has also been increasing because of housing insecurity, mainly associated with more expensive private rental housing.

Demand for homelessness services is likely to increase further because of increased unemployment due to the economic effects of the COVID-19 pandemic. Recent policy interventions including increased welfare payments and moratoria on evictions are likely to have been helpful in the short term but are not designed to be enduring.

Addressing homelessness is a longer term project. It will depend on addressing the shortages of affordable housing that have contributed to increased rates of homelessness, but it will also mean addressing the economic and social challenges that have arisen from the COVID-19 pandemic. Investment in more social housing might both stimulate the economy and provide more long term affordable housing that would benefit those who are homeless or at risk of homelessness.

Severe overcrowding is rare but rapidly increasing, especially among family households and migrant populations

Overcrowding matters because it can have negatively impact deleterious health, household functioning, family harmony and child development. It carries higher risk of spreading infectious diseases, and wear and tear on hygiene amenities in houses (ie. bathrooms and kitchens).

Because most housing is relatively large in Australia, the most problematic forms of overcrowding (severe and other overcrowding) are relatively rare. Like homelessness, overcrowding is significantly linked to economic factors like expensive housing and areas of lower employment, suggesting that broader efforts to improve housing and employment outcomes will also improve overcrowding.

However overcrowding is concentrated amongst particular groups. Overcrowding is mainly found in remote Indigenous communities and in city areas where there are migrant populations (including international students):

- Migrants often live with co-ethnic households because as newcomers they are unfamiliar with navigating local housing systems, lack a rental history, have language barriers and encounter discrimination in the rental market. Because they face uncertainty over residency terms and have lower incomes, staying with others offers flexibility as well as affordability.
- Some Indigenous persons face entrenched poverty and high rates of temporary mobility. A lack of housing options and cultural obligations of households to take visitors and boarders result in high rates of overcrowding.

Although the rate of overcrowding is declining for Indigenous households, overcrowding is increasing especially among migrant and tertiary students. Effective strategies to tackle overcrowding will require engaging with these groups.

Overcrowding usually involves family and multi-family households, so efforts to regulate numbers in housing may undermine family linkages which might otherwise be protective against homelessness. Information provision to equipping people to navigate the housing market, and increasing availability of larger housing will likely be more effective.

Preventing homelessness will mean assisting high risk groups and building up protective factors

A person experiences homelessness because they are exposed to a range of risks—these relate to both the risks of losing housing, as well as their incapacity to exit homelessness. The experience of homelessness itself can lead to negative outcomes including issues around mental health and substance abuse that in turn can prolong the experience of homelessness. This is especially an issue for rough sleepers.

High risk groups have not changed much over time and are presently recognised in the existing National Housing and Homelessness Agreement. AHURI research finds that risk of homelessness is heightened for:

Those in middle age (especially men) who are also at risk of longer term homelessness

- Indigenous and Culturally and Linguistically Diverse (CALD) communities are at higher risk of homelessness and overcrowding
- Those (especially women and children) who have experienced domestic or family violence (DFV), physical, emotional or sexual abuse or losing a partner
- Those who have experienced mental ill-health and substance abuse
- People exiting prison, foster or state care or the military
- Those with previous experiences of homelessness
- Those with low education and unemployment.

Some groups will require attention because they are growing in number (e.g. older persons, especially older women); others are not as well served by programs. For example, there is a lack of Indigenous-specific or culturally appropriate programs to help chronically homeless Indigenous persons. These gaps are most glaringly apparent for Indigenous women and children at risk of DFV in regional and remote areas. There are also few programs specifically for ex-prisoners and those exiting prison. Services are available but are not well coordinated or are not well understood by those unfamiliar with the system. Other groups, like youth should remain a focus given the very high potential life-time costs of homelessness.

Many people draw on a range of strengths and resources that can protect them when they are at risk of losing housing, provide resilience and assist in exiting from homelessness. These include relationships with spouses or children, mental and physical health, and access to financial, family and government support. However for many in, or at risk of, homelessness these strengths and resources are depleted. Providing resourcing of these groups while in housing is essential to prevent homelessness. Tenancy support programs will be essential to sustain tenancies but service providers, landlords and other involved parties need to be better trained in understanding and responding to complex needs.

1. Reform opportunities

1.1 Introduction

This submission provides a range of reform options to support reductions in homelessness in Australia. These reform options are based on AHURI's extensive research and evidence on the drivers of homelessness as well as the impact of homelessness services and systems.

1.2 Responding to increased homelessness and COVID-19

Evidence from this report suggests that with increased unemployment and rental or mortgage arrears, risks of entering homelessness will increase after COVID-19. Under these circumstances the efficacy of the present homelessness service system may be tested during and after the recent COVID-19 pandemic, including increased demand for crisis support services. However, the requirement for rough sleepers to be housed in hotels in many states also presents opportunities to engage rough sleepers and enable them to access short or long term housing.

Much of the evidence we have presented relates to an environment in which unemployment rates have remained relatively modest and homelessness responses have centred on people who have had high risk for homelessness or with complex needs. In the recent context, some will be accessing services for the first time.

Services may need to be better resourced so that they can be expanded to cope with increased demand. Assistance to provide crisis accommodation may require cooperation from a wider array of stakeholders—including private rental landlords and agents, rather than just public and community housing authorities which are already under strain.

Service responses are evolving in light of health advice, both in terms of servicing regular clients as well as new groups accessing the system, many of whom may have not experienced homelessness before. Key changes will include:

- Reconfiguring present housing and homelessness services (especially congregate accommodation) to enable social distancing, and appropriate hygiene education for clients
- Enabling clients who are homeless to continue to access services (such as meals services) despite rules around closures of such services
- Communicating effectively about available services with present clients and those new to the system
- Providing temporary and longer term housing options and income support
- Closely monitoring outcomes of service responses including through publicly accessible research and formal evaluation.

Since many of these responses are temporary, the longer term implications of the COVID-19 pandemic for homelessness services and indeed welfare policy are still uncertain. The current interventions involve a significant change in the service systems. These changes may have resulted in housing much of the rough sleeping population, but are predicated on a policing response around isolation that involves a significant reduction in civil liberties. In a post-pandemic recovery phase, all of these interventions will need to be reviewed.

Previous crises have led to innovations and positive social change. Significant government investment in welfare and social housing provision occurred after World War Two, under the *Commonwealth State Housing Agreement* and the *Full employment white paper*. Significant government investment in welfare and social housing provision occurred also occurred after the Global Financial Crisis, through the expansion of social and affordable housing and *The Road Home* (Australian Government, 2008; Jacobs et al. 2010a: 2010b).

The recent Social Housing Initiative was a successful effort of government to stimulate the economy after a severe economic down turn, while also providing long term housing for people who were homeless or at risk of homelessness. Key benefits included:

- Multiplier effects whereby \$1 of investment led to \$1.30 of economic turnover
- \$1.5 billion of construction activity per annum over the course of the 4-year Social Housing Initiative.
- 9,000 full time employment jobs
- Increase of 0.1% of GDP over the four years.
- 19,700 new houses and 12,000 houses repaired
- Increased opportunities for homeless or at risk of homeless to access long term secure housing (KPMG, 2012).

The following sections discuss ideas for reform to the homeless service system post-COVID-19 recovery.

1.3 Governance

The system needs to be reformed

Even before the COVID-19, AHURI research has identified systemic issues with the homeless service system, because it does not work effectively as a system. This includes:

- Many people who are homeless cycle through a number of crisis services without getting what they need, such as mental health services and long term housing
- Long-term policies and programs that focus on prevention, early intervention, the provision of Housing First, and the supply of 'wrap-around' services, are needed by many individuals across a range of risk groups, but those services are fragmented and under-resourced
- States and territories inconsistently embrace the principles of early intervention and prevention and client centred approaches in their homelessness strategies
- Services are unevenly provided across the country with some areas better serviced than others
- Many people encountering homelessness for the first time do not know how to access the specialist homelessness system
- Many Indigenous persons use mainstream services but some do not engage with mainstream services that are not culturally relevant
- Those in emerging but less visible forms of homelessness or overcrowding are not well understood or served
- There is not good integration between SHS providers and other services at a local level because they are 'siloed'.

A national homelessness system

An alternative model (Spinney et al, forthcoming; Thredgold et al. 2019) has drawn from homelessness approaches from countries such as Finland and Scotland to argue for a reconfiguration of our homelessness system. This would look to structure a response to homelessness at a national level and would need Federal government leadership. Key elements of this system would:

- Use an early-intervention and prevention focus with crisis a secondary option
- Incorporate Housing First principles and assertive outreach approaches
- Encourage easier ways to access the system by utilising universal welfare services rather than SHS as the entry point for eligibility.
- Give universal welfare services responsibility for screening for homelessness, and brokering services in the local community, including referral to SHS providers when appropriate
- Develop local 'place-based' service systems to encourage people to remain in place in their communities
- Emphasise the rights of homeless people to access housing and enforce this by obliging services to assist through a 'duty to assist' mechanism
- Provide funding where it is most needed to drive outcomes, with the aim of maintaining people in long term housing
- Providing culturally appropriate services for Indigenous Australians.

Housing First principles

Housing First principles have been particularly important in informing homelessness responses overseas. While Housing First was a service model first applied in New York in relation to addressing chronically homeless persons who often experienced mental illness, the term Housing First has come to denote a philosophy or paradigm that has been influential in informing other programs or even broad homelessness strategies. Principles include:

- Rapid rehousing into permanent housing
- Consumer choice and control
- Separation of housing and support services
- Recognition that recovery is on-going
- Community re-integration into housing that is not differentiated from other housing (Johnson et al. 2012).

These principles have been especially influential in influencing broader housing and homelessness strategies in nordic countries like Finland (Benjaminsen and Knutagård, 2016). Australian homelessness researchers have pointed out that elements of the Housing First paradigm or approach have been apparent in Australia for some time in the way specialist homelessness programs have been offered (Johnson et al. 2012). For example, Australian homelessness providers have generally not made obtaining long term housing contingent upon receiving treatment or making behavioural changes prior to the allocation of housing, and Australian services have embraced harm minimisation and voluntary engagement in services (Johnson et al. 2012). Even so, many homelessness programs still follow a stepped housing model, with people notionally moving through crisis, transitional and then long-term housing even though housing pathways are often not linear with many people cycling in and out of crisis accommodation (see Brackertz et al 2020). The key reason for a delay in accessing long term housing has more often been due to shortages of affordable housing and the lack of long term viable housing pathways, rather than programmatic reasons.

Australian housing researchers have argued that two elements in the Housing First model could be usefully introduced to the specialist homelessness system in Australia: rapid access to permanent housing and use of multi-disciplinary teams providing ongoing support (Johnson et al. 2012).

While Housing First-style programs have been adopted in Australia, there remain issues with resourcing— most specialist homelessness support services are time limited. For programs to replicate those overseas would require increased resources, including access to long term housing and health services (Johnson et al. 2012). Furthermore, Housing First approaches might be applied more widely and not just for some groups (Spinney et al. forthcoming; MacKenzie et al. 2016). If this was to occur, there would need to be acknowledgement of the resources needed to monitor and resolve issues for those with addictions in tenancies (Johnson et al. 2011) and address areas where Housing First programs are not designed to address like employment.

System wide policy and program integration

Facilitating service integration has been a long term issue for the sector. There is a need to better integrate homelessness services with other services like health/mental health, drug and alcohol, and DFV sectors (Flatau et al. 2013).

One way forward would be to scale up effective programs that are presently only offered in some states to a national level. Existing programs that could be considered include:

- Staying Home Leaving Violence programs
- Integrated housing and mental health programs like the present Housing and Support Program program in Queensland.
- Street to Home programs for chronic and rough sleepers.

There are also good examples of national early intervention policies like the youth focused program Reconnect or the Assistance with Care and Housing that could also be expanded. However, even these programs could be improved because they do not presently effectively encourage the local cooperation with community structures like schools or other services necessary to reduce the numbers entering homelessness.

Local alliances of service providers

Service delivery is typically run and organised at a local level. But there needs to be a new approach that would catalyse cooperation. Providers of purchased homelessness services could operate in a local network. This is drawing on the example of the Geelong Project model that has successfully developed a collaborative local practice model (MacKenzie 2018). Services would operate as a network and share information about clients so they could work collaboratively. Key to this 'collective impact' model working at the local level is:

- A commitment and shared understanding of the problem
- Shared system of collecting data and measuring outcomes across all participants
- Participant activities coordinated through mutually reinforcing plans of action)
- Open and consistent communications to build trust and mutual objectives
- A separate organisation with staff to serve as 'backbone' of the initiative (MacKenzie et al. 2020).

Discharge planning

Problems of chronic and repeat homelessness could be averted if the service system was better able to plan and manage discharges from hospitals, prisons and care—especially for those with mental ill-health. This might involve new national policies and processes around discharge (Brackertz et al 2018).

There is a need to provide for increased care for youth in state out of home care until the age of 21 (MacKenzie et al. 2020).

1.4 Improving system effectiveness will require better access to affordable and secure housing

Reducing homelessness would be substantially improved with greater access to affordable and secure housing (Brackertz et al. 2018, Johnson et al. 2015) as it is a strong protective factor in both preventing homelessness and supporting recovery for people who have experienced a range of difficulties from DFV and family breakdown or mental ill health. The evidence presented in this submission suggests there is a particular shortage of access to long term housing.

An adequate supply of appropriate, affordable and secure housing will also be essential in addressing the effectiveness of the prevention and early intervention approaches articulated above such as Housing First.

AHURI research highlights the lack of access to affordable and secure housing which undermines the effectiveness of many programs for a number of groups including those with mental ill health (Brackertz et al 2020), Indigenous persons (Habibis et al 2011), those affected by DFV (Spinney 2012), and those who are chronically homeless (Phillips and Parsell 2012). Moving more people into permanent and secure housing earlier rather than later and providing supports using the Housing First approach is a better option for almost all groups, even youth (MacKenzie et al. 2020). However, the Housing First model also emphasises choice, something typically absent from social housing systems alone, so a combination of social and private rental options would need to be considered to implement this approach.

Increasing the amount of public and community housing is important to address the need for secure housing. The NHFIC offers a new source of finance for social housing provision which will support this. However increasing the supply of social housing will also be dependent upon ongoing subsidy. AHURI research has shown that the most efficient way to achieve this is through capital grants subsidies with housing being supplied according to community needs (Randolph et al. 2018). The depth of subsidy should reflect the higher risks and costs associated with accommodating homeless or at risk persons.

Accessing housing from the private rental market via head leasing is a viable option for many groups even though it is difficult to sustain private rental housing on low incomes and high expenses (e.g young people). However programs like Rent Choice Youth in New South Wales have shown that this program with use of CRA provides flexibility around housing for young people as they increase their income over time (MacKenzie et al. 2020).

Housing First comes with conditions, since some will find the transition to permanent housing difficult. There is need to expand existing tenancy support programs to assist people with a lived experience of mental ill health or addictions to maintain existing tenancies. This will involve educating social housing providers, real estate agents and tenancy managers about detecting early warning signs of mental ill health crisis, and developing materials to take action to link tenants to supports to sustain their tenancy (Brackertz et al. 2018).

1.5 Funding

AHURI research has found that funding levels for SHS are below what is required to meet demand. Government funding recognises the need for the sector to diversify its funding base and a number of sources—ranging from rental income, philanthropic funding and emerging sources like social impact investment (Flatau et al. 2017). However most funding for delivery of programs addressing homelessness in Australia is from government sources and this needs to continue into the future (Flatau et al. 2017). There remains unmet need in the sector especially in areas where government funding is not available, such as in relation to Indigenous-specific homelessness funding (Spinney et al. 2016).

One simple approach to meet emerging demand is to increase funding for particular programs or widen their applicability to a national level or locations where they are as yet not available. However there may be cost savings as early intervention and prevention programs take effect and there becomes less need for crisis services.

Some researchers advocate for a broadening of homelessness system so that there is a more widespread commitment to rapid rehousing across the board, with universal welfare services taking on a larger role in directing clients. Funding might also be more attached to individual service delivery allowing a greater role for service integration and coordination.

Most funding at present is provided at a national level on the basis of meeting input (number of clients served) rather than outcome measure (reducing homelessness). AHURI research has examined the opportunities and risks of social impact investment and its applicability to the homelessness sector, and found that Government has a key enabling role in developing the market for housing and homelessness services in Australia (Muir et al. 2017). However social impact approaches are in their infancy in Australia and reforming funding arrangements will require sophisticated approaches to use of data.

1.6 Better information provision

AHURI research shows that many people are not aware of services or are not accessing them. Mainstream service providers like Centrelink and DVA are better positioned throughout the country to be a first point of contact to screen persons for homelessness. This could benefit most people who are encountering homelessness or are at risk for the first time or those otherwise at risk who access income support or other benefits.

1.7 Addressing needs of emerging and high risk groups

Under-served groups

At present homelessness services are serving some groups better than others, so policy makers will need to look at ways to better resource services for:

- **Men and those in middle age**—who are less likely to access services and stay homeless for longer
- **Those in remote areas**—especially Indigenous persons
- **Veterans**—who have been disappointed by mainstream services and are not veteran-specific services
- **Older persons**—solutions will involve mainly early intervention and prevention for this group
- **Those with mental illness**—especially those stuck or cycling through services.

Youth

Although this group already has services, continued work in improving preventative interventions is of high importance because of the need to prevent intergenerational homelessness. Assistance is needed for young parents and singles, and assistance should not only provide housing but also seek to build skills for work and maintaining housing. This means moving to a networked, flexible systems based approach which can respond to those at risk as well as those in crisis:

- Redesign systems from a siloed individual program approach towards a focus on a coordinated network of community-level organisations responsible for planning, access and outcomes measurement, using the 'community of services and schools' model, drawing on the learnings of the Geelong Project
- Flexible practice models that can proactively and efficiently manage support to at risk youth while also be reactive when crises occur
- Improved service access through Youth Entry Points to simplify contact with and access to support services in a more efficient manner
- Prioritisation of the Foyer model which provides housing, education and employment support for disconnected youth towards those most at risk
- Invest in youth-specific social rental housing
- Extending care for those in out of home care to the age of 21.

Indigenous persons

While there is evidence Indigenous people are accessing services, they remain at high risk of homelessness. There is scope to build new programs to address the needs of Indigenous clients, especially women facing family violence in regional areas (Spinney et al 2016). However approaches to address Indigenous homelessness will need to reflect the differing local needs, whether urban, regional or remote.

One good local strategy is the new Victorian *Aboriginal housing and homelessness framework* which outlines vision, principles and concrete proposals to improve housing outcomes for Victorian Aboriginal persons, including by rebuilding an Aboriginal focused homeless service system, tailored support for those at high risk, and increased crisis and transitional housing (Aboriginal Housing Victoria, 2020).

Those in overcrowding

Overcrowding growing significantly especially amongst those from a CALD background, and tertiary students. Because overcrowding is often a result of people utilising their family and social networks, any responses should seek to be sensitive to those networks. Government might work to liaise with peak bodies of migrants and students to improve tenant knowledge about rights and support and help tenants access private and social or affordable housing, or housing better suited to their needs (e.g. housing for large families). Improving housing management by landlords through regulatory approaches may also be effective. There is also a need for better data and research relating to this group.

Governments might create new programs, or tailor existing private rental assistance programs to address the needs of those in overcrowded conditions, particularly for at risk groups like migrants, tertiary students and those in geographic areas with high incidence of overcrowding. This might involve targeted and culturally appropriate information campaigns to publicise the issues of overcrowding, and assist them to access suitable programs.

1.8 Better measurement and data

Outcomes measurement

There is a need to improve measurement of outcomes across many programs. For example, AHURI research suggests outcomes measurement is needed for youth as part of a more considered community based 'eco-systems' level redesign to reconnect with schools and educational programs. Outcomes measurement would occur at a community level not centrally (MacKenzie et al. 2020).

Measuring Homelessness and Overcrowding

Present measures of homelessness in the Census potentially undercount the extent of overcrowding by excluding visitors. There is a need for better collection and management of data on the direction, volume and duration of Indigenous population movement, and of the motives and demographic composition of the individuals involved. In addition, there is a need to better capture temporary movement in homelessness measures in the Census. Matters around the measurement of overcrowding and homelessness are being discussed at the Housing and Homelessness Data Working Group, with current work being undertaken by AHURI to improve this data collection.

2. The incidence of homelessness in Australia

2.1 Understanding homelessness

How is homelessness defined?

Homelessness is typically conceptualised as a situation in which people are not accessing adequate housing that enables them to make a home. This has necessarily required an understanding of the concept of home, which is often culturally determined. It embraces ideas not only of housing (both its adequacy and security of tenure) but also whether it facilitates good relationships (both with household members and those outside it). In Australia, two definitions have dominated—the cultural definition and a more recent definition adopted by the Australian Bureau of Statistics (ABS):

- **Cultural definition** (used by the ABS until the 2011 Census) was based on what they considered were common cultural expectations of housing needs in Australia. This meant having, at a minimum, one room to sleep in, one room to live in, one's own bathroom and kitchen and security of tenure (Chamberlain and MacKenzie 2008). Three categories of homelessness were defined based on this approach:
 - primary homeless (people without conventional accommodation such as rough sleepers or those in improvised dwellings)
 - secondary homeless (people who frequently move from one temporary shelter to another such as those in crisis accommodation, youth refuges and couch surfers)
 - tertiary homeless (people staying in accommodation that falls below minimum community standards such as boarding housing and caravan parks).
- **Statistical definition** (currently used in the Census) drew from Chamberlain and MacKenzie's definition but made significant changes. It considers a person to be homeless if their current living arrangement exhibits one of the following characteristics:
 - the dwelling is inadequate
 - it has no tenure or initial tenure is short and not extendable
 - accommodation does not allow for control of and access to space for social relations, provide a sense of security, stability, privacy or safety, or provide the ability to control living space (ABS, 2012).

Whereas the cultural definition envisaged 3 tiers of homelessness, the statistical definition identifies six categories of homeless persons including:

1. Persons living in improvised dwellings, tents, or sleeping out ('rough sleepers')
2. Persons in supported accommodation for the homeless
3. Persons staying temporarily with other households ('couch surfers')
4. Persons living in boarding houses
5. Persons in other temporary lodgings, and
6. Persons living in 'severely' crowded dwellings.

The statistical definition is notable because, unlike the cultural definition, it includes people in severely overcrowded dwellings. Overcrowding issues are addressed in Chapter 3 of this submission.

Defining risk of homelessness

As well as measuring homelessness, researchers and policy makers both seek to identify those 'at risk of homelessness' as part of their services. The Australian Institute of Health and Welfare (AIHW) define this as:

a person who is at risk of losing their accommodation or are experiencing one or more factors or triggers that can contribute to homelessness. Risk factors include financial or housing affordability stress, inadequate or inappropriate dwelling conditions, previous accommodation ended, child abuse, family, sexual and domestic violence, and relationship or family breakdown (AIHW, 2020).

Those at risk might include those presently housed but in forms or tenures of housing that might be considered inadequate or insecure. The statistical definition does not include an 'at risk' category, but does include those in marginal housing (including less severely overcrowded housing, improvised dwellings or caravan parks). Recent research has highlighted the need for more rigorous definitions of at risk of homelessness that are more closely linked with causes (Batterham, 2019a). Risks factors for homelessness are addressed in Chapter 2 of this submission.

Critiques of definitions

Both the cultural and statistical definitions have been criticised because:

- **They are culturally biased:** because these definitions reference dominant cultural ideas of home, this can make them more problematic for some cultural groups. For example Indigenous understandings of homelessness may not necessarily relate to a lack of accommodation and can include 'spiritual homelessness' (the state of being disconnected from one's homeland, separation from family or kinship networks or not being familiar with one's heritage) and 'public place dwelling' or 'itinerancy' (usually used to refer to Indigenous people from remote communities who are 'sleeping rough' in proximity to a major centre) (Mommott et al. 2003). Indigenous understandings of homelessness can also refer to an inability to access appropriate housing that caters to an individual's particular social and cultural needs (Birdsall-Jones et al. 2011).
- **They potentially understate those at risk:** The inclusion in the ABS definition of those in one category of 'housed homelessness' (severe overcrowding) is potentially understating the full extent of those at risk—other categories could include those in houses who are experiencing domestic and family violence for instance, or those with inadequate tenure security (Chamberlain and MacKenzie, 2014).
- **They may not reflect lived experience:** These definitions emphasise homelessness as a predicament involving some form of deficit from cultural norms. However, researchers have also explored the way some homeless people regard their homelessness (and their exit from it) to be a result of deliberate choices, usually as a response to a set of social or resource constraints (e.g. Parsell, 2018). Other research has also documented how some persons who are defined as homeless (such as some refugees who are couch surfing) do not see themselves as homeless (Beer and Foley, 2003).
- **They are still narrowly focused on housing rather than home:** One recent critique (Batterham, 2019b) has centred on the way definitions of homelessness still tend to equate home with particular types of housing, and have not properly grappled with multi-dimensional experiences of homelessness. Rather than define homelessness in terms of deprivation of a particular good (housing), an alternative approach focuses more on the individual and their capabilities. Six dimensions of home are suggested as important: interpersonal safety, physical adequacy, stability and control, connection and belonging, financial deprivation and affordability and affective and identity dimensions (associated with meaning and spiritual qualities).

This submission mainly draws on the statistical and cultural definitions because they are so widely used and data is available. It should also be noted that more recent efforts to collect data such as in the *Journeys Home* data collection have sought to accommodate other concepts of homelessness (such as Indigenous perspectives) in the category 'at risk of homelessness'. Furthermore the ABS definition, by including severe overcrowding, has gone some of the way to include Indigenous people and CALD people who are more likely to experience this form of homelessness. However new measures will need to be developed if more multi-dimensional aspects of homelessness are to give a fuller picture of homelessness.

How is homelessness measured?

Australian quantitative data on homelessness include:

- **Point in time survey measures** of homelessness, the most significant of which is the ABS Census (see ABS, 2012). The Census has the advantage of being collected nationally and provides detailed information across all types of homelessness and across geographic locations in Australia, but is only collected every five years. The General Social Survey (ABS, 2015) and National Aboriginal and Torres Strait Islander Social Survey (ABS, 2016) both collect point in time data on retrospective experiences of homelessness.
- **Partial measures** such as street counts of rough sleepers. Some counts are collected relatively infrequently, for example, every two years (City of Melbourne, 2018) while others are collected twice a year (City of Sydney, 2020). Some cities like Adelaide are seeking to keep up to date 'dashboard' measures of their rough sleeping population (Adelaide Zero Project).
- **Longitudinal data sources** such as the Melbourne Institute's *Journeys Home* (e.g. see Bevitt et al., 2015; Johnson et al., 2015) which tracked a cohort of 1,700 persons who were homeless, or at risk of homelessness. This study began in 2011 and concluded in 2014. Other longitudinal studies have been done of clients of programs (e.g. Zaretsky and Flatau 2013).
- **Administrative source data** collected by AIHW that depict the flow and stock of clients through SHS. Clients may be homeless or at risk of homelessness. This data is helpful in measuring a range of service outcomes, but misses those not accessing the formal homelessness service system (AIHW, 2019).

2.2 Incidence and risk of homelessness is increasing in Australia

Homelessness in Australia has increased over the last 10 years especially among those in severely crowded dwellings and rough sleepers

Table 1 shows that the number and rate of homelessness increased significantly from 2006 to 2016, following the Global Financial Crisis (GFC):

- In 2016, using the ABS definition, there were 116,427 homeless persons in Australia. This compares to 102,439 in 2011 (a 14% increase) and 89,728 in 2006 (a 30% increase).
- The relative rate of homelessness in Australia (as a percentage of the population) increased from 45.2 persons per 10,000 in the population in 2006 to 47.6 persons per 10,000 in 2011 and 49.8 persons per 10,000 in 2016.

There has been little change in some categories of homelessness between 2006 and 2011: the number staying temporarily with other persons has not changed at all. Nevertheless, there has been strong growth in some categories:

- The number of persons living in severely crowded dwellings increased from 31,531 to 51,088 (62% increase).
- Those in other temporary lodgings have increased by 36% (from a low base).
- The number of people in supported accommodation increased by almost 23 per cent (although all of this growth was in 2006 to 2011)
- There was an increase in persons in boarding houses (13%) and rough sleeping (14%).

2. The incidence of homelessness in Australia

Table 1: Numbers of homeless persons and rate of homelessness, Australia, 2006, 2011 and 2016

	2006	2011	2016	Percentage change	
	Aust (N)	Aust (N)	Aust (N)	2006 to 2016	2011 to 2016
Persons living in improvised dwellings, tents, or sleeping out	7,247	6,810	8,200	14%	20%
Persons in supported accommodation for the homeless	17,329	21,258	21,235	23%	0%
Persons staying temporarily with other households	17,663	17,374	17,725	0%	2%
Persons living in boarding houses	15,460	14,944	17,503	13%	17%
Persons in other temporary lodgings	500	682	678	36%	-1%
Persons living in 'severely' crowded dwellings	31,531	41,370	51,088	62%	23%
Total homeless persons	89,728	102,439	116,427	30%	14%
Rate (per 10,000 population)	45.2	47.6	49.8		

Source: ABS Census 2006, 2011 and 2016, ABS (2018a)

The number at risk of homelessness is rising

The level of homelessness understates the degree to which many housed Australians might also face stresses that can put them at risk of homelessness.

People who are marginally housed may be at risk of homelessness. This group has increased from 63,317 in 2006 to 96,997 in 2016, mainly due to increased forms of less-severe overcrowding (ABS, 2018)

In addition, AHURI research has estimated that around 1.3 million households (14% of all households) in Australia were in 'housing need' in 2017. Housing need is defined as 'the aggregate of households unable to access market provided housing or requiring some form of housing assistance in the private rental market to avoid a position of rental stress' (Rowley et al., 2017:1). The study estimates that this level of need will rise to 1.7 million households (16% of all households) by 2025 under a baseline scenario.

Service usage has increased

The growth in homelessness and risk of homelessness is reflected in recent service usage data collected by the AIHW from SHS providers. These data also have the benefit of enabling us to see trends in the number of clients served since the last Census which occurred 4 years ago. There has been an increase in service usage from 255,700 clients during 2014-15 to 290,300 clients in 2018-19. Over this period, the rate of usage has increased from 108.9 clients per 10,000 population to 116.2 clients per 10,000 population.

The proportion of clients assisted who are actually homeless has remained relatively stable over that same period (43% in 2014-15 and 42% in 2018-19), those at risk represented 57% and 58% respectively (AIHW, 2019a).

The Corona Virus increases risks of homelessness

The COVID-19 pandemic is already exerting a negative economic and social impact in Australia. Governments have already announced a range of new temporary services, including housing homeless people in hotels, welfare assistance, and prohibitions on eviction for tenants (see section 5.1 for more detail) which are designed to reduce movement and this might be expected to limit exits from housing. Despite these initiatives, there is reason to be concerned that this shock to the economy and households will increase the incidence of homelessness, either during or after the pandemic. For example:

- Rates of homelessness increased following the Global Financial Crisis, and the economic shock of the COVID-19 pandemic is likely to be more severe, with significant increases in unemployment expected
- Increased rates of unemployment are associated with higher rates of entry to homelessness. AHURI research suggests that if local unemployment rates increase by 1 per cent, this would increase the likelihood of entry to homelessness of those who were previously employed and housed by 2 per cent (Johnson et al. 2015).
- Homelessness is precipitated by increased family conflict and violence (Johnson et al. 2015), and conflict may be exacerbated by increased confinement at home.
- Social distancing might restrict access to housing, so that those who formerly relied on couch-surfing may need to resort to rough-sleeping (Booker, 2020).
- Homelessness might increase if households are not able to afford rent or pay their mortgage, especially after the moratorium on evictions and mortgage holidays are concluded.

2.3 How long does homelessness last?

For most people episodes of homelessness are fleeting and only occur once

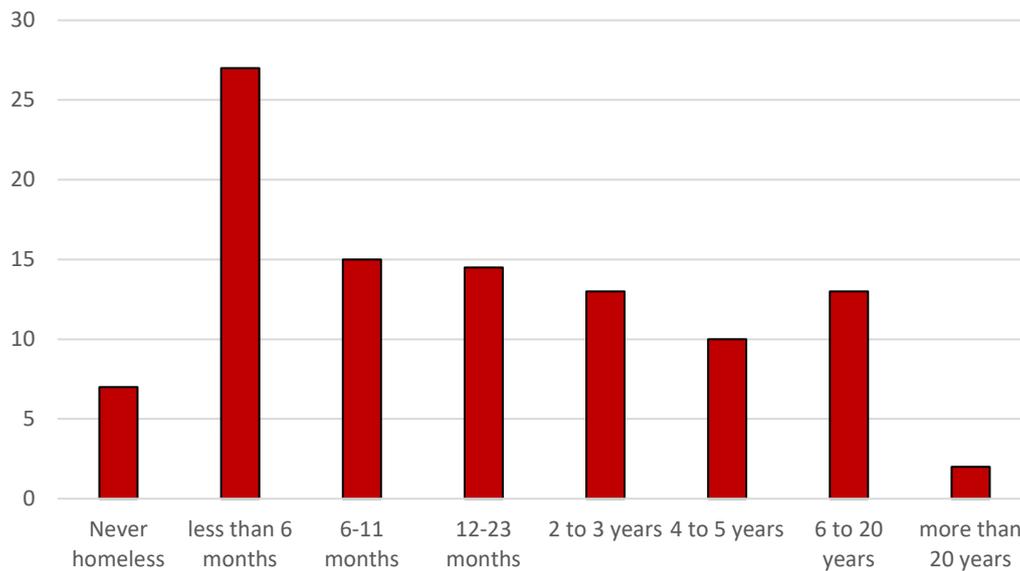
In 2014 around 1.4 million Australians aged 15 or over and resident in private households (7.7% of all such households) had experienced homelessness at least once over the last 10 years (ABS, 2015). Of these, 58 per cent reported that their most recent episode of homelessness lasted less than three months. Only 15 per cent sought assistance from housing service providers, but around 68 per cent stayed with relatives and 52 per cent with a friend (ABS, 2015). This suggests that while a significant number experience homelessness, for most it is a fleeting experience and is managed through the assistance of family or friends.

Some evidence from *Journeys Home* data (which surveyed those homeless and those at risk and therefore captures those with longer histories of homelessness) accords with this picture: of those who were recorded as homeless at any of the interview dates, around half (47%) were homeless only for one point in time, and most of the persons only experienced one episode of homelessness (Scutella and Wooden, 2014).

For those at high risk, many episodes of homelessness last longer than a year

Nevertheless, many spells of homelessness are long in duration. One study found that 63 per cent of homeless spells lasted for more than 12 months, with a median length of homelessness of 22 months (Scutella and Wooden, 2014). This is even more apparent when lifetime homelessness durations are considered. Figure 1 shows that only around 27 per cent of those who were homeless experienced 6 months or less of homelessness—and more than half had experienced at least one year of homelessness over their lifetime. Those especially at risk of long durations included those with less family support in childhood, shorter work histories and lower education (Scutella et al. 2013).

Figure 1: Cumulative homeless duration over lifetime



Source: Scutella et al. (2013)

There is evidence of path dependence, with those who are housed more likely to remain housed, while those who are homeless are more likely to remain homeless. The likelihood of exit from homelessness declines over time; the longer a person remains in homelessness the less likely they are to escape (Scutella and Wooden 2014). Rough sleepers are especially at risk of repeat homelessness, with 6 in 10 rough sleeping service users either persistently using services or ‘cycling’ in and out of services (AIHW, 2018).

2.4 Who becomes homeless?

Homeless persons are disproportionately male, Indigenous and young

Certain demographic groups are more likely to experience homelessness. Table 2 shows that across Australia in 2016 those who were homeless were more likely to be:

- Male—58% of all homeless persons; those in boarding houses (73%) rough sleeping (66%) and couch surfing (59%) were all more likely to be men
- Indigenous Australians—20% of all homeless persons are Indigenous, compared to 3% of the general population, and in remote or very remote areas 15% compared to only 2% of the population
- Young (15-24 years old) people—21% of homeless persons compared to 13% of the general population, though this may be an undercount (ABS, 2018b).
- Unemployed or not in the labour force—9% and 35% respectively, relative to the general population (3% and 27% respectively).

2. The incidence of homelessness in Australia

Table 2: Characteristics of homeless and marginally housed persons in Australia, 2016

Characteristic		Homeless	Marginally housed	Australian population
Sex	Male	58	54	49
	Female	42	46	51
Indigeneity	Indigenous	20	12	3
	Non-Indigenous	69	87	91
	Not stated	11	1	6
Age	0-14 years	17	21	19
	15-24 years	21	25	13
	25-54 years	47	40	41
	55+ years	16	14	27
Employment status	Employed	25	34	46
	Unemployed	9	8	3
	Not in the Labour force	35	35	27
	Not stated or applicable	32	23	24
Location	Major cities	65	70	71
	Inner regional	11	12	18
	Outer regional	8	8	9
	Remote and very remote	15	9	2

Source: ABS Census, table builder data 2016.

Those in marginal housing (and therefore at risk of homelessness) were also more likely to be male, Indigenous, not in employment and in remote areas and were also more likely to be children or young (15-24 years old) compared to the general population.

The homelessness service system provides better access for women, the young, and metropolitan and regional areas

SHS client data (Table 3) shows that the demographic characteristics of clients accessing services does not correspond with the groups with the highest prevalence reported in the Census:

- Most clients (60%) were female (by contrast most persons in the general homeless population were male)
- The profile of clients is in general younger with 44% children or youth (by contrast less than a third of the general homeless population are children or youth)
- Relatively few clients are employed (13%) compared to the Census data (25%)
- Relatively few clients served are in remote areas (5%) even though many homeless people (15%) live in these locations. It may be that those in more remote areas access services in regional centres.

However in other cases, client characteristics are similar to the general homelessness population (for example, 26% of clients are Indigenous compared to 20% of people the Census finds in the homeless population).

Table 3: Specialist Homeless Service Client demographic characteristics (%), Australia, 2018-19

Characteristic		SHS Australia	General Homeless population (2016)
Sex	Male	40	58
	Female	60	42
Indigenous		26	20
Age (years)	Under 14	24	19
	15-24	20	13
	25-54	48	41
	55+	7	27
Remoteness	Major Cities	61	65
	Inner regional	23	11
	Outer regional	11	8
	Remote and very remote	5	15
Labour force	Employed	13	25
	Unemployed	49	9
	Not in Labour force	38	35

Source: AIHW (2019) Specialist homelessness services 2018-19 Australia; Census data 2016.

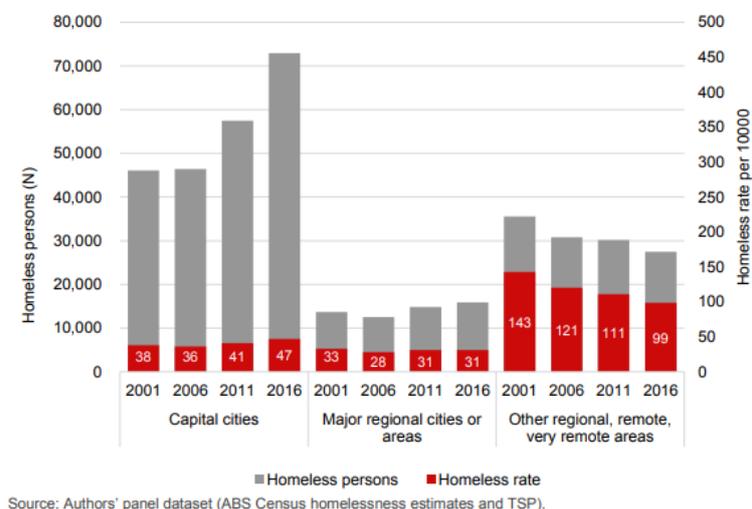
2.5 Homelessness is especially high in cities and remote areas

Most people who are homeless live in cities, but rates of homelessness are highest in remote areas

Homelessness in Australia is mainly found in cities—65 per cent of those who are homeless live in Australia's major cities, especially Sydney (25%) and Melbourne (18%). In 2011, 42 per cent of homeless persons were found in just 10 per cent of the regions across Australia. This is not surprising, since most Australians live in cities (Wood et al. 2015).

Numbers and rates of homelessness in major cities are increasing (Figure 2). Numbers are relatively low in major regional cities and increasing moderately, and rates are stable. Rates of homelessness are very high in some regional and remote areas, however both rates and amounts are decreasing.

Figure 2: Number and rate of homeless by area type: 2001, 2006, 2011 and 2016



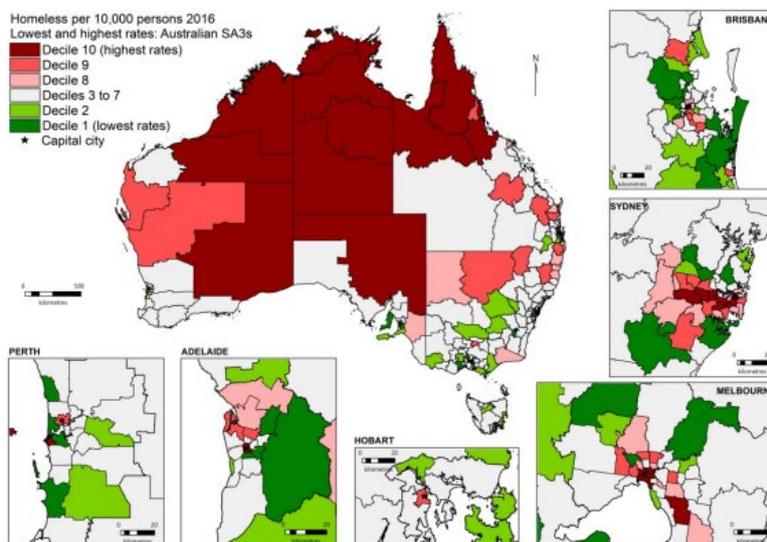
Source: Parkinson et al (2019).

Rates of homelessness highest in remote areas

Rates of homelessness are especially high in remote areas. In 2016, the Northern Territory had the highest rate of homelessness in Australia compared to other states and Territories, with 548.8 persons per 10,000 homeless (almost 6 per cent of the population). Rates were especially high in locations outside of Darwin (1,165.7 persons per 10,000). This is closely linked to high rates of homelessness in the Indigenous population. Nevertheless, data from the ABS National Aboriginal and Torres Strait Islander Social Survey show that Indigenous people in non-remote areas were significantly more likely than those in remote areas to have experienced homelessness (32% compared with 18%), which may be linked to lack of options for housing in regional and major cities (ABS, 2016).

Figure 3 shows rates of homelessness are especially high in the Northern Territory and remote parts of Western Australia, Far North Queensland and parts of South Australia. But the map shows homelessness is also high in some parts of major cities.

Figure 3: Rates of homelessness in Australian SA3s, 2016



Source: Parkinson et al. (2019).

Homelessness is becoming more geographically spread out

AHURI research suggests that while homelessness is still concentrated in particular locations, most local areas have some level of homelessness and the distribution of homelessness is actually becoming more evenly spread over time. This is mainly because the population is moving away from regional and remote areas (where rates are high) towards cities, and homeless people in cities are increasingly less likely to be in inner city areas and more likely to be in outer suburbs where cheaper accommodation might be found (Parkinson et al. 2019, Wood et al. 2015).

AHURI analysis suggests that area based factors—such as demographic factors specific to the regions (especially age profiles and Indigeneity), or housing markets (especially shortages of affordable rental housing and high median rents in cities)—are driving the trends in homelessness rather than national growth or changes in the mix of type of homeless persons (Parkinson et al. 2019).

The increase in homelessness in cities is linked to overcrowding in those areas. Severe overcrowding also is also located in areas with poor housing and labour markets and Indigenous population, but is more associated with households with children and people from CALD backgrounds, and higher unemployment.

2.6 Policy implications

Policies will need to respond to increased growth in the number and rate of people experiencing homelessness in major cities, mainly due to increased severe overcrowding. While progress appears to be being made in reducing homelessness in other regional or remote areas, its continued high incidence in these areas mean it will need to remain a focus for policy makers and services. Homelessness is becoming more geographically dispersed into suburban and regional areas, suggesting that service providers may need to use new strategies to meet emerging needs.

3. Risk factors associated with homelessness

3.1 Introduction

This chapter explores the factors that are understood to lead to a higher risk of homelessness, as well as the factors that appear to be protective against homelessness. This is important in understanding risk factors is relevant to the National Housing and Homelessness Agreement (NHHA) which articulates priority groups for specialist homelessness services and commits resourcing for other forms of housing assistance. Understanding risks for entry and exit of homelessness also helps service providers better understand how to design services.

The COVID-19 pandemic presents a particular new challenge in addressing the risks for entry to homelessness, the risks of the virus to health and well-being for those experiencing homelessness, and how to best regulate the movement of homeless people by rapidly housing them to limit the spread of the virus. While people who have secure housing are able to stay in their homes and within their local area, this is more difficult for people who are experiencing homelessness and find it necessary to move between sleeping places more frequently.

3.2 What causes homelessness?

Homelessness is associated with risk and resilience factors

Homelessness literature often talks more about risk factors rather than causes of homelessness (see for example, Fitzpatrick 2012; Batterham 2019b). This is partly because causes are thought to be almost infinitely diverse, whereas risk factors simply raise the probability of an event but are not necessary or sufficient for it to occur (Batterham 2019b). The risk factor approach also accommodates for the fact that an event might have multiple causes.

Risk of homelessness might be associated with the prevalence of the factor in the wider community (e.g prevalence of domestic and family violence), or risks associated with an individual experiencing homelessness (e.g. drug and alcohol use). Some people will face multiple risks, and some of the risks in one area (e.g. discrimination due to Indigenous status) can often coincide with other risks (poverty).

Protective factors include resources to protect or buffer people from risks. Some people are better able to avoid homelessness or exit earlier because of access to financial resources, psychological resources and physical and mental health, as well as relational support (Martin, 2014).

Homelessness as an outcome is associated with risks at four key points in time:

- Entry into homelessness (e.g. rent arrears, impending eviction, family violence, or exiting an institution)
- Experience of homelessness itself
- Barriers to exit from homelessness
- Repeat episodes of homelessness.

3. Risk factors associated with homelessness

In identifying risks, it is also relevant to recognise the role of protective factors at these points in time that:

- Prevent homelessness
- Promote resilience while a person is homeless
- Assist people to exit homelessness faster
- Enable a person to sustain their housing situation once they are rehoused.

Risk and protective factors can be at the individual or household level but also institutional, system wide or at a societal level. Understanding the pathways and when these factors have their effect can also be important in structuring policy responses. For example, it may be more efficient and effective to put resources into prevention and early intervention to support resilience rather than more crisis responses that deal with homelessness after it has occurred. Longer term change may require structural or systemic reform.

Both structural and individual risk and protective factors matter

As shown in Table 4, a large range of potential biopsychosocial risk factors are thought to influence homelessness. These are structural in nature (like existence of systemic discrimination, poverty, expensive housing markets, and whether systems of family support are adequate) or those at an individual level (like a person's gender or age, experience of family conflict or education; Nooe and Patterson, 2010).

Table 4: Biopsychosocial risk factors potentially associated with homelessness

Domain	Structural	Individual
Demographic	Ageing of society	Age
	Gender inequity	Gender
Cultural	Colonisation	Indigenous status
	Discrimination	Culturally and Linguistically Diverse (CALD)
Financial/human Capital	Poverty (low income support)	Low educational attainment
	Low wage growth	Low income
	Local employment conditions	Employment status
Accommodation	Expensive and inaccessible housing markets and lack of affordable housing	Previous experience of homelessness
Relationships	Family support	Domestic or Family Violence (DFV)
	Patriarchal attitudes	Relationship breakdown
		Sexual, psychological, physical abuse
Health	Health care system and costs	Mental illness
	COVID-19	Disability
		Substance abuse
Institutions	Deinstitutionalisation	Incarceration
	Access to government support	Military service
		Experience of foster or state care
Government support	Uneven access to services	Knowledge of services

Source: adapted from Nooe and Patterson (2010)

Studies show the significance of both structural and individual risk factors

Understanding structural and individual risk factors can help governments and service providers to design responses that reduce systemic risks as well as ameliorate the specific risks faced by individuals. Risks might be addressed before or after homelessness occurs. Few Australian studies have examined a large range of both individual and structural factors in combination. AHURI research has examined factors that increase or reduce risks of homelessness (Johnson et al. 2015), summarised in Table 5.

Table 5: Structural and Individual factors significantly linked with homelessness

Type	Domain	Factors associated with increased risk of homelessness	Factors associated with reduced risk of homelessness
Structural	Housing market	High local median rents increase entry	Availability of affordable housing in local area
	Labour market	Poorer local employment conditions increases entry	
Individual	Demographic	Males	
		Adults >45 years old	
	Family and social relationships	Recent violence	Marriage
			Dependent Children
			Better social support
	Previous housing history	Previous episodes of primary homelessness	
		Recent incarceration	
State care			
Health and use of drugs	Long term health condition	Diagnosis of mental health condition	
	Alcohol and regular illicit drug use increase entry		
Human capital	Low educational attainment		
	Unemployment or not being in labour force	History of employment	

Source: Johnson et al. (2015).

Financial problems, housing crisis and Family Violence are the main reasons for seeking help

The importance of structural and individual factors is also seen in the way clients report the reasons for accessing services to service providers. SHS providers ask clients the reasons they are seeking assistance from their service. Table 6 shows that the most frequent reason given is Family Violence (28% nominated this as the main reason). However factors such as housing crisis (20%) and financial reasons (18%)—factors that may be associated with issues like housing stress and poverty—were also important. Around 40 per cent of clients cited housing related issues (housing stress or accommodation issues) as their main reason for seeking help.

Table 6: Reasons for seeking assistance from SHS, 2018-19

Reason	All reasons	Main reason
Financial	49	18
Housing stress	28	6
Financial difficulty	41	11
Unemployment or employment related	17	1
Accommodation	53	34
Housing crisis	38	20
Dwelling related	25	10
Interpersonal	52	34
Relationship breakdown	22	4
DFV	38	28
Health	25	3
Mental health	17	1
Medical issues	9	1
Drug and Alcohol	9	1
Other	33	11
Transition from custodial arrangements	4	2
Foster and other care	1	0
Lack of family/community support	20	1
Other	1	0

Source: AIHW, (2019) Data tables All Clients.16.

3.3 Structural Risk Factors

Homelessness is influenced by a range of structural factors that affect society at large, including poverty, inequitable or weak labour markets, tight housing markets, as well as the strength of welfare or institutional support. Other broader changes like the ageing of society can also have an impact. There have been significant changes over the last 20 years in the housing market in particular that might influence incidence of homelessness:

- Declines in home ownership—from 71 per cent in 1995-96 to 67 per cent in 2015-16 (ABS, 2017)
- Increases in the role of private rental markets—with increasing shortage in affordable and accessible private rental housing for those on low income (Hulse et al. 2019)
- Relative declines in the amount of social housing (declining from 5.1 per cent of all housing in 2007-08 to 4.7 per cent in 2016 (AIHW 2017).

Some structural factors like labour markets and general rates of poverty appear to have had mixed trends in Australia over the last 20 years:

- Rates of unemployment have declined from around 7 per cent in 1999 to 5 per cent prior to the COVID-19 pandemic, but have recently increased to just over 6 per cent (ABS, 2020)
- Underemployment has increased from around 6% in 2000 to 8 per cent prior to the COVID-19 pandemic but increased following the COVID-19 pandemic to almost 14% (ABS, 2020)
- Relative income poverty rates in Australia have moderated with the proportion of the general population experiencing relative income poverty falling from 12.6 per cent in 2001 to 10.4 per cent in 2017 (Wilkins et al. 2019). However, AHURI research suggests poverty will increase for particular groups like older persons as the society ages, single households increase and fewer people own their house (Ong et al. 2019).

Housing markets and homelessness

United States research has tended to show a strong association between housing market conditions and homelessness (e.g. Eliot and Krivo 1991; Honig and Filer, 1993; Quigley and Raphael, 2000).

Studies of Australian Census data have tended to show the opposite and emphasised the importance of labour markets in explaining the location of homelessness (Batterham, 2012; Wood et al., 2015). Even so, more recent AHURI research has shown that areas with rising rates of homelessness featured shortages of affordable private rental housing (Parkinson et al. 2019).

Other studies have found that:

- An increase in median market rents is positively related to entry into homelessness (Johnson et al. 2015)
- Risks of homelessness are lower in areas with greater amounts of low cost private rental housing relative to low income renters (Johnson et al. 2015)
- Rates of homelessness are higher in areas with higher housing costs and people who move to areas with more affordable housing are more likely to exit homelessness (Bevitt et al. 2015)
- Tightening housing markets and discrimination in the private rental market were both factors in homelessness of families (Sharam and Hulse, 2014).

The impact of housing markets on homelessness varies between groups. For example, structural factors including housing and labour markets are less influential in determining entry to homelessness for people who display risky behaviours, such as alcohol and drug abuse (Bevitt et al. 2015). This suggests that there is complex interaction between individual and structural factors in relation to homelessness.

Weak labour markets increase homelessness

AHURI research has shown that more homeless people are located in areas with weaker labour markets (Parkinson et al. 2019; Wood et al., 2015). Regional rates of homelessness are not statistically linked to high unemployment rates, though labour markets may still play a role because areas with better labour market opportunities tend to be areas with higher housing costs so if those vulnerable to homelessness gravitate to where employment is buoyant, homelessness will increase in these regions (Wood et al. 2015). This points to the need to provide more affordable housing in areas of greater employment opportunity.

Uneven distribution of homelessness services

In many areas, homelessness services are unavailable or inaccessible, and this contributes to entry to homelessness. Additionally, not having access to the right service can lead to worsening of homelessness from secondary to primary homelessness (Wood et al., 2015). Homelessness service resource allocation is designed to increase service capacity in areas of greater need, however there is still excess demand in many areas, placing residents at greater risk of entry to homelessness (Wood et al. 2015).

The distribution of resourcing for homelessness is uneven across states and territories. Table 7 shows the distribution of SHS agencies and clients supported (as at 2019) relative to the distribution of homelessness (as at 2016).

These data in particular show the high number of Victorian and South Australian services and agencies relative to demand. There is a particular lack of services in the Northern Territory (4% of clients but 12% of homelessness), New South Wales (32% of demand but 28% of clients) and Queensland (19% of demand but 14% of clients). This may help explain the higher proportion of homeless persons who are in supported accommodation in Victoria relative to other states.

Table 7: SHS agencies, clients 2019 relative to demand

	Agencies	%	Clients	%	Homeless persons (2016) (%)
New South Wales	339	21	18,500	28	32
Victoria	569	36	23,000	35	21
Queensland	248	16	9,200	14	19
Western Australia	178	11	4,300	7	8
South Australia	90	6	5,000	8	5
Tasmania	49	3	1,900	3	1
ACT	37	2	1,400	0	1
NT	73	5	2,500	4	12
Australia	1580	100	65,800	100	100

Source: AIHW 2019, ABS Census 2016

This mismatch is even more acute if we go to a more disaggregated geographic (statistical level 3) level. AHURI research suggests that in 2016-17, there was a geographic mismatch between specialist homelessness services and clients: 44 per cent of the service capacity and 48 per cent of the accommodation capacity would need to change locations across the country to better align with the distribution of homelessness (Parkinson et al. 2019)

Poverty

A number of studies have linked homelessness with poverty. Poverty has been typically defined as the lack of material resources to meet needs, but more recent approaches have also emphasised the way poverty is a process and the result of social exclusion and disempowerment (Sharam and Hulse, 2014).

Poverty is especially a factor for families—with many people who experience homelessness coming from impoverished backgrounds (Sharam and Hulse, 2014). One key pathway into homelessness for adults is linked with poverty, usually through accumulated debt and ‘housing crisis’ (MacKenzie and Chamberlain, 2003). Poverty is also a common experience while people are homeless, but also after they have been housed, undermining ongoing capacity to re-enter and sustain housing (Sharam and Hulse, 2014).

3.4 Individual risk and protective factors

Individual risk factors include demographic, cultural or human capital characteristics that appear to expose people to higher risk of homelessness. Certain events or behaviours—family violence, relationship breakdown, mental illness, institutional discharge, and problematic drug and alcohol use—are also associated with a higher risk of entering homelessness or facing difficulties in exiting from homelessness.

Gender and age

A person's demographic characteristics—including gender and age—are important factors in influencing risk of homelessness (Martin 2014). Some demographic groups are at higher risk of homelessness:

- **Men** have an elevated risk of entry into homelessness, as well as a lower probability of exit from homelessness (Johnson et al. 2015, Bevitt et al. 2015). This might be attributed to less access to services relative to women even though they are more highly represented in the homeless population (see Table 3). Men are more likely to be sleeping rough or in boarding house accommodation which may expose them to a lack of safety. They are also more likely to experience violence from someone who is not a member of their household than women (ABS, 2006).
- **Older people** (over 45) are no more likely to enter homelessness relative to youth and children, but are more likely to face difficulties exiting homelessness (Johnson et al. 2015). Older women in particular are vulnerable due to lower levels of savings and their disadvantaged labour market position (Sharam, 2011). Older persons are of concern both because of their vulnerability and because they comprise a growing share of the general and homeless population (rising from 14% in 2006 to 16% in 2016).
- **Young people** (aged 15-24) are more likely to be homeless relative to other groups in the population and are most likely to enter homelessness due to family violence or housing crises. There are also good public policy reasons to be especially concerned about young people who become homeless because they are at greater risk of homelessness later in life and they face a greater range of health issues and contact with the criminal justice system which comes with added financial costs to the community (MacKenzie et al. 2016).

Cultural risk factors

Cultural networks can be a strength in providing protections against homelessness but practices in some communities, such as high rates of temporary mobility in remote Indigenous communities, pose risks for overcrowding and homelessness (Habibis et al. 2011). Both Indigenous and migrant groups can also face problems in sustaining their housing due to issues around discrimination in the private rental market (Short et al., 2008).

More frequently however, Indigenous people and people from a CALD background face disadvantages that predispose them to homelessness:

- **Indigenous people** are disproportionately exposed to risk factors such as DFV, discharge into homelessness from institutions, mental illness, drug and alcohol issues, unemployment, overcrowding, trauma and poverty. It is the exposure to these issues of disadvantage that explains the high rates of homelessness among Indigenous people, more than being Indigenous per se (Johnson et al., 2015, Habibis et al., 2011).
- **Culturally and Linguistically Diverse (CALD) or non-English speaking background** are not risk factors for homelessness (Johnson et al. 2015). But being a **migrant** (being born overseas) is a factor in explaining severe overcrowding (Parkinson et al. 2019) (see chapter 3).

Human Capital risk factors

Employment and income are generally protective against homelessness. Studies show that employed persons are both less likely to enter homelessness, and significantly more likely to leave homelessness (Bevitt et al., 2015). The inverse association between paid employment and homelessness is most pronounced for men. Those with no employment or no employment history after leaving full-time education were most at risk:

- **Unemployment and not being in the labour force** are significant in explaining probability of experiencing homelessness, but are not significant in explaining entry and exits from homelessness (Johnson et al., 2015).
- **Casual and fixed-term contract employment** is associated with a higher risk of homelessness compared to more permanent employment (Bevitt et al. 2015).
- **Low educational attainment**—those with low educational attainment have a higher risk of homelessness, and an elevated risk of entry into homelessness (MacKenzie et al. 2016).

Relationship risk factors

Relationships represent an important protective factor for housing and wellbeing. So it is not surprising that there is a negative impact when these relationships are jeopardised and potentially results in homelessness.

Most people who are married or living in a de facto relationship are less likely to enter homelessness. The presence of dependent children also has a strongly protective effect, both in terms of employment and housing. However couples that do enter homelessness are less likely to exit—this may be due to lack of support options for this group (Johnson et al., 2015). Other studies have shown the absence of family of origin or friends to call on was a factor in becoming homeless (Sharam and Hulse, 2014).

A number of risks are particularly important:

- **Domestic or Family violence (DFV)** affects mainly women, children and young people (AIHW 2018), but it also has implications for housing of perpetrators. DFV is the main reason women present for assistance from homelessness agencies. People experiencing DFV are unsafe in their homes and often the only alternative is to accept insecure or unsuitable alternative accommodation options to escape violence. This in turn impacts negatively on their financial position and social connections (Phillips and Vandenbroek 2014).
- **Sexual, physical and emotional abuse** especially affects children. Around 67 per cent of homeless and at risk households have experienced some form of childhood abuse or neglect (Scutella et al. 2012)
- **Losing a partner**—through relationship breakdown or death of a partner can have negative financial implications, placing someone at risk of homelessness. For couples under retirement age, the partner may have been the primary household income earner, leading to difficulties retaining home ownership (Petersen and Parsell 2015). For retirement age couples the loss of a partner can mean moving from a 'couple pension' to a 'single person pension', which can lead to household stress—particularly for people who are renting (Mission Australia, 2017). Women are more vulnerable because of low savings and employment security.

Health related risk factors

Health related factors like mental ill-health can influence entry into homelessness, however the experience of homelessness can also have deleterious effects on health, especially mental health and problematic drug use. The COVID-19 pandemic adds a new dimension to health risks, since those already experiencing homelessness often have poorer health and are unable to isolate in a private dwelling. Risks include:

- **Mental ill-health**—approximately 2–3 per cent of the Australian population has a severe mental illness, while up to 16 per cent have a mild or moderate mental health disorder (ABS, 2008). AHURI research has demonstrated links between mental ill-health and risk of homelessness (Brackertz et al., 2020). The psychosocial and financial difficulties often associated with mental illness may lead to homelessness, while the isolation and trauma of rough sleeping can trigger mental illness (Chamberlain and Johnson, 2011).
- **Disability**—Those experiencing a long-term health condition that restricts everyday activities are significantly more at-risk of homelessness (Johnson et al 2015).
- **Traumatic stress**—a range of traumatic experiences can influence homelessness (Robinson, 2014).
- **Traumatic Brain Injury**—may be a predictor of homelessness or an outcome of it. TBI is also correlated with poorer self-reported physical and mental health, higher suicidality and suicide risk, memory concerns, and increased health service use and criminal justice system involvement (Stubbs et al. 2020).
- **Problematic drug and/or alcohol use** is often found among homeless populations—approximately 9 per cent of people presenting at homelessness services have problematic drug and/or alcohol use. There is no strong indication that it is a significant cause of homelessness, instead, problematic drug and/or alcohol use is more likely to occur following entry into homelessness particularly primary homelessness (Chigavazira et al. 2014).

Exiting institutions risk factors

Transitions between institutions or entering and leaving institutions are points of risk where gaps in the service system can mean people are discharged into homelessness. This can be due to inadequate discharge planning and procedures and a lack of exit points from institutions into stable and affordable housing. People exiting institutions often face immediate barriers to employment and housing, because discharge processes insufficiently consider and plan for appropriate and sustainable housing for these groups. High risk groups include:

- **Ex-prisoners**—homelessness was found to be a significant risk immediately following incarceration discharge in a study of ex-prisoners in Victoria and NSW (Baldry et al. 2006). Given the increasing rate of incarceration in Australia, this represents a rising risk for homelessness (ABS, 2018c). The likelihood of entering homelessness is noty linked with the amount of time spent incarcerated (Johnson et al. 2015).
- **People leaving care**—from hospital, psychiatric hospital or unit, disability support, rehabilitation, aged care facility, foster care, child safety residential care, or transition from other care arrangements, made up around 2 per cent of those accessing SHS in 2016–17 (7,100 persons; AIHW 2018). Young people leaving out of home care also have an elevated risk of homelessness (Johnson et al. 2010). Other evidence suggested this group was also at higher risk of longer durations in homelessness and have high life time costs from service usage (Forbes et al. 2006).
- **Veterans from the military**—AHURI research finds that across Australia, around 5,767 (5.3%) the recently transitioned Australian Defence Force population were homeless in a 12-month period, which is significantly higher than that for the general population (1.9%; Hilferty et al. 2019). Risk factors among this group are similar to the broader homeless population including lower education levels, being single, being unemployed, experiencing financial strain, having mental health issues, having less contact with family/friends, engaging in risky behaviours, being arrested or convicted for a crime, and experiencing a greater number of lifetime traumatic events. Some risk factors were specifically linked to transition from military service, including PTSD and psychological stress, operational deployment, being discharged at lower rank (Hilferty et al. 2019).

Previous or intergenerational homelessness risk factors

The high levels of persistence of homelessness among some groups suggests that there may be some 'scarring' effects associated with the early or repeated experience of homelessness which make it more likely that homelessness will persist over time or be repeated at a later stage. These risk factors appear to be important:

- **Previous experience of the homelessness**—raises the likelihood of entering homelessness again (Johnson et al. 2015)
- **Child homelessness**—experience of child homelessness is associated with difficulty attaining employment in later life. This is thought to be due to lower educational attainment and higher welfare dependency for women, and higher rates of school incompleteness and incarceration for men (Cobb-Clark and Zhu 2017).
- **Intergenerational homelessness**—where homelessness is repeated across generations of the same family. Adult Indigenous clients of SHS have reported a substantially higher rate of intergenerational homelessness (69%) than their non-Indigenous counterparts (43%; Flatau et al. 2013).

3.5 Policy implications

The National Housing and Homelessness Agreement identifies key priority groups like those at risk of family violence and funds services. These include those with specialised expertise in engaging and working with these groups. But it is clear some groups, like men (who are at greater risk of persisting in homelessness) or older persons (who are emerging and appear to have unfamiliarity with the system) may need more resources and attention.

Policy makers will need to consider ways that the housing and welfare systems might focus on building resilience and providing protections so that homelessness risk is significantly reduced or at least mitigated. This means more preventative and early intervention. Building resilience and protections for younger people—especially those with previous adverse experiences of DFV or those in care situations—should remain a priority to head off the risk that they will end up cycling through the system in adulthood. But their chances for successfully exiting homelessness permanently may be blocked if they then encounter inadequate employment and expensive housing.

Similar initiatives could build up the protective factors of those in adulthood. Developing more constructive ways to prevent violence and constructively navigate family breakdown is crucial. But another way of reducing the risks of falling into homelessness, promoting exit from homelessness and longer term sustainment of housing will also involve increasing availability of affordable housing.

4. Causes and factors behind overcrowding

4.1 What is overcrowding and how do we measure it?

Measurement of overcrowding in Australia relies on the Canadian National Occupancy Standard (CNOS)

Overcrowding occurs when a household does not have enough space to accommodate its members adequately. Overcrowding can be measured using density, occupancy standards and stress measures.

Official measures of overcrowding using occupancy standards utilise a set of normative or cultural standards around a household's use of a dwelling. In Australia, the Canadian National Occupancy Standard (CNOS) is most widely used. The CNOS assesses the bedroom requirements of a household based on the following criteria:

- no more than 2 persons per bedroom
- children less than 5 years of age of different sexes may reasonably share a bedroom
- children 5 years of age or older of opposite sex should have separate bedrooms
- children less than 18 years of age and of the same sex may reasonably share a bedroom
- single household members 18 years or older should have a separate bedroom, as should parents or couples (AIHW, 2017a).

The ABS and Productivity Commission use this measure in publishing data on overcrowding in Australia. This submission uses CNOS as the basis for analysis and defines overcrowding as follows:

- all overcrowding: the household requires at least one additional bedroom to meet CNOS standard (CNOS 1+)
- severe overcrowding: the household requires four or more additional bedrooms to meet CNOS standard (CNOS 4+)
- other overcrowding: the household requires three additional bedrooms to meet the CNOS standard (CNOS 3)
- non-severe or other overcrowding: the household requires one or two additional bedrooms to meet the CNOS standard (CNOS 1 and CNOS 2).

Problems with CNOS and other measures

Some caution should be exercised when using the CNOS. Census estimates of overcrowding only count usual residents (and not temporary residents). This means that the measures are likely to understate the true level of overcrowding especially amongst some groups such as Indigenous communities (Memcott et al. 2012).

Furthermore, CNOS measures presume a western cultural framework for understanding how a household uses a home which are at odds with other cultural perspectives including those from Indigenous and migrant communities. This is a matter of concern since it is precisely these communities that also have high measured rates of overcrowding. AHURI researchers have advocated for supplementing or adapting the density measure with subjective stress measures of overcrowding that take into account the values and rules of householders that if broken 'can generate stress and loss of control' (Memcott et al. 2012). Such measures of overcrowding might reveal that even those experiencing moderate levels of overcrowding are nevertheless under strain. Some forms of overcrowding (including that due to temporary mobility for cultural reasons) may not necessarily be perceived as problematic (Habibis et al. 2011).

Work is presently progressing through the Housing and Homelessness Data Working group convened by Australian Government to consider ways to better measure overcrowding, as part of a work program auspiced by the National Housing and Homelessness Agreement. AHURI is taking a leading role in delivering this work.

Why does overcrowding matter?

Overcrowding matters because it can create conflict in a household, undermine tenant safety, lead to property damage, and contribute to poor social, health and education outcomes. The ABS Census categorises severe overcrowding as a form of homelessness, and recognises that other overcrowding places people at risk of homelessness.

Overcrowding has a number of other problematic outcomes, such as overburdening kitchens and toilets, and property damage. This can have adverse impacts on health and tenure security (Habibis et al. 2016). Such health risks associated with overcrowding are heightened in the context of the COVID-19 pandemic, which may require unwell household members to self-isolate as well as the need for heightened attention to hygiene practices and cleaning in the home.

4.2 Levels of overcrowding are low but increasing

Measured rates of overcrowding in Australia are low by international standards but may under-count true levels of overcrowding

Compared internationally, Australian housing is not very crowded and the average size of Australian homes is relatively large. OECD data shows that on average, Australia has 2.3 rooms per person, and Australia is fourth out of 38 countries in relation to the number of rooms available per person (OECD 2019).

Despite this, Census data in 2016 show that all overcrowding using CNOS 1+ is still significant:

- 282,335 non-Indigenous households (3.5% of non-Indigenous households) experienced some form of overcrowding
- 26,377 Indigenous households (10% of Indigenous households) experienced some form of overcrowding (AIHW 2019c).

More problematic forms of overcrowding are rare but increasing

The most problematic forms of overcrowding are severe overcrowding (CNOS4+) and other overcrowding (CNOS3).

In 2016, there were 51,088 persons living in severely overcrowded dwellings in Australia. They occupied 5,806 dwellings, meaning that on average, each severely overcrowded dwelling had around 9 occupants (Table 8). This compares to the average 2.3 persons per household across Australia.

Table 8: Severe and other overcrowding in Australia, 2016

	Dwellings	Persons	Rate (persons per 10,000 population)
Severely overcrowded (CNOS 4+)	5,806	51,088	21.8
Other overcrowded (CNOS 3)	na	80,908	34.6

Source: ABS (2016a)

There has been a 62 per cent increase in the number of persons in severely overcrowded dwellings as part of the ABS measurements of homelessness between 2006 and 2016. Related to this is the high number of marginally housed persons—these people are in less severely crowded dwellings or marginal housing types like improvised dwellings or caravan parks—many people who occupy these often insecure tenures are at risk of homelessness. Persons living in other crowded dwellings has increased by 88 per cent from 2006 to 2016 (ABS, 2016).

4.3 Where does severe overcrowding occur?

Severe overcrowding mainly occurs in detached and rental dwellings

The ABS publishes data on the characteristics of Australian dwellings that are severely overcrowded. This indicates that most persons who are in severe overcrowding live in:

- **Detached housing**—73 per cent are in separate houses
- **Rented housing**—71 per cent of all severely overcrowded dwellings were rented (ABS, 2018a).

Severe overcrowding occurs mainly in families and multiple family households

Table 9 shows that severe overcrowding mainly occurs in families, extended families or multiple family contexts (83%). This comprises multiple family households (49%), single family households (34%), and group households (16%).

Table 9: Composition of households in severely overcrowded dwellings, Australia, 2016

Household composition	Number of severely overcrowded dwellings (CNOS 4+)	Number of persons in severely overcrowded dwellings (CNOS 4+)	Percent of all persons in severely overcrowded dwellings (CNOS 4+)
One family household	2,241	17,580	34%
Multiple family household	2,349	25,237	49%
Lone person household	0	0	0%
Group household	1,214	8,278	16%
Visitors only	0	0	0%
Total	5,806	51,088	100%

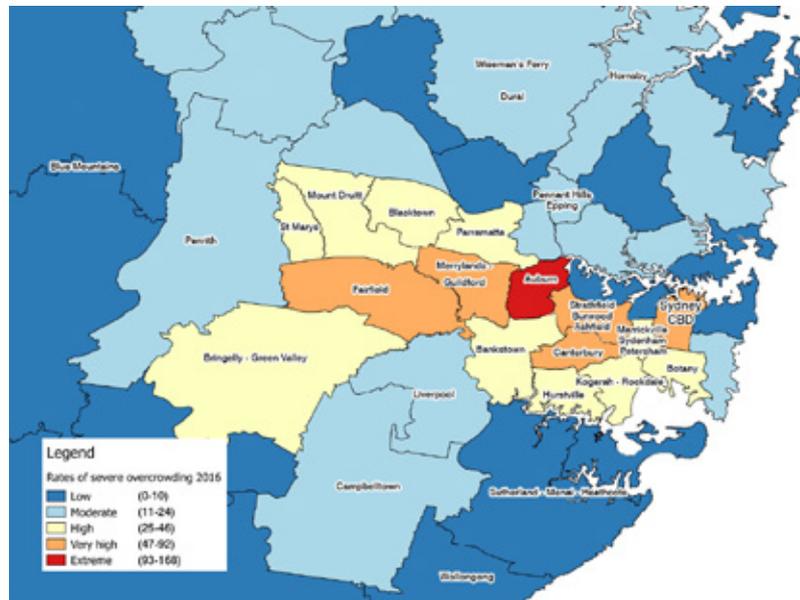
Source: (ABS 2018a) Census data for 2016

Remote areas and parts of large capital cities

Severe overcrowding is found in particular suburbs in large capital cities. Figure 4 shows that severe overcrowding was concentrated in particular Statistical Local Areas (SLA3) of Sydney in 2016.

4. Causes and factors behind overcrowding

Figure 4: Rate of persons per 10,000 of the population is severe overcrowding, Greater Sydney Area, 2016



Source: (ABS 2018a) Census data for 2016

The map shows that Auburn had extreme density of severe overcrowding (93–168 persons per 10,000) while other areas Fairfield, Merrylands-Guildford, Strathfield-Burwood-Ashfield, Canterbury and Sydney CBD had very high rates of severe overcrowding (47-92 persons per 10,000).

Table 10 shows that very high rates of severe overcrowding are found in the Northern Territory (22 times the national rate) but rates of overcrowding are also higher in New South Wales compared to other states.

Table 10: Incidence of persons in severely crowded and other crowded dwellings, Australia, 2016

	Persons in severely crowded dwellings (per 10,000 persons)	Persons in other crowded dwellings (per 10,000 persons)
Aboriginal and Torres Strait Islander	252.6	164.8
Non Indigenous	16.1	32.5
Young (Aged 12-24)	43.0	69.5
New South Wales	22.5	43.5
Victoria	15.1	33.4
Queensland	16.2	26.6
South Australia	12.8	22.7
Western Australia	15.6	23.4
Tasmania	5.2	13.2
Northern Territory	483.5	223.4
Australian Capital Territory	9.3	17.7
Total	21.8	34.6

Source: ABS Census 2016

4.4 Who does it affect?

People in overcrowded dwellings are mainly Indigenous, young, tertiary students and migrants

Severe overcrowding and other overcrowding is over-represented among Indigenous Australians, young people, tertiary students and migrants (ABS, 2018a; Tables 10-12).

Table 11: Numbers of persons in severe or other overcrowding by educational attendance, NSW, 2016

	Severe overcrowding (CNOS 4+)	Per cent	Other overcrowding (CNOS 3)	Per cent	Per cent of NSW population
Pre-school, infants/primary School	1,347	7	3,379	9	10
Secondary school	1,092	5	2,529	7	6
Tertiary institutions	3,364	17	5,952	15	7
Not attending	9,221	46	17,841	46	69
Other	1,801	9	2,808	7	8
Total	20,190	100	38,458	100	100

Source: ABS Census data for 2016

Table 12: Persons experiencing overcrowding by country of origin, NSW, 2016

Country of birth	Severe overcrowding (CNOS 4+)	Other overcrowding (CNOS 3)	Non-crowding homelessness	Per cent of NSW population
Country other than Australia	12,117	20,584	9,849	35%
Australia	4,709	11,925	11,044	65%
Total	16,826	32,509	20,893	100%
Per cent migrants	72%	63.3%	47.1%	

Source: ABS Census data for 2016

4.5 Why does overcrowding occur?

Structural and individual risk factors are relevant, but drivers are different from homelessness more generally

Like homelessness more generally, both economic and demographic factors are relevant in understanding why overcrowding occurs:

- A combination of high rents and low incomes drives households into overcrowding.
- Locations with high numbers of migrants, Indigenous people, and large families are all significantly related to the incidence of overcrowding.

However, the risk factors that might explain overcrowding appear to be different from those of other homeless groups which are more likely to come from lower educational backgrounds and live in less expensive housing markets with higher rates of unemployment. While Indigenous groups are also overrepresented in the homeless population, this is not the case for migrants and students.

Structural factors

Overcrowding is more prevalent in locations of housing affordability stress and tight housing markets. Locations with more social housing and higher rates of unemployment are also significantly linked to severe overcrowding. However, overcrowded households are increasingly likely to be in places with lower rates of unemployment suggesting that people may live in overcrowded dwellings in order to access work or education (Parkinson et al. 2019).

Migrants

Australian studies of refugees (Beer and Foley 2003; Flatau et al. 2014) and other migrants (Australian Survey Research Group 2011) identify a number of factors that contribute to overcrowding:

- low incomes and inability to accrue bonds or rent in advance
- high cost of renting or purchase
- discrimination in the private rental market
- issues in accessing suitable accommodation for female headed, extended or large families
- language barriers
- lack of familiarity with Australian housing and legal systems
- high competition for accommodation
- lack of rental history and difficulty in application processes
- pre-existing disadvantage or disability related to refugee status.

There appears to be some aspects specific to the migration experience that put migrants at greater risk of overcrowding.

Preference for living with family or co-ethnics: An Australian study found that almost 90 per cent recently arrived migrants stayed with Australian residents (Beer and Foley 2003). A similar trend was apparent for refugees and those on Temporary Protection Visas: most refugees (over 75%) had received assistance by family members or community groups in securing current accommodation (Beer and Foley 2003).

Uncertainty of residency: Overcrowding may be linked to uncertainty over continued residency (e.g. for those on temporary visas) or illegal status as a migrant (Easthope et al. 2018).

Diminishing affordability in gateway suburbs: Many new migrants are attracted to 'gateway' suburbs in major cities, where many other migrants have settled. While some of these locations have been associated with low socio-economic demographics, Easthope et al. (2018) argue that these locations often have good access to services, enable those of similar languages and ethnic backgrounds to network, and have been places which enable newly arrived migrants to pursue employment opportunities.

In recent times, these opportunities have been curtailed as services have been reduced, housing affordability has worsened, and as employment opportunities have shifted away from manufacturing to service based industries which require better language skills (Easthope et al., 2018).

Indigenous overcrowding

Indigenous people are at risk of overcrowding because of a combination of structural issues (like poverty and discrimination) and cultural issues.

Barriers in the private rental market include:

- Large families and preferences to live in extended family units and difficulty in sourcing sufficiently large houses
- Potential discrimination in the private rental market directed towards those with larger families and low or vulnerable income and those from Indigenous backgrounds (Short et al. 2008).

Cultural factors that contribute to Indigenous overcrowding include:

- Cultural obligations to accommodate kin and other visitors
- Avoidance behaviours that determine the suitability of particular sleeping and other living arrangements based on complex kin relationships
- Strong emotional impact of household (or public) shaming for the violation of socio-spatial rules
- Preference for outdoor living among some groups (Memcott 2011).

Some overcrowding in remote communities stems from aboriginal kinship groups utilising rooms to house whole families. These sleeping arrangements approximate customary camp settings and are not relevant to overcrowding in more modern urban Aboriginal contexts (Memcott 2011).

Insufficient and inadequate housing in remote settlements are key factors in Indigenous overcrowding. Social housing providers in remote settlements have problems providing and maintaining adequate and appropriate housing and in some cases, health hardware (toilets, kitchens) are not functioning. This means that housing is inadequate leading to overcrowding into those houses that are of more adequate quality (Habibis et al. 2016).

High rates of temporary mobility occurs in the Indigenous community and use of multiple dwellings is part of Indigenous self-identity (Memcott et al. 2006).

Because of the lack of suitable housing, poverty, and government social housing policies, moves often result in overcrowding in Indigenous households or homelessness.

Difference between migrants and Indigenous experiences

Indigenous households are over-represented in both severe overcrowding as well as other forms of homelessness. Regions with a higher share Indigenous persons were associated with severe overcrowding but were also significant factors associated with non-crowding homelessness.

While migrants experience severe and other forms of overcrowding, they do not experience other forms of homelessness to the same extent. AHURI research found that non-English speaking background is highly significant in explaining severe overcrowding, not in non-crowding homelessness (Parkinson et al 2019).

This suggests that migrants who experience overcrowding seem somewhat protected from other forms of homelessness.

4.6 Policy implications

Efforts at a state level to regulate overcrowding in strata title developments are likely to be less effective since most severely overcrowded dwellings are detached. Regulatory mechanisms to limit overcrowding may also be counter-productive if this forces people towards other forms of homelessness. Policy that works with the cultural groups concerned towards assisting and empowering them to navigate the private rental market, and provide temporary support for those unable to access work offer more promise.

5. Services to support people who are homeless

5.1 Homelessness strategies and service systems

Homelessness systems operate at the state and territory level

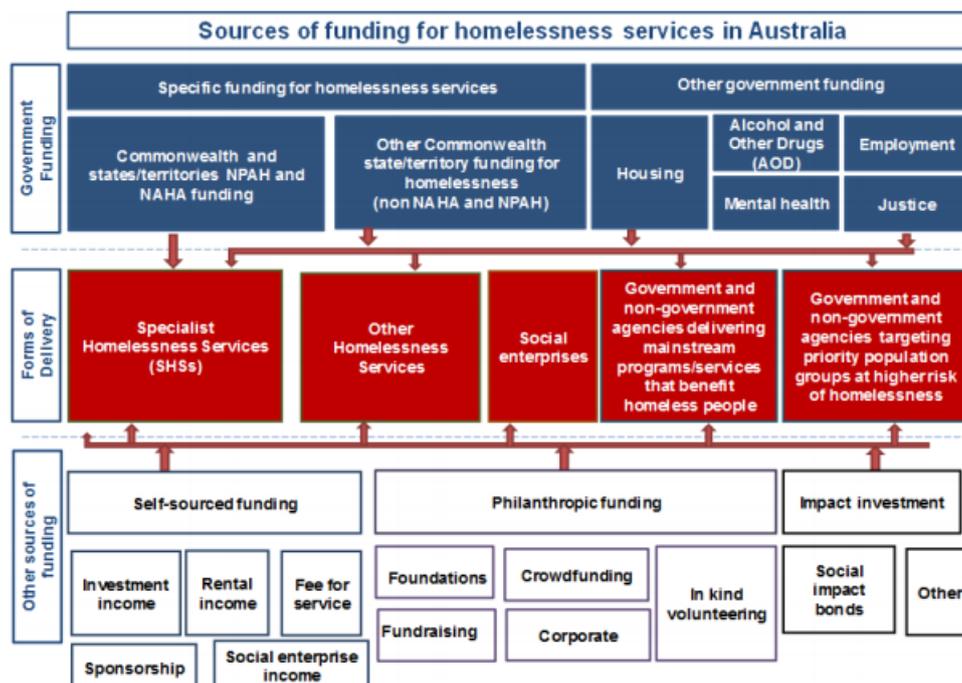
Federal funding is provided to tackle homelessness through the National Housing and Homelessness Agreement (NHHA). In 2019-20, \$125 million will be spent by the Federal Government with funding matched by state and territory governments (Council on Federal Financial Relations, 2018).

There is no national housing and homelessness strategy nor a unified national homelessness system. Rather, all states and territories are required to have homelessness strategies as part of the NHHA agreement and services are contracted by states and territories with a range of providers (Brackertz, et al., 2016).

While homelessness service organisations access some funding from private sources like philanthropic and impact investment sources, around 85 per cent of funding for homelessness services comes from federal and state governments (Flatau, et al., 2017).

Outside of homeless funding, federal and state governments also fund other services that are relevant to assisting the homeless. This includes housing, alcohol and other drugs, justice, employment and mental health services, many of which are provided in the not for profit sector (Figure 5).

Figure 5: Sources of funding for organisations delivering services to homeless people in Australia



Source: Flatau, et al. (2017)

Service provision is fragmented

Homeless persons or those at risk are usually eligible for a range of services, from various forms of private rental assistance, social housing and support services from specialist homelessness providers. Some specialist homelessness services are mainstream in orientation and are in principle accessible to a wide array of groups while others specialise in serving particular at risk groups.

There are many services, with around 1,580 individual organisations across the country, serving 65,800 clients on any given day (AIHW, 2019a). Programs and services have been developed incrementally over a number of years to respond to particular groups in need.

AHURI research suggests that homelessness is best addressed through client (or family) centred approaches, long-term policies and programs that focus on prevention or early intervention, 'housing first' style approaches, and 'wrap-around' services (Thredgold et al. 2019). Some states and territories, such as New South Wales and Victoria, have sought to introduce these ideas into their state strategies.

Similarly, early intervention approaches that are based around an eco-system of networked coordinated and cooperating services in a community (interacting with other institutions like schools) are most effective in reducing youth homelessness. However most of present early intervention programs are run at a state or federal level and 'siloed', with many of the organisations competing for funding, undermining willingness to cooperate (MacKenzie et al. 2020).

The Road Home policy (Australian Government, 2008) was the last attempt to articulate a national policy, but reforms to bring about a national homelessness system were not undertaken. AHURI research argues that the system remains fragmented, crisis-driven and poorly resourced (Thredgold et al. 2019, Flatau, Zaretsky et al. 2017; Brackertz et al. 2020). Most importantly, there is a lack of access to long term suitable housing to assist people experiencing homelessness.

New services to assist homeless people and those at risk have been temporarily established to address the COVID-19 pandemic (see AHURI, 2020). These are discussed below. The remainder of this chapter outlines the nature of current services, summarises evidence about their effectiveness in serving those who are homeless, and identifies service gaps.

Temporary measures relating to Coronavirus

Federal, state and territory and local governments have all announced a number of measures to assist homeless people, and those at risk, as part of a response to the COVID-19 pandemic. The measures have been motivated by the goal of slowing and limiting the spread of the virus, considering the welfare needs of those affected, and also supporting the economy. Because they are a response to the COVID-19 pandemic, it is expected these measures will be temporary. Relevant measures by the Federal Government (Services Australia, 2020) include:

- Expanding eligibility for income support payments as well as reduced means testing and reduced waiting times.
- Providing a Coronavirus Supplement (\$550 per fortnight) to eligible income support recipients.
- one off Economic Support Payment of \$750 for welfare recipients and potential for an additional payment if not eligible for the Coronavirus supplement.
- Jobkeeper wage subsidy program of \$1,500 per fortnight to assist people to retain their jobs for up to six months (Australian Government, 2020).

State and Territory governments have introduced a range of other measures including

- Provision of hotel accommodation to temporarily house homeless persons with costs met entirely by the government. Much of this accommodation was vacant because of restrictions on international and domestic travel from the pandemic. Specialist homelessness providers have assisted with provision of meals and support (e.g. Siebert, 2020).
- Prohibition on evictions of tenants for 6 months, potentially including for non-payment of rent or calling on bond money. This has been facilitated through emergency legislation (See for example, *COVID-19 Legislation Amendment (Emergency Measures) Act 2020* (NSW Government 2020).
- Provision of additional cash subsidies to private renters and incentives to landlords to support tenancies (e.g. Victorian Government, 2020)
- Expansion of services for people experiencing family violence and housing crisis (e.g. Williams, 2020)

In addition, most banks have announced pauses on mortgage repayments for those adversely affected by job or income loss. These measures are intended to be temporary, and have only just been implemented and so it is too early to properly assess their effectiveness in addressing homelessness.

5.2 Services to support people who are homeless or at risk

Housing Assistance—Private Rental

A range of housing assistance is available to assist people to either enter or sustain a tenancy. While private rental has potential benefits in accessing a wider array of dwelling types, there is a lack of affordable and accessible housing for those on the lowest incomes, and many of those houses that are available are occupied by those on higher incomes (Hulse et al., 2019). Longer term housing is also a concern since many people who are homeless go into unaffordable and insecure private rental. There is potential to better match housing to the needs of youth who are often put on Newstart and directed to the private rental sector (Parkinson et al. 2019).

The four main types of assistance to access and sustain private rental are described below. They generally improve outcomes, but the effectiveness of the tenure for people who are homeless can sometimes be problematic—especially for those who are the most disadvantaged.

Commonwealth Rent Assistance

Commonwealth Rent Assistance (CRA) is an Australian Government payment available to those on income support and in private rental accommodation or community housing. CRA was accessed by over 1.3 million renters in 2019 (AIHW 2019b).

CRA helps improve affordability but does not eliminate housing affordability stress: in June 2018, 68 per cent of CRA recipients would have paid more than 30 per cent of their income on rent if CRA was not provided, and this proportion was reduced to 40 per cent through receipt of CRA (AIHW, 2019b). However even with this assistance, private rental is an expensive tenure for many people, especially young people: 57 per cent of young people are still in housing affordability stress with CRA support (AHURI, 2019a).

Private Rental Assistance programs

Private Rental Assistance (PRA) programs are provided by state and territory governments to assist people to access private rental housing through bond loans, rental grants, rental subsidies or relief and payment of relocation expenses. PRA was provided to 88,300 unique households in 2017-18, with bond loans the most common form of assistance (AIHW, 2019b).

AHURI research finds these programs to be an effective form of 'one off' assistance at a time when tenants are struggling, but are ineffective for tenants experiencing 'on-going' or episodic forms of housing stress. Limits on the amount of assistance a person can access, and reluctance from some landlords to house those with PRA also undermine the programs. More innovative approaches (e.g. in Tasmania) have sought to integrate this support with tenant support programs (Jacobs et al. 2005).

Private Rental Brokerage

Private rental brokerage services are provided by state and territory governments to assist vulnerable people to access and sustain private rental tenancies (e.g. Housing Establishment Fund in Victoria, Rent Connect in Queensland). These programs seek to do this through targeted early intervention assistance designed to build tenancy capacity and through building links with the local private rental industry (Tually et al., 2016).

AHURI research suggests these programs are effective in helping many to access private rental housing especially those without high and complex needs, but agencies often noted that it was very challenging to assist clients with high needs into private rental and so this was not a viable form of assistance for this group (Tually et al. 2016). There are several limitations to the program:

- Difficulty in measuring outcomes of tenancy sustainability with a lack of standardised data and shared metrics
- Lack of available, affordable and appropriate rental properties
- Excessive reliance on marginal housing such as caravan parks
- A lack of dwelling types to suit larger families or clients with a disability
- Stigmatisation of many of the clients who use the service among private rental providers (Tually et al., 2016).

Other AHURI research found that many people who exit social housing experience difficulties sustaining private rental tenancies or home ownership (Wiesel, et al. 2014). About a third experienced significant deterioration in their financial circumstances over a period of 10 years, and 17 per cent re-entered public housing. Challenges included financial hardship due to loss of employment or deteriorating health, and difficulties sustaining sharing arrangements, new relationships and informal situations.

Head leasing programs

Government housing authorities and community housing providers (CHPs) 'head lease' privately owned properties which are then sub-let to tenants. In some cases the CHP may be fully or partially responsible for paying the rental bond to the landlord, and may negotiate an extended time period for the lease on the property. This can ensure that tenants have a high degree of stability in their housing. If the tenant moves out the CHP is responsible for finding another tenant (AHURI, 2019b).

The advantages of head leasing for landlords are that: they have a guaranteed income for the length of the lease; that maintenance and any damage caused by tenants will be repaired by the CHP; and that they don't need to use a commercial real estate agent to manage the property. This means the CHP may be able to negotiate a lower rent than might otherwise be the case (AHURI, 2019a). Head leasing appears to be especially relevant to particular client groups like families who may need larger housing or housing located near schooling (Spinney 2012).

Programs like the Community Rent Scheme in Queensland involve CHPs head leasing privately owned properties to provide accommodation for those at risk of homelessness (usually for up to two years). There are issues with this transitional model, because disadvantaged clients need to find new properties after the supported period, potentially placing them at risk of further homelessness.

Social housing

Social housing is a key source of affordable and secure housing that can benefit people who are homeless or at risk—there were 434,502 properties across Australia in June 2018 with 73 per cent in public housing, one fifth in community housing and the remainder in Indigenous community and state owned and managed Indigenous housing (SOMIH) (Productivity Commission, 2020). Those who are assessed to be homeless, or at risk of homelessness are considered to be among those in ‘greatest need’ and as such have higher priority on the waiting list for social housing.

There is evidence that this prioritisation does have a beneficial effect for some who are homeless:

- Those in greatest need spent less time on waiting lists than other households (AIHW, 2019).
- In 2019, 76 per cent of the new allocations to public housing and 81 per cent of those to community housing were to people in the greatest need category
- Overall, half of all those in the greatest need category that were allocated (7,200 households) were experiencing homelessness and a further 39 per cent were at risk of homelessness (AIHW, 2019).
- AHURI evidence suggests this tenure provides a stable and affordable home for most people who are able to access it (Baker et al., 2020).

The total number of social housing dwellings has grown over time—from 401,576 dwellings in 2010 to 434,502 dwellings in 2018 (AIHW, 2019b). However public housing as a proportion of all housing has declined significantly, falling from 5.2 per cent in 1996 to 4.1 per cent in 2011. Growth has come from the community sector, but this growth has not been sufficient to enable social housing to keep pace with population growth and demand.

AHURI research has shown that not for profit affordable housing growth is driven by opportunity rather than need—that is, new dwellings are provided where it proves viable, rather than where there is greatest demand for housing. It is dependent upon provision of subsidy, and at present affordable housing providers have to source that subsidy from varying sources (e.g. from land grants, market sales or operating subsidies). This fragmentation of subsidy mechanisms adds costs and complexity to the development process. A more coherent and long term policy framework would overcome this by providing public subsidy to reflect need across a continuum of need (Randolph et al. 2018). The National Housing Finance and Investment Corporation (NHFIC) social housing bond loans provide a ten-year, low interest loan to community housing providers. The first loans were issued in 2019, it is intended that a more stable source of finance will enable growth in the community housing sector.

Less housing means delays in accessing housing and this encumbers effective service delivery for clients of SHS services. Social housing is increasingly targeted to people with high and complex needs, exacerbating issues around financial viability (Hall and Berry, 2007), stigmatisation (Jacobs et al. 2011) and antisocial behaviour (Jacobs and Arthurson 2003) which may be counter-productive for addressing needs of an already disadvantaged group. There have also been specific issues around eviction and lack of flexibility about management of tenures for Indigenous persons (Habibis et al. 2011), and lack of access to social housing for young people as providers perceive them to be high risk and have insecure incomes (MacKenzie et al. 2020).

Specialist homelessness services

SHS providers provide three key types of services:

- **Tenancy support**—for persons presently in accommodation but at risk of losing an existing tenancy
- **Supported accommodation**—takes the form of providing crisis, transitional and longer term accommodation together with support
- **Street to home programs**—aimed at assisting the chronically homeless.

SHS providers have trouble sourcing long term housing

Whether in the private or public sector, SHS providers struggle to meet needs for longer term housing. Table 13 shows that:

- Just over half of clients (51%) needing specialist housing services (long, medium or short term housing) were provided those services
- Over 109,000 households needed long term housing over the period, but only 4,030 (4%) received it during the period and only another quarter were referred to other providers
- The most common housing provided was short term, but even this only met 59 per cent of the need.

The challenges of providing long term housing contrasted with efficiency in other forms of assistance provided. For example, SHS providers are effective at providing or referring clients to general services like advocacy or advice, and specialist services like drug and alcohol or mental health support. Where housing was already in place, most clients needing tenancy support (81%) received this service (AIHW, 2019).

Table 13: Housing, general and specialist services, number of clients with service needs provided, Australia, 2018-19

	Need identified	Provided	Referred	% of need provided
Housing services				
Accommodation provision	169,196	86,146	25,813	51%
Short term	112, 651	66,047	11,699	59%
Medium term	82,815	22,291	13,041	27%
Long term	109,569	4,030	28,029	4%
Assistance to sustain housing tenure	98,231	79,888	3,195	81%
All general services	273,071	266,308	1,280	98%
Total client needs	651,372	487,897	123,987	84%

Source: AIHW (2019).

SHS services improve outcomes

Evidence from AIHW Specialist Homelessness Services Collection data (Table 14) show that housing outcomes for clients are generally better after receiving support from SHS than before. Housing support is effective for an estimated 53 per cent of all clients:

- 41 per cent of clients remained in public or private accommodation (had stable tenure)
- 12 per cent moved from homelessness to public or private accommodation.
- 21 per cent remained in homelessness
- 4.5 per cent moved from being at risk into homelessness.
- outcomes are not known for another 22 per cent.

5. Services to support people who are homeless

Most clients at risk of homelessness in private or social housing who received services (mainly Tenancy Support to maintain their tenancy) retained their housing at the end of the support period (92%). The drop out to homelessness from private tenures (8.7%) is only slightly higher than for public and community housing (7.4%). Other AHURI research confirms high rates of tenancy sustainability in public housing for those with tenancy support, and also suggests that clients of tenancy support programs in public housing are more likely to sustain tenancies with support than if they had not received it (Zaretzky and Flatau, 2015).

Tenancy support programs in public housing are found to be especially effective in reducing the need for acute health services like Intensive Care or Emergency departments and overnight stays for a range of vulnerable groups including those exiting correctional institutions, mental health units, drug and alcohol programs and street to home programs (Zaretzky and Flatau, 2015).

However, as Table 14 shows, relatively few of those that were homeless at the beginning of the period get into housing—for those whose outcomes are known, a minority of those who were homeless were moved into public or private housing by the end of the support period.

Table 14: Change in housing situation following closed support period, Australia, 2015–16

Housing situation		Percentage clients in housing situation	
		at beginning of support	at end of support
Homeless	No shelter or improvised/inadequate dwelling	10.0	5.9
	Short term temporary accommodation	16.0	14.3
	House, townhouse or flat—couch surfer or with no tenure	16.9	11.8
At Risk of homelessness	Public or community housing—renter or rent free or Institutional settings	14.5	21.0
	Private or other housing—renter, rent free or owner	38.7	44.0
	Institutional settings	3.9	2.9
Total clients		100.0	100.0
Change in housing situation following support		Percentage of all clients	
Moved from homelessness to public or private housing		12.4	
Still in homelessness		20.7	
Moved from being at risk in private, public or institutional housing to homelessness		4.5	
Remained in public or private housing or institutions (stable housing)		41.3	
Not known		22.2	
Total		100.0	

Source: AIHW (2019) Table.CLIENTS.25, 2018-19 (Australia)

Nevertheless, AHURI research found that supportive housing programs are effective for those accessing them: clients felt the program had helped them achieve more stable accommodation and improved outcomes in relation to access to health services, stability of income, employment outcomes and social relationships (Zaretzky and Flatau, 2013).

Homelessness programs are cost-effective

By improving clients' housing situations, homelessness programs save money in other areas of non-homelessness government expenditure (justice, health and welfare). Table 15 shows that there are reductions in non-homelessness related costs related to access to supported housing and tenancy support.

Table 15: Reductions in non-homelessness related service costs per client per year

	Addition (reduction) in costs of non-homelessness costs per client per year	Cost of program/client/year (including opportunity cost of capital)	Net cost (saving)
Single men	-\$1,389	\$4,890	\$3,501
Single women	-\$8,920	\$4,890	-\$4,030
Tenancy Support	\$1,934	\$2,027	\$3,961

Source: Zaretsky and Flatau, 2013

Cost savings are especially apparent for single women—on average there was a reduction of \$8,920 per client, driven mainly by reductions in health related expenditures. Even after the costs of the program are taken into account, there is a net saving to government from providing supported housing to this client group (Zaretsky and Flatau, 2013).

AHURI research also found significant cost savings associated with reduction in health service usage for those who were placed into public housing and received tenancy support. Government health care cost savings associated with reduced health service use was nearly \$16.4 million in the first year (\$4,800 per person/year) These savings were even more pronounced for those not in priority housing (homelessness) clients (\$13,300) and especially for people housed who were exiting mental health programs (\$84,100), justifying the average cost of such tenancy support program costs of \$6,500 per person per year (Wood et al. 2016).

5.3 Services for at risk groups

Addressing persistent and problematic forms of homelessness will involve prevention and early intervention measures for at risk groups. Good service planning means understanding the risks factors clients face, what services they need, appropriate models of service integration and identifying intervention points. This requires an understanding of the typical homelessness pathways or trajectories of different groups.

Women and Children affected by Domestic or Family Violence

Women and children who are affected by DFV enter homelessness after leaving their family house in order to escape a violent relationship. Homelessness often starts with short periods away from home before a more permanent break. The presence of children is a complicating factor in the decision to either stay in the family home, or leave, risking homelessness.

Housing responses for those experiencing DFV need to be flexible enough to provide the option to exit the family house if there is a danger to safety, but there may also be opportunities to intervene to oblige the perpetrator to leave so the survivor and children can remain in the family home.

AHURI research found that the most effective homelessness prevention measures for this group often combine legal and judicial interventions, housing and welfare policy and practices in an integrated manner in order to improve their safety:

- **Legal and judicial mechanisms**—to aid the safety of people affected by family violence

- **Housing**—private rental brokerage programs for women who have experienced family violence, 24 hour response services by housing agencies, Staying Home Leaving Violence programs, perpetrator accommodation
- **Welfare**—outreach services, emergency support, personal development and confidence-building assistance (Spinney and Blandy 2011).

Crisis housing

Crisis approaches can involve multiple exits from the family home, and it may take some time before the person is able to make a permanent break. Returning to the family home can expose women and children to an unsafe environment so crisis housing options remain an important element in providing support to women and children who experience DFV. However shortages of this form of accommodation are acute for Indigenous women and children in regional and remote areas and so many are forced into homelessness (Cripps and Habibis, 2019).

AHURI research finds that crisis accommodation must be followed up with longer term accommodation. People experiencing DFV who cannot be assisted into longterm housing are more likely to cycle in and out of homelessness (Tually et al. 2008). Furthermore, while crisis accommodation offers temporary safety and affordable accommodation, the process can be disruptive for children, particularly for their schooling.

Staying Home, Leaving Violence

Staying Home, Leaving Violence programs seek to integrate legal, housing and welfare services to assist women to stay in their own home. They were first implemented in the United Kingdom ('Sanctuary Schemes') where they have become mainstream policy. They have now been implemented in some Australian states including New South Wales, Tasmania and Victoria.

Evaluations of Sanctuary schemes (Quilgars & Pleace, 2010; Jones et al., 2010b) have found these programs to be effective in reducing homelessness from DFV. They also have the potential to reduce repeat violence by helping women realise there are other options other than to return to a violent partner, they are less disruptive to children and save costs in the criminal justice system and elsewhere. Critical to their success is managing risks to ensure safety for women and children inside and outside their home (Spinney 2012).

Young people

Children typically enter homelessness following family breakdown or family violence. Young people (aged 15 to 24) often experience an 'in and out' phase in moving away from the family home to escape problems at home, and this poses high risks for homelessness (MacKenzie and Chamberlain, 2003). This can also have other negative impacts including mental ill health, and contact with the criminal justice system. The high health and justice costs associated with youth homelessness (\$17,898 per person per year) also underline the importance of early intervention (MacKenzie et al. 2016).

Having good interventions and a community support system outside of the family home at schools can provide scaffolding for young people when home life is difficult. In this context, the decision of schools to close and parents to keep children at home during the COVID-19 pandemic may pose a risk for some children. This will place an additional burden on DFV services and other support workers in the health and criminal justice system. The provision of support while maintaining social distancing and protecting support workers will present an ongoing challenge to these services for the duration of the crisis.

Early intervention programs have been available in Australia through the Reconnect program which has had success in reducing youth homelessness. However an AHURI Inquiry recently found that the dominant paradigm for homelessness services for youth are 'siloed' departmental programs, even though the most effective means of addressing homelessness for young people are 'place based' and networked community-level service systems (MacKenzie et al. 2020).

Reconnect

Reconnect is a federally funded community-based program aimed at early intervention and prevention of youth homelessness amongst 12 to 18 year olds who are homeless or at risk of homelessness. The program seeks to improve relationships with family and involves counselling, group work, mediation and practical support to the whole family. Evaluations of this program have found it to be effective in improving the capacity of young people and their families to manage conflict, improving communication and attitudes to school, and may have assisted in reducing youth homelessness at some points (FaCHSIA, 2013; MacKenzie and Chamberlain, 2008). The program assists around 7,900 persons per year in 108 locations and employing 200 workers. A recent review suggested that the program be strengthened across place-based lines (Department of Social Services, 2018).

School based prevention

AHURI research found that a number of preventative measures can occur in the school system to effectively address homelessness:

- Strong welfare infrastructure, including welfare teams targeted towards students with special needs
- Welfare teams with sufficient capacity to support families and students for a sustained period of time
- Positive school leadership on issues of student welfare
- A full time counsellor and clear procedures for management
- Programs that promote student well being, building resilience, supporting social learning and connectedness (MacKenzie et al., 2020).

Early intervention strategies can focus on young people who are in the 'in and out' stage, or perceptibly at risk. These can include:

- strategies focused on family reconciliation with the aim of returning home or
- supporting homeless students to remain at school and make the transition to independent living (Chamberlain and MacKenzie, 2004).

Community of Services and Schools model ('The Geelong Project')

A number of Australian communities (Albury, Northern Rivers and Mt Gambier and Geelong) have implemented place-based early intervention models using the regional, 'community of services and schools' model. Similar models are also being implemented internationally in Wales, Canada and the United States.

One of these interventions ('The Geelong Project') has been evaluated and has been found to be especially successful in building engagement, reducing early school leaving and reducing homelessness in the local Geelong area. Core to its success has been screening the entire school population for vulnerability on a number of indicators, incrementally re-engineering practice towards high collaboration across schools and services, a youth-centred family-focused practice and working at a community level using a pooled workforce of youth and family workers. The program has seen a dramatic 40 per cent drop the number of adolescents entering the Specialist Homelessness Service system in Geelong from a 10-year base line of 230 to a new base line of about 100 cases (MacKenzie et al. 2020; MacKenzie 2018). There is potential to adapt Reconnect so that is is operated using a community based place based approach.

Foyers

Some programs are needed for particular at risk groups that have already left or are not in a position to stay in their family home. Foyers facilitate rapid rehousing, often in a congregate setting together with other supports, to help young people re-engage with schooling and or work. There are around 15 foyer programs across Australia assisting around 500 young people (MacKenzie et al. 2020). AHURI research has shown these programs help young people sustain their education and engage in employment, as well as improving life skills, social interaction and improved emotional robustness (Randolph and Wood, 2005), and have applicability in a range of settings including regional and rural areas (Beer et al 2005).

However, recent AHURI research has highlighted their high cost, raised questions about the congregate model and have suggested that Foyers should be prioritised to those who have already experienced homelessness to help break the 'cycle' of homelessness. To do this they suggest the program be better integrated into the exit pathways for young people leaving Specialist Homelessness Services (MacKenzie et al. 2020).

Indigenous Australians

AHURI research has identified three main categories of Indigenous homelessness, including public place dwelling, those at risk of homelessness but are housed (in overcrowded, insecure or substandard housing), and spiritually homeless persons separated from their land (Memmott et al. 2003). Other AHURI research also categorised forms of temporary mobility which are helpful for understanding housing need and structuring homelessness responses. Not all groups engaging in rough sleeping have the same needs. Of the seven categories of mobility, three groups (transients, involuntary travellers and the chronically homeless) were considered to be highest risk of chronic homelessness because by choice or exclusion they cannot return home. Other groups were less at risk but faced risk in the absence of suitable temporary accommodation (Habibis et al. 2011).

More recent research has documented the pathways for Indigenous women escaping family violence—if they cannot access the limited accommodation in refuges, they are forced to either stay with a perpetrator or stay with friends which poses additional challenges to security and stability (Cripps and Habibis 2019).

While holistic approaches are needed to address a range of issues including alcohol, DFV and poverty, housing and homelessness policy responses need to involve more long term housing appropriate to cope with accommodating visitors, assistance for those who house visitors temporarily as well as improved availability of temporary accommodation or transport for temporary visitors. Other approaches are needed to address the needs of those most at risk, such as public place dwellers (using more assertive outreach techniques) and those at risk of DDFV through crisis and long term accommodation and support services.

Temporary accommodation and Return to Country programs

AHURI research found that provision of temporary accommodation is needed for those accessing health, drug and alcohol, mental health and juvenile and criminal justice services (Habibis et al. 2011). There is a need for family friendly inexpensive short term accommodation. Examples include, the Broome Aboriginal Short Stay Accommodation (BASSA) facility opened in 2018 and accommodation provided by Aboriginal Hostels Limited (AHL).

Return to country programs (such as 'Safe Tracks' in South Australia or the Patient Assistance Travel Scheme in Northern Territory) assists in providing transport or financial assistance to enable individuals or families visiting large population centres to return to their home communities (Habibis et al. 2011).

Crisis responses for women and children

There is a need to increase the availability of beds in crisis and transitional housing and, where possible, increase housing stock for the long-term accommodation needs of Indigenous women and children. Culturally appropriate integrated housing, DFV and child protection services and local, place-based, co-designed, holistic care services are also needed (Cripps and Habibis, 2019).

Chronic and repeat homelessness

Some people experience persistent or repeat homelessness, especially rough sleepers. They are a highly disadvantaged group, many of whom have complex needs. Most are men and over half in middle or older age (AIHW, 2018). Interventions by service providers for this group often need to be persistent and engender trust. Debate in the UK and Australia has occurred about whether it should also be 'assertive' and what this means (Phillips and Parsell 2012). Recent models have centred on building trust, using multi-disciplinary teams and offering longer term housing consistent with the 'Housing First' paradigm. These models are discussed below.

Housing First

Housing First is a service model first developed in the United States to address chronically homeless persons. This emphasised:

- rapid placement in long term affordable housing as a means to stabilise their housing situation
- wrap around support services including health, and drug and alcohol services.

The model was contrasted with stepped models which involve moving people from crisis accommodation into transitional and then long term housing. Rapid rehousing into stable accommodation has been found to be beneficial for those at risk of chronic homelessness such as adults, but Housing First has since been adopted as a set of principles that could be applied to other groups, like youth (MacKenzie et al. 2016).

Housing First approaches implemented in Australia include the Common Ground model (using congregate housing), Street to Home (Neami and Launch housing), Way to Home (run by Neami) and supported housing for older people. Evaluations of Australian and US Housing First style supportive housing programs have shown they are successful in enabling sustained tenancies for people with complex needs and histories of homelessness, though are more equivocal around outcomes around substance abuse, mental health or social inclusion (Brackertz et al. 2016).

The Housing First model has been comprehensively trialled and evaluated in Australia in relation to chronic homelessness through the Journey to Social Inclusion (J2SI) project by Sacred Heart in Melbourne. Evaluations of the pilot program compared the outcomes of those who received Housing First treatment with a matched sample of other homeless and at risk persons who were provided with normal crisis services (Johnson et al., 2011; Johnson et al., 2012; Johnson et al., 2013; Johnson et al., 2014). Phase 2 of the program (which involved 180 adults experiencing chronic homelessness in Melbourne) was also done using a mixed methods randomised control trial (Flatau et al. 2018). The outcomes from both the pilot and phase 2 have shown positive outcomes (Table 16):

- Increased proportions of those in the J2SI group were housed permanently (8.3% at baseline; 60% after 12 months)
- Improvements in mental health especially for those housed permanently
- Problematic drug use declined, methadone treatment increased and time spent in drug rehabilitation declined especially for those housed permanently
- Health care costs declined for those permanently housed but increased for those in the comparison group
- Improvements were recorded across all aspects of self-assessed quality of life between the baseline and third wave for those in permanent housing.

However there were no improvements in the employment status of the program participants or the comparison group over this period—just over 70% remained out of the labour force.

Table 16: Baseline and 12 month outcomes of the Journey to Social Inclusion (Phase 2) evaluation

Domain	Indicator	Group	Baseline	12 months
Housing	Proportion permanently housed	J2SI	8.3%	60%
		Comparison group	9.5%	31%
Mental health	Psychological stress (mean score K10)	J2SI	29.0	24.6
		Comparison group	29.3	26.7
Drug use	Amphetamine use	J2SI	21.6%	12.7%
	Opioids	J2SI	23.9%	11.9%
	Methodone treatment	J2SI	17.2%	25.4%
	Drug rehab nights	J2SI	11.4%	0.8%
		Comparison group	6.5%	4.6%
Health	Hospital nights	J2SI	7.97	2.87
		Comparison group	3.23	7.24
	Health care costs	J2SI	\$27,898	\$12,480
		Comparison group	\$14,426	\$24,478

Source: Flatau et al (2018)

Assertive Outreach

One approach to address chronic rough sleeping or public place dwellers involves ‘assertive outreach’. While there is no agreed set of principles around assertive outreach approaches, AHURI research shows that there are two types of approach to assertive outreach in Australia. The first approach (implemented in Brisbane and Sydney) is concerned with moving vulnerable people from rough sleeping to permanent stable housing and is integral to new service models commonly referred to as ‘Street to Home’. The second (for example implemented in Darwin) is concerned with moving on people who are frequenting or dwelling in public places, preventing public intoxication and ‘antisocial’ behaviour (Phillips and Parsell 2012).

Key aspects of the first model include:

- Multidisciplinary teams to transition people out of rough sleeping
- Persistent and proactive street-based engagement of rough sleepers
- Targeting through a ‘Vulnerability Index Tool’
- Client-centred practice
- Provision of long-term ongoing support to sustain housing
- Housing First—immediate access to housing rather than transitioning through homeless accommodation.

The second model of assertive outreach such as practiced in Darwin is not focused on achieving housing outcomes, and has been criticised for being potentially coercive especially in relation to Indigenous public place dwellers. Nevertheless, it has had more success where it has facilitated return to country.

People exiting institutions or care

The process of exiting institutional care or custodial care settings or transitioning from military life add to the risk of homelessness (Johnson et al. 2010, Baldry et al. 2006; Brackertz et al. 2020, Hilferty et al. 2019). Transitioning to stable housing can be disrupted if processes around the exit process are not handled well.

For example, AHURI research identified two distinct pathways for young people leaving state care—those that had traveled a smooth pathway from care and those whose transition was volatile. Access to adequate housing and supportive social relationships is essential (Johnson et al. 2010). Similar factors were apparent for those leaving prison (Baldry et al. 2006).

Care leavers encountered problems with accessing and sustaining housing in the expensive private rental market and long wait times in public housing. However allowing care leavers to extend their time with foster carers, increasing transitional accommodation, access to public housing or long term supported accommodation were all seen as avenues to assist this group (Johnson et al. 2010). Social support from a particular person who is available to support a releasee in a variety of matters including housing, drug, employment and family issues was vital in successful integration for prisoners (Baldry et al. 2006).

Discharge policies

States and territories often require care leavers to have a care leaving plan. While states and territories have policies around discharge from care, not all have clear rules or procedures around discharging into homelessness (Johnson et al. 2010). The same can be said about other groups such as prisoners or those exiting hospitals. Problems of chronic and repeat homelessness, and contacts with the justice and health system could be averted if the service system were better able to plan and manage discharges from hospitals, prisons and transitions from out of home care. AHURI research has identified the need for national policies around discharge (Brackertz et al. 2020, Johnson et al 2010).

Out of home care programs

A number of programs have been established to assist young care leavers (e.g. Better Futures in Victoria). As part of these programs, some also have flexibility built in to permit more gradual and supported transitions to independent living, allowing the care leaver to stay until the age of 21 subject to the carer's agreement such as the Victorian Home stretch program (DHHS, 2019). AHURI research supports the current national campaign to extend the availability of care until age 21 (MacKenzie et al. 2020).

Some programs (e.g. Compass in Victoria) also seek to assist care leavers in accessing housing.

Prison/Custodial care interventions

Prison Exit Program is a joint initiative of Corrections Victoria and the Department of Human Services, which places women and men exiting prison into transitional housing with the support they need to find long-term housing and to re-establish themselves in the community—reducing rates of recidivism. However this type of program is not available in some other states and territories. This is despite the manifest high costs associated with re-offending and reincarceration. AHURI research has recommended that prisoners receive:

- Individual case management in relation to housing and other support post-release
- Accurate and up to date information be provided to prisoners
- Stable housing at the outset, drawing from a continuum of supported housing options
- Access to holistic strengths-based post-release programs (Baldry et al. 2006).

Hospitals

Getting planning right is especially important for those with mental ill-health. No Australian programs were identified that address housing issues post-discharge from hospital. Developing a national discharge policy and a nationally consistent definition of 'no exit to homelessness' might be a path to achieving change, together with resourcing hospitals to make thorough discharge assessments and plans and ensuring follow up after discharge (Brackertz et al. 2018).

Veterans

AHURI research shows that of the approximately 5,700 homeless veterans, half could be considered transitionally homeless; a quarter could be considered to have been homeless for a significant period of time; and another quarter could be considered chronically homeless. Only 39 per cent of recently transitioned ADF members who reported experiencing homelessness had sought assistance from mainstream service organisations, citing a number of barriers to access and those that had accessed those services expressed dissatisfaction with them (Hilferty et al., 2019).

Department of Veteran's Affairs programs

There is substantial support available to veterans once they are connected with service providers. A range of transitional services are available through the Department of Veteran's Affairs to address mental illness, including counselling services, screening for mental health, and trauma recovery programs. However, follow up may be needed years after deployment. Housing assistance provided is also only short-term emergency accommodation.

Other organisations such as the Returned Services League and Soldier On provide support and recovery services to homeless veterans, including the *Homes for Heroes* program which provides accommodation in NSW, but remain small in size.

AHURI research suggests that there are a number of issues with these programs:

- Many veterans are not aware of programs, so there is a need for service promotion, targeting and outreach to make these programs more effective
- Veterans experiencing chronic homelessness need active case management and ongoing, wrap-around support services, including housing but very few Veteran-specific programs offer the level of support required and preventative programs do not reach those at risk (Hilferty, et al., 2019).

Older people

AHURI research has shown that while some older people becoming homeless have had on-going housing disruption or transient housing histories, many had conventional housing histories, and are experiencing homelessness for the first time in their lives, so are unfamiliar with the service system (Petersen et al. 2014).

The importance of family ties as a protective factor was also apparent in this study—the breakdown of intergenerational family housing (either because of rental stress, overcrowding, carer stress or even elder abuse) was linked to homelessness (Petersen et al. 2014).

Assistance with Care and Housing program

The Assistance with Care and Housing (ACH) program is a preventative program aiming to assist older people who are homeless or at risk to remain independent within the community by facilitating access to appropriate and affordable housing and by linking older people where appropriate to community care and support services. AHURI research has found that the program is appropriately person centred and holistic but is small relative to apparent need, and so could be expanded (Petersen et al. 2014; Thredgold et al. 2019).

People living with a mental illness

AHURI research has recently shown clear inter-relationships between poor and deteriorating mental health and housing instability. Mediating factors—including social support, good general health and accessing mental health and other health services—can reduce the likelihood of housing instability and shorten the period of mental ill-health (Brackertz et al. 2020).

Initial Australian studies suggested two main pathways around mental illness and homelessness:

- Those who develop mental illnesses prior to becoming homeless
- Those who develop mental illnesses after becoming homeless (Johnson and Chamberlain 2011; Scutella et al. 2014).

This suggests that some service responses need to intervene early to prevent mental ill health from leading to homelessness, but also assist those already in homelessness navigate both housing and mental health systems. Recent AHURI research has sought to understand more clearly the housing and mental health trajectories of those with mental ill-health and found five trajectories:

- **Excluded** from help required—where they lacked resources, eligibility to access appropriate services or found it difficult to navigate to them
- **Stuck** without adequate support—trapped in inappropriate housing or services due to lack of options
- **Cycling**—characterised by a downward spiral whereby people enter supports but drop out repeatedly
- **Stabilising**—have achieved stable, secure and appropriate housing, and ongoing and scalable mental health support but may still need help to sustain their tenancy and ongoing mental health support
- **Well-supported**—like the stabilising group, but also felt empowered to focus on aspects of their life beyond housing and mental health recovery (Brackertz et al. 2020).

The first three categories are of most concern for service responses. The stabilising and well supported trajectories demonstrated the elements of policy design and programs that enable people to get well and stay well:

- Access to safe, secure, affordable and appropriate housing
- Connection to a trusted worker
- Support coordination, and assistance and advocacy to navigate the system
- Access to psychosocial support
- Financial security (either Disability Support Pension or employment)
- Holistic support that meets the level of need
- Timely access to support
- Trauma counselling
- Culturally appropriate services (Brackertz et al. 2020).

Integrated housing and mental health programs

A range of programs are already available that integrate housing and mental health support (e.g. Housing and Support Program in Queensland, Doorway in Victoria, NSW Housing and Accommodation Support Initiative). Key elements in the model include:

- A Housing First approach
- Coordination of services at the state and local levels
- Cross sector collaboration
- Integrated person centred support.

These programs have been found to be effective and lead to cost savings. Research suggests that it is best to institutionalise and scale up to national level what is known to work rather than do further trials of new approaches (Brackertz et al. 2018).

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