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Crisis accommodation in Australia: now and for the future

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Please note that in this report 'Aboriginal' generally refers to Aboriginal and Torres Strait Islander peoples.

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Acronyms and abbreviations used in this report

ABS	Australian Bureau of Statistics
ACCO	Aboriginal Community Controlled Organisation
ACT	Australian Capital Territory
ADF	Australian Defence Force
AHL	Aboriginal Hostels Limited
AHURI	Australian Housing and Urban Research Institute Limited
AIHW	Australia Institute of Health and Welfare
AOD	Alcohol and other drugs
CALD	Culturally and Linguistically Diverse
CAP	Crisis Accommodation Program
CBD	Central business district
CSAS	Crisis Supported Accommodation Service/s
CSHA	Commonwealth-State Housing Agreement
COVID-19	coronavirus disease 2019
DCJ	Department of Communities and Justice (NSW)
EAP	Emergency Assistance Program
FDV	Family and Domestic Violence
FEANTSA	European Federation of National Organisations Working with the Homeless
FY	Financial year
HEF	Housing Establishment Fund (VIC)
HPAA	Homeless Persons Assistance Act
LASN	Local Area Service Network
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex
NAHA	National Affordable Housing Agreement
NDIS	National Disability Insurance Scheme
NHHA	National Housing and Homelessness Agreement
NPAH	National Partnership Agreement on Homelessness
NSW	New South Wales
NT	Northern Territory
NWHN	North West Homelessness Network
OSHI	Office for Homelessness Sector Integration (SA)
PESP	Peer Education and Support Program
PIE	Psychologically-informed environments
Qld	Queensland
SA	South Australia
SAAP	Supported Accommodation Assistance Program
SAHA	South Australian Housing Authority
SAMHSA	Substance Abuse and Mental Health Services Administration (USA)
SHS	Specialist Homelessness Service/s
SHSC	Specialist Homelessness Services Collection
TACSI	The Australian Centre for Social Innovation
TAFE	Technical and Further Education
Tas	Tasmania
TA	Temporary Accommodation
THA	Toward Home Alliance (SA)
TIC	Trauma-Informed Care
TID	Trauma-Informed Design
Vic	Victoria
VI—SPDAT	Vulnerability Index — Service Prioritisation Decision Assistance Tool
WA	Western Australia
WAAEH	Western Australian Alliance to End Homelessness

Glossary

A list of definitions for terms commonly used by AHURI is available on the AHURI website ahuri.edu.au/glossary.

Please note that in this report 'Aboriginal' is used in an inclusive way to refer to Aboriginal and Torres Strait Islander peoples.

Executive summary

Key points

- Despite crisis accommodation being a significant and well established part of the Specialist Homelessness Services (SHS) system in Australia, much remains unknown about the key elements of effective crisis accommodation models.
- In this study we use the term crisis accommodation to refer to the different forms of short-term accommodation used by SHS's in responding to homelessness. This includes the following types of crisis accommodation: generalist homelessness crisis accommodation services (including shelters or crisis supported accommodation services (CSAS)), family and domestic violence refuges and youth refuges. We also consider various purchased crisis accommodation options such as: boarding and rooming houses, hotels/motels, hostels, backpackers and caravan parks.
- This research provides a review of the grey and academic literature on crisis accommodation models and practices, as well as drawing together perspectives on crisis accommodation from people with living and lived experiences of crisis accommodation, frontline staff and key stakeholders in each Australian state and territory. It also includes analysis of administrative data from a large SHS in Melbourne, Victoria and the South Australian Housing Authority (SAHA).
- A key challenge across jurisdictions is the lack of exit options from crisis accommodation, which creates a range of issues, including prolonging homelessness and exacerbating trauma, backlogs and extended waiting times in the system, and exits to unsuitable accommodation or back into homelessness. While all participants agreed that the main goal of crisis accommodation should be an exit to long-term housing and resolution of homelessness, only a minority of people currently exit crisis accommodation to longer-term housing.

- **There is significant unmet demand for SHS provided crisis accommodation across jurisdictions and particularly in regional and remote areas. Unmet demand results in prolonged periods of homelessness and over-reliance on purchased crisis accommodation, which is often unsuitable and comes with inadequate support.**
- **Analysis of administrative data reveals that people accessing crisis accommodation have a wide range of support needs. The range of presenting and unmet needs reflects the diverse client cohorts accessing support, as well as the breadth and complexity of work undertaken by specialist homelessness services operating in the crisis space.**

The report demonstrates that a number of elements are needed for effective and appropriate crisis accommodation, including:

- flexible length of stay
- well trained and supportive staff
- staff with lived experience and Aboriginal workers to support cultural safety
- trauma-informed care
- support for a broad range of needs
- a built form that is trauma-informed
- accommodation should be self-contained with kitchen facilities and private bathrooms, and there should be options that allow people to keep pets with them.
- ongoing support should be provided to people after exiting crisis accommodation to long-term housing to ensure tenancy sustainment. This is an important tertiary prevention measure, working to minimise the risk of someone returning to homelessness.

The study also demonstrates factors that don't work in crisis accommodation:

- poor quality accommodation
- lack of respect or judgement from staff
- services or environments that are unsafe
- excessive house rules or a complete lack of rules
- unreasonable conditions to search for housing options which are not available
- unaffordable co-contributions to crisis accommodation
- short stays without support (especially in purchased accommodation)
- short stays with no pathways to long-term housing or ongoing support.

Crisis accommodation is an established part of the specialist homelessness services (SHS) system in Australia. Demand for such accommodation is high. Despite calls for a reorientation of the homelessness services system towards prevention and ending homelessness, there remains a need to provide short-term emergency or crisis accommodation for people in acute housing need. Within this context, this research project responds to identified gaps in our knowledge about crisis accommodation, as well as clear opportunities for building evidence and understanding about what works in crisis accommodation based on local and international practice.

The project is guided by the overarching policy question:

> **What are the key elements of effective and appropriate crisis accommodation models now and for the future?**

The following additional research questions (RQs) have been used to address this policy issue:

- **RQ1:** What are the different crisis accommodation practice frameworks and service models operating nationally and internationally?
- **RQ2:** When does and doesn't crisis accommodation work well and why?
- **RQ3:** How do client needs and outcomes vary across key cohorts?

Despite crisis responses forming the bulk of SHS work in Australia, and the numerous crisis accommodation facilities provided, a clear definition of crisis accommodation does not exist at the national level. To capture the diversity of practices in relation to short-term accommodation for people experiencing homelessness in the SHS sector nationally, the study is underpinned by a broad conceptualisation of crisis accommodation. Functionally, this includes SHS provided congregate crisis supported accommodation services (CSAS), family and domestic violence and youth refuges, as well as purchased crisis accommodation in hotels, motels, caravan parks and boarding houses.

The study uses mixed methods, drawing on a review of the academic and grey literature on crisis accommodation, interviews with stakeholders and people with lived experience of crisis accommodation, case studies of current service models, focus groups with frontline staff working in crisis accommodation, and analysis of customised administrative data from two states.

This research provides policy makers with an overview of the different models of crisis accommodation operating in Australia, as well as the different approaches to case management used and key principles for ensuring a supportive built environment. The research documents what works and what doesn't work in crisis accommodation, the needs and outcomes for those in crisis accommodation and how needs and outcomes vary for key cohorts. Drawing on these elements, the research provides a list of key elements of effective and appropriate crisis accommodation now and for the future.

Please note that this report focusses on current and past users of specialist homelessness services, and does not capture the growing demand for short-term accommodation from people impacted by climate change driven natural disasters and public health emergencies. Though our findings are relevant for this broader group.

Key findings

Challenges for crisis accommodation

Private rental is unaffordable and inaccessible for people experiencing homelessness and has become further constrained in the aftermath of COVID-19. At the same time social housing wait lists and wait times are prohibitively long. This lack of exit options from homelessness creates a range of issues for people caught up in the system, including prolonging homelessness and exacerbating trauma, backlogs and long wait times, and exits to unsuitable accommodation or back to homelessness.

Crisis accommodation is concentrated in capital cities and major towns, with limited options available in regional and remote areas. Across all areas there is significant unmet demand for SHS provided crisis accommodation. Lack of capacity in SHS provided crisis accommodation results in reliance on purchased crisis accommodation, which is often inappropriate and provides inadequate support for those who receive it.

It is difficult to ascertain the capacity of SHS provided crisis accommodation across jurisdictions, or the number of people placed in purchased crisis accommodation and the associated expenditure. There are many more people experiencing homelessness on a given night than there are crisis beds available. For those jurisdictions where data are available—New South Wales (NSW), Victoria (Vic) and South Australia (SA)—at least as many households are in purchased crisis accommodation, as are in SHS provided crisis accommodation. This indicates a significant shortfall in the availability of SHS provided crisis accommodation.

What works and what doesn't in crisis accommodation

Our research suggests a range of elements contribute to effective crisis accommodation:

- flexible length of stay that is sensitive to client's circumstances yet provides some level of certainty that people will not be exited back to homelessness
- caring and supportive staff, staff with lived experience (including but not limited to peer support workers), and Aboriginal workers to support cultural safety
- trauma informed support offering a suite of options, particularly mental and physical health supports, a pathway to permanent housing, Alcohol and Other Drugs (AOD) counselling and supports, material aid, support navigating Centrelink and other government services, access to legal advice, and support with child protection issues
- physically and culturally safe accommodation, particularly for children.
- accommodation of an adequate quality standard, including provision of kitchen facilities and private bathrooms
- all groups should have self-contained accommodation, but this is especially important for families
- crisis accommodation options that allow people to keep their pets with them for comfort and support, particularly as leaving pets behind is often cited as a reason for people not to move away from unsafe relationship and housing circumstances
- ongoing support after exiting crisis accommodation to long-term accommodation to promote tenancy sustainment.

What doesn't work in terms of crisis accommodation is also clear from the study:

- poor quality accommodation without kitchen facilities and bathroom facilities
- lack of respect or judgement from staff
- services or environments that are unsafe, excessive house rules or a complete lack of rules
- unreasonable conditions to search for housing options which do not exist
- co-contributions to the cost of crisis accommodation that stretch people too far and jeopardise future housing (such as saving for a bond or rent in advance)
- short stays without support (especially in purchased accommodation) and short stays with no pathways to long-term housing or ongoing support.

These things exacerbate the stress and trauma of homelessness, and further compound people's struggles making it more difficult to exit homelessness.

Needs and outcomes

The needs of those accessing crisis accommodation across key cohorts are numerous and broadly consistent with the needs of these same cohorts accessing SHS at the national level. This highlights the complex nature of work undertaken by SHS operating in the crisis space.

Analysis of administrative data reveals that age, disability or being Aboriginal meant people had specific SHS and support needs. Medical considerations were a key issue for people living with a disability; a group of people who were less likely to exit to long-term housing and more likely to exit to rent-free arrangements.

Aboriginal clients were slightly less likely to exit to long-term housing and were more likely to transition to a rent-free arrangement at the end of support. They also had shorter average tenancies in crisis accommodation than the overall group.

Young people presenting alone were more likely to need a wide range of supports, indicating their significant vulnerabilities. Children on care and protection orders were far more likely to need a range of services compared with the overall group, including (but not limited to): drug/alcohol counselling; family/relationship assistance; assistance with trauma; assistance for sexual assault; assistance with behaviour problems; and child protection services.

Overall, there was little variation in housing outcomes across cohorts and data sources, with less than a third of clients exiting crisis accommodation to long-term accommodation (31.2% and 19.5% in the two administrative datasets analysed). Other appropriate exit options were found for some, such as aged care or disability support. However, many continued in some form of homelessness, such as temporarily moving in with friends and family, or moving into a boarding house. This data demonstrates a need for greater focus on appropriate and sustainable housing exit options for people moving on from homelessness. Anything less sets people up for repeated tenancy failure, compounded trauma, and is an inefficient use of resources or environment for supporting stability, inclusion and participation.

Policy development options

Our research confirms the important role of crisis accommodation services for the foreseeable future across Australian jurisdictions; this, in tandem proves that there is significant need for such services. In fact, the multiple sources of data collected and considered suggests that crisis accommodation services need to be expanded due to significant unmet demand—at least until an adequate supply of affordable and appropriate private and social rental housing is available for all Australians.

While we strongly support a shift towards housing-led and housing first approaches to ending homelessness, such approaches require rapid access to housing that, at present, does not exist. Further, people escaping family violence, those affected by natural disasters, and those in housing crisis who need time to source new accommodation will continue to need access to crisis accommodation. There is an ongoing and permanent need for crisis accommodation in Australia's homelessness service system and our findings can be used to ensure such accommodation is as effective as possible.

The physical aspects of crisis accommodation

Study findings about the physical aspects of crisis accommodation inform a series of priority policy changes. Quality and safety standards are needed for crisis accommodation, specifying such things as provision of private bedrooms and bathrooms, kitchen facilities and self-contained accommodation as the standard for families and other cohorts. Minimum standards should be developed and enforced to ensure all accommodation is accessible for people with disabilities and specific health needs. Standards should also promote safety within the physical environment, facilitated through 24/7 access to staff. Services should have mechanisms to accommodate pets.

Support offering

The range of needs that crisis accommodation providers meet is wide and increasing. Some of the service offerings needed sit outside the capabilities and resourcing of the SHS sector, necessitating conversations with other programs, agencies, sectors and systems.

Cultural safety within services is a specific area of challenge and opportunity. Policy attention must be focussed on cultural safety to ensure commitment and resourcing for clients and to build an Aboriginal workforce that is well supported and understood in terms of their roles, cultural obligations and training.

Policies and access

A basic set of rules and policies is needed for crisis accommodation services to ensure the safety and comfort of clients, without such rules being too excessive and arbitrary. Policy makers and service providers should consider determining a ceiling for co-contributions towards crisis accommodation as part of such rules to ensure affordability.

Coordinated allocation and entry processes would simplify access, helping to ensure that people know how to access crisis accommodation. Mutual obligation requirements to search for private rental properties should be reviewed in light of the incredibly low number of affordable private rental options across jurisdictions. Such measures will help to minimise trauma for people who are in crisis.

Dedicated low barrier options are needed to provide support to people with complex needs such as problematic AOD use and anti-social behaviours, as well as people with mental and physical health conditions.

Responses for particular cohorts

Our findings highlight that a number of cohorts have needs in the medical/health category. Policy makers should consider enhanced integration of primary and allied health services with crisis accommodation. Policy and practice work in this space requires conversations outside the SHS system, with the aim of better integration and coordination between sectors and systems delivering the supports people need.

Our research highlights the specific needs of children on care and protection orders and young people presenting alone. These cohorts are extremely vulnerable and there is a need for targeted and dedicated responses for these groups.

A number of cohorts experience both mental health and problematic AOD use. This co-morbidity, referred to as dual diagnosis, requires a specialised response. In addition to working with existing services, there is need for specific training for SHS staff in mental health and AOD, especially if services are prioritising more complex clients for assistance.

Measuring capacity to inform responses to insufficient supply

A clear sense of the existing capacity of the sector is needed to help policy makers understand how much extra capacity needs resourcing, as well as where and how offerings should be structured. In light of the difficulty in gauging the capacity of the crisis accommodation sector, policy makers should consider mandatory reporting requirements for states and territories. These advancements would provide a clear picture of the capacity of the SHS managed crisis accommodation sector, as well as the capacity added by purchased accommodation, at what cost, for whom and with what outcomes.

Purchased crisis accommodation

A raft of issues was identified in relation to the quality of purchased crisis accommodation and the lack of support provided to those accessing it. Policy makers and service providers must consider ways they can collaborate to ensure:

- safer, better quality accommodation
- the provision of case management services to those in purchased crisis accommodation
- that placement in purchased crisis accommodation links to positive outcomes for people and families.

Policy makers may wish to consider quality standards that prohibit the use of certain providers deemed to fall below such standards. Policy makers should consider ways to coordinate access to purchased crisis accommodation, rather than leaving entry points or local services to broker access as is the case in Victoria.

The COVID emergency responses rolled out nationally demonstrated that purchased crisis accommodation can work well under some circumstances, especially when higher quality venues are used, the usual mutual obligation requirements (co-contributions and property search requirements) are relaxed, and services are resourced to engage with clients in accommodation settings with a focus on assisting people into more permanent housing.

Documenting and evaluating service models

There is immense value in documenting and systematically evaluating models of different services. Making the results of these evaluations and service models public would facilitate sharing of good practice and learnings to support continuous improvement. There is a role for the Australian government in providing resources for such documentation and evaluation, alongside resourcing a public platform or clearinghouse where it can be accessed.

Exit options

Crisis accommodation, and the specialist homelessness system more broadly, is hampered by the lack of suitable exit options for people experiencing homelessness. This lack creates a range of issues including prolonging homelessness and exacerbating trauma, backlogs in the system, and exits to unsuitable or unsustainable accommodation or back to homelessness. The depth of our current crisis accommodation challenge around housing outcomes is reflected in the low percentage of people exiting crisis accommodation to long-term housing.

Interim measures that may help improve exit options out of crisis accommodation include increasing the rate of Centrelink payments and the rate and eligibility for Commonwealth Rent Assistance to make private rental housing an affordable option. Supported access through private rental access programs and ongoing subsidies for private rental housing may also be another interim solution. However, considerable work is needed to rapidly bring significant new supply of appropriate and affordable rental housing to market, both social and private, thereby increasing the pool of suitable exit options for those in crisis accommodation.

Conclusions

There are opportunities now to make significant improvements in Australia's crisis accommodation sector: for the current system, and especially in shaping an effective future system. Crisis accommodation should be focused on meeting a person's immediate needs and moving people into longer-term housing as quickly as possible, with aligned wraparound support drawing from different sectors and sources as needed. However, even with additional resourcing to improve crisis accommodation, outcomes will remain constrained without high levels of investment to expand the suite of appropriate and affordable exit options for people experiencing homelessness. Fundamentally, homelessness cannot be resolved without access to housing and the support people need to sustain it.

1. Introduction

- Over more than half a century, crisis accommodation has evolved across a number of service models and constitutes a major part of the SHS system today. However, despite its importance, much remains unknown about the key elements of effective crisis accommodation models.
- There is no national definition of crisis accommodation and terminology varies across jurisdictions. We take a broad view and include a range of accommodation used by the SHS such as: generalist homelessness crisis accommodation services (including shelters or CSAS); family and domestic violence refuges; youth refuges; and night shelters. We also include various purchased crisis accommodation options such as: boarding and rooming houses; hotels and motels; hostels; backpackers and caravan parks.
- This research includes a review of the grey and academic literature on crisis accommodation models and practices, interviews with people with lived experiences of crisis accommodation, focus groups with frontline staff, interviews with stakeholders in each Australian state and territory and analysis of administrative data.
- This mixed methods study explores the key issues facing crisis accommodation in Australia, the diversity of practices and models, what works and what doesn't, and the needs and outcomes of those accessing crisis accommodation and how this varies by client cohort.

1.1 Why crisis accommodation?

Crisis accommodation is an established part of the SHS system in Australia. Demand for such accommodation is high (AIHW 2021) and despite calls for a reorientation of the homelessness services system towards prevention, Housing First approaches and ending homelessness (Casey and Brennan 2019; Spinney, Beer et al. 2020) there remains a need to provide short-term emergency or crisis accommodation for people in acute housing need.

Formal crisis accommodation supports a range of groups experiencing acute housing need, including:

- women and children experiencing domestic and family violence
- children and young people
- Aboriginal Australians
- people experiencing repeat or chronic homelessness
- people with mental health issues or problematic substance use
- an increasing number of older Australians.

Crisis accommodation has evolved and diversified over time to meet the changing needs of individuals, services and funders in ad-hoc rather than coordinated ways. On-site support is a significant element of many models, including congregate crisis supported accommodation services (CSAS), and youth and family violence refuges. However, to meet high demand, many SHS across Australia, especially those in regional areas, also rely on purchasing short-term accommodation from private operators of boarding houses, hotels, motels, hostels and caravan parks as part of their crisis accommodation offerings. Such purchased options are often over-subscribed, and in many cases are unsuitable and unsafe for clients (NWHN 2019), prompting some clients to prefer to sleep rough (McMordie 2021) or stay in other precarious arrangements.

Despite the critical need for crisis accommodation, little research has been undertaken on client outcomes across this segment of the homelessness sector. Analysis of administrative data held by the Australian Institute of Health and Welfare (AIHW) (2019a) has revealed that those accessing crisis and emergency accommodation typically have poor housing outcomes with repeat presentations for assistance. A review by NOUS group (2018), focussed solely on CSAS in inner Melbourne, drew similar conclusions.

Poor housing outcomes and repeat presentations or 'churn' occur within a context of limited exit options from the SHS system. Long-term underinvestment and residualisation of social housing (Flanagan, Levin et al. 2020), an escalating shortage of affordable private rental options (Hulse, Reynolds et al. 2019), and a funding model based on throughput measures rather than outcomes (Flatau, Zaretzky et al. 2017) all impact on what is achieved in the crisis accommodation space.

Evaluations of specific crisis accommodation services have been undertaken (such as Breckenridge, Hamer et al. 2013; Carrington and Mensinga 2017; Mitchell, Pollock et al. 2009; TACSI 2016). Insights are also available through localised efforts such as the Adelaide Zero Project, which has demonstrated the need for increased crisis accommodation capacity, increased low-barrier accommodation in particular (Casey and Brennan 2019) and improved integration of culturally appropriate responses for Aboriginal Australians (Pearson, Tually et al. 2021; Tually, Tedmanson et al. 2022). Such valuable knowledge is scattered throughout the grey literature and is often hard to access for those outside the SHS sector. There is a paucity of information documenting the diversity and effectiveness of service models and support practices used in crisis accommodation across Australia. This lack of information acts as a brake on continuous improvement and innovation in the provision of crisis accommodation services.

An appetite for reform exists in the sector as demonstrated by recent examples of innovation such as the Ozanam House redevelopment in inner Melbourne. Ozanam House includes a homeless hub along with crisis accommodation with flexible length of stays, on-site case management, a variety of health and other support services, and connections to longer-term supported and affordable housing (Harding 2019). Practice models are also evolving, with an increasing appreciation of the value and importance of peer support and consumer participation (Black 2014; FEANTSA 2015), as well as the need for trauma-informed care (Barnes 2019; Cash, O'Donnell et al. 2014) and culturally appropriate responses (Casey and Brennan 2019; Samms 2022).

This research project responds to the identified gaps in our knowledge about crisis accommodation, as well as opportunities for evidence-building based on local and international practice. The project is guided by the overarching policy question:

> **What are the key elements of effective and appropriate crisis accommodation models now and for the future?**

The following research questions (RQs) address this policy issue:

- **RQ1:** What are the different crisis accommodation practice frameworks and service models operating nationally and internationally?
- **RQ2:** When does and doesn't crisis accommodation work well, and why?
- **RQ3:** How do client needs and outcomes vary across key cohorts?

1.1.1 Defining crisis accommodation

Despite crisis responses forming the bulk of SHS work in Australia, and the numerous crisis accommodation facilities provided, a clear definition of crisis accommodation does not exist at the national level. Our approach in this research has been to take a broad view of such accommodation, including all short-term accommodation accessed by SHS for people experiencing homelessness, such as: generalist homelessness crisis accommodation services (which may be referred to variously as shelters or CSAS); family and domestic violence refuges; youth refuges; night shelters and various purchased crisis accommodation options using boarding and rooming houses, hotels and motels, hostels, backpackers and caravan parks.

In some states and territories additional forms of crisis accommodation exist. For example, the Northern Territory (NT), Western Australia (WA), South Australia (SA) and Queensland (Qld) also provide visitor accommodation for Aboriginal and Torres Strait Islander people requiring immediate, short-term accommodation in major urban centres. Such facilities accommodate people visiting from regional and remote communities, addressing an immediate need for safe shelter and providing an accessible alternative to sleeping rough. Emergency responses also exist specifically for weather and other emergency events, such as in SA (known as Code Red for extreme hot weather responses and Code Blue for extreme cold weather responses).

States and territories differ in their definitions of crisis accommodation, with some treating purchased crisis accommodation (also referred to variously as emergency accommodation, temporary accommodation and brokered stays) separately. Throughout this report we distinguish between SHS managed crisis accommodation, where SHS services manage accommodation and provide support, and purchased crisis accommodation.

The short-term nature of crisis accommodation is often clearly defined by state and territory governments. For example, the Victorian government has stated that the 'funded duration for crisis supported accommodation is six weeks and 13 weeks for transitional support' (Department of Health and Human Services 2020: 22). However, stakeholders interviewed for this research across jurisdictions acknowledged that 'definitions' of crisis, short-term and transitional accommodation were deliberately somewhat flexible because of the chronic shortage of affordable and appropriate exit options for clients. Notwithstanding this flexibility, providers must operate within the requirements of their local residential tenancies legislation. This legislation often provides for exemptions from standard tenancy rules based on length of stay or tenancy.

1.2 Policy context

1.2.1 The evolution of homelessness services and crisis accommodation in Australia

Until the mid-1970s, services for people experiencing homelessness in Australia were provided by charities, overwhelmingly religious ones, with little government funding (Bullen 2010). Such services were originally designed for single men and were staffed by volunteers. They provided a crisis response that was usually a bed for the night in a dormitory and food, with people often having to queue up outside a facility at a set time each day to secure a bed each night. Operating under the dormitory style model, the Salvation Army opened the Gill Memorial Home in Melbourne in 1929 (Coney 2008) and Ozanam House was opened by the Vincentians in Melbourne in 1953 (VincentCare 2022a).

Over time, as the cohort of people experiencing homelessness changed, or was acknowledged to include a more diverse group of people such as women, children and youth, crisis accommodation in Australia has evolved: from dormitory, hostel settings and night shelters, to refuges and Crisis Supported Accommodation Services (CSAS) that offer private rooms with staff available to provide a raft of supports. More recently, and acknowledging the complexity of those with experiences of chronic homelessness, some services supporting people experiencing homelessness have shifted towards a hub model. This model incorporates supported crisis accommodation along with case management and a variety of other services and supports (such as health and allied health services), more flexible length of stays and longer-term supported and affordable housing.

Service models and the structure of facilities to support people experiencing homelessness have changed alongside evolution in funding for the sector. The 1974 *Homeless Persons Assistance Act* (HPAA)(Cth) provided the first Australian Government grants for homelessness services. As Bullen (2010) notes:

> *The focus of the funding under the HPAA was to provide accommodation and to fund part of the wages for social workers and welfare workers to encourage the professionalisation of the workforce and a shift away from a charitable mindset that aimed to improve individuals and views homelessness as a choice or result of bad character. (Bullen 2010: 50-52)*

The first women's refuges – Elsie in Sydney and Women's Liberation Halfway House in Melbourne – were established in the mid-1970s and provided accommodation for women fleeing domestic and family violence (Weeks and Oberin 2004). The first youth refuges were also established in the late 1970s (Barrett and Cataldo 2012). Both of these models grew out of social change movements rather than a charitable duty to assist 'the poor' (Bullen 2010). Funding for women's refuges was not combined with homelessness program funding until the mid 1980s.

Significant evolution in the delivery of crisis accommodation services came with the introduction of the *Supported Accommodation Assistance (SAAP) Act* 1984 (Cth) under which funding for homelessness services, youth refuges and family violence refuges was brought together for the first time. Funding for the more consolidated 'sector' at this time was via the Commonwealth-State Housing Agreement (CSHA), with direct capital funding for crisis accommodation provided via the Crisis Accommodation Program (CAP) under the CSHA.

Undoubtedly influenced by the evolution in funding structures supporting homelessness services, the workforce for crisis accommodation also evolved over time. It has moved away from volunteers to a more professionalised paid sector. Today, the sector offers a range of programs and supports, from advocacy, information and direct provision of crisis accommodation, through to permanent supportive housing and outreach tenancy support for people at-risk in social housing.

The pathway to appropriate housing for people moving through crisis accommodation has been a challenge for decades now; with the depth and breadth of the challenge varying at key points in time, including currently. A 1982 *Review of Crisis Accommodation* enacted just prior to the introduction of SAAP, found ' ... that the effectiveness of crisis accommodation arrangements was constrained by the lack of affordable housing' (cited in Bullen 2010: 64). This sentiment was repeated in several evaluations of the SAAP, with the authors of the 2004 evaluation commenting:

> *The work of SAAP agencies to achieve significant and lasting outcomes for their clients is substantially constrained by the lack of long-term affordable housing. Indeed until this issue is resolved, it is difficult to address the issue of availability of appropriate exit points from supported accommodation in many instances. (Erebus Consulting Partners 2004: 39)*

In 2008, the then Labor Australian Government's white paper on homelessness – *The Road Home* – outlined a comprehensive national policy framework for homelessness for the first time. *The Road Home* explicitly linked homelessness and affordable housing policy in one overarching framework, outlining targets and areas for focussed activity that governments of all levels and agencies could adopt, trial, embed and extend. The National Partnership Agreement on Homelessness (NPAH) and the National Affordable Housing Agreement (NAHA) were signed soon after the release of *The Road Home*, replacing the former CSHA as the key funding mechanism. These agreements saw the end of dedicated capital funding for crisis accommodation through the CAP, with the primary vehicle for funding and the strategic focus of crisis accommodation from this time being through state and territory housing and homelessness strategies.

Under a different federal administration, and following a series of short-term interim agreements and extensions spanning four years which left the homelessness sector with uncertain funding, the then Australian (Coalition) Government introduced the current National Housing and Homelessness Agreement (NHHA) (Commonwealth of Australia 2017). This five-year funding agreement, which came into effect on 1 July 2018, kept homelessness and affordable housing connected as policy issues and combined the two funding streams previously provided through the NPAH and NAHA (Flatau, Lester et al. 2021).

State and territory governments each sign supporting bilateral agreements, which require each jurisdiction to develop and implement housing and homelessness strategies aimed at articulating how they will increase the supply of affordable housing options and prevent and address homelessness. While states and territories are required to match the funding provided by the Australian Government, funding in the bilateral agreements is not tied to specific programs or activities, including, for example, for the provision of crisis accommodation services.

At the moment, the NHHA remains a guiding structure in the focus and delivery of homelessness services nationally, as no national policy framework for addressing homelessness exists. A national plan, content and direction is yet to be decided. However, this national plan was one of the election promises made by the Albanese (Labor) government when elected to office in May 2022. A review of the NHHA by the Productivity Commission is now also underway, with the new agreement to commence at the expiration of the current agreement in mid-2023.

1.2.2 Crisis accommodation in state and territory policies

Crisis accommodation is not a strong focus within current housing and homelessness policies across Australian jurisdictions. This reality reflects the tendency toward integrated housing and homelessness strategies, as well as the shift towards emphasising prevention and early intervention on the one hand, and providing stable long-term housing for people experiencing homelessness on the other. Since the conclusion of the SAAP, a policy focus on crisis accommodation has seemingly become somewhat unfashionable.

Crisis accommodation responses incorporated in the state and territory housing and homelessness plans and strategies tend to relate to isolated areas for improvement, such as the development or redevelopment of particular facilities or targeted services for specific cohorts. For example, in Victoria (VIC), the *Homelessness and Rough Sleeping Action Plan* (Department of Health and Human Services 2018) includes a re-design of the three large congregate crisis accommodation services in Melbourne and support for innovative practice frameworks such as a therapeutic service delivery model. The action plan also includes the implementation and refinement of a therapeutic service delivery model for these same three services with a view to rolling out this model to other crisis accommodation providers and tailoring it to specific groups. Possible future activities include the development of dispersed and cluster style crisis accommodation.

In SA the guiding strategy for the delivery of housing and homelessness services is *Our Housing Future 2020—2030* (Government of South Australia 2019), which has five key strategies. Under key strategy four (4.2), there is a stated aim to reduce the need for emergency accommodation and transitional housing for people in need, through the establishment of a prevention fund. SA's homelessness sector has recently been significantly reformed, with a recommissioning of services through homelessness alliances, vehicles for greater collaboration and integration, albeit a work in progress currently at a year post their introduction (SA Housing Authority 2020)

The *NSW Homelessness Strategy 2018—2023* (Department of Communities and Justice 2018) mentions crisis accommodation only in passing but includes a plan to develop and implement a temporary accommodation framework. The NSW's 20-year housing strategy *Housing 2041* (Department of Planning, Industry and Environment (NSW) 2021) treats crisis accommodation as a sub-category of social housing and proposes an expansion of core and cluster refuge models for women and children escaping family violence.

An expansion of crisis accommodation for women and children escaping domestic violence is similarly specified in *Queensland's Housing and Homelessness Action Plan* (Department of Communities, Housing and Digital Economy (Qld) 2021). The plan includes: the expansion of crisis accommodation, including four new family violence refuges in Coen, Roma, Caboolture and Coomera; the extension of a shelter in Cleveland; and replacement of four shelters in Cherbourg, Pormpuraaw, Woorabinda and the Gold Coast (Department of Communities, Housing and Digital Economy (Qld) 2021: 7).

The NT's strategic plans also have a strong focus on the intersection between homelessness and domestic violence. Across the country, women and children escaping domestic violence are the most commonly mentioned cohort with acute housing needs. Young people, Aboriginal and Torres Strait Islanders and older people are also frequently mentioned in this context.

Tasmania's (Tas) approach, set out in its *Affordable Housing Strategy 2015—2025* (Department of Communities (Tas) 2015) and subsequent action plans, stands out as paying specific attention to crisis accommodation.

Tasmania's strategy includes a plan to increase the capacity of crisis accommodation and ongoing supports for particular cohorts including young people, women (with or without children) and men with children, as well as upgrading and improving existing crisis accommodation sites:

> *The capacity of crisis shelters needs to increase to address the numbers of unassisted turnaways, with 3766 unassisted households reported during 2013—14. … The most common reason why people cannot access emergency accommodation when they need it is because there are not enough beds available … The reconfiguration, replacement and acquisition of new shelters is needed to provide for more effective crisis accommodation in Tasmania. (Department of Communities (Tas) 2015: 29)*

Connecting people to supports as well as housing emerges as a focus across the policy and strategy documents. Moving towards person-centred practice frameworks is often implied, and it is made explicit in the NSW and SA strategies. The NSW strategy also explicitly mentions the need for more trauma-informed approaches.

Several states and territories, notably VIC, NSW and SA (as work in progress) are moving towards a greater focus on outcomes measurement, which is reflected in their housing and homelessness strategies and extends to crisis accommodation services. Improving the integration and coordination of homelessness services is a strong theme in the policy and strategy documents for NSW, Qld, WA and the NT. For example, NSW aspires to a cross-sectoral partnership approach and shared accountability (Department of Communities and Justice 2018). Qld, WA and the NT propose improving pathways out of correctional and health facilities into housing (Department of Communities, Housing and Digital Economy (Qld) 2021; Department of Local Government Housing and Community Development (NT) 2018; Government of Western Australia Department of Communities 2020). Evidence from some of the stakeholders interviewed suggests that it remains relatively common for people to be discharged from prison or hospital into homelessness and there is a dearth of crisis accommodation options that meets their specific needs.

Not surprisingly, increasing the supply of social and affordable rental housing is mentioned as a key goal in the relevant strategy and policy documents across all jurisdictions. To the extent that this goal is achieved, it will offer exit pathways out of crisis accommodation for many. As will be discussed, our research identifies improving exit pathways as a priority in the crisis accommodation sector. The Australian Capital Territory's (ACT) *ACT Housing Strategy* (ACT Government 2018) is notable for explicitly recognising the need to improve exit options from crisis accommodation, and that these options are compromised by a lack of affordable housing supply. Appropriateness of housing remains a consideration, alongside affordable supply, as this research also reinforces.

1.2.3 Crisis accommodation and COVID-19: change, challenges and learnings

As detailed in previous research (Hartley, Barnes et al. 2021; Leishman, Aminpour et al. 2022; Mason, Moran et al. 2020; Parsell, Clarke et al. 2020), the COVID-19 emergency hotel and motel accommodation responses across multiple jurisdictions in mid-2020 represented a huge and rapid expansion of crisis accommodation capacity and usage. The purchased crisis accommodation used during the emergency response was often of a higher standard than the typical crisis accommodation options, with private bathrooms and kitchenette facilities for example, which did not go unnoticed by regular users of crisis accommodation (Pawson, Martin et al. 2021). Additionally, the usual requirements to search for private rental housing and make co-contributions toward accommodation costs were relaxed.

The scale of the emergency response suggests that there is high demand for crisis accommodation, and when better quality accommodation is available, hidden demand emerges, possibly from people who have been making do by couch-surfing, staying in their cars or living in overcrowded accommodation. Stakeholders in our fieldwork described the COVID-19 emergency responses as 'bringing people out of the woodwork' and SHS workers reported that during their hotel or motel stays, 'clients were more settled and a bit more relaxed' and 'it just really helped to lessen people's anxiety', enhancing opportunities for positive and meaningful engagement. SHS workers in our focus groups also observed that people experiencing homelessness felt they were receiving more recognition, understanding and support than usual during this period, and there were reports of hotel staff going above and beyond to make their guests comfortable.

However, the emergency hotel and motel accommodation provided during the pandemic did not suit everyone. Some people found it difficult to comply with expectations around noise, behaviour and substance use and left their accommodation voluntarily or because they were asked to (Tually, McKinley et al. 2021). SHS workers also reported that both during the emergency response and business-as-usual, some hotels and motels charged a premium while providing very poor quality crisis accommodation and service. Issues associated with purchased crisis accommodation in hotels and motels are discussed further in chapters 3 and 5.

1.3 Research methods

This study used a mixed-methods approach to answer the overarching and sub-research questions (see Table 1).

Table 1: RQs, data sources, methodology

Research question	Data sources	Methodology
What are the key elements of effective and appropriate crisis accommodation models now and for the future?		
RQ1: What are the different crisis accommodation practice frameworks and service models operating nationally and internationally?	• National and international grey and academic literature • Policy documents • Stakeholder interviews	• Review of literature and practices regarding crisis accommodation • Interviews with stakeholders nationally • Case studies
RQ2: When does and doesn't crisis accommodation work well and why?	• Lived experience interviews • Focus groups with SHS staff who interface with clients	• Thematic analysis of interview and focus group transcripts
RQ3: How do client needs and outcomes vary across key cohorts?	• Administrative data • Lived experience interviews • Focus groups with SHS staff who interface with clients	• Quantitative analysis of administrative data • Thematic analysis of interview and focus group transcripts

Source: Authors.

1.3.1 Practice and literature review

This research step involved review of academic and grey literature on crisis accommodation both in Australia and internationally. While the review documented the variety of practice frameworks and service models used across crisis accommodation, we found only limited published material relative to the number and diversity of services operating.

1.3.2 Stakeholder interviews

Stakeholder interviews were conducted with policy makers, peak bodies and providers of crisis accommodation. Interviews were used to gather important context for how crisis accommodation operates in each jurisdiction across Australia, as well as gathering information on existing innovative services and key elements of 'good', 'favoured' or 'successful' service models.

1.3.3 Case studies

Case studies were used to supplement the literature review and document the diversity of practices and innovations in crisis accommodation across Australia. Data for case studies were gathered through general internet searches and via additional interviews and emails with stakeholders.

Table 2 outlines the number of stakeholder and case study interviews completed in each state and territory (34 in total). All stakeholder interviews were conducted either online or over the phone.

Table 2: Number of participants in stakeholder interviews and case studies undertaken

State or territory	Number of stakeholder interviews	Number of interviews related to case studies
NSW	2	1
Vic	3	3
Qld	1	1
SA	3	8
WA	1	1
NT	2	-
Tas	4	2
ACT	1	1
Total	**17**	**17**

Source: Authors.

1.3.4 Lived experience interviews

Interviews with people who had stayed in crisis accommodation were conducted to inform research questions 2 and 3 (Table 1). The interviews focussed on what worked and didn't work for people during their stay(s) and how crisis accommodation could be improved.

Twenty-one lived experience interviews were conducted between December 2021 and July 2022: 14 in Victoria and seven in SA. While 21 participants is small in number, the insights from these interviews provide critical insights into the current workings of crisis accommodation in Australia.

Lived experience participants were recruited through one specialist homelessness service located in Melbourne and via two of the newly established homelessness alliances in Adelaide. The recruitment process involved the researchers discussing the study with case managers, who then approached clients they thought may be interested in participating. It was made clear to clients by their case managers and by the researchers that participating in the research was completely voluntary and would not affect any services they were receiving, and that their information would be kept confidential.

Semi-structured interviews of approximately 30 to 60 minutes were conducted by phone and in-person, with the engagement method determined by participant preference and with due consideration of the COVID-19 situation at the time. In-person interviews took place in public locations such as services and cafes. Lived experience participants received a $50 supermarket gift voucher in recognition of their time. With participants' permission, interviews were audio recorded and transcribed by a professional service (with a confidentiality agreement in place). The transcripts were thematically analysed through a double coding process involving two researchers working independently.

Lived experience participant characteristics

Lived experience interviewees ranged in age from 17 to 70. Two were in their teens, four in their 20s, five in their 30s, four in their 40s, five in their 50s and one in their 70s. Thirteen interviewees identified as female, seven as male and one as other. Four interviewees identified as members of the Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI+) community. Three interviewees identified as Aboriginal or Torres Strait Islander and four people were born outside Australia.

Nineteen of the lived experience interviewees relied on Centrelink payments as their income source. For most, this meant the very low JobSeeker payment; three received the Disability Support Payment, one Parenting Payment, and one the Age Pension. Eleven of the interviewees reported that family or domestic violence had been a factor in them experiencing homelessness at some point. Fifteen of the interviewees had experienced multiple periods of homelessness in their lives. For ten people, their first experience of homelessness occurred when they were a child or teenager. The longest periods of homelessness individual people had experienced ranged from two months to eight years. At the time of interview, only five of the participants were in stable housing, meaning medium to long-term housing. The remainder of participants had moved on from crisis accommodation but were in some form of transitional or short-term accommodation. Eight of the interviewees had been accompanied by their dependent children at some point while in crisis accommodation; another two had been separated from their dependent children because there were no suitable crisis accommodation options available for the family unit.

Lived experience interviewees had experienced a range of different types of crisis accommodation. Six had stayed in youth refuges, six in night shelters or hostels, eight in boarding or rooming houses, four in domestic violence or women's refuges, one in a caravan park, 17 in hotel or motel accommodation and 14 in SHS provided accommodation. Referral pathways were also varied, with 12 interview participants self-referring to their most recent stay in crisis accommodation, often after hearing about a service through word of mouth. Three participants had been referred to their most recent stay via the police, courts or prison system, and two by health services. One had been referred by a youth service, one by a refugee agency, and one by her children's school.

1.3.5 Staff focus groups

Focus groups with frontline staff were also conducted in both Victoria and SA to seek provider perspectives on what does and doesn't work in delivering crisis accommodation, for whom and why. Focus groups also discussed current opportunities and challenges for crisis accommodation, including learnings from the pandemic emergency responses.

In total, 35 frontline staff participated in four staff focus groups, held during May (Vic) and June (SA) 2022. Staff were recruited via the networks of the researchers, who have deep associations with the homelessness sectors in their respective states. Participants in the staff focus groups represented the breadth of 'segments' within the crisis accommodation sector, including regional, family and domestic violence, rough sleeper, Aboriginal and youth services. Workers involved in the frontline staff focus groups were employed in a range of roles, including as access workers, intake, assessment and planning workers, diversion workers, private rental access workers, specialist family and domestic violence (FDV) practitioners, housing officers and tenancy practitioners and as case managers and team leaders across alcohol and other drugs (AOD), youth and FDV services, boarding/rooming house outreach and supportive housing.

All staff focus groups were conducted online to ensure ease of access, to minimise disruptions to service provision and the risk of exposure to COVID-19. Focus groups were recorded and transcribed with transcripts analysed thematically. Per the ethics approval for the project, participants in focus groups were asked to share their thoughts to their level of comfort and not share the names of participants in the sessions or the views provided.

The quotes presented in this report are from interviews and focus groups and have been lightly edited for flow, sense, grammar and potential identifying information, without impacting meaning or context.

1.3.6 Administrative data

Administrative datasets were analysed to assess the overall needs and outcomes for those accessing crisis accommodation, and determine how client needs and outcomes vary across key cohorts (research question 3, Table 1). Two sets of administrative data were accessed: one provided by Launch Housing, a large SHS in Melbourne, Victoria (referred to as Victorian data), and one provided by the South Australian Housing Authority (SAHA), covering SHS across SA (referred to as South Australian data). These data differ from the data reported by the AIHW in the SHSC annual reports. These data are only for those accessing crisis accommodation, whereas the AIHW provided reports are for all clients supported through the SHS.

Victorian data

Launch Housing has four separate CSASs located in the inner south and south east of Melbourne. The largest service takes single men and women and has some rooms for couples. One service is for women only, another is for families only, and the remaining service can take single adults, families, youth and couples. Launch Housing provided administrative data for all four of its crisis accommodation sites for the five-year period between 1 January 2016 and 10 April 2021.

SHS are required to collected data on the support they provide to clients for the Specialist Homelessness Service Collection (SHSC). The data are based on periods of support to clients and describe the demographics and needs of the client, the support provided and outcomes obtained for that period of support (AIHW 2021). Over time, clients may have more than one support period and periods of support can vary greatly in length between programs and between clients.

In addition to the SHSC, services also collect separate tenancy data when they provide accommodation directly. This information is recorded in a separate data system that is focussed on tenancy management. This system records information such as whether rent was paid, specific room numbers or property addresses and tenancy length. The request encompassed data on support periods, as well as tenancy data – both recorded in separate data systems but linked with Launch Housing's larger database, called The Asset.

The lead researcher holds a joint position at Swinburne University and Launch Housing. As such, all administrative data was analysed on Launch Housing systems to protect confidentiality. Clients were allocated a unique ID and a merge ID to enable joining of support period and tenancy data. The merge ID used a matching algorithm based on 'first name', 'last name', 'date of birth' and 'gender'.

As some clients (21.6%) had more than one support period and tenancy, and because their start dates did not precisely align, an indicator was created for each client which ordered their tenancies and support periods by start date. The data was then merged using the merge ID and the unique person ID after sorting the data by support period and tenancy order.

Only those records that could be joined were included in the analysis of Launch Housing data. This included 2,358 support periods (matched support periods and tenancies) for 1,848 individual clients over the five-year period. All results are reported by support period rather than by individual as people can have more than one support period or tenancy.

South Australian data

SAHA also provided customised tables based on SHSC data, this time for the five financial years from 1 July 2016 to 30 June 2021. The necessary administrative data for the project was provided to the research team for analysis following ethics and relevant agency approvals.

In SA, SHS provide formal crisis accommodation with support through (mostly) congregate crisis accommodation facilities: youth-specific services, adult men only services and domestic and family violence-specific services. An Emergency Assistance Program (EAP) also operates state-wide, providing purchased hotel, motel, boarding house style and caravan park accommodation to people in immediate homelessness crisis who meet specific eligibility criteria. The EAP is administered directly by the SAHA, while crisis accommodation properties are operated (and allocated) by a combination of services directly contracted by the SAHA and, increasingly, through the newly established region-specific Alliances and the state-wide FDV Alliance. The SA data combine SHS managed crisis accommodation support periods and referrals to purchased crisis accommodation (presumably through the EAP). The SA data covers 29,933 clients and 39,163 support periods in total over five years.

Analysis of administrative data

We used the administrative data to examine needs and outcomes by support period. A support period is a period of time a client received support from an SHS and clients may have more than one period of support over time (indicating repeat presentations for assistance).

Client needs were assessed by drawing on data of reasons for presenting for assistance, as well as the services listed as needed during support. Client outcomes on exiting crisis accommodation were also examined, including housing outcomes of clients at the end of support, the reasons for exit (shown only in Appendix 5 and 6) and number and length of tenancies per client (tenancy data available for Victorian data only). Analyses of needs and outcomes were conducted for all support periods and according to selected priority cohorts listed in the latest SHSC reports (AIHW 2021), which includes:

- clients who have experienced family and domestic violence
- clients with a current mental health issue
- Aboriginal clients
- clients with disability
- young people (aged 15—24) presenting alone
- older clients aged 55 years and over
- clients with problematic drug and/or alcohol use
- clients leaving care
- clients exiting custodial arrangements
- current or former Australian Defence Force (ADF) members[1]
- children on care and protection orders.

These priority groups were defined consistently with the SHSC reports, with the definitions for each of these priority groups taken from the most recent SHSC report (AIHW 2021).

It is worth noting that these cohorts are not discrete (mutually exclusive) and the same client or support period will be counted in multiple cohorts. For example, someone can be Aboriginal and a young person presenting alone, someone can have a disability and be experiencing family violence.

In order to determine how needs and outcomes for each cohort were different from others accessing crisis accommodation, we compared the percentage of responses in each cohort with all support periods from that dataset (the overall group). These comparisons are descriptive and have not been tested for statistical significance.

In describing the needs and outcomes of each cohort we focussed on those needs that were more common among the client cohort or were the most common responses across the Victorian and South Australian administrative datasets. While we provide only summary findings in the body of the report, Appendices 4, 5 and 6 report a more detailed analysis of the data and also provide detailed summary tables using the percentage of support periods both overall and for each cohort for each response.

Finally, please note that our reliance on administrative data for this portion of the analysis means that we are constrained by the questions and categories prescribed in these collections. Our analysis is also subject to the same limitations as these collections[2]. Detailed definitions of all categories from the SHSC can be found in (AIHW2019b)[3].

1 It was not possible to explore outcomes for clients who are current or former members of the Australian Defence Force (ADF) in the Victorian data. Further, only four clients met the criteria for the priority group: children on care and protection orders. To protect their anonymity their data is not reported here.
2 For a detailed discussion of data limitations please see the technical notes for the latest SHSC report (AIHW 2021) available at: https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/technical-notes
3 Please note that while one researcher was able to access detailed unit-record data from a Victorian specialist homelessness service, the SA data was provided as a series of requested tables. As such, detailed examination of the relationship between client characteristics, needs and outcome was not possible beyond examining the needs and outcomes of key client cohorts.

1.3.7 Ethics

Ethics approval for the project was sought and granted by the Swinburne University of Technology's Human Research Ethics Committee (ref 2025765-7598) and ratified by the University of South Australia Human Research Ethics Committee and the Flinders University Human Research Ethics Committee. Approval was also sought and granted from Launch Housing's Human Research Ethics Committee. No ethical issues were encountered during the course of the research.

1.4 Structure of the report

In the next chapter we explore the crisis accommodation landscape in Australia in more detail, looking in particular at capacity issues, the location of crisis accommodation and the way it is accessed, and exit options. Chapter 3 focuses on the different service models operating in Australia. It includes a literature review about what is known about different types of crisis accommodation and how they work, along with a review of the literature on case management approaches, and reflections on case management support from our lived experience interviews and staff focus groups. Chapter 3 also explores the built environment of crisis accommodation and draws on a review of the literature on building design in homelessness services.

Chapter 4 looks at support needs and outcomes from crisis accommodation. It includes analysis of administrative data to explore needs and outcomes for those accessing crisis accommodation as well as for each of the cohorts of interest examined in the SHSC reports. This chapter also draws on feedback from lived experience and stakeholder interviews and frontline staff focus groups on the support offering crisis accommodation.

Chapter 5 examines the challenges with existing crisis accommodation offerings and draws heavily on lived experience interviews, focus groups with frontline staff and stakeholder interviews.

Chapter 6 concludes with a discussion of the key elements of effective crisis accommodation and the role of crisis accommodation in Australia's homelessness sector now and in the future. The main themes of the report are discussed along with policy development options.

2. Australia's crisis accommodation landscape

- There is significant unmet demand for SHS provided crisis accommodation. This results in reliance on purchased crisis accommodation and inadequate support for those who receive it.
- It is difficult to ascertain the capacity of SHS provided crisis accommodation across jurisdictions, or the numbers placed in purchased crisis accommodation and the associated expenditure as this information is not reported publicly across jurisdictions, or perhaps not systematically recorded.
- There are many more people experiencing homelessness on a given night than there are crisis accommodation beds available.
- For those jurisdictions where numbers are available (NSW, VIC, SA), at least as many households are in purchased crisis accommodation as in SHS provided crisis accommodation, indicating a significant shortfall in the availability of SHS provided crisis accommodation.
- Crisis accommodation is concentrated in capital cities or major towns with limited options available in regional and remote areas.
- Private rental is unaffordable and inaccessible for those experiencing homelessness, while social housing waitlists and wait times are prohibitively long. Exit options in the private rental sector have become further constrained in the aftermath of COVID-19.
- The lack of exit options creates a range of issues, including prolonging homelessness and exacerbating trauma, backlogs and blockages in the system, and exits to unsuitable or unsustainable accommodation or back to homelessness.

Crisis accommodation, and the SHS sector more broadly, is hampered by the lack of suitable exit options for people experiencing homelessness. This is due to long wait times for social housing and a lack of private rental dwellings that are affordable and appropriate for those on low incomes, especially people on Centrelink incomes (Anglicare Australia 2022). Lack of suitable exit options has a range of impacts, including prolonging homelessness, compounding trauma, lengthening stays in crisis accommodation that create system backlogs, and exits into inappropriate, precarious arrangements or, too often, back into homelessness.

Backlogs and substandard housing outcomes are further exacerbated by demand for crisis accommodation far outstripping supply. Often, people are instead placed in purchased crisis accommodation, which is generally of poor quality, and where they cannot access ongoing supports. This reduces people's capacity to address their homelessness and the circumstances that led to it. Poor outcomes for people experiencing homelessness are also extremely costly for governments over the longer term.

The process of accessing crisis accommodation varies across jurisdiction, and there are often multiple ways of accessing crisis accommodation. Crisis accommodation is also mainly concentrated in capital and large regional cities, limiting options for those in regional and remote parts of Australia.

This chapter examines these systemic issues by drawing on information from stakeholders, staff focus groups and lived experience interviews, as well as secondary data and published material.

2.1 Demand and supply of crisis accommodation

Demand for SHS managed crisis accommodation is far outstripping supply. Stakeholders and frontline staff reported insufficient places for people experiencing homelessness in their jurisdictions. This shortage leads to long wait times, even though crisis accommodation exists to meet people's immediate, acute needs, and state and territory governments dedicate significant resources to purchased crisis accommodation in hotels, motels, caravan parks, boarding houses and hostels.

The AIHW's 2021 report on SHS use (AIHW 2021) indicates that nationally, some 39.9 per cent of SHS clients in 2020—21 (111,125 people) reported a need for short-term or emergency accommodation. However, almost a third (29.9%) of these clients did not receive this assistance. The most common reason for not being able to assist this group was that there was no accommodation available.

Relying on purchased crisis accommodation impacts the support that people experiencing homelessness receive, and is also extremely costly. A report by the Northern and Western Homelessness Network (NWHN) in metropolitan Melbourne estimated that in 2017, $2.5 million was spent accommodating 9,000 households in purchased emergency accommodation, also noting accommodation provided was typically of a poor standard (NWHN 2019). This situation is not specific to Australia, with an estimated £1.1 billion spent in Great Britain on nightly-paid temporary accommodation for families in the year to March 2019 (Garvie 2020).

According to SHS staff in our focus groups in VIC, where entry points source purchased crisis accommodation direct from private providers, the pool of private operators who will accept their business is shrinking, often leaving only those operators who offer a particularly poor standard of accommodation. The situation has been described as a crisis in crisis accommodation (NWHN 2019; Walshe 2019). Frontline workers in the focus groups raised similar concerns around the quality and value of accommodation.

Despite a widespread understanding in the sector that demand for crisis accommodation is outstripping supply, firm numbers on the capacity of the crisis accommodation sector in each jurisdiction remain elusive. Heavy use of purchased crisis accommodation is one reason why this is the case; hotels, motels, boarding houses and caravan parks are not purpose built as crisis accommodation and they are also used by people who are not experiencing homelessness. Additionally, the number of dwellings used specifically for crisis accommodation – such as CSAS, family violence and youth refuges (and transitional housing) – are no longer recorded in official data collections following the conclusion of the CAP in 2008.

Drawing on data from the Australian Bureau of Statistics (ABS) homelessness estimates (ABS 2018), the latest SHSC report (AIHW 2021) and other sources, we present some indicators of the supply and demand for crisis accommodation by state and territory in Table 3. The homelessness estimates produced by the ABS provide an estimate of overall homelessness on Census night (2021) as well as different presentations of homelessness (operational groups) which together sum to total homelessness. One of the operational groups is the estimated number of people staying in SHS managed accommodation on Census night. In some states and territories this includes medium-term or transitional housing. Given that we know the sector is unable to meet demand, it is unlikely that many beds were vacant on Census night (2021). A comparison of those staying in SHS managed accommodation (column one) on Census night (2021) compared with all those experiencing homelessness on Census night (column two) reveals the small supply of crisis accommodation relative to overall homelessness. This varies across jurisdiction with a ratio of one bed per 3.5 people experiencing homelessness in VIC, but a ratio of one bed for every 21.5 people experiencing homelessness in the NT.

Further, data from the SHSC can be used to estimate the flow of people into SHS provided crisis accommodation over the course of a financial year (column three). This number is useful for comparing with the estimated number of people or households assisted with purchased crisis accommodation (column four), for which data are only available by financial year. This comparison reveals that in NSW and SA proportionally more people access purchased crisis accommodation than SHS managed crisis accommodation. In VIC, the numbers are closer but this may be because SHS manage the allocation of funds for purchased crisis accommodation and the numbers are not mutually exclusive. Regardless, those jurisdictions where data is available show a heavy reliance on purchased crisis accommodation to meet demand.

Table 3: Estimates of crisis accommodation capacity by state or territory from multiple sources

State or Territory	In supported accommodation for the homeless on census night (2021)[1] (stock) (column 1)	Number of people experiencing homelessness on census night (2021)[1] (stock) (column 2)	Number of persons accommodated by SHS (FY 2020—21)[2] (flow) (column 3)	Estimated number of people assisted with purchased crisis accommodation over a financial year (flow) (column 4)
NSW	5,043	35,011	16,256	26,965 households (FY 2019—20)[3]
Vic	7,831	30,660	31,249	29,293 (FY 2019—2020)[4]
Qld	4,137	22,428	14,562	Unavailable
SA	2,501	7,428	3,581	4,329 (FY 2020—21)[5]
WA	1,614	9,729	11,971	Unavailable
Tas	531	2,350	3,150	Unavailable
ACT	862	1,777	1,488	Not applicable
NT	1,769	13,104	4,883	Unavailable
National	24,291	122,494	86,554	Unavailable

Note: FY = financial year.

Sources:

1 ABS, 20123, Estimating homelessness, Data tables 20490DO001_2021 Census of Population and Housing: Estimating homelessness, 2021, Table 1.6 STATE AND TERRITORY OF USUAL RESIDENCE, Number of homeless persons, Homeless operational groups by selected characteristics, 2021, and Table 1.1 HOMELESS PERSONS, Selected characteristics, 2006, 2011, 2016 and 2021.

2 AIHW, 2021 annual report, data tables, Table CLIENTS.24: Clients, by total nights of accommodation, 2020–21, available at: https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/data.

3 Department of Communities and Justice (2021) 2019-20 DCJ annual statistical report https://public.tableau.com/app/profile/dcj.statistics/viz/TableA2B2C0D0N90_/Performance_measure TableA2B2C0D0N90_.

4 Department of Health and Human Services (2020) Annual report 2019-20, State of Victoria, Melbourne, accessed 24 July 2022, https://www.dhhs.vic.gov.au/publications/annual-reports.

5 https://www.housing.sa.gov.au/documents/annual-reports/South-Australian-Housing-Trust-Annual-Report-2020-to-2021.pdf, for some 4,329 people (page 19).

Comparison of the point in time estimates from the census (columns one and two) highlight that many more people are homeless than those in SHS managed crisis accommodation at a point in time. It could be argued that many people will access SHS crisis accommodation over the course of a year and so supply may be more adequate when considered over time rather than at a point in time.

However, comparison of the numbers in columns two (point in time measure) and three (measured over a financial year) shows that the supply of SHS crisis accommodation is so small relative to demand that the number of people experiencing homelessness on a given night exceeds the number of people in SHS crisis accommodation over the course of a year (except in Victoria and WA). In NSW, for example, fewer than half of the people experiencing homelessness on any given night would be able to access SHS managed crisis accommodation over the course of a year. Further, in the three states where data is available (VIC, NSW SA), the number of people accommodated directly by SHS over the course of a financial year is less than those in purchased crisis accommodation for NSW and SA, while in Victoria it is roughly the same. This indicates significant demand relative to capacity in the formal SHS sector.

In addition to the need to increase the overall capacity of the crisis accommodation sector, frontline staff in our focus groups saw a need for more supported crisis accommodation for people exiting correctional facilities and psychiatric units into homelessness.

> *We need to be reframing supported accommodation[4] – we need more supported accommodation. We need to be reframing what that looks like around prison exits into homelessness, psych ward. There's people doing stats around psych ward exits and hospital exits. You've got one in three people exiting into homeless from chronic injuries and psychiatric care. That's just unbelievable. So, when we think about who's coming into the system, we need to be thinking about what we can do to help with their safety and recovery. (SHS or Access worker)*

Frontline staff also saw a need for more crisis accommodation in outer suburban, regional and rural areas.

2.2 Limited regional options

Crisis accommodation is mainly concentrated in capital cities or major towns with limited capacity available in regional and remote areas. While purchased crisis accommodation is also used in capital city areas, service providers in regional areas are almost completely reliant on this option where it's available. People experiencing homelessness in regional and remote areas are required to travel significant distances to access accommodation and have fewer options available to them, meaning many are forced to remain in, or return to, unsuitable or unsafe housing situations. Anecdotally, in both Victoria and NSW it appears that FDV refuges and youth refuges are more dispersed than in other jurisdictions, although capacity in regional areas is still an issue (valentine, Cripps et al. 2020).

A stakeholder from NSW commented:

> *I think those are the biggest gaps that I often hear about in our regions, just not enough accommodation. Even our Link2home cannot find accommodation for them to go to in our regions. I think what [service provider] was telling me in Coonamble is that their nearest crisis accommodation hotel is an hour and 45 minutes away. (Stakeholder)*

4 Historically, crisis accommodation was sometimes referred to as supported accommodation because of the Supported Accommodation and Assistance Program (SAAP). This is not to be confused with the language of permanent supportive housing used in more recent discussions on homelessness. In this context the worker is referring to SHS managed crisis accommodation using older terminology.

A Victorian stakeholder commented:

> *I mean, there are less, as you move out, there are less … as you go to outer metro, you're ending up with more suburban homes turned into rooming houses. And as you get further into regional areas, caravan parks and the rooms above hotels and things like old pubs, they all become more important. But of course, caravan parks are closing down hand over fist as valuable property now. Those short-term options are not delivering in regional centres. And so there is a fair request for at least some crisis accommodation facilities in those regional areas. (Stakeholder)*

The concentration of crisis accommodation options in capital city areas is particularly marked in SA. In that jurisdiction, almost all crisis accommodation is located in the inner city (the bounds of the Adelaide city council), with very limited options in all other areas. Outside the inner city, there are a handful of safe houses for women and children escaping FDV found in regional communities, some scattered site crisis accommodation for women and children escaping FDV, and generally scattered site crisis housing for youth.

In Tasmania, the situation is different again, with crisis accommodation concentrated in the main urban areas of Tasmania – in the north near Launceston and Burnie, and also in Hobart in the south:

> *The shelters are kind of spread out to the North and the South. If you're in the middle of the state, there's not really anything there. Particularly, post COVID, or in the middle of, a lot of the services are now offering the phone and video support in a way that, they weren't really doing before. So, I know we have family violence counselling support services, state wide. If you're wanting face to face, it can be a little more challenging. (Stakeholder)*

One of WA's distinctive challenges is the very long distances some people need to travel to access services, including crisis accommodation, with regional and remote areas poorly serviced. Stakeholders reported that women and young people especially are returning to unsafe situations because they cannot access either SHS managed or purchased crisis accommodation or cannot access a pathway out to longer-term housing.

In the NT, crisis accommodation (other than safe houses for women and children escaping family violence) is only available in Darwin, Alice Springs and Katherine.

Discussion with stakeholders suggests that overall central Australia has a shortage of crisis and transitional accommodation (which could be from three months up to two years). For example, in Tennant Creek (NT), crisis accommodation-type services available include a women's refuge (eight beds), an Aboriginal Hostels Limited (AHL) Hostel and a sobering up shelter. Construction is set to begin shortly on a visitor's park that will provide affordable short-term accommodation for Aboriginal people travelling to the area for a range of reasons. Across the NT, brokerage funds are also used to purchase crisis accommodation in motels and hotels. However, this is not an option outside major towns.

2.3 Accessing crisis accommodation in the specialist homelessness services system

The process of accessing crisis accommodation varies across jurisdictions and occurs within the broader web of SHS services such as intake and assessment, assertive outreach, case and tenancy management. In addition to SHS managed and purchased crisis accommodation, a network of dedicated family violence refuges exists, usually accessed through a 24/7 family and domestic violence crisis line. Youth refuges are available to young people between 12 and 25 years of age (age criteria varies from service to service). Some jurisdictions also have specific SHS or Aboriginal Community Controlled Organisations (ACCOs) that provide services specifically for Aboriginal people experiencing homelessness, including short-stay accommodation in most states and territories.

Some crisis accommodation services are low-barrier, accepting people with a range of complexities and circumstances, including accompanying pets. Other crisis accommodation options have strict eligibility criteria and expectations about behaviours and engagement with support.

Most states and territories have centralised phone lines (and web portals) for accessing SHS, sometimes including allocation of, or direct referral to, crisis accommodation. Examples include Link2home in NSW and Housing Connect in Tasmania. Separate 24/7 family and domestic violence phone lines exist in all states and territories. Stakeholders noted the value of these centralised service portals for people wishing to access crisis accommodation.

Despite the existence of centralised access to the SHS system in most states and territories there are multiple ways to access crisis accommodation in each jurisdiction. For example, in NSW, referrals can be made to SHS via Link2home, and also via assertive outreach teams, self-referrals, the domestic violence line, the Department of Communities and Justice (DCJ), a community housing provider or by members of the public and other agencies.

Some jurisdictions have separate programs for purchased crisis accommodation which are accessed in different ways to SHS managed crisis accommodation. For example, NSW has a Temporary Accommodation (TA) program that is administered separately to SHS. Similarly, SA's Emergency Accommodation Program (EAP) is managed separately and under different guidelines with different eligibility criteria and conditions to SHS managed crisis accommodation.

In contrast, purchased crisis accommodation in both Victoria and Tasmania is provided through access points.[5] For example, in Victorian intake, assessment and planning workers at designated entry points access Housing Establishment Funds (HEF) to provide short stays in purchased crisis accommodation, while also applying for formal SHS managed crisis accommodation vacancies.

Stakeholders interviewed for this project reported more centralised coordination of crisis accommodation in NSW, Victoria, Tasmania and SA than in other states and territories. In Tasmania, for example, service access is highly coordinated:

> *There's Housing Connect which is like a front door intake and assessment … if you are in crisis, even though it's a nine to five service there's brokered accommodation and people on 24 hours. That's the main access point. People can also ring shelters as well and try and access through that way. But it's often good to try and contact through Housing Connect because you've got some other options that may be provided there. (Stakeholder)*

In Victoria, within each Department of Human Services region, services are coordinated through Local Area Service Networks (LASNs). LASNs bring together the SHS in that region to enhance planning and service delivery. Prioritisation lists exist locally by region and prioritise people for vacancies based on criteria such as current homeless status, support needs and other vulnerabilities. The way vacancies for crisis accommodation or other forms of supported housing are allocated vary by region and are decided at the LASN. Similarly, in NSW local service provider hubs exist and meet to discuss local service needs and issues and how best to support particular clients.

> *There's also lots of little hub groups around, like six agencies from different organisations come together and meet monthly. They talk about clients that are rough sleeping, looking for accommodation … if you're part of that hub it actually does help because that means that one person is known to the whole hub (Stakeholder)*

Some states such as Victoria and NSW have a centralised resource or vacancy register that includes crisis accommodation places. However, those sleeping rough can sometimes still access crisis accommodation directly through an outreach worker. WA is working towards a similar model through its Online Homelessness Services Portal but this is not yet operational at the time of writing.

5 An access point is a service that acts as a dedicated entry point for people to seek assistance from SHS.

2.4 Lack of exit options

While there are many ways to access crisis accommodation there are very few pathways out. This is due to an extreme lack of affordable and appropriate housing options nationally. This was an issue that came up repeatedly in stakeholder interviews, staff focus groups and lived experience interviews. It is also a significant theme in the limited literature on crisis accommodation in Australia over many decades (Erebus Consulting Partners 2004; Flatau, Lester et al. 2021; MacKenzie, Hand et al. 2020; NOUS Group 2018; valentine, Cripps et al. 2020).

The main exit options from crisis accommodation are social housing, private rental housing and (to a lesser degree) permanent supportive housing, all of which are in critically short supply. High demand, limited supply, and long wait times impede access to social housing. High demand and unaffordability put private rental options out of reach for many people experiencing homelessness who have low incomes and are mainly reliant on Centrelink payments.

Stakeholders reflected on the lack of exit options in the interviews we conducted:

> *The waitlist for public housing is eight to ten years regardless of priority level, so basically people access crisis accommodation and when they leave they have nowhere to go … So they return to community, return to that crisis space, whether it's to a violent situation, or it's returning to sleeping rough. And they just cycle in and out of that crisis space. (Stakeholder)*

> *And, Tasmania has got a very expensive rental market. What we're finding is we've got a chronic shortage of affordable housing across the board. Hobart is the least affordable capital city in Australia when you take into account people's incomes … that's been a big issue for many years but it's even tighter now, there's no availability for people to exit out of homelessness … We've got this really tight market, high percentage of properties going off to Airbnbs, a relatively small market so it gets affected quite easily. And that's one of the biggest barriers around getting successful outcomes. (Stakeholder)*

It is difficult for crisis accommodation providers to resolve people's homelessness without an adequate supply of affordable and appropriate housing. Stakeholders also questioned the intention of crisis accommodation in terms of outcomes in a system where there are so few exit options:

> *… if you can see that people are just going back into homelessness when their time ends in that crisis accommodation, you have to ask the question what you achieved during that time. Okay, you might have reduced the chances of them being killed or killing themselves, and that's good. But it's also, there's a dimension of it that's cruel to give people an option for a while but not have a pathway forward. (Stakeholder)*

While the lived experience interviewees were supportive of crisis accommodation options continuing to be available, they all took the view that crisis accommodation was not an end in itself but should be a step along the way to stable, long-term, affordable housing. The interviewees said one of the key roles of crisis accommodation was to support clients to transition out to appropriate housing. A typical comment was:

> *It's a pretty big deal, if not permanent then at least transitional. That should be the primary goal – to get you into something more permanent. (Male, 19)*

Frontline staff reported backlogs at each point on the path to securing long-term housing, describing it as 'a very clogged system'. Some people remained in transitional supportive housing for many months or even years because they did not quite qualify for priority public housing status (or the waitlist for priority allocations was so long).

Staff in the focus groups confirmed that public housing was the only possible exit path for many clients in crisis accommodation as they were not in a position to find or sustain private tenancies due to a combination of factors. These factors included lack of references, being on income support payments and unable to afford the rent, having dependent children, and competition for properties. As one service provider noted, 'if you don't have perfect rental history, you're almost going to get rejected right away'. Providers in the focus groups said that their advocacy had once helped to overcome some of these barriers but this was no longer the case:

> *If you get a bad reference or a bad property inspection report; there's just so many people that have everything a landlord wants that one little thing puts you out of it. And you can apply for as many properties as you like but you're not going to get one. (SHS or Access worker)*

> *There are just not enough private rentals around. We could spend all this money and all this time preparing people for going to open inspections, but there is just not enough availability of those open inspections for them to be getting an opportunity to put some of those strategies in play. (SHS or Access worker)*

The lack of social housing and the extremely tight private rental market meant people remained in crisis accommodation such as hotels or motels, and then in short-term or transitional housing, for many months, sometimes years, with no exit options. Workers in the frontline staff focus groups observed:

> *We have to hold on and supply crisis accommodation indefinitely while we're waiting for options that don't really exist. There's just this limbo. (SHS or Access worker)*

> *Even when we have people in some of our short-term accommodation options, once people are in, you can't get them out. And you don't want to because you're putting them back in to start all over again. But for me, sometimes the transition or the short-term stuff, yes, it's putting a roof over their head, but it's only band-aiding the situation temporarily, because there isn't any – like similar with motel, there isn't the exit options available. (SHS or Access worker)*

> *When we've weighed up how much funding has gone in to keep them in crisis accommodation because they're not getting private rentals, we probably could've paid for three to six months upfront or subsidised ongoing. I just think in terms of how effectively that money is being spent in those situations as a result of there being such a barrier to accessing private rental, it's just crazy. (SHS or Access worker)*

Workers who took part in our focus groups noted that the issue of finding the right properties for crisis accommodation clients to transition into was significant and multi-faceted. More social housing would clearly help, but it also needed to be appropriate for the individual or family and in the right location, allowing people to stay in areas they knew and connected to their social networks.

There were some people among the lived experience interviewees who had been able to secure social housing and had been placed in unsafe and inappropriate situations. One female participant reported that her public housing block was notorious for anti-social behaviour, drug use, suicide and crime (including a recent murder in her stairwell) but as a single person the wait to be reallocated was likely to be many years long. Ten of the interviewees reported a negative experience with social housing at some point, including long wait times, unsuitable and unsafe properties.

Despite the well documented shortage of affordable rental housing in the private and social sectors, many services or agencies still place requirements on clients to submit a set number of private rental applications. Lived experience participants in the places where this occurs felt it was pointless and unfair to expect them to meet the onerous requirements to search and apply for private rental housing as a condition of receiving subsidised crisis accommodation, noting the stresses related to effectively being required to search for what wasn't there:

> *The amount of properties that you're applying for, getting knocked back, getting told no. You line up – you go to somewhere, there's a line down the road and you just walk away because I just think to myself there's no way I'm going to get it. I'm a single mother, unemployed. I'm not going to get it … the hoops they were trying to get me to jump through just became harder and harder and more and more ridiculous … in the end I said, 'I'm not wasting my time. I'd rather be looking for houses that I would be happy to move into with my children'. And I just ended up refusing. And so my funding got cut and I was back out on the street. (Female, 49)*

Another interviewee reflected on the idea of individual responsibility for finding appropriate and affordable housing when structural issues meant it simply wasn't available:

> *There's a really high demand for housing … it's just, in my opinion, a world without housing, and there isn't enough … So we're all a bit stuck. To kind of blame someone — not blame, but you know what I mean – go 'Oh, well, it's their fault they don't have housing'. Nobody wants to take responsibility either. (Female, 21)*

Frontline staff echoed participants' concerns about the lack of affordable and appropriate housing, and the problem of requiring clients to apply for properties that do not meet their needs and which they have no chance of securing (see section 5.5 for further discussion of this issue).

It is also worth mentioning that not all exits from crisis accommodation are or should be to housing. Some people who find themselves in crisis accommodation need or want options that sit within the bounds of the aged care or disability systems (see Tually and Goodwin-Smith 2019 for an examination of data and needs in the context of people sleeping rough in inner Adelaide).

2.5 Impact of the worsening housing crisis

Lived experience participants, stakeholders and frontline staff who were interviewed for this research perceived a worsening of the affordable housing availability situation in the wake of the COVID-19 pandemic, especially in smaller states such as SA and Tasmania, where vacancy rates are at record lows. Frontline workers in SA reported an influx of new clients as a result of a tighter rental market, with people from NSW and Victoria either moving to (or back to) SA or buying investment properties which they then left vacant or elevated rents significantly. As one provider noted:

> *While the whole COVID stats and data were being shown across Australia, people discovered how relatively cheap it was to buy property and housing in South Australia. So consequently the prices went up, people were selling. So there was another lot off the market. (SHS or Access worker)*

Frontline staff in regional areas described similar pressures on rental markets and also talked about city dwellers' holiday homes sitting empty while local people had nowhere to live. The tighter rental market and increasing rents had also seen the recent emergence of the 'employed homeless':

> *We often talk about the new homelessness that we see coming through the door at the moment, and that is the new sector of people that we deal with, which is the employed homeless now. Typically, people were coming in looking for accommodation because they were unemployed. Today, we see an increase in the number of people that are coming in and registering for public housing who are employed … That's why now they're looking for crisis accommodation, emergency accommodation … They go to work every day, but they just can't find affordable housing. (SHS or Access worker)*

The situation has substantially worsened in regional areas since the beginning of the pandemic with rents skyrocketing (Pawson, Martin et al. 2021). These high rents are occurring in conjunction with limited supply of crisis accommodation making addressing homelessness in regional areas increasingly difficult.

2.6 Conclusion

Demand for SHS managed crisis accommodation is far outstripping supply. A clear sense of the existing capacity of the crisis accommodation sector in Australia is needed. This was not able to be achieved as part of this research, as stakeholders simply could not provide comprehensive data. Mandatory national reporting on SHS managed and purchased crisis accommodation use would help policy makers understand how much capacity and unmet demand exists and where, including regionally. This would provide evidence to support informed decisions about delivering additional capacity. More capacity is clearly needed in regional and remote areas.

Crisis accommodation, and the SHS sector more broadly, is hampered by the lack of suitable exit options for people experiencing homelessness. This creates a range of issues including prolonging homelessness and exacerbating trauma, backlogs in the system, and exits to unsuitable and unsustainable accommodation or back to homelessness.

Interim measures that may help improve exit options out of crisis accommodation include increasing the rate of Centrelink payments and Commonwealth Rent Assistance to make private rental housing an affordable option. Supported access through private rental access programs and ongoing subsidies for private rental housing could also be another interim solution. However, barriers to accessing private rental properties remain, including rental histories and intense competition. Considerable work and funding is needed to rapidly expand the supply of appropriate and affordable social housing to address this issue.

3. Crisis accommodation models, frameworks and built form

- **Three main types of SHS managed crisis accommodation have evolved over time in Australia: large hostels and shelters (including CSAS), women's refuges and youth refuges. Purchased crisis accommodation is also used.**
- **The literature on crisis accommodation indicates that services vary according to seven major elements: underlying philosophy; client or target group; built form; tenancy arrangements; support provided and/or available; regulatory framework; and seasonal availability.**
- **Quality standards, a lived experience workforce and cultural safety through dedicated Aboriginal workers are important recent innovations in practice, with the latter requiring ongoing investment.**
- **Case management frameworks that incorporate elements of trauma-informed, strengths-based and person-centred approaches are likely to improve service delivery and individual outcomes.**
- **An important part of support in crisis accommodation, and homelessness in general, is workers providing regular emotional support and understanding the health and wellbeing impacts of homelessness. Poor attitudes to clients has a detrimental effect on client wellbeing, engagement and outcomes.**
- **A small but developing evidence-base exists which considers how the design and built environment of crisis and other temporary accommodation impacts clients, staff and service delivery.**

- **Many of the needs and elements of good design for people experiencing homelessness can be organised under four themes: safety and security; privacy; physical and mental health needs and social support; and minimising restrictions and regulations.**

- **An institutional environment or aesthetic can re-traumatise people with past negative experiences in settings such as prisons, mental health facilities, residential schools and hospitals.**

This chapter explores the different crisis accommodation service models and case management frameworks operating nationally. While there are many providers of crisis accommodation in Australia and overseas, there is limited publicly available material that documents the service models being used or evaluates their effectiveness.

We conducted a review of the academic and grey literature on homelessness services and crisis accommodation both in Australia and internationally. Our review is supplemented with a range of case studies covering different types of crisis accommodation currently operating in Australia, which are referred to in the body of the report and are presented in their entirety as Appendix 1.

Initially we document the different models of crisis accommodation and the ways these models have evolved and vary between services, including large hostels and shelters for adults, women's refuges, and youth refuges. We also explore evolving practices and discuss the difficulty with purchased crisis accommodation.

Next we review the literature on case management in homelessness services, including different approaches such as trauma-informed, strengths-based and person-centred approaches. We also present reflections from lived experience interviews and focus groups with frontline staff on case management and support in crisis accommodation.

Finally, we examine the impact and importance of the built form of crisis accommodation. Given the dearth of information specific to crisis accommodation, the review covers homelessness services in general as well as other therapeutic settings. We conclude with a discussion of policy implications of our findings.

3.1 Existing models of crisis accommodation in Australia

In Australia, evaluation of crisis accommodation has tended to focus on specific services (such as Breckenridge, Hamer et al. 2013; Carrington and Mensinga 2017; TACSI 2016). These evaluations highlight the importance of flexible, holistic, trauma-informed and culturally responsive service delivery that is client centred, individualised and cognisant of clients' complex needs. Localised efforts such as the Adelaide Zero Project have also produced insights, including the need for increased crisis accommodation capacity and low-barrier services in particular (Casey and Brennan 2019), and better integration of culturally appropriate responses for Aboriginal and Torres Strait Islander clients (Pearson, Tually et al. 2021).

A synthesis of the literature indicates that crisis accommodation service models vary widely around seven major elements, each with a number of sub-elements (Mackie, Johnsen et al. 2019: 89-90). This section considers these elements, outlined in Table 4, and discusses several of the main accommodation models used in Australia.

Table 4: The seven major elements of crisis accommodation service models

Major elements	Sub-elements
Underlying philosophy	• Key principles, mission, goals, role within the service system • Assumptions about people experiencing homelessness • Homeless participation in service – consultation, peer support • Behavioural expectations – nature and enforcement of rules, low or no barrier versus higher barrier • Level of 'professionalisation' • Approach to case management – trauma-informed, strengths-based, person centred (see Section 3.2)
Client or target group	• Population: men, women, youth, families, Aboriginal peoples • Particular characteristics: FDV, mental health, AOD, leaving care or correctional facilities
Built form	• Type of accommodation – congregate/dormitory, large building with shared bedrooms/facilities, self-contained units on a single site, shared self-contained units, scattered self-contained units • Size – number of beds, rooms or self-contained units • Shared facilities – bathroom, kitchen, living areas • Design of accommodation (see Section 3.3)
Occupancy	• Occupancy agreements – tenancy agreement • Length of stay – limited specified period or determined by client or dependent on client's situation
Support services	• Integrated or separation of accommodation and support services • Support services available or referred
Regulatory framework	• Quality standards
Seasonal availability	• All seasons, winter only

Source: Authors' summary based on a review of the available literature.

In the United Kingdom (UK) and Europe, evaluations of some crisis and short-term accommodation models have been undertaken. Evaluations of several UK hostel services found trusting client—staff relationships, strong partnerships with other providers and integration of supports enhanced client outcomes. However, more needed to be done to connect people with substance use and mental health issues with support services, and to move people onto more settled housing (Homeless Link 2018). Another study reviewed several common temporary accommodation models operating in Scotland, including short-stay furnished flats, hostels and bed and breakfasts. Negative experiences were reported across these options, but social rental flats were viewed most positively as they allowed greater autonomy and for couples and families to stay together (Watts, Littlewood et al. 2018). Interestingly, while this study found that ready access to supports was a positive feature of many hostel settings, it recommended that supports be 'de-linked' from accommodation so that they could follow clients wherever they were staying.

Assessment of temporary accommodation models in Europe has identified some 'ideal' features:

- time-limiting stays to ensure authorities source more settled housing for clients quickly
- more self-contained and private accommodation
- providing supports in conjunction with accommodation
- no exclusions without notice and an alternative accommodation offer
- avoiding stigmatisation by using facilities which are also available to people who are not experiencing homelessness (Busch-Geertsema and Sahlin 2007).

3.1.1 Large hostels or shelters

Large hostels or shelters operating in capital cities and some regional cities in Australia historically provided overnight accommodation to rough sleepers, predominantly single older men. This traditional form of crisis accommodation focussed on providing accommodation and an evolving level of support services beginning with meals, showering and laundry, and then extending into more complex services such as physical health, mental health and AOD services. They sought to maximise self-reliance and independence by resolving crises and establishing independent living (Erebus Consulting Partners 2004).

In recent years, many of the large hostels or shelters have undergone major transformations. For example, Ozanam House in Melbourne has been redeveloped from a traditional crisis accommodation centre (of the past) providing overnight accommodation to rough sleepers, into a centre that provides flexible accommodation options (including crisis, extended supported accommodation and long-term housing) and is connected with a homelessness resource hub delivering a range of health and social services. All the accommodation options include private bathroom facilities, and some include kitchenettes. Ozanam House also includes communal dining room, garden and living areas (VincentCare 2022b).

In an assessment of Adelaide shelters, Casey and Brennan (2019) argue that while hostels and shelters are essential for moving people off the streets and into long-term sustainable housing, they are currently too restrictive for rough sleepers. They call for a shift to low barrier emergency shelters that have minimal expectations placed on clients and that can take intoxicated people, accommodate people's pets and accompanying animals, and can keep couples together. A low barrier shelter has been established in Adelaide as part of the Adelaide Zero Project in response to recognition of this need (Tually, Tedmanson et al. 2022: 105).

Overseas, a recent study of 16 European countries indicated that sharing facilities was widespread, particularly in Central and Eastern Europe. This included shared sleeping spaces, bathrooms and kitchens. In other European countries, while some sharing occurred, temporary accommodation was more likely to be in the form of self-contained units (Pleace, Baptista et al. 2019).

In Europe and the United States of America (USA), Mackie, Johnsen et al. (2017) note that hostels and shelters are the predominant accommodation response to street homelessness (rough sleeping homelessness). They go on to note that many researchers have concluded that unsuitable hostels and shelters are largely ineffective with many homeless people choosing not to use them out of personal safety fears and because they are viewed as not offering a way out of homelessness. The role of such hostels and shelters is often stymied by the lack of long-term housing options forcing them to operate as long-term rather than emergency or temporary accommodation (Busch-Geertsema, Edgar et al. 2010; Littlewood, Bramley et al. 2017; May, Cloke et al. 2006; Thorpe 2008).

In a review of international evidence Mackie, Johnsen et al. (2017) note that hostels and shelters vary considerably in terms of the seven dimensions outlined in Table 4. The limited evidence-base has focussed on the problems associated with larger hostels, such as limited provision of support and problems around exit options.

While hostels and shelters protect residents from the risks associated with living on the streets, such facilities also present risks around personal safety, particularly for young and transgender people and for women. In their review Mackie, Johnsen et al. (2017: 30) conclude that 'shelters should only have a role if stays could be limited to exceptionally short periods of time and these lead directly into permanent housing' (see also Mackie, Johnsen et al. 2019).

The 'large' (or, larger) Australian crisis accommodation services profiled in Appendix 1 take a range of forms. Some are more traditional congregate-style arrangements, such as Launch Housing Southbank in Melbourne, which has 51 beds for men and women, plus two private rooms for couples. Yumba-Meta, an Aboriginal Community Controlled Organisation (ACCO) in Townsville, Qld, operates the Reverend Charles Harris Diversionary Centre, which has 50 beds for men and women. Although ideal maximum lengths of stay vary, each of these services provides a range of supports and case management. The availability of exit options is also variable; in the case of Yumba-Meta, people are 'often' able to move on to supported accommodation or the ACCO's own long-term community housing program. Some other large services offer individual apartments, such as youth110 in Adelaide, which has 30 self-contained units in one building. See Appendix 1 for further details on each of these services.

3.1.2 Women's refuges

Weeks and Oberin (2004) provide the most recent (now nearly 20 years old) overview of the development of women's refuges and shelters in Australia. Their work notes the evolution of traditional refuges 'into a service system of complex and diverse service delivery organisations' (Weeks and Oberin 2004: 44), changing to meet the needs of a diverse range of women – women with children, women from different cultural and linguistic groups, women with mental health issues and women with AOD issues. Models of service varied across jurisdictions as different arrangements and policy settings were put in place. By 2004, some services focussed specifically on Aboriginal and migrant women, as well as single women and women from a range of culturally and linguistically diverse (CALD) groups (Weeks and Oberin 2004).

Over time, both in Australia and internationally, models of domestic and family violence refuges and shelters have continued to diversify across a wide spectrum, ranging from single communal shelters to multi-building cluster models of self-contained units to large purpose built facilities. Spinney (2012) also notes the diversity of refuge models in operation in Australia. Weeks and Oberin (2004) identified eight models of provision in the women's refuges space, with many, if not most, of such services focussed on supporting women's recovery from domestic and family violence:

- Single large residential house in an urban neighbourhood that operates as a communal shared living model: families share a bedroom and have access to shared lounge, kitchen, bathroom and laundry facilities. Staff office amenities are usually within or attached to the building.
- As above with each bedroom having ensuite bathroom facilities.
- Purpose built or adapted very large residential property that has fully self-contained units (one, two or three bedroom) under the one roof of the facility. Additional communal areas allow residents to choose between total privacy and company. Staff have office amenities under the same roof or in a separate administration building located elsewhere. Examples of this type of women's refuge in Australia include Hobart Women's Shelter in Tasmania, which has 25 self-contained units and staff on-site; and Vinnies Women's Crisis Centre in Adelaide, South Australia, which has 20 ensuite rooms and staff on-site. See Appendix 1 for more information on these services.
- Large facility of a number of buildings on one site with communal bathroom, kitchen and laundry facilities. Additional buildings provide children's resources or staff sleepover. In remote areas, some services have bunkrooms where women are required to share with other women.
- Large facility with a number of buildings on one site that comprise units (two or three bedrooms) with some adapted for administration, counselling or children's resources.
- Fully self-contained independent units and a communal refuge property on one site. The staff and administration are sometimes in one of the units, or in the main refuge, or have a shopfront office elsewhere. An example of this is Launch Housing's East St Kilda women's service in Melbourne, one of the case studies featured in Appendix 1. East St Kilda has ten self-contained units on the property and additional rooms with ensuite or shared facilities co-located with offices and other functions in the main building.
- A communal refuge property with self-contained independent units on a different site (either stand-alone or clustered). The office is usually in the main refuge or in a shopfront elsewhere.
- Dispersed houses or units distributed throughout the community. Sometimes there is a shopfront office involved, other times the service operates its administration from one of the properties.

Regardless of the physical layout of the service, the philosophy or ethos of services have tended to be explicitly feminist, acknowledging the structural inequalities experienced by women and the role of violence in these enduring inequalities (Meecham 2019). There is also an explicit focus on safety and risk management that has not historically been present in mainstream homelessness services (Meecham 2019). However, safety and risk assessments in relation to family violence are becoming more integrated within SHS as more and more women and children access mainstream SHS. It should be noted though that because of the focus on safety and risk assessment, women's refuges often have additional exclusionary criteria. Such criteria may include, for example, not allowing boys over the age of 12, and having curfews (valentine, Cripps et al. 2020).

As reinforced in our fieldwork interactions with stakeholders and workers, evolution in the women's refuges space is marked in terms of practice rather than physical design in many ways, with trauma-informed and recovery-oriented practice widely embedded. Additionally, it is clear that over time services nationally and internationally have explicitly moved from fitting the family into a model of crisis accommodation, to 'fit[ing] the model to the family' by:

- delivering accommodation and support through different agencies with one agency managing tenancies and properties and another agency managing assessment, support and case management
- moving the houses from crisis to transitional housing and providing a tenancy agreement
- tailoring the level and type of support as required. These approaches are now embedded in person-centred, family-centred, Safety First and Housing First thinking and practice.

Regardless, a key feature of women's refuges has been removing women and children from their former home and, by extension, away from support systems and communities. However, more recently there has been a shift towards victims or survivors staying in the home and perpetrators being removed where it is safe to do so. This reduces demand for refuge accommodation but is not appropriate for all cases.

In discussing women's refuges in the context of crisis accommodation, it would be remiss not to mention here the important evolution in the 1990s among Aboriginal communities: 'safe houses'. These 'safe houses', proposed as part of 'grandmother's lore', now exist in many places, especially regionally. They are places of varying physical design where women can go before or after crisis, and stay for a time, without actually 'leaving' their partner (Northern Territory Government 1995). Organisations such as the Mabunji Aboriginal Resource Aboriginal Corporation and CatholicCare NT in the NT and Home in Place in western NSW manage safe houses which provide 'safe and secure accommodation for women and children who are victims of or are in threat of family and domestic violence' (CatholicCare NT 2022; Home in Place 2022; Mabunji Aboriginal Resource Indigenous Corporation 2022).

3.1.3 Youth refuges

The first youth refuges opened in the 1970s. These early refuges 'used the"house parents" model, thinking that the young people needed "love" and "restoration of family"' (Coffey 2006: 17). Such refuges began by employing house parents but due to the high turnover gradually shifted to employing youth workers.

Coffey (2006; 2008) contrasts the approach of youth refuges with the approach to young people in crisis that prevailed in the decades before. Previously, services to young people had 'centred on notions of apprehension and detention' (Coffey, 2008:6) and saving children by placing them in reformatories and large state-run and church-run institutions. With governments acting as a quasi-parent, this model sought to resocialise young people into more productive, socially acceptable ways of life. The philosophy or ethos of the new approach was one of 'empowerment, enabling independence, giving youth a voice and recognising sub-cultures' (Coffey, 2008:7). This new approach is reflected in a statement of philosophy from a service in northern NSW:

> *… as workers at … we are committed to understanding how young people are oppressed in our society and as a result of this understanding, taking action to ensure that all young people we come in contact with are treated as fully human, equal and much respected members of society … in reality young people are intelligent, zestful, powerful, cooperative, vital to the world, and loving toward each other … (quoted in Coffey 2008: 9).*

Barrett and Cataldo (2012; see also Human Rights and Equal Opportunity Commission 1989) describe the standard youth refuge as 'a large house, five to ten young people, a team of dedicated youth workers, 24/7 staffing and sleep over staffing arrangements' (Barrett and Cataldo, 2012:9). Their target group is young people aged 16 to 24 (though sometimes as young as 12 usually and sometimes capped at 21) and they work with a diverse range of young people. They offer shelter for short periods ranging from three weeks to three months. Some refuges are specifically for Aboriginal people or young women. They are designed to provide short-term shelter and a pathway out of homelessness. With 24 hour staffing, youth refuges can respond to young people whenever they are ready (Barrett 2012). While some refuges screen young people in order 'to create a safe and predictable refuge for all' (Barrett and Cataldo, 2012:9), others prioritise the immediate need for shelter. The former type of refuge can focus more on one-on-one case work, while the latter type spends more time managing a client base with more complex needs (Barrett and Cataldo 2012).

In more recent years, the youth refuge model has shifted from a large house to purpose-designed facilities with individual bedrooms with ensuites or self-contained units in various configurations allowing them to work with singles, couples and families (Ellis 2016; McDonald 2020; Myeza 2020). These provide for more privacy, independence and safety along with access to wrap-around services such as counselling, family mediation, intensive life and living skills, health and well-being including psychological services and AOD treatment, education and training and, long-term housing (Ellis 2016; Leebeek, Curtis et al. 2005; Vindis 2006).

The youth-specific crisis accommodation service youth110, located in Adelaide's CBD, is an example of the contemporary youth refuge model. Situated in a purpose built mixed-tenure residential building, youth110 opened in 2012 and allowed the service provider, St John's Youth Services, to move away from the congregate model of service delivery for young people in the inner city. The service's 30 high quality, self-contained apartments can accommodate single young people, couples, single parents and their children, young families and siblings aged 16 to 21, and is the first to offer support to young single fathers. With office space on-site, youth110 offers 24 hour care and case management support, through which young people are supported to work toward and achieve their individual goals for study and employment, stabilise their mental wellbeing and improve their living and tenancy management skills and understanding. The service takes an empowering and therapeutic approach to supporting young people, which also includes linking young people to external supports and services as needed.

For more on youth110 and the Youth Family and Community Connections, Crisis Accommodation Support Service (Tasmania), see Appendix 1.

3.1.4 Purchased crisis accommodation

In addition to purpose built facilities with on-site support, state and territory governments also fund purchased crisis accommodation in privately-owned and managed facilities such as hotels, motels, caravan parks, boarding houses and hostels, Such accommodation is used where there are no vacancies (or suitable vacancies per client needs) in SHS managed crisis accommodation. As discussed in Chapter 2, purchased crisis accommodation is used widely in both major cities and regional areas where such options exist. Stays in purchased crisis accommodation are typically short, ranging from a few nights to two weeks depending on jurisdiction while limited, if any, support is provided to people accessing these arrangements. While some scattered site crisis accommodation exists for women and children escaping family violence, purchased crisis accommodation is the main scattered site response in Australia.

The general consensus within the literature is that motels, hotels, caravan parks and boarding houses do not provide a safe space, particularly for children (Hulse and Sharam 2013; Tually, Faulkner et al. 2008; valentine, Cripps et al. 2020) and periods in these places disrupt family routines of child play, eating and sleeping (Mitchell, Pollock et al. 2009). Weeks and Oberin (2004: 125) regard the practice of placing women and children escaping violence in hotels, motels and caravan parks as verging on 'system neglect'.

Feedback from both frontline staff and lived experience interviewees suggests that this form of crisis accommodation is highly problematic.

Purchased hotel and motel crisis accommodation raises a range of issues, including unaffordable co-contribution costs, conditionality (discussed further in Chapter 5), insecurity, unsuitability for long stays, and lack of case management support. SHS and access workers talked about the inefficiency of purchased crisis accommodation programs and the risk that this form of crisis accommodation functioned purely as respite:

> *We could put somebody in for three days; what we have to weigh up is whether or not they will be picked up by a service after that time, or whether it's just going to be a respite situation for them. It's horrible to put them into emergency accommodation, have a homeless service pick up the advocacy and have it declined. (SHS or Access worker)*

SA in particular relies heavily on the Emergency Assistance Program (EAP) that places people in purchased hotel or motel crisis accommodation. This model is increasingly unsustainable, with the private rental crisis limiting exit pathways out of EAP accommodation, and times of year when there are few vacancies in hotel or motel accommodation. Moving to a panel provider system for EAP in SA has reportedly meant there are only a select number of EAP providers available, providing a certain number of room nights at any given time at a certain price point. Staff in the Adelaide focus groups reflected on these issues:

> *Yeah, well that's the way that we've been asked to look at it [as respite] because the demand is so high on the EAP program. Come March [event season in Adelaide, which has been severely disrupted with the pandemic], trying to get someone just into a motel is a task in itself. When we managed it in-house we used to reserve a certain number of rooms during that period so that we would have somewhere to put people in crisis situations. (SHS or Access worker)*

> *And the other thing that we used to use a lot more of previously for emergency accommodation for singles and youth was backpacker accommodation, but when they did the change in the providers they were excluded from that. So that's taken out some possibilities of places to be able to put people while they're looking at alternatives … we used to be able to use them and now we can't, so that drives up the cost of the EAP as well which means they're looking for ways to cut down, so you reject a certain cohort. Quite often you can't get assistance for single males, youth, because if you put them into EAP there's no exit options except for boarding houses and things like that, which aren't always appropriate. (SHS or Access worker)*

3.1.5 Evolving service models and practices

Crisis accommodation providers are continually adapting their service models as underlying philosophies evolve, as the needs of service users change and as they seek to fill gaps in their offerings and practice. In the three decades since beginning of SAAP (in 1985), a series of shifts have taken place across the crisis accommodation sector. Crisis accommodation services have increasingly addressed the needs of specific cohorts of people experiencing homelessness, such as Aboriginal and Torres Strait Islanders, children, refugees and people from CALD backgrounds, people with mental health issues, people with disability, people released from custody, and young people leaving care.

Further, the desired focus of SHS shifted from crisis accommodation to medium and long-term housing and eventually to Housing First, although sector engagements suggest Housing First remains a work in progress at a system level given housing market pressures and the strong attachment to housing readiness in the housing system.

The range of services provided in crisis accommodation has also expanded from basic services such as meals, showering and laundry, to include more complex supports with case management and services such as medical services, mental health services, AOD services, employment, counselling and more. Such broadening of service offerings has occurred, in part, due to expanded partnerships between SHS and other agencies. See the case studies in Appendix 1 for a range of examples of such partnerships.

More recently, as part of funding requirements introduced under the sweeping changes of *The Road Home* (Commonwealth of Australia 2008) most homelessness services in Australia adapted their practices to incorporate a framework of quality standards developed by each state and territory government (Homelessness Working Group 2010a; Homelessness Working Group 2010b). These quality standards now (or increasingly in some cases) reflect Housing First principles, and Homelessness Australia has recently endorsed a comprehensive (voluntary) list of principles to guide practice in this context (Dodd, Rodrigues et al. 2020).

Another core focus within evolving practice is consumer participation (Phillips and Kuyini 2018). The evidence in support of participation has been mounting for almost 20 years now. In a 2007 paper on consumer integration and self-determination in homelessness research, policy, planning and services, Barrow, McMullin et al. (2007) reviewed the literature around the movement for greater participation by consumers in the planning and delivery of services and the evidence for greater participation by people experiencing homelessness. They concluded that for 'many individuals who have been homeless, such participation will surely hasten personal recovery and social reintegration following homelessness, and their involvement will surely produce more responsive and effective policies' (Barrow, McMullin et al. 2007: 3-4).

An evaluation of the Peer Education and Support Program (PESP) (established in 2005 within the Council to Homeless Persons) has shown that the program 'has been overwhelmingly successful in meeting its two stated aims of providing people who have a lived experience of homelessness with the opportunity to improve the service system, and in helping them end and prevent their own homelessness' (Black 2014: 2) and recommended its expansion as a new and important element of services. In Australia and Europe, organisations developed toolkits to facilitate participation in homelessness services (for example FEANTSA Participation Working Group 2013; Rural Housing Network and HomeGround Services 2008). An example of such participation exists at youth110 in Adelaide, where the service has embedded a range of lived experience practices into their service delivery and is looking to expand the role of young people with lived experience in the service's governance (see Appendix 1).

The importance of peer support and lived experience came through in several lived experience participants and some frontline workers:

> *I've noticed that with these staff, they're oblivious half the time how to deal with a person that's blind drunk or pilled off their heads and can't talk or walk or move. I find they need to be more educated … they're the ones that have been brought up in homes and done good and passed their school. They've got no experience of what we go through. Sometimes they – not these ones, but sometimes people are blind, and they just don't want to know. (Female, 50)*

Staff in the focus groups, some of whom had lived experience and some of whom did not, recognised the valuable contribution that could be made by staff who had walked in clients' shoes to some extent:

> *I think that we need more lived experience and peer workers at all crisis accommodations and it would be so beneficial to also have that represented in IAP [intake assessment and planning] services as well. (SHS or Access worker)*

> *Having that person there when you're working with someone who is facing those options and being able to say, 'I understand what's about to happen and I'm here to support you' — it's sometimes more valuable than a referral we could do. (SHS or Access worker)*

> *So, we're role modelling, isn't it? If you've got lived experience workers like at [facility], they can see, 'Oh, these people made it. There's a pathway and hope that I can do that as well'. (SHS or Access worker)*

Aboriginal Australian's experiences of homelessness are inextricably entwined with Australia's history of colonisation and dispossession and the resultant legacy of poverty, deprivation and intergenerational trauma (Aboriginal Housing Victoria 2020). As a consequence of this history, Aboriginal Australians are massively overrepresented in the homelessness service system, including in crisis accommodation. Further, their experience of homelessness is different to other cultural groups (Memmott, Birdsall-Jones et al. 2011).

In their housing and homelessness framework, Aboriginal Housing Victoria advocate for homelessness services that are culturally safe – that is, the system is responsive to Aboriginal housing needs and 'connections to land, culture and family networks' (Aboriginal Housing Victoria 2020: 11). They also advocate for culturally safe tenancy practices and policies which 'support and enable Aboriginal approaches to caring for family' (Aboriginal Housing Victoria 2020: 11; see also recent work by Tually, Tedmanson et al. 2022 on Urban Aboriginal homelessness).

In advocating for a cultural approach to Aboriginal homelessness, the Perth-based, Aboriginal-owned Community Housing Provider Noongar Mia Mia (2021) makes compelling arguments for the essential role and need for Aboriginal workers in homelessness services to help ensure cultural safety. A recently-published Aboriginal Cultural Safety Framework for the Specialist Homelessness Sector (Samms 2022) explains that cultural safety for Aboriginal Australians is about providing an environment where people's experiences and identity as Aboriginal Australians are not challenged or denied. The Framework stresses that cultural safety is an ongoing journey of learning for workers, for agencies and for systems. Cultural safety requires service providers having an awareness of their own cultural values, skills, knowledge and attitudes, and open understanding of how these impact other people, including 'through unconscious bias, racism and discrimination' (Samms 2022: 13). Cultural safety requires understanding the diversities of Aboriginal people and the embeddedness of culture in their lives, and commitment to the reform and redesign of institutions and services to remove barriers to good outcomes for Aboriginal people. Cultural safety is an embryonic practice within SHS, and recent developments such as *Mana-na woorn-tyeen maar-takoort*, the *Victorian Aboriginal Housing and Homelessness Framework* and *Noongar Cultural Framework and Noongar Housing First Principles (*a ground-breaking culturally-specific reworking of Housing First principles and practice framework for people of the Noongar Nation in south western WA) are critical steps forward.

3.2 Case management models

Case management is generally a collaborative process used to assist people experiencing homelessness to address accommodation and other support needs arising from, for example, mental or physical health issues, problematic substance use or disability. Case management is relationship focussed and involves developing rapport with a client and working with their individual needs and desired outcomes (Grace, Coventry et al. 2016). Generally speaking, case management involves needs assessment, developing a support plan, connecting and referring clients to services and supports, monitoring plan implementation and advocating on clients' behalf with other providers. Broker or standard case management models tend to be lighter touch, with a focus on identifying client needs and assisting them to access supports through referrals, while other models are more intensive, with case managers themselves providing supports in addition to linking clients to specialist providers.

Some case management models, such as assertive community treatment, involve multidisciplinary teams rather than single case managers. Other models, such as critical time intervention, explicitly recognise the importance of the right form of support being delivered at the right time, especially during periods of transition for clients (Weightman, Kelson et al. 2022). The design of a systematic review of case management models identified the following as elements which can potentially be used to categorise models:

- duration of services
- intensity of services
- case manager caseloads; the location of service delivery and presence of outreach
- whether case management involves service coordination or provision
- whether there is a team or single case manager

- conditions attached to the support
- nature of the client—case manager relationship
- accessibility of support
- level of client input into their case management (Weightman, Kelson et al. 2022).

The recent evaluation of the Aspire program in Adelaide, Australia's first homelessness social impact bond, highlights the absolute value of intensive case management in supporting people's journeys on from chronic homelessness (Coram, Lester et al. 2022). In particular, this work emphasises the importance of trusted relationships between participants and workers, non-judgemental, person-centred service provision and connecting people with a range of social and community services post-housing as a critical factor in tenancy sustainment (Coram, Lester et al. 2022).

3.2.1 What works in homelessness case management

Trauma-informed, strengths-based and person-centred approaches overlap in many respects and case management frameworks that incorporate elements of all three as appropriate are likely to improve service delivery and individual outcomes in specialist homelessness services. A systematic review of the factors influencing the 'acceptability' of interventions for people with experience of homelessness highlighted the importance of case managers building trusting, non-judgmental relationships and promoting a feeling of safety with clients. Principles of trauma-informed care and taking a person-centred approach were also identified as important elements of effective service delivery (see also Coram, Lester et al. 2022; Magwood, Leki et al. 2019 for the value of intensive case management leanings in the context of a program supporting people moving on from chronic rough sleeping).

An international systematic review of the effectiveness of interventions aimed at reducing homelessness found that the approaches that performed best included high intensity case management and critical time intervention (Munthe-Kaas, Berg et al. 2018). Another international systematic review focusing on interventions to improve the health and wellbeing of people with experience of homelessness concluded that higher intensity case management, with mental health supports included, was one approach with promising results (Moledina, Magwood et al. 2021).

3.2.2 Trauma-informed approaches

Trauma-informed case management is an increasingly influential approach, recognising that many people accessing supports across a range of human service areas, including SHS, have experienced some form of trauma (simple or complex) that is likely to have a lasting impact on their mental health and recovery pathways (Cash, O'Donnell et al. 2014; Henderson, Everett et al. 2018). Trauma 'results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being' (SAMHSA 2014: 7). Increased awareness of the benefits of trauma-informed approaches emerged in the context of children and young people with 'adverse childhood experiences' in contact with the child protection and youth justice systems (Bunting, Montgomery et al. 2019; Glendinning, Ramos Rodriguez et al. 2021). Although, people can be affected by trauma experienced at any age.

Repeated trauma and traumatic events early in life can heighten the effects of trauma, which may include anxiety, depressive symptoms, hyper-vigilance, challenges with emotional regulation, social isolation and relationship difficulties, sleeping issues, problematic substance use, self-destructive behaviour and unwanted flashbacks (Cash, O'Donnell et al. 2014). Trauma often arises from experiencing or witnessing violence or abuse, meaning the psychological impacts can go hand-in-hand with physical injury, and people may experience shame or stigma associated with their experiences and aftermath (Henderson, Everett et al. 2018).

Trauma-specific services include counselling and psychotherapy that directly target the impact of trauma and how people experience its effects. In contrast, trauma-informed services are primarily focussed on other areas but take into account how clients might be affected by trauma and adjust their approach accordingly (Cash, O'Donnell et al. 2014). It is now widely recognised that the systems and practices involved in service provision, including homelessness service provision, are themselves often a source of trauma or re-traumatisation for people (SAMHSA 2014). Trauma-informed approaches emphasise the importance of integrated, holistic service provision; a system comprised of agencies that work together to support the whole person and create a service context that recognises the lasting impact of trauma and its profound effects on mental health and other aspects of people's lives and avoids re-traumatisation (SAMHSA 2014).

Trauma-informed approaches are based on a blend of knowledge from research, practice and lived experience (Henderson, Everett et al. 2018; SAMHSA 2014). There is emerging evidence of the benefits of integrated trauma-informed approaches across different service delivery areas, including decreases in trauma responses and substance use, and improved mental health and wellbeing, daily functioning and even housing stability (Bunting, Montgomery et al. 2019; Henderson, Everett et al. 2018).

There are different formulations of trauma-informed case management, but a number of key principles are commonly incorporated (see for example: Brocious, Demientieff et al. 2022; Cash, O'Donnell et al. 2014; Henderson, Everett et al. 2018; Melbourne City Mission 2021; Phipps, Seager et al. 2017; SAMHSA 2014):

- understanding the significant impacts trauma can have on people's health, wellbeing and recovery pathways
- recognising the signs and symptoms of trauma, not only in clients, but also in others interacting with the system, and in staff
- integrating an understanding of trauma and its effects into organisational culture and practice
- protecting people's physical, emotional and psychological safety (including through appropriate physical environments)
- ensuring service provision is respectful, trustworthy, transparent and non-judgemental
- promoting empowerment, self-efficacy and choice by people who have experienced trauma
- recognising that recovery is possible and instilling a sense of hope
- building a therapeutic alliance and emphasising collaborative and relational service responses, including multi-agency cooperation, client voice and peer support
- incorporating cultural and historical awareness in system responses.

A trauma-informed approach needs to cover all domains of an organisation, system or service response. This includes governance, policy and procedure, assessment and treatment, training and workforce development, quality assurance, resourcing, and monitoring and evaluation. Power relations between clients and service providers, and the dynamics within and between organisations, are key considerations when implementing trauma-informed approaches (Mahon 2021). Notwithstanding the growing acknowledgement of the importance of trauma-informed service responses, implementation can be challenging for many organisations, with the foundational knowledge of staff, their beliefs about trauma, and their affective commitment to trauma-informed care playing important roles (Sundborg 2019). Appropriate staff training and ongoing support are critical to the successful implementation of trauma-informed service responses (Dunkerley, Akin et al. 2021; Glendinning, Ramos Rodriguez et al. 2021; Purtle 2020). Notably, trauma-informed approaches also tend to emphasise strategies for protecting the wellbeing of staff and practitioners, including appropriate training, awareness of the importance of self-care, peer support and reflection, and avoiding the risk of burnout (Cash, O'Donnell et al. 2014; Henderson, Everett et al. 2018).

Trauma-informed approaches depend on developing strong relationships between clients and service providers and can take some time to bear fruit (Brocious, Demientieff et al. 2022). This makes trauma-informed service delivery challenging in the context of short-term interactions, which is often the case in crisis accommodation settings. Nevertheless, temporary or short-term accommodation for people transitioning out of homelessness can be designed and managed in psychologically informed ways, including through strong therapeutic relationships between residents and staff (Phipps, Seager et al. 2017). There has been increasing recognition among Australian homelessness service providers generally that trauma-informed approaches can make a vital contribution to clients' psycho-social wellbeing (Cash, O'Donnell et al. 2014; Melbourne City Mission 2021).

3.2.3 Strengths-based approaches

A strengths-based orientation is a feature of trauma-informed service provision (see for example, Cash, O'Donnell et al. 2014; Henderson, Everett et al. 2018) and a case management approach in its own right. Strengths-based approaches contrast with deficit discourse (Fogarty, Lovell et al. 2018), shifting the focus away from people's problems, challenges or failures to their capabilities, capacities and possibilities. There is a lack of clarity, however, around how strengths are to be defined and measured (Wanamaker, Jones et al. 2018). Strengths could refer to people's intrinsic resources and capacities, or be interpreted more broadly as an umbrella term that also covers external circumstances affecting their lives. As with trauma-informed care, strengths-based approaches are highly relational and building strong therapeutic alliances between clients and practitioners is key (Bogenschutz, McCormack et al. 2022). Strengths-based approaches recognise the client as the expert in their own life and this may help promote client engagement (Fusco 2019).

The evidence base for the effectiveness of strengths-based approaches traverses a range of different service areas but remains relatively limited, and mixed. A review of strengths-based approaches to assessing offender needs yielded only some preliminary support for using these approaches alongside more conventional assessment tools (Wanamaker, Jones et al. 2018). A study involving mothers with a history of drug use in the child welfare system found some reduction in risk factors associated with strengths-based practice with clients (Fusco 2019). A recent randomised clinical trial study found no association between strengths-based case management and successful linkage to treatment for problematic opioid use (Bogenschutz, McCormack et al. 2022).

Strengths-based approaches have been subject to criticism from practitioners who point out that when people are experiencing significant difficulties it is sometimes hard to avoid being 'problem-focussed' and retain faith in the possibility of change. Indeed, a strengths-based orientation is sometimes framed in the language of faith, hope, belief and spirit, and placed in opposition to rational and empirical approaches (see for example Lee 2019). Ideally, a strengths-based orientation can allow for the embrace of opportunities for growth and change while remaining practical and realistic.

3.2.4 Person-centred approaches

Person-centred case management arises from a medical paradigm and aims to improve care by aligning it with patients' needs, preferences and values. Such an approach requires taking a more holistic view and better integration between multiple and distinct service systems (Steele Gray, Grudniewicz et al. 2020). While person-centred care is frequently articulated as an aspiration in health policy and practice in Australia, operationalising it has proved more challenging (Sobolewska, Byrne et al. 2020). Person-centredness is a central principle in many state and territory government housing and homelessness strategies.

3.2.5 Reflections on case management support in lived experience interviews and staff focus groups

As with some other dimensions of crisis accommodation, interviewees reported mixed experiences with case management support. Some found the support had worked very well:

> *It's very supportive. They contact you every two days, talk to you every two days … I guess you can talk to them about everything, and anything they don't seem to have any specialisation in or experience in, they refer you to people that do. And yeah, if you have problems, they send you in the right direction. (Female, 50)*

> *All the staff here are very good, very gentle, nice, they take care and watch. They see if you are okay or not okay and ask 'are you okay?'. (Female, 49)*

> *Staff there [at motel] were fantastic. They were absolutely gorgeous as to if you had a problem, go and see the manager or whoever's on the front desk. (Female, 53)*

> *These guys, they've done pretty well for me. They've treated me great, and they help me as much as they can. And that's why I put the effort in. (Female, 50)*

Indeed, feeling respected and treated well by staff had a very real and positive impact on participants.

However, several lived experience interviewees reported that crisis accommodation staff and case workers did not check in with people around how they were feeling often enough, or have due regard for how their situation might be affecting their mental health and wellbeing. Some workers were also reported to be disrespectful and unsupportive. This was the case not just for people in hotel and motel accommodation, where supports are not available on-site, but also for refuges with staff continuously on duty:

> *It was a bit difficult when I was in the refuge because of the money and things and I really was going through so much because my community and everything is like really, really a strong thing and the words, the things that they say behind me were really hurting me. Mentally I wasn't at that condition of actually getting out of the bed and going to work and making the money to come and give them for the rent. So it was like the thing that they didn't do very well in the refuge was asking how well you are … So if they can focus on that more, helping that young person mentally, emotionally and before it's too late, you know what I mean. (Female, 20)*

> *It really gets you — it really affects your mental health … you feel a bit of a failure … There should be more understanding about what people are going through in the motels … because it is really emotional when you are there, you feel very alone, you can't have visitors come around if you need that support … You're away from your support systems and things like that, and you have to drive down there and see them, and they can't come up and see you. Yeah, so just a bit more support, flexibility … and just more understanding, I think. (Female, 29)*

> *They were just, like, super rude and just horrible, actually … really nasty and mean and made me feel like a piece of s**t, actually, to tell you the truth … Be more helpful. Be nicer. Be less judgemental … Don't be a******s. (Female, 37)*

Lived experience participants felt that when they were treated rudely this was because being homeless meant they were perceived as being less worthy of respect:

> *They would just walk in [to residents' rooms]. They don't care what you're doing. They'll just walk inside talking to you. It happened multiple times when I was in the shower and there would just be workers talking to me … We are people too. Don't treat us like numbers and we have privacy. (Other gender, 17)*

Several of our lived experience interviewees reflected on how their treatment by crisis accommodation and other government and non-government service providers made them feel:

> *I didn't go back for seven months because she made me feel like I was this big [participant indicated small size]. Like I said, we all have our own path that we walk but you can't look down on somebody who's there trying to get help. But their workers definitely need to be more, I don't know, empathetic or understanding, dealing with a lot of people that do the wrong thing but you've got to give people the benefit of the doubt. Because sometimes it could take that one thing that's going to help them get back on their feet. (Female, 36)*

> *Their [service providers'] mentality is 'We don't care. You can go away and die for all we care. It'll save us the trouble if you go away and die … Well, he's sick, hopefully he's going to die and we don't have to worry about him, so problem gone'. And that's how they've all made me feel … I can understand how people are feeling and how people want to take their lives over the issue. And I've come close to it because of my health and everything else. I've just gone 'why am I continuing?'. But I'm too stubborn to give up. I'm not letting them win. (Male, 49)*

Such feedback from lived experience participants underscores the importance of trauma-informed approaches to support, as well as highly skilled staff who treat clients with respect and dignity. Staff skills are discussed further in Chapter 4 along with support needs.

3.3 The built form and design of crisis accommodation

Researchers based in disciplines such as environmental psychology have contributed to understandings of how physical, ambient and spatial properties and attributes of the built environment, including architecture, interior design, landscape design and user experience can shape people's experiences and affect mental health and other outcomes in a range of settings (Bollo and Donofrio 2021; Pable 2013; Rollings and Bollo 2021). Although not specific to the needs of people experiencing homelessness, some qualitative academic research, as well as design-driven and practice-oriented literature (such as practice manuals, guidelines and evaluations discussing design considerations for other settings) can be instructive for crisis accommodation. Examples of these include settings oriented toward:

- healing and recovery such as primary and secondary or allied healthcare, mental health care and rehabilitation (Hassell 2014; US Department of Veterans Affairs 2021)
- aged care and youth services (Kitchell and Hearn 2019; MacLaren, Pencheva et al. 2020; Pencheva, MacLaren et al. 2020a)
- family and domestic violence services and housing (BC Housing 2021; Maki 2020; Rutledge 2019b)
- supportive accommodation and permanent supportive housing (PSH) (Alves, Brackertz et al. 2021; Bollo and Donofrio 2021; Huffman 2018; Rollings and Bollo 2021; Smith and Karol 2019).

To date, relatively little research has explored the experience of homelessness from the built form or design perspective. However, a small but developing evidence-base exists that considers the impact of the ambient, spatial built and physical environment of crisis and other temporary accommodation on clients (and on staff and service delivery). In some cases, this evidence offers design-focussed solutions. Such work, particularly sustained research by Pable and co-researchers, explores how beyond the provision of mere shelter and concern for quality of housing, spaces of restoration and recovery can be created and provided for people experiencing homelessness. This endeavour is grounded in the belief that design can, and should, facilitate spaces that help to promote and project human dignity, individuality, self-sufficiency and opportunity (Berens 2016; Shopworks Architecture, Group 14 Engineering et al. 2020; Verderber, Breeze et al. 2011).

In the Australian context, recent research by Donnelly (2020) identified a gap in current knowledge on domestic, family and sexual violence refuge accommodation, and that 'in particular there is no clear research that focuses on architectural design' (Donnelly 2020: 8). Beyond Donnelly's work on fit-for-purpose refuge accommodation (an Australian first), some practice-focussed literature discusses best practice and ways to design or improve facilities for inclusivity, accessibility and safety. One example is the recently-published *LGBTQI+ Inclusive Practice Guide for Homelessness and Housing Sectors in Australia* (Andrews and McNair 2020). The Older Women's Studio Development Project (McFee and Associates and Sydney Women's Homeless Alliance 2017) used co-design methodology and included the development of guidelines to inform the design of housing for single older women experiencing or at risk of homelessness.

It is important to acknowledge that service providers may face limitations due to factors like efficiency, safety, space or site constraints, and budget. Whether repurposing or upgrading an existing site or planning a new build, the design process will inevitably be driven by practical design considerations, other requirements and industry best practice. As Blunden and Drake (2015) noted, although some examples exist, new builds have historically been relatively rare in Australia for longer-term supportive housing such as Housing First and Common Ground, let alone for crisis and other temporary accommodation. There remains a need then to balance 'spatial efficiency, flexibility in the program areas, and affordability' (BC Housing 2021: 11). That said, changes in crisis accommodation 'don't necessarily need to be big to be effective – anything that can be done to improve the experience should be celebrated' (Donnelly 2020: 52). A number of trauma-informed supportive housing developments in Colorado, in the United States have shown, 'a trauma-informed approach to housing design can improve the design decision-making process—and ultimately resident outcomes—without increasing the cost or complexity of a building' (Shopworks Architecture, Group 14 Engineering et al. 2020: 23).

3.3.1 Design principles for crisis accommodation

Trauma-informed design

Crisis and other temporary accommodation should ideally be consciously designed to protect the physical, emotional and psychological safety of residents and 'provide and maintain a supportive and healing environment' (BC Housing 2021: 25). Trauma-informed design (TID) is an emerging and evolving approach that applies a trauma-informed lens – or, the principles of trauma-informed care – to the design and creation of the built environment. Thus, TID is of particular relevance in settings that serve vulnerable populations, such as healthcare and mental health, veterans' facilities, homelessness services and supportive housing. Although not strictly conceptualised or defined, the TID framework is human-centred and strengths-based (Pable 2021a; Shopworks Architecture, Group 14 Engineering et al. 2020). It considers the quality of spaces and materials and the physical and psychological effect they have on those who spend time in and around them. TID acknowledges that the physical environment affects 'a person's feelings of worth, dignity, and empowerment' (BC Housing 2021: 5). Although there is no 'singular "trauma experience"', TID acknowledges that elements of design, from lighting to the arrangement of common spaces, can act as triggers (Farrell n.d.; Grabowska, Holtzinger et al. 2021; Huffman 2018). The outcome of a TID-based design process should be an inviting setting that considers the experience of all users of the space, and promotes a sense of physical, psychological and cultural safety.

Centring the needs of people who are experiencing homelessness is paramount. Intentional design strategies can, and should, be used to create spaces that are beneficial to residents' psychological wellbeing, that enable a positive sense of control and social support and that reduce environmental stressors (Bollo and Donofrio 2021; Grieder and Chanmugam 2013; Pable, McLane et al. 2021). A concept that underpins many of the principles is the desirability of avoiding an institutional-type environment or aesthetic, which can remind people of past experiences in prisons, mental institutions, residential schools and hospitals. An institutional aesthetic risks re-traumatising individuals with this lived experience, including Forgotten Australians (Coram, Tually et al. 2020; Pope, Buchino et al. 2020; Watts and Blenkinsopp 2022). Research has also noted that size and capacity of accommodation matters and has an impact on residents (Pable, McLane et al. 2021), as does location (BC Housing 2017).

Housing first principles for design

Housing First principles, while not addressing built form in detail, resonate with many of the principles articulated in TID, PIE and complementary theories of design such as salutogenic design. Housing First principles also resonate with the more widely understood and adopted principles of universal design, which aim to create inclusive spaces and environments that are 'designed to be understood, accessible and used regardless of a person's age, size, ability or disability without the need for adaption, modification, assistive devices or special solutions' (BC Housing 2021: 4; Donnelly 2020).

Practice that is oriented toward recovery, social and community inclusion and harm reduction reflects integral components of the Housing First approach. Aspects of the *Housing First Principles for Australia* (Dodd, Rodrigues et al. 2020) linked to housing include access and choice, suitability, sustainability and safety of housing for people who 'have experienced long-term and reoccurring homelessness and who face a range of complex challenges'. A recently developed Australian manual for the delivery of Common Ground and related supportive housing models based on Housing First principles acknowledges the role of the built and physical environment in 'supporting a sense of physical safety and ontological security', which is 'essential to help tenants to transition from homelessness to housing' (Alves, Brackertz et al. 2021: 37).

Four key principles

Researchers and design practitioners have articulated some primary design principles and guidelines regarding the experiential properties and attributes of physical spaces and places where assistance is provided to people experiencing homelessness (Bollo and Donofrio 2021). The typology articulated by Pable, McLane et al. (2021) is useful as a guide for categorising many of these needs and elements according to four themes: safety and security; privacy; physical and mental health needs and social support; and minimising restrictions and regulations.

- **Safety and security.** Attention to both exterior and interior elements of a crisis accommodation property can contribute to a sense of physical and emotional *safety and security*. Aspects to consider include: entry to the building and/or service, windows and outdoor space; limited/controlled access for non-residents; clear wayfinding and visibility; spaces for visiting with family and friends; lockable doors and secure storage for personal items (Berens 2016; Donnelly 2020; Pable, McLane et al. 2021; Shopworks Architecture, Group 14 Engineering et al. 2020).

  Accessibility also contributes to safety, and an accessible facility which is inclusive and 'ensures access to a diverse range of physical, cultural, social and spiritual needs and promotes dignity and respect' will include safe and universally accessible furnishings and fixtures throughout (Donnelly 2020: 40). Prayer rooms and de-escalation spaces are elements of best practice design (Andrews and McNair 2020; Pable and Ellis n.d.).

- **Privacy** is the characteristic most often cited in the literature as being of utmost importance to residents of crisis and related types of accommodation (alongside personal control and safety) (Berens 2016; Rollings and Bollo 2021). Privacy is 'being free from being observed or disturbed by others' (Pable 2021b: 110) and 'relates to independence, autonomy, dignity and identity, but also to safety, stress reduction, and healing' (Berens 2016: 27). Lack of privacy 'may suppress the natural sense of personal control that can aggravate pre-existing feelings of hopelessness' (Pable 2013: 70). Privacy and confidentiality is also important for spaces used by staff and service providers, who often need to conduct 'very private interactions in very public spaces' (Berens 2016: 28). Visual and acoustic privacy is an important consideration in the design of all spaces, and some people or groups may have a need for private or low density use spaces, such as bedrooms (BC Housing 2021; Pable 2012; Pable, McLane et al. 2021).

- **Physical and mental health needs and social support considerations** include incorporation of facilities for the provision of healthcare and a 'variety of semi-private, semi-public, and communal spaces that support diverse educational, therapy, socialisation and recreation activities' (Pable and McLane 2021: 146-148). A range of design elements facilitate the delivery of better physical and mental health and social supports in services: aesthetically pleasing and good quality design details, materials and finishes, opportunities for interaction with nature and natural light, are examples (Gillis and Gatersleben 2015; Kitchell and Hearn 2019; Shopworks Architecture, Group 14 Engineering et al. 2020; Smith and Karol 2019).The ability to accommodate pets is also

increasingly recognised as essential; the inability to keep their pet with them can be a barrier for people who might otherwise choose to enter crisis accommodation and housing pathways generally (Heath and Walsh 2014; Kerman, Lem et al. 2020; Labrecque and Walsh 2011; Stone, Power et al. 2021). Providing people who stay in crisis accommodation with a sense of personal control over their immediate living environment via the ability to control elements such as noise and sounds, lighting and temperature, and degree of privacy or exposure is also highly desirable (Pable, McLane et al. 2021; Watts and Blenkinsopp 2022).

- **Minimising restrictions and regulations** is a matter of service policy and operational needs, but can also be facilitated by design: open access to 'meals, laundry facilities and other amenities'; spaces which can accommodate multiple uses/users and a range of activities 'that increase a sense of self-worth and reliance'; separating noisier, typically communal areas from areas intended for quieter or more private activities such as sleep and study; and the use of 'flexible furniture' that is easy to use for different purposes and to rearrange (Donnelly 2020; Pable, McLane et al. 2021: 146-148).

3.3.2 Design features for specific population groups

Presenting 'specific design strategies or recommendations that accommodate all users is challenging, and needs differ among services and the people they serve' (Pable and McLane 2021: 138). While the general principles already discussed are widely applicable for the most part, some literature provides examples of how design and built environments can accommodate the needs of particular population groups such as youth and LGBTQI+ youth, families, women and families who have experienced family, domestic and sexual violence, and older people, as well as minimal barrier shelters designed to accommodate people with complex behaviours that may be disruptive to others.

Youth and LGBTQI+ youth

Youth, LGBTQI+ youth and families that include LGBTQI+ youth, may have specific needs in terms of the physical environment in crisis accommodation. Although the needs of LGBTQI+ and non-LGBTQI+ youth overlap in many respects, LGBTQI+ youth are likely to have additional privacy needs such as: private intake spaces; gender inclusive or single-stall showers and toilets with lockable doors; private bedrooms or, if shared, semi-private sleeping accommodation based on gender identity (Andrews and McNair 2020; Bowers, Aguiniga et al. 2022; Mottet and Ohle 2006). Also important for youth generally are features such as secure, lockable storage for belongings; access to computers, Wi-Fi or the Internet and charging facilities; and quiet areas for study (Kitchell and Hearn 2019; MacLaren, Pencheva et al. 2020; Pencheva, MacLaren et al. 2020a; Pencheva, MacLaren et al. 2020b).

Families (non-FDV)

Families have a range of specific needs in crisis accommodation. Donnelly (2020) explains that furniture and spaces that can be used flexibly and rearranged are important. Others have noted the importance of kitchen and cooking facilities for families (Nowicki, Brickell et al. 2019; Share 2020). A number of other elements are mentioned across the literature including spaces for children to play, but also where parents can be with or see their children (for example a sightline from the laundry area or kitchen into an adjacent space for children); room to move, store and park prams, bicycles and scooters; private bathrooms; separate but connected sleeping areas for parents and children; the separation of noisier, high activity common areas from bedrooms and other quiet areas; quiet spaces for study; access to outdoor space and pet accommodations (BC Housing 2021; Berens 2016; Donnelly 2020; Rutledge 2019a; Rutledge 2019b). Safety and security are also of concern to families. Aboriginal families may have other needs, including for co-sleeping and family sleeping arrangements, which are accommodated in some Aboriginal-specific crisis accommodation settings, but perhaps not acknowledged and supported widely enough (Noongar Mia Mia 2021).

Family and domestic violence

In addition to the qualities outlined above for accommodation to suit family needs more generally, further considerations must be taken into account for the design of crisis accommodation for women and families who have experienced family or domestic (FDV).

Safety and security are primary concerns and in this context and are likely to require additional, active and passive security measures which 'increase both the real and perceived sense of safety without creating a prison-like atmosphere' (Donnelly 2020: 32).

A sense of home is also important: 'even when a building is intended for short-term accommodation, consideration should be given to creating a warm, welcoming, and homelike environment' (BC Housing 2021: 19). If the accommodation is open to families, it should accommodate parenting and include child and family friendly common and utility spaces that are able to accommodate multiple users.

Best practice is to have private bedrooms (including rooms that can accommodate families) and bathrooms or washing areas when possible. Bathtubs for bathing small children are recommended for family rooms and units (BC Housing 2021).

As mentioned, recent literature, as well as interviews with stakeholders for this project, underlines the desirability of accommodating companion animals and pets where possible for all people who need to stay in crisis accommodation. In addition to the importance of pets for wellbeing and healing, in FDV situations this can be a critical factor as pets can be targeted by perpetrators to control victims or survivors. Where accommodating pets on-site is not possible, services should consider arranging for pets to be fostered somewhere nearby the shelter (BC Housing 2021; Donnelly 2020; Stone, Power et al. 2021).

Older people

Among older people staying in crisis accommodation for the first time, Burns (2016) found that control, comfort, privacy and security were critical in helping people to feel settled. Kaup, Gonyea et al. (2019) argue that design strategies for older adults need to consider and accommodate the physical and psychological dimensions of ageing, including acoustics, lighting, appropriate flooring, heating and cooling, mobility and accessibility needs and supports, and wayfinding. Accommodation for pets was also important.

Minimal barrier shelters

In terms of low barrier shelters BC Housing (2017) note additional design features include storage space for harm reduction supplies, secure outdoor storage for bicycles and carts, indoor secure storage of belongings, a medical room where visiting medical and healthcare professionals can serve shelter clients, opportunities for accommodating pets and dedicated rooms for individuals with disruptive behaviours.

3.4 Policy development options

In reviewing the limited literature on crisis accommodation, it is clear that policy and policy makers can make important and necessary advances for the sector as currently constituted, and certainly for the future. A simple step in this regard would be resourcing documentation and evaluation of existing service models, as well as providing a public platform where these resources can be accessed, to promote sharing of best practice and support continuous improvement.

Policy makers could better facilitate collaboration among service providers to ensure a safer and better quality accommodation offering when purchased crisis accommodation is used. Policy makers could also mandate that case management is provided to those in purchased crisis accommodation. Policy makers should consider quality standards that prohibit the use of certain private accommodation providers deemed to fall below these standards.

With an increasing awareness of the holistic and person-centred benefits of a trauma-informed approach, policy makers should consider ways of supporting dedicated training in trauma-informed case management and service delivery for SHS workers. There is also a need to embed cultural safety in SHS policy and practice. Policy makers must consider strategies to embed these ways of working. Expanding the lived experience workforce and recruiting more Aboriginal and Torres Strait Islander workers, alongside promoting wider spread understanding of the importance of these roles, are key strategies for ensuring the crisis accommodation sector and its workforce meet the needs of clients. .

The physical design of crisis accommodation needs to evolve. Without broad scale policy and resourcing support, the effectiveness of the sector in meeting people's diverse needs is questionable. Policy makers must consider setting guidelines for services (both new builds and retro-fits) to ensure the built form supports recovery from homelessness. A dedicated funding stream for building improvements is needed; the now defunct CAP model is worth revisiting.

4. Support needs and outcomes

- People accessing crisis accommodation required support for a diverse range of issues, including mental health, a pathway to permanent housing, physical health, material aid, AOD counselling, access to Centrelink and legal advice, child protection issues and more.
- Medical considerations were a key issue for those with a disability. This cohort is less likely to exit to long-term housing and more likely to exit to rent-free arrangements.
- Aboriginal clients were slightly less likely to exit to long-term housing and were more likely to exit to a rent-free arrangement at the end of support. The tenancy data showed that this group had shorter average tenancies than the overall group (Victoria data only). In South Australia, Aboriginal clients were more likely to need child protection services, child specific specialist counselling services, structured play and skill development, and family relationship assistance. They were also more likely to need educational assistance, living skills and personal development, assistance with transport, and unsurprisingly were more likely to need culturally specific services and assistance to connect culturally.
- Young people presenting alone were more likely to need a wide range of supports.
- Indicating their significant vulnerabilities, children on care and protection orders were far more likely to need a range of services compared with the overall group, including (but not limited to): AOD counselling; family and relationship assistance; assistance with trauma; assistance for sexual assault; assistance with behaviour problems; and child protection services.

- **Overall, there was little variation in housing outcomes across data sources, with only around a third of clients exiting crisis accommodation to long-term accommodation. Yet lived experience interviewees, frontline staff and stakeholders all agreed that exits to long-term housing were the most important outcome from crisis accommodation.**
- **Ongoing support and connection to community after crisis were also seen as important by lived experience participants, frontline staff and stakeholders.**
- **Staff working in crisis accommodation have highly specialised skills that span many areas of support and the value of these skills and this work was felt to be largely unrecognised by government.**

According to the AIHW's 2021 report on SHS use (AIHW 2021) nationally, some 39.9 per cent of SHS clients in 2020-21 (111,125 people) reported a need for short-term or emergency accommodation. This chapter explores the support needs and outcomes of people accessing crisis accommodation drawing on two administrative data sets. We examine overall needs and outcomes as well as exploring the needs and outcomes of a number of key cohorts in the data. We also draw on qualitative data from lived experience interviews, focus groups with frontline staff and stakeholder interviews to explore important elements of the support needed to supplement the administrative data. We conclude with a brief discussion of the policy implications from our analysis.

4.1 Overall needs and outcomes

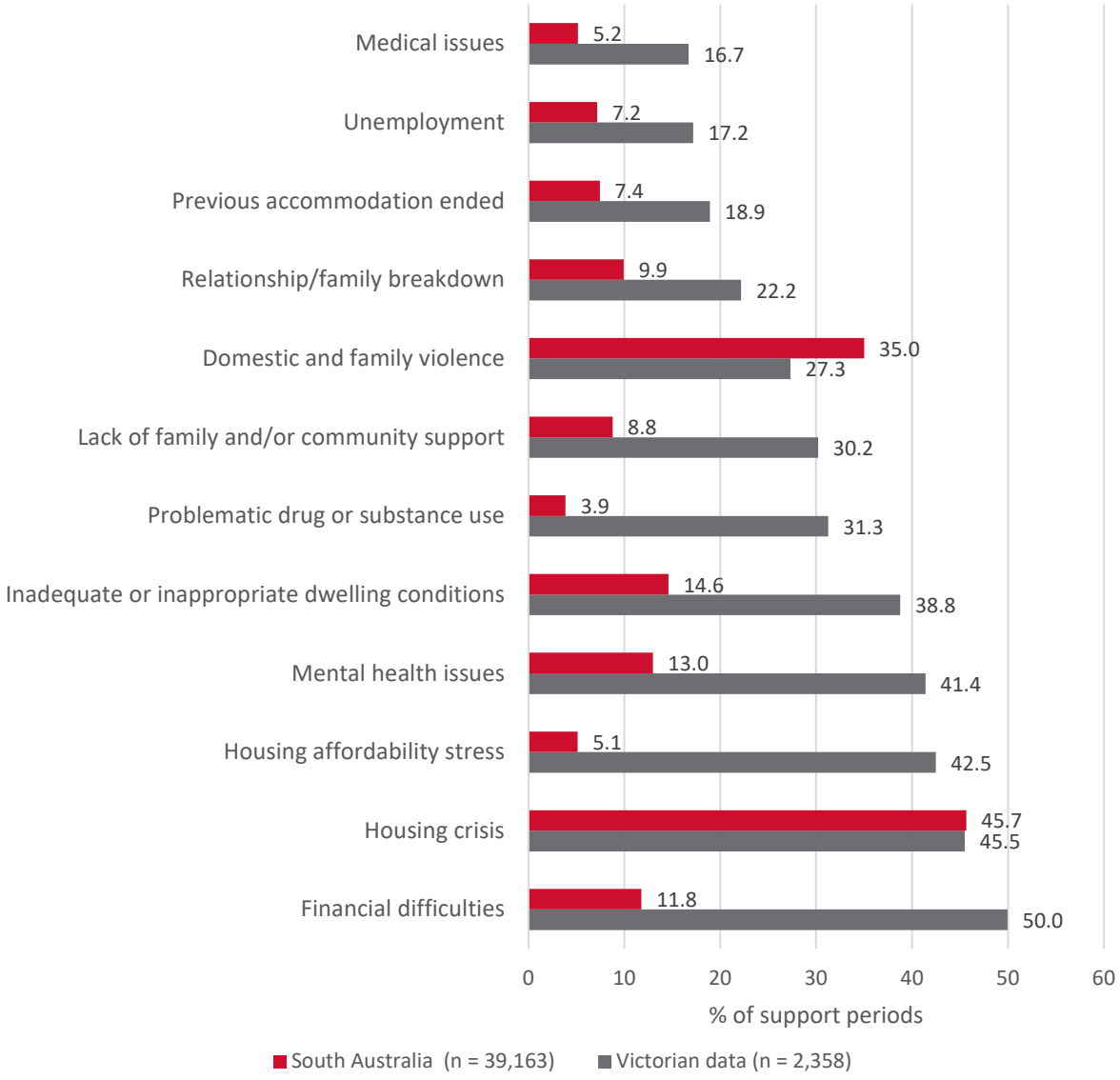
As described in the research methods section of Chapter 1, we accessed two sets of administrative data for people accessing crisis accommodation. The first was administrative data from a large SHS in Victoria, and the other was data from the South Australian Housing Authority.

To understand the needs of those accessing crisis accommodation we examined the reasons for presenting for assistance from a list of 28 predetermined options (shown in Appendices 5 and 6). We also examined the services and supports marked as needed from a list of 53 possible services and supports. These services and supports may or may not have been provided but are listed as needed by support workers. Presenting reasons and services and supports needed are measured separately for each support period of a client and may be different each time someone presents for assistance. Our findings are reported by support period (not by client) with detailed data tables provided in Appendices 5 and 6. Definitions of all categories from the SHSC can be found in (AIHW 2019b).

The diversity and complexity of support needs among people accessing crisis accommodation is highlighted across both datasets.

As can be seen from Figure 1, even across the top reasons people present for crisis accommodation there is significant diversity. Consistent with the data for the national SHS client group, financial difficulties, housing crisis and FDV were the most common presenting reasons (AIHW 2021). Overall, people's support periods in the Victorian data were more likely to have a range of other needs compared with those in SA including: mental health issues, problematic AOD use, lack of family and/or community support, inadequate or inappropriate dwelling conditions and financial difficulties. The higher prevalence of mental health issues and problematic AOD use likely reflects the way clients are prioritised for access to services at the Victorian agency.

Figure 1: Presenting reasons (% of support periods), Victorian and South Australian data

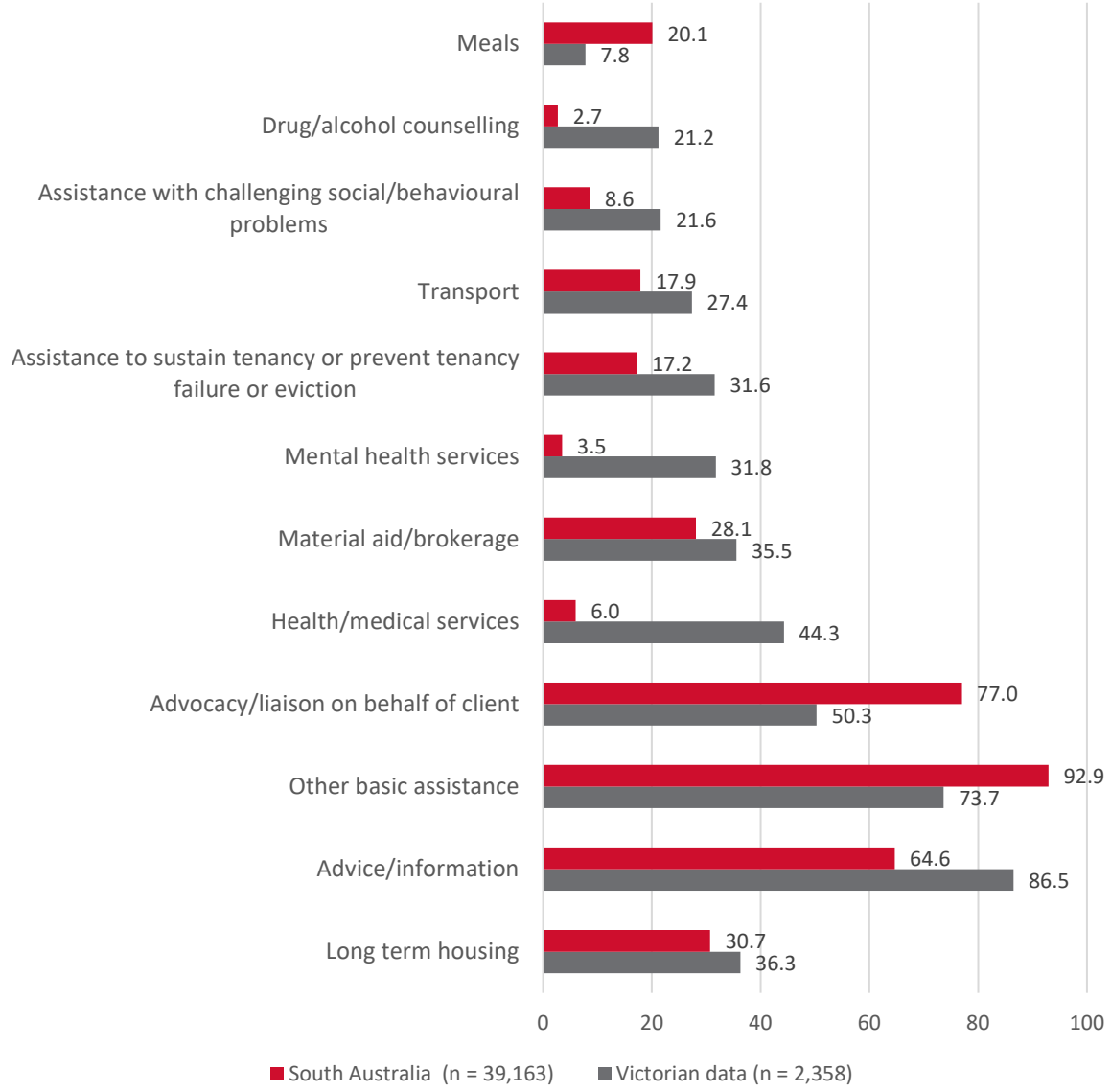


Source: Customised data request from Launch Housing, The Asset; customised data from South Australian Housing Authority H2H dataset.

Support workers are also asked to nominate up to 53 different services that a client may need during support. Sometimes these services are provided directly by that agency, sometimes they are referred out and sometimes they are not provided. A wide range of services was needed by those accessing crisis accommodation. Figure 2 lists the most common services needed across the two datasets where the needed service is listed by 20 per cent or more of support periods for either data source. The categories of advice/information, advocacy on behalf of the client and other basic assistance were very common needs across the datasets.

Consistent with the higher representation of clients with mental health issues and problematic AOD use in the Victorian data, support periods (in the Victorian data) were more likely have needs in the categories of health/ medical services, mental health services and drug/alcohol counselling compared with either group in SA.

Figure 2: Services needed (% of support periods), Victorian and South Australian data



Source: Customised data request from Launch Housing, The Asset; customised data from South Australian Housing Authority H2H dataset.

Participants in the lived experience interviews echoed the need for a range of supports in crisis accommodation beyond housing. Overall, a majority of lived experience participants thought crisis accommodation should include: support for physical health needs, material aid (such as food, bedding and clothing, tickets for public transport and phones), support with problematic use of alcohol and other drugs, support and advocacy with Centrelink, legal support and assistance with child protection. Many also wanted support with family connection and relationships, education and employment, access to dental care and general advocacy. People felt that these supports should be accessible during their time in crisis accommodation, though they generally don't mind where they come from (on-site, in-reach, or located nearby). The exception was mental health support, which all lived experience participants placed a high value on and wanted to see it embedded in crisis accommodation provision.

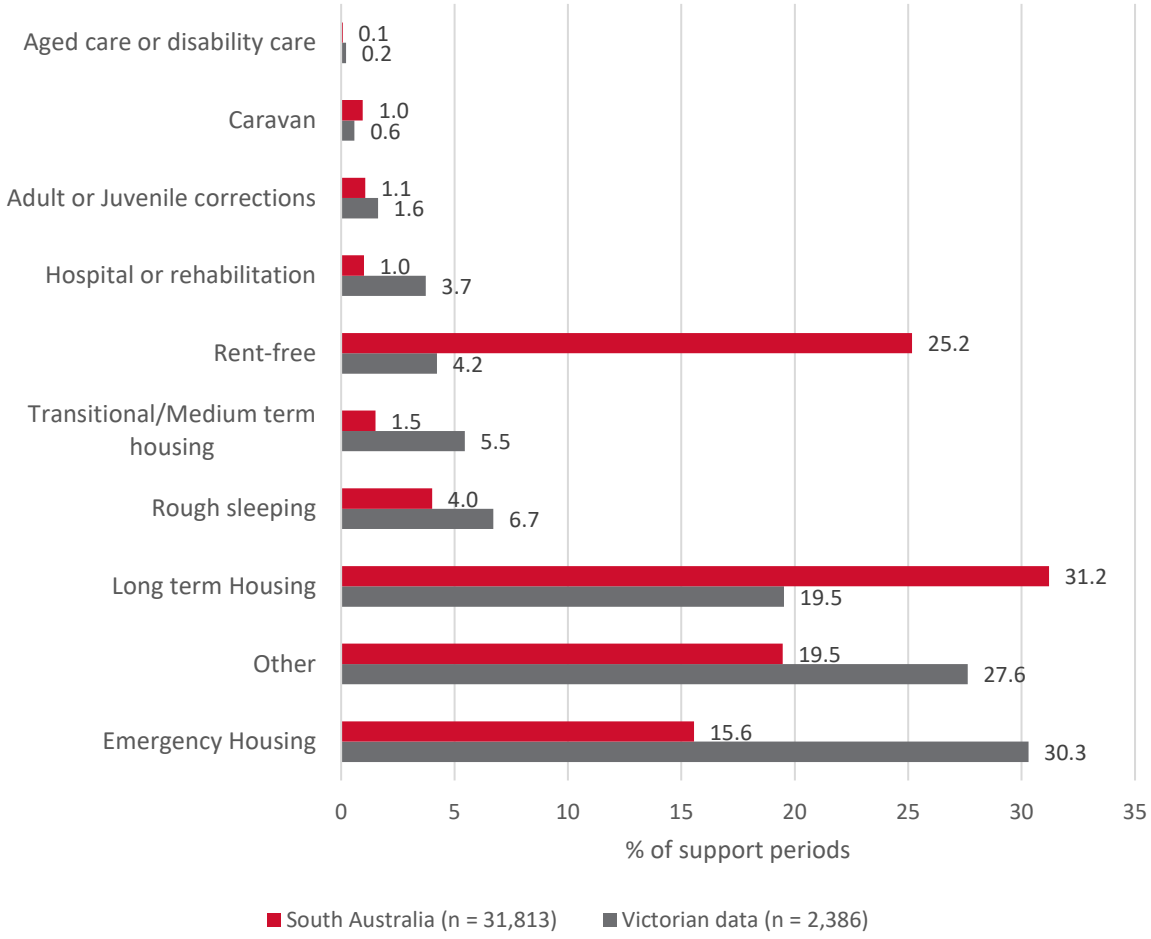
4.1.1 Exits to long-term housing

Given the universal need for accommodation, the housing outcomes achieved upon exit from crisis accommodation are of particular importance. We constructed a series of categories to reflect housing outcomes using both tenure and dwelling type at service exit as shown in Figure 3 (see Appendix 3 for a description of how these categories were constructed). In brief, service exits to long-term housing options included people who were renters in either community housing, private housing, public housing or a boarding or rooming house. Those living in these types of accommodation rent-free were categorised as living in rent-free arrangements, while those exiting to emergency accommodation included those in emergency accommodation and those staying in a hotel, motel or bed and breakfast.

Across both datasets, service exits to long-term housing, emergency housing, rent-free arrangements and other situations were most common. However, fewer than a third of support periods in Victoria and SA ended with an exit to long-term housing.

Clients were most likely to exit support periods in the Victorian crisis accommodation services to emergency housing, followed by other arrangements[6] and long-term housing. South Australians in crisis accommodation were most likely to exit a service to long-term housing followed by rent-free arrangements and other.

Figure 3: Housing outcomes at the end of support (% of support periods), Victorian and South Australian data



Source: Customised data request from Launch Housing, The Asset; customised data from South Australian Housing Authority H2H dataset.

6 It is unclear what is included in 'other arrangements'.

Participants with lived experience of crisis accommodation were clear that crisis accommodation should be focused on obtaining permanent housing. Indeed, they saw this as the main goal of crisis accommodation:

> *I think they should help with actually getting a home, otherwise it's kind of pointless. (Female, 37)*

> *To complete everything right through, to make sure that that person is safe … and that's permanent housing as well. (Female, 55)*

> *To help them obtain suitable or long-term accommodation. (Female, 36)*

> *Main role is to move you into permanent housing. (Male, 46)*

> *I reckon they should play a part in all of it, to support needs, to finding a proper house for the people, and, yeah, they should be there until — well, until the housing situation is resolved. (Female, 21)*

4.1.2 Ongoing support and connection to community after crisis

Several lived experience interviewees spoke about the importance of post-housing supports and the benefits of having some follow through and continuity of support as they progressed along their housing journey. The following is an example of the type of commentary people made:

> *I think they should be offering basic services to follow through to make sure that the person is accommodated and not just temporarily. Maybe have ongoing counselling with the people from here as well, just so that person is a continual person in your life that is helping you with your housing and you don't have to keep telling your story over and over again. And yes, so that just makes it easier. (Female, 50)*

The transition from crisis accommodation to housing can be challenging for people, especially if they have benefited from wraparound supports and a sense of being part of a community while in crisis accommodation. Service provider staff agreed with lived experience participants that post-housing supports were important for many people to give them the best chance possible of sustaining tenancies and a recovery pathway:

> *In crisis accommodation you have a whole team of people. There's so many staff here supporting our residents, and then we expect them to go from that to being home alone and having nobody. (SHS or Access worker)*

> *We've got a bloke sleeping outside our office at the moment that we've housed at least seven times and they all failed. Where are the supports to help ensure that housing is successful? That's the real big issue. (SHS or Access worker)*

Another frontline worker added:

> *For the client and for the worker the hard work really starts once they get their housing outcome. (SHS or Access worker)*

One frontline worker noted that the anticipation of being left alone after leaving crisis accommodation was enough to derail some clients' recovery pathways:

> *And you see it don't you? I always remember that period of time once the client knew that they were going to be leaving … everything was going great, and then once they knew we had a property for them, you could set your watch by it. I've lost count of the number of times where all of a sudden the wheels would just come falling off and that client would go on a massive bender. (SHS or Access worker)*

Connecting people with their local communities once ongoing housing was obtained was seen as critical:

> *We build a really strong relationship with residents here while they're here … I believe really strongly in connection to community, and I think where we're really falling down is connecting people to the community before they leave here so that they've got links in the community they can continue to engage in when they get a housing option. And so that sense of loss isn't as impactful … time and time again we've seen people come back through here, and when you talk to them about what happened: they were lonely, they didn't have a sense of purpose of belonging … We're not doing anyone any justice by providing them with this experience of community and then sending them out into the community with no connections. (SHS or Access worker)*

4.1.3 The importance of skilled staff

Consistent with the diversity and complexity of client needs, stakeholders emphasised the high level of skill possessed and needed by staff working in the crisis accommodation space and that this was undervalued.

> *I think that the people who work in crisis accommodation they're not rated highly enough … they are so highly skilled in the work that they do in managing a whole range of different people in a really unusual setting, I think that we need to be shouting out from the rooftops about how really wonderful those people who can do that work are. It's highly specialised but I don't think it's recognised in that way … the suicides, the attempted murders, the drug overdose, all of the things that those people have to deal with working with people who are in such a disadvantaged state, unbelievable when you start to really think about it isn't it? (Stakeholder)*

> *But the skills that homelessness workers need are grossly underestimated by the rest of the human services system. There's an enormous knowledge base and skillset in getting people into housing and setting them up. Which is what – housing focused support, that's what we do. Alcohol and drug workers, mental health workers, child and family workers, they don't want to do that work. They don't know anything about it. Sure some of the case management skills are similar, but the specific knowledge of our sector, nobody else knows. And nobody wants to know about the work that our sector does. But thank goodness we do. (Stakeholder)*

Stakeholders also emphasised the importance of training for staff and taking a trauma-informed approach:

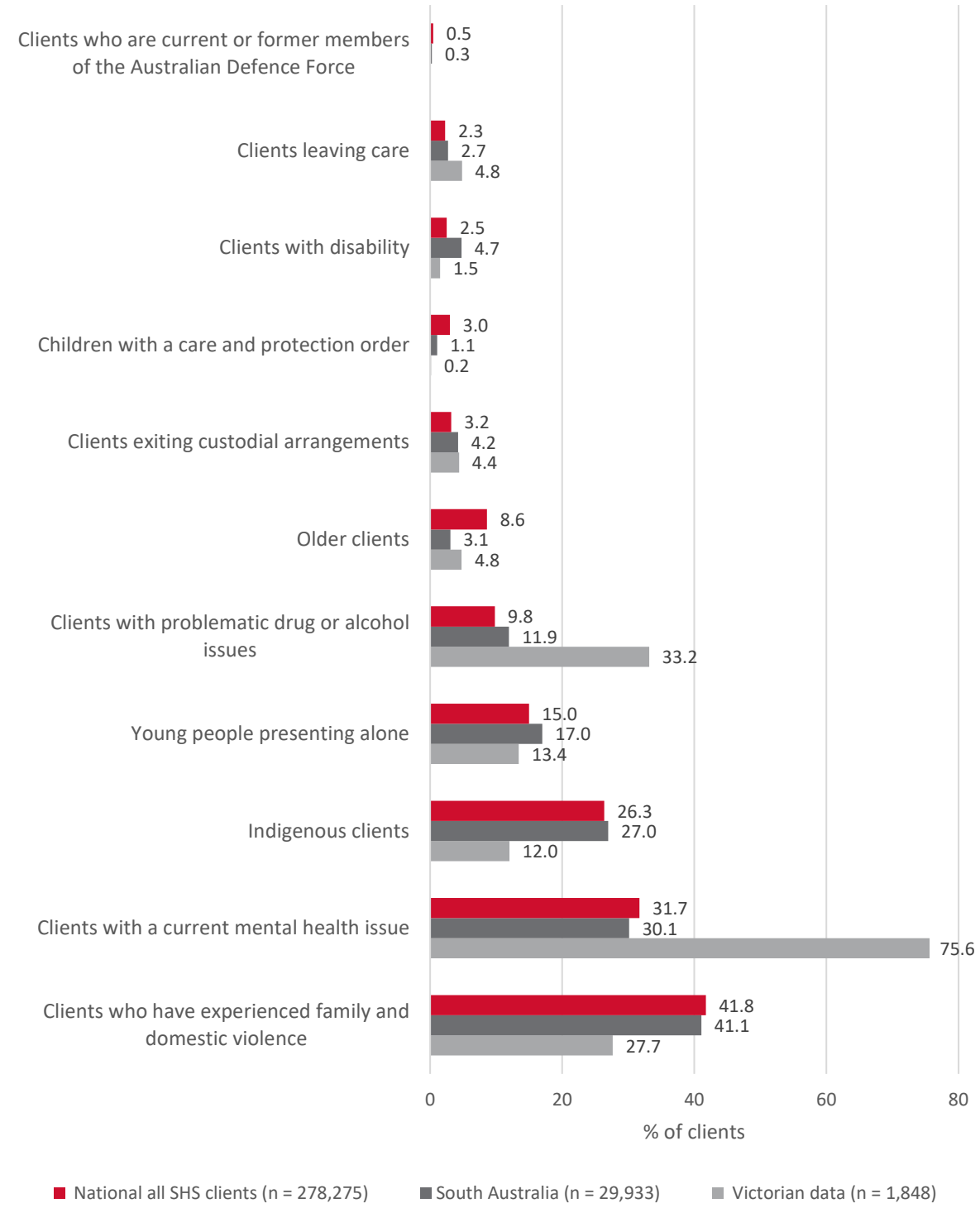
> *I think firstly it's about having the right staff because you do have to manage that crisis and whatever's going on for the young person at the time and they need to be trained in trauma-informed responses, and we do a lot about working with young people and their strengths — which is walking into advantaged thinking now. (Stakeholder)*

4.2 Needs and outcomes of specific cohorts

A central research question in this project is how needs and outcomes vary between specific client cohorts (as listed in Figure 4). Drawing on the administrative data sets we accessed in Victoria and SA, we compared data from each of these sources to examine how the needs and outcomes of each cohort compared with the overall client group accessing crisis accommodation in our datasets.

First though, we compared the proportion of participants in both datasets who were in each cohort with the overall proportion of clients in each cohort in the national SHS data (Figure 4).

Figure 4: Client cohorts of interest (% of clients), Victorian and South Australian data compared with all SHS clients nationally



Source: Customised data request from Launch Housing, The Asset; customised data from South Australian Housing Authority H2H dataset, AIHW (2021), Table CLIENTS.37: Clients by client groups, by state and territory, 2020–21.

Interestingly there were some differences between those accessing crisis accommodation in the Victorian and SA data and those accessing SHS more broadly, suggesting a different profile of need. The majority of clients in the Victorian data had identified mental health issues (78.1% of clients) while a third (33.2% of clients) had problematic AOD use. This is much higher than those accessing crisis accommodation in SA and in the national SHS population and reflects the focus of the Victorian agency on clients with complex support needs. Conversely, clients in the Victorian data were less likely to be Aboriginal or have experienced FDV.

When looking at the needs and outcomes of specific cohorts, a number of differences emerged and are summarised below. Please note a detailed analysis by cohort is available in Appendix 4 along with detailed data tables in Appendices 5 and 6.

Compared with those accessing crisis accommodation overall, those with mental health issues were more likely to need assistance to sustain a tenancy to prevent failure or eviction. They were also more likely to need assistance with challenging social and behavioural problems, AOD counselling, and mental health and psychiatric services.

Those with problematic use of alcohol or other drugs were more likely than clients in all support periods to report inadequate or inappropriate dwelling conditions as a reason for presenting to services. They were more likely to present due to mental health issues and medical health issues. They were also more likely to report unemployment, financial difficulties and lack of family and/or community support as reasons for presenting for assistance. In the Victorian data this group had a higher average number of tenancies indicating repeat presentations for assistance and unsustained housing outcomes.

Aboriginal clients had different needs across the two administrative data sources. Regardless, those who identified as Aboriginal were less likely to exit to long-term housing and were more likely to exit to rent-free arrangements at the end of support. Victorian data showed shorter average tenancies compared with all clients.

Medical considerations were a major issue for those with disability, a group who were less likely to exit to long-term housing and more likely to exit to rent-free arrangements. Those with a disability tended to have longer average tenancies compared with all clients in the Victorian data.

Young people (aged 15—24) presenting alone were more likely to need a range of supports including assistance to sustain a tenancy, AOD counselling, assistance to obtain a government allowance and employment assistance compared with all support periods. They were also more likely to need financial information, material aid, assistance with problem behaviours, living skills/personal development, legal information, transport, financial advice and other specialised services.

Children on care and protection orders were far more likely to need a range of services compared with the overall group. Highlighting their vulnerability this included (but is not limited to): AOD counselling; family/relationship assistance; assistance for trauma; and assistance for sexual assault; assistance with behaviour problems; and child protection services.

Care leavers were more likely to exit to hospital or rehabilitation and had a higher average number of tenancies (indicating repeat presentations) than the overall group.

Those leaving custodial settings in SA presented for assistance due to financial difficulties and unemployment, but also due to mental health issues, medical issues, problematic use of alcohol, drugs and other substances, and transition from custodial arrangements. This cohort were more likely to exit crisis accommodation to adult or juvenile corrections and less likely to exit to rent-free arrangements.

In terms of housing outcomes, former Australian Defence Force (ADF) members were more likely than most other groups (aside from those aged over 55) to exit to long-term housing or medium-term housing and were less likely to exit to a rent-free housing outcome.

4.3 Policy development options

The findings in this chapter lend themselves to several policy development options. First and foremost, crisis accommodation provides a wide range of supports to very vulnerable people and cohorts of people. Flexibility is needed in terms of resourcing and service delivery to meet what are clearly very individual (person-centred) needs. The diversity of supports needed highlights the complex nature of the work undertaken by SHS workers. Policy makers and service providers should consider how access to these supports can be facilitated for people accessing crisis accommodation, including those in purchased crisis accommodation.

Patterns of service needs are evident at the cohort level and these could be used to develop bespoke cohort responses, such as specific packages of support and systems navigation assistance for people leaving care and custodial settings.

Children on care and protection orders and young people presenting alone have specific needs and require a specific, targeted response. Children on care and protection orders are an extremely vulnerable group who have experienced significant trauma and violence, making trauma-informed responses particularly important in service delivery.

A number of cohorts have medical/health needs, speaking to the need for greater alignment between homelessness, housing and health services. There is a clear need to integrate, through co-location or in-reach, targeted health responses for those accessing crisis accommodation (Beer, Baker et al. 2011; Chamberlain, Johnson et al. 2007; Coram, Lester et al. 2022; Mallett, Bentley et al. 2011).

Several cohorts have mental health and substance use issues concurrently. This overlap, referred to as dual diagnosis[7], can be a barrier to accessing a range of services (Schütz, Choi et al. 2019). In addition to integrating supports for dual diagnosis into crisis accommodation settings and in-reach and outreach services there remains a need for specific training for SHS staff in mental health and AOD, especially if services are prioritising more complex and vulnerable clients for assistance.

Consistent with elsewhere in the report, there are systemic issues leading to a lack of suitable exit options for people in crisis accommodation, and those experiencing homelessness more broadly. The challenge around housing outcomes is reflected in the low percentage of people exiting crisis accommodation to long-term housing. Significantly, more resources are needed to enable long-term housing outcomes, both in terms of expanding the available pool of housing for people experiencing homelessness and in assistance to help people sustain their tenancies in the longer-term.

Finally, given the breadth of support needs for those needing crisis accommodation, it is concerning that only those in SHS provided accommodation are likely to have these needs addressed. People in purchased crisis accommodation are not provided with case management support to the extent required—if at all—nor are the people who are turned away from the system, only to try again for support when their circumstances are worse. More quality crisis accommodation options are needed, including an expansion of case management support.

7 Alcohol and Drug Foundation, https://adf.org.au/insights/understanding-dual-diagnosis/.

5. Challenges with existing crisis accommodation models: specific insights from people with lived experience, frontline staff and stakeholders

- **Flexible length of stay tied to securing permanent housing, certainty about how long people can stay and being able to have pets are important elements of effective crisis accommodation.**
- **Trauma-informed care, and physically and culturally safe environments, including for children were seen as important.**
- **Quality accommodation with kitchen facilities, private bathrooms, and self-contained accommodation were seen as key elements of effective crisis accommodation.**
- **Alternatively, services or environments that are unsafe, have excessive house rules or a complete lack of rules are detrimental, as are unreasonable conditions to search for housing options which are unattainable, and unaffordable co-contributions to crisis accommodation.**
- **Short stays without support (especially in purchased crisis accommodation) and short stays with no pathways to long-term housing or ongoing support were detrimental and experienced as undermining resolution of homelessness.**

Feedback from people with lived experience of crisis accommodation in the literature highlights a range of challenges in current crisis accommodation practices. The temporary and uncertain nature of crisis accommodation alone can have a detrimental impact on people's wellbeing. Further factors contribute to client stress including a lack of privacy, poor quality facilities and being subjected to inflexible rules and routines (McMordie 2021). While many people report finding these environments challenging, those with complex needs may find it particularly hard to cope. Some groups may be more likely to feel unsafe, particularly young people, women and transgender people (Mackie, Johnsen et al. 2017). Some people experiencing homelessness report actively preferring sleeping rough to staying in crisis accommodation, given the stressors present in many crisis accommodation settings, and clients' lack of power to reduce these stressors (McMordie 2021).

In this chapter we discuss findings from our interviews with people with lived experience of crisis accommodation, as well as frontline staff working in crisis accommodation. These qualitative findings explore key issues with crisis accommodation across models, including difficulty with access, ensuring safety, overall quality and amenity, and issues that arise from the particular policies applied in service delivery such as conditionality of support, co-contributions, and length of stay.

5.1 Difficulty with access

Fourteen of our 21 lived experience interview participants reported experiencing barriers to accessing crisis accommodation, such as being unsure how to find it or being told places were at capacity. One interviewee observed: 'nobody tells you how to access it and that's the hardest part about it' (Male, 38). Another participant commented:

> *I was unaware of what help I was eligible to get. There's not a lot of people around to let you know what help there is to get when you are in that situation. (Female, 29)*

The lived experience participants in this research eventually found a pathway into crisis accommodation, with agencies ranging from SHS providers to medical services, police, schools and refugee support services providing advice and assistance. For example, one lived experience participant reported:

> *We lost our rental when it was sold, had to go stay in a FDV situation with the two kids' dad. Then we stayed in the car and camping for two months because we didn't know what was out there. It was my kids' school and my doctor who helped us find out where to go. Then it was not too hard after some ringing around. (Female, 29)*

Participants also reported anomalies in terms of eligibility for crisis services. One lived experience participant was turned away from a domestic violence refuge because she had already left the home and spent several nights in her car. A service provider reported that one client, a woman in her 60s with health issues, was told she was ineligible for crisis accommodation because she had a car to live in.

5.1.1 Lack of capacity and reliance on purchased crisis accommodation

Frontline staff in the focus groups felt even more strongly than the lived experience participants that there were barriers to people accessing crisis accommodation, chiefly due to a lack of capacity. As one service provider noted:

> *I think we absolutely need more [crisis accommodation] … for every time there's a unit available here, we'll get an absolute flood of referrals … it's a matter of sitting there and going through a list of all these people that have so much significant trauma and nowhere to go and we just have to decide who's the worst off. (SHS or Access worker)*

Frontline staff in Melbourne reported a particular need for more crisis accommodation capacity in the outer southern suburbs:

> *You've got people sitting in really profoundly unsafe rooming houses for years and years and years and there are no safe emergency accommodation options for them in the outer-ring suburbs. (SHS or Access worker)*

A key problem caused by lack of capacity in the SHS managed crisis accommodation sector is the use of purchased crisis accommodation. Service provider staff in the Melbourne focus groups reported that being 'HEF-ed and left' was more common than it should be; referring to people in purchased hotel or motel accommodation without supports or follow-up, with the costs of accommodation covered by Housing Establishment Funds (HEF). Some staff raised concerns about the SHS sector being complicit in this practice and not being as accountable as it needed to be, while acknowledging that systemic problems meant the sector was operating within challenging constraints:

> *… there's very little capacity to check in with people or refer – or just check if they do need mental health support or even to see a doctor … [to see] … that's actually happening while they're in that motel, hotel or rooming house. (SHS or Access worker)*

> *… [without] that extra support which I think is a real gap because then they'll keep coming back and keep getting worse until we can get them into somewhere like [congregate service name] because their needs have escalated to such an extent that they're then qualified or can access that. (SHS or Access worker)*

> *Obviously at the moment, the way the system is set up … and the demand in IAP [intake assessment and planning], there is just no extra for anything, so people [workers] are just under the pump, just churning those people through. (SHS or Access worker)*

Frontline staff also noted that purchased crisis accommodation could be a useful option under the right circumstances and allowed scope for rapidly housing people, particularly during the early waves of the pandemic:

> *The good thing about the [Emergency Accommodation] Program is we got very quick response from Housing SA regarding the approval of those advocacies very quickly [pandemic emergency management provisions were in place], so that was really helpful for the people experiencing homelessness who were in crisis. So a quick response, so that was still good … that enabled us to put families in motel … straight away that night. And then from there we started working with them, and then gradually nominated them for THP [transitional housing program), SHP [Supported Housing Program] properties … (SHS or Access worker)*

In addition to lack of capacity, SHS workers in Melbourne reported that the process of allocating crisis accommodation was haphazard and uncoordinated. They noted that the administrative process of trying to get someone into crisis accommodation had become increasingly onerous as it became harder to secure them a place: 'So, our service staff are spending a lot of time on this stuff with not much outcome' (SHS or Access worker).

The administrative, advocacy and support work involved in keeping clients in purchased hotel and motel accommodation was also intensive and time-consuming. Staff in one focus group said that a better coordinated crisis accommodation allocation process, and increased capacity, would allow for improved matching of clients with the right facility: 'You've got to put the right people in the right places'(SHS or Access worker). Another frontline worker commented:

> *So, I think that especially with entry points, they're so under the pump finding anything for somebody and they will just go, 'Okay, there's a vacancy, put them there'. They don't have the luxury of time to say 'What's the dynamics like in the property? Is it just for robust clients? Are they okay with people with mental health there? What's the provisions like?' But we just don't and we just throw people at these vacancies before we even think about it. (SHS or Access worker)*

However, it was noted that better coordination alone would not improve the situation: 'we can coordinate and coordinate but it's not coordinating a very good response' (SHS or Access worker). Having more options and greater capacity, with the ability to match clients with appropriate facilities rather than having to place people wherever was available, was seen as one way of reducing the problems that resulted when people were in crisis accommodation that didn't suit their needs.

5.1.2 Access barriers for CALD and Aboriginal clients

Our fieldwork suggests that youth and people from CALD backgrounds may experience additional barriers to accessing crisis accommodation, with the following comments from lived experience participants highlighting this:

> *It was pretty difficult, just because of my age I was in a legal grey area … There's not really many places for us which is annoying. We're not old enough to rent so we can't go that way and it's just very annoying. (Other gender, 17)*

> *I think if one thing has to be more worked on is spreading more about this. Especially for people from other cultures that come here and make things more comfortable with them because I still know people who are living in families who still have issues but they're not brave enough [to seek help]. (Female, 20)*

Aboriginal and Torres Strait Islander people are another group who face particular barriers to accessing suitable crisis accommodation. The needs of Aboriginal people and kinship groups moving between Lands and temporarily sleeping out are often viewed and approached through a mainstream homelessness lens, yet more appropriate responses are generally unavailable (Pearson, Tually et al. 2021). As SHS workers in SA noted:

> *We get a whole variety of people coming and looking for emergency accommodation. They may be people who are coming from communities a long way away, they might be here for a funeral or any other sort of family event. (SHS or Access worker)*

> *… it's the transient people that often face this issue as well. They might come and they may even have family or friends here who they stay with, but a lot of these houses, they might be a three bedroom house and they might have 13 or 14 people staying there, which inevitably causes conflict amongst the people staying there, and then somebody gets kicked out and they're on the street and there's really nowhere for them to go. (SHS or Access worker)*

To meet the needs of Aboriginal clients, mainstream services must ensure cultural awareness, safety and appropriateness, for example, by taking a more flexible approach to service delivery and incorporating lived experience of Aboriginal homelessness in the workforce (Tually, Tedmanson et al. 2022). Our fieldwork indicates that crisis accommodation services do not always pay due attention to cultural appropriateness:

> *… where we've got really strict rules around curfew, where you're going, safety planning, it doesn't suit, particularly, we've found — Aboriginal clients. It's not that culturally sensitive, I don't think. (SHS or Access worker)*

> *I cannot believe that we do not have an Aboriginal and Torres Strait Islander worker at any of our crisis services. I can't understand it. (SHS or Access worker)*

5.1.3 Access barriers for people with health issues and disabilities

A number of clients had health conditions or disabilities that meant they had particular needs in relation to accommodation. However, there were multiple stories of these needs being overlooked:

> *Hotel was tough because I was recovering from a stroke and had to walk miles to get there. (Other gender, 17)*

> *[I'm] diabetic so I need cooking facilities. (Female, 53)*

> *SAHA kept saying to me 'Like, you've got a car, you can live in your car. It's like but hang on a minute, I have to have machines to breathe at night. So I have CPAP and also have an oxygen concentrator because I got lung disease through work. So they weren't even in the least bit understanding of any of that. (Male, 49)*

5.2 Variable quality

The lived experience participants and SHS workers in our research reported that the quality of crisis accommodation was highly variable. Generally, boarding or rooming houses, particularly when run by private operators, are seen as an undesirable option, especially for women and children. Although, service provider staff reported a few facilities that were well-run. Hostels, shelters and youth refuges appear to be of very mixed quality. Purchased crisis accommodation in caravan parks is uncommon and a last resort option, with hotels and motels preferable though still highly problematic. Some congregate SHS managed crisis accommodation was thought to be high quality.

Fieldwork participants identified some examples of good quality crisis accommodation options:

> *They do give you a step up because they give you a roof over your head. Low rent. Like I mean you get it pretty good. I feel like I'm in the f*****g Taj Mahal here … yeah, they do really help. (Female, 50)*

> *It was so peaceful [at the motel], able to just walk out the door; the dogs had a little back patio they could sit out in. All the people that came there were normal … they made it clear that I would be staying there until we worked out housing. So they were going to keep me there, regardless of how long it took until I got housing. (Male, 50)*

> *I've noticed that there's just really nice people around, there's never been cops or loud music, you don't hear fights, things like that. It's pretty quiet. (Female, 19)*

Lived experience interviewees provided contrasting descriptions of youth refuge experiences. One was very happy with the small refuge they stayed in, reporting that staff 'went above and beyond', they felt safe, there was privacy, they had access to a fully stocked kitchen and they were consulted about decisions affecting them. This participant described receiving employment support, emotional support, health services, material aid and help with AOD issues. In contrast, two other participants described staying in youth refuges where they were subject to strict rules, constant surveillance and punished when they transgressed, including through eviction.

Hotel and motel experiences were often negative for a variety of reasons.

> *The hotel kind of situations they were all tricky and horrible and confusing as hell … the trickiness was kind of just like getting in there, getting it funded, poor accommodation, it was everything really. Like, it was pretty s**t. And both times I was with my son as well, so it was not very great. (Female, 37)*

However, hotels and motels generally remain preferable to purchased crisis accommodation in caravan parks. The one lived experience participant who had experienced this form of crisis accommodation with her son described an environment of uncontrolled chaos with drug use, violence and filthy kitchen and bathroom facilities:

> *There were bed bugs, that place was not a place for a child … I actually nearly lost the plot completely at that place. It was just shocking. It was absolutely shocking. A lot of people using drugs. Just behaviour that a child doesn't need to see. (Female, 36)*

Service provider staff in focus group discussions reported that the poor quality of some crisis accommodation meant there were times when clients would rather stay on the street:

> *Yeah, so private rooming houses and some of the community housing rooming houses where clients will say to you from the outset, 'I don't want to go to those places', and then because of the systems that we work under it comes down to a matter of, 'Well you don't have a choice. It's either that or you're exited to sleep rough again'. It's not uncommon for people to say, 'I'd prefer to sleep rough'. (SHS or Access worker)*

> *There's no way to describe how important it is to regulate those places because the clients I have, some of these, I think they've been with our service for two years because they were long-term rough sleeping and the majority of them feel safer sleeping on the streets than they do in a rooming house. We had one gentleman who was placed into one maybe about a week ago, he's paying well over $200 a week for this small bungalow thing and they wouldn't even provide him with a bed. He was sleeping on a mattress on the floor and then ended up in hospital because he was quite sick. (SHS or Access worker)*

Consistent with existing research on purchased crisis accommodation (NWHN 2019), there was considerable discussion among frontline staff about greater regulation and the ethics of using government funds for poor quality unsafe accommodation:

> *So much of HEF goes directly into rooming houses. The government directly upholds the finances of rooming house providers. It's such a dodgy—it's really scary to think about. (SHS or Access worker)*

5.3 Amenity

The lived experience participants reported mixed experiences with how the physical form of their crisis accommodation suited their needs. Some had no specific requirements or preferences in this regard, but those that did were deeply affected when their needs were not met. Purchased hotel and motel accommodation was singled out as being particularly detrimental. The lack of proper kitchen facilities was difficult to manage for people with dietary needs such as diabetics and for parents trying to feed children. Only two participants reported access to adequate kitchen facilities while in crisis accommodation but all participants agreed this was an important feature.

> *I had to wash my dishes and that in the bathroom, in the bathroom sink. That wasn't ideal. But everything else was – you know, I had a decent sized room where I had my own bathroom, obviously. So I was able to at least set up my air fryer and my electric frypan. The fridge wasn't ideal because it was a tiny fridge. But it was better than living in the car. (Male, 49)*

> *So a stove would have been nice, an oven, even just an electric small oven or something like that would have been very helpful just so the kids can get more nutritious meals as well, and not having a microwaved meal. (Female, 29)*

Interviewees reported several occasions when the minimal kitchen equipment provided in hotels and motels, such as toasters and kettles, was faulty and not quickly replaced or repaired. Laundry facilities in these settings were usually available but sometimes not in full working order. Broken door locks were also reported, contributing to people feeling unsafe. Lack of outdoor space, and feeling uncomfortable or unsafe venturing outside the room, were problems for some people staying in hotel and motel accommodation: 'All the day we stay in the little room and we were sick. We can't breathe' (Female, 34).

Most lived experience participants expressed a strong preference for self-contained crisis accommodation (including their own bathroom and at least basic kitchen facilities). People had a range of reasons for this preference, including privacy, autonomy, safety, security and hygiene. Female-identifying participants reported feeling uncomfortable sharing bathroom facilities with men. Since COVID-19, there is greater awareness of people's need for personal space and potential discomfort with communal facilities.

Participants with two or more children said there were very few, if any, crisis accommodation options that had enough room to accommodate them as a family. Several participants reported having to make alternative arrangements for their children, including in one case having them stay with a perpetrator, causing significant mental health impacts for the children. People with children also tend to have more belongings with them, with the storage available in crisis accommodation facilities generally insufficient:

> *I think there needs to be some development of some sort of apartment blocks that maybe permanent people can live there, but then also they have a temporary accommodation section or something like that for people in this situation and somewhere to go. (Female, 49)*

Service provider staff also affirmed that self-contained accommodation was not just preferable but essential for some clients:

> *I think self-contained is really important because people are just traumatised over and over again by being placed in rooming houses where they're threatened with assault and violence. Everybody I speak to, they're all dealing with violence and assaults all the time and they're being traumatised over and over again by that – not being able to choose who moves into the house, not being safe in the environment, being terrified to go to the toilet, that sort of thing. So, self-contained is paramount. (SHS or Access worker)*

When asked about specific physical elements of ideal crisis accommodation the majority of lived experience participants wanted to see adequate kitchen facilities, safety and security features as well as 24 hour on-site staff, laundry facilities, to be close to public transport, and secure storage for personal belongings.

5.4 Safety

Lack of safety and trauma were major themes among lived experience participants. Lived experience participants had already had multiple experiences of violence and lack of safety before their stays in crisis accommodation, highlighting the vulnerability of this group and the need for trauma-informed care. Most lived experience participants (13 out of 21) had previously experienced family violence, most had experienced multiple periods of homelessness (16 out of 21) and almost half had first experienced homelessness as a child or young person (nine out of 21).

Lived experience interviewees and frontline workers highlighted how important trauma-informed support was in crisis accommodation settings, while noting that all too regularly it did not occur. Instead, staying in crisis accommodation often had a re-traumatising effect on people. (Around half of the services featured in the case studies in Appendix 1 explicitly referred to operating within a trauma-informed approach to support and case management.)

Most of the lived experience interviewees reported times they had feared for their safety, usually due to the behaviour of other residents in combination with a lack of care from staff. Drug use, theft and anti-social behaviour are common in many crisis accommodation facilities, including purchased hotel and motel accommodation. Lived experience interviewees had concerning stories to tell:

> *I've been robbed that many times, more times than I've had a crap, I've been robbed. (Female, 50)*

> *It's a case of lock your door, just go and lay down … But I had a person banging on my door … he was screaming through my kitchen window. (Female, 53)*

> *I've lived in motel accommodation where 85 per cent of the rooms are people that are on drugs. And it can be quite hectic, it can be quite scary. Where I was staying at [service], somebody jumped off the second balcony and killed themselves. (Female, 36)*

Eight of the lived experience interviewees were women who had been accompanied by children in crisis accommodation settings and they reported particular safety concerns:

> *I do believe that they have to take into consideration people's circumstances when they put women and children in places. Because when they said, 'The only thing we can give you right now is this share home', that wasn't really suitable for any kid. They also need to make sure that the places that they're sending these vulnerable people [to] are safe for them, in all kinds of aspects, like drugs, and breaking in, and having a really safe space for yourself and your children. (Female, 21)*

> *All the day, all the night they have loud music and swearing and it was very bad. And I have a little girl. And I put the headphones on so I can't listen to them. And sometimes we can't sleep all the night. And one time some people had a fight and they broke everything in their room next to us … it's 2 o'clock in the night. And we were scared, my daughter just crying. And after that she had a stress rash over all of her body. And police come and take them. And the manager of the motel asked them to leave and go. And then housing calls the manager and says they should come back and they come back. And all of the day my daughter is scared to go outside. We just stay in the room and close the door. Because they are sitting outside and all the time they are smoking and drinking and it was very scary. (Female, 34)*

Men were not immune to threats to their personal safety. One lived experience participant reported sustaining serious injuries in a motel setting:

> *Where you're putting a lot of people in a situation, there's always trouble … I actually got attacked at [motel] and had my back fractured, went through a window. They had three blokes that had been kicked out of there that were on the homeless program as well, but they were all into the crack and drinking, and they'd started on some women above me, and because my dog was going off, I walked out the door and one of them turned and had something to say to me and I told him where to go, and everyone had an iron bar and a cricket bat. Yeah, so it turned pretty nasty. (Male, 50)*

Frontline staff also noted that rooming and boarding houses were similarly problematic:

> *And a lot of those properties, there isn't the support on-site. There's still clients being placed in those properties and experiencing further trauma and violence. In the rooming houses, recently there was a bust on a property that's been dodgy for a really long time … People were cooking meth on-site and people were coming in and out all times of the day and night because they were cooking it and dealing it and paranoia and violence and these things happen in all the properties where there isn't support. We can't put complex needs clients into any accommodation where there isn't support and expect them to be safe. We need to be talking about helping people recover and placing them in safer options. (SHS or Access worker)*

Lived experience participants reported that not only did staff in some facilities take no action to address anti-social behaviour, sometimes they contributed to it, particularly in purchased crisis accommodation:

> *Being a single mother by yourself going to those particular hotels is an absolute eye opener in itself. I had these two rough men, one either side, and every time I'd walk out the motel door they would both just come out as well. They used to listen for me coming out … And I just felt so unsafe. I felt so unsafe. And there was one incident where one of the hotel managers actually started chatting me up. Actually, no I think it happened twice … I thought I'm better off if I just sleep in my car … I'm not staying here with this rubbish. (Female, 49)*

In the face of extensive safety issues and past experiences of violence and trauma among clients, frontline staff in the focus groups reflected that there were challenges in delivering trauma-informed case management in crisis accommodation settings. One worker lamented that lack of time and stability to build strong relationships with clients as the basis for working with them.

Physical design also contributed to safety challenges in some crisis accommodation facilities, especially older facilities:

> *A lot of the people we work with have long histories of institutionalisation, whether they're Forgotten Australians or they've been incarcerated for much of their life and then if you look at [facility], the whole building is — it feels a bit prison-y when you're walking around. It doesn't really do much to challenge that long feeling of being trapped and controlled. It's not trauma-informed at all … [facility] is reflective of the time that it was built and I think that we're moving beyond that and you've got us as workers walking around with our walkie talkies and our big, rattling keys and it's very on the nose. (SHS or Access worker)*

5.5 Conditionality

In the context of an increasing shortage of private rental properties affordable to low-income households (Hulse, Reynolds et al. 2019), it is often simply not possible for people on low incomes to secure private rental properties, especially without evidence of a rental history. Yet people in crisis accommodation, especially those receiving purchased crisis accommodation, are generally required to travel to, inspect and apply for a minimum number of properties each fortnight as a condition of support. If they do not have a car, people must conduct this process using public transport, all over the metropolitan area, sometimes with young children in tow. People end up having to inspect and apply for properties that are unaffordable, unsuitable, inappropriately located (disconnected from their or their children's networks and supports) and which they have no chance of securing. This is not only a waste of time, but clearly demoralising.

The lived experience interviewees described being 'set up to fail' and made it very clear how property search requirements, enforced with very little flexibility or recognition of individual circumstances, affected them:

> *I always felt if I did one thing wrong or missed one [house], that if I applied for seven instead of eight, that I wouldn't have that place to stay … there was a lot of pressure, and yeah, it was frightening because the last thing you want to do is get kicked out and then you don't know who else to go to because these are the people that are helping you … Yeah, so it was stressful … They didn't really take it into account if I was having a really bad week or something, there's no room to accommodate those issues, if you screw up on not applying for housing or whatever, you're out … I'm not sure if they really took it all into account as in your emotional wellbeing and how you're doing through the whole system. (Female, 29)*

> *They were wanting me to jump through so many hoops, and I did. I did everything that I needed to do … I was always the person who was doing it. I was on the ball. I was always active, proactive, trying to find a house … they're [the housing authority] very, very black and white with everything they do. It's no, no, no or it's this way or it's nothing. They're not flexible in any way. (Female, 49)*

Workers agreed that the conditions placed on clients were inflexible, and recognised the effect these conditions have:

> *There is very minimal flexibility with regards to that. So, yeah, very little, they normally end up back in the car or couch surfing, or in unsafe environments. And I also think that we're working on deficits, we're not working strength-based at all. Because we know that our clients won't achieve the obligations or won't achieve a private rental, yet we're asking them to continually get slapped in the face pretty much, yeah because they still have to do it. (SHS or Access worker)*

> *Then they have to meet with a huge list of mutual obligations that they have, and those are not compatible with the Housing First principle, human rights approach to housing, the values of human services and social work. (SHS or Access worker)*

Frontline workers reflected at length in the focus groups on the practical challenges of meeting 'mutual obligation' requirements, the many barriers to securing a private rental, and the failure to recognise people's individual circumstances:

> *There isn't enough recognition that different people need different pathways, and it's not their fault those pathways aren't there for them. (SHS or Access worker)*

> *Our clients will be going to these open inspections and housing, so I'm talking pre-COVID here, and there's just no hope that they're going to get one of these properties, because they may not have a great track record or what have you. And so, they're doing it … in full knowledge that they're not going to get these properties. So, that then has the multiplier effects of the deterioration in their confidence, in their mental health. (SHS or Access worker)*

> *Now if they've got two young children, they've got to drag their children around, or maybe they don't have a car, so we provide them with vouchers to get to the inspections. But then at the inspections there might be five, six, seven, 10, 20, 30 other people looking for that private rental. They are not going to look at a single woman with children. (SHS or Access worker)*

> *Those obligations for our clients in motels are unrealistic, in that clients are required to look for a number of private rentals. Their income or their affordability is $200, there's nothing out there in their affordability, and yet they're still required to look for those other options. I just feel that some of those requirements are just a little unrealistic. (SHS or Access worker)*

5.6 Length of stay

People were generally looking for more stability and continuity in crisis accommodation than they got. Eighteen of the lived experience interviewees said people should be able to stay in crisis accommodation as long as they needed, and most interviewees thought assisting clients to secure housing should be part of the role of crisis accommodation providers:

> *I don't believe anybody should be kicked out of crisis accommodation until they have something to go into … I reckon they should play a part in all of it, to support needs, to finding a proper house for people, and they should be there until — well, until the housing situation is resolved. (Female, 21)*

> *I think they should help with actually getting a home, otherwise it's kind of pointless. (Female, 37)*

Lived experience participants reported different forms of insecurity in crisis accommodation settings. In shelters and hostels, the main challenge was being told to leave after a short stay:

> *They let me stay for the weekend, but then kicked me out at 6 o'clock on Monday night with nowhere else to go. (Male, 38)*

Length of stay was a particular concern for people in purchased crisis accommodation. People often didn't know if they would be able to stay for longer and were constantly worried about being told to leave. Staying in purchased crisis accommodation was sometimes a day-to-day proposition and made clients feel as if they had been forgotten:

> *We had no guarantee. So they didn't say to us okay you need it for six weeks, we'll pay you for six weeks that you'll be there. It was every three days they had to be told he needs it for another three days, he needs it for another three days, he needs it for another three days. And I had no idea whether I was going to be homeless. (Male, 49)*

> *I had all of our belongings so trying to lug them around with a child with special needs, no car, it was quite difficult. And after we checked out most days, we'd have to go back in and present in the morning, and it was a struggle to get my son to school as it was. He missed out a lot because his first year of prep he missed out nearly all the first term. We'd check out, I had to try and lug all my stuff so I could get to present and then they end up putting — they would put us back at the same place. It was absolutely exhausting. By the end of it a lot of our stuff got stolen. I had to store it. (Female, 36)*

In youth and women's refuges, supports were more readily available and people knew upfront that they would be able to stay for a longer period, often around two months. However, they still felt under pressure when their time was nearly up and they had nowhere else to go:

> *I would say that I think it would need to be at least three months minimum stay for most women just to get back on their feet again … three months would be a more stable stepping stone. Just a soft landing, so to speak … without having to rush, rush. You just settle in and then you've got to get out again. (Female, 50)*

> *I know personally when I was at around the two-month mark I was starting to panic because I was like, I don't know if they're going to give me more time … and then what the f**k am I going to do? (Other gender, 17)*

A small number of lived experience participants noted that the length of time people should be able to stay in crisis accommodation might depend on individual circumstances and whether they were 'doing all the right things':

> *It depends if you're engaging with your workers and all that sort of stuff, or you're just blowing it off – it's a tricky, complicated, all in one. Like yes, it should be good until you do get a place to stay permanently, but if you're abusing it and not doing what you're meant to and engaging to try and help get somewhere, no. (Male, 38)*

5.7 Location

Some participants said they had asked to be moved to other hotels or motels and these requests were accommodated, but generally people had limited say over the location of purchased crisis accommodation. This caused problems for people with children at school especially:

> *I have a special needs son and I was doing my best. I'd run myself into the ground … As hard as it has been being an hour and a half away from school on public transport, I don't want to be ungrateful. But I tell you, it has been really hard. I don't know how I kept going … His school was my support that kept me going over those few years … At times we've had to walk 15—20 minutes to get to public transport. And if it's raining or it's boiling hot with a child, it's really hard. (Female, 36)*

> *They needed that [continuity with school] because we were stuck in a one-bedroom motel, very tiny, no area for them to play or anything, so it was good for them to get out and at least be able to go see their friends and keep their education up. I mean I did have the kids say to me, 'Oh, I'm embarrassed to tell my friends we're in a motel' and that just breaks my heart. So it was better than being in our car, isn't it? (Female, 29)*

One frontline worker commented:

> *It's not just about getting more product, but it's where the product is … people were being plucked from their community, which was the city, it was where their people were, it was where their supports were, it was what they knew. And they were being plucked out of there and placed in a nice little place in [suburb], which was all well and good and very lovely, but it's not where they wanted to be. It's not where it was easy for them to access their supports and their community … and for me, that's why I feel like a lot of our tenancies did fail, because people just, they didn't want to live here. It wasn't just about putting a roof over someone's head; it was about where they were connected. (SHS or Access worker)*

People with cars fared a little better in hotel and motel locations far from their networks. However, they reported incurring significant fuel bills driving their children to school or travelling to medical appointments. Several participants reported having mobility issues and, despite their requests, being placed in accommodation that involved long, uphill walks to transport and negotiating stairs. Visibility of cars in car parks was a real safety issue for people escaping FDV and a very practical reason why some facilities were unsuitable.

The majority of lived experience participants thought that ideally crisis accommodation should be close to public transport.

5.8 Rules and policies

Lived experience participants were generally supportive of crisis accommodation facilities having some rules in place for residents. Participants' experience of anti-social behaviour in crisis accommodation meant they recognised the need for some regulation, as long as facilities did not become overly regimented. Striking the right balance can be challenging and may vary in different facilities. For example, rules at women's refuges are often relatively strict for obvious safety reasons.

Some interviewees described the situation when too few rules were in place and anti-social behaviour was not well managed:

> *I didn't last at all [in boarding houses] because literally there's no control, there's no rules and even though there's meant to be no alcohol and drugs, there always is. And some people just couldn't care about the rubbish they leave around … it just creates an environment where trouble will start, and conflict will happen, and then — more than likely — one of us is going to end up in trouble or hurt or something like that, because that's what it always seems to be. (Male, 50)*

Others talked about facilities having an overly institutional feel or imposing harsh or arbitrary rules that could result in people being forced back out onto the street. One young woman staying at a youth refuge described residents being excluded from their rooms for much of the day, having their rooms checked multiple times per day, being given demerit points for minor infractions (with too many resulting in eviction), and being required to keep to a strict schedule for meals, sleep and activities. Others reported similar experiences:

> *A lot of us just went out of the refuge if we wanted to talk or hang out. I mean they couldn't really stop us from doing that … a lot of my friends and I that live there, we didn't call it the refuge. We literally called it the prison because that's what it felt like because we weren't allowed to talk to each other after 9pm. We had to be in our rooms by 9:15. We could only go out one night of the week and even then we had to ask permission, that kind of s**t … One of the people that lived there was hanging out in someone's room afterwards because they were not doing their best mentally and the two of them both got kicked out immediately. (Other gender, 17)*

> *You might as well say it's like being in jail at [service]. You had to go there at a certain time to eat and everything like that, you're not allowed to have drugs on-site there or anything like that, and it's too much like prison. (Male, 38)*

Some interviewees took a nuanced view of rules in crisis accommodation settings, generally erring on the side of allowing people some understanding and leeway:

> *I don't think they should have a curfew because it's independent living in most of the places. People that are banned or kicked out there's obviously, majority of the time, it's a pretty good reason. But I think if there's more communication, they need more communication. (Female, 50)*

> *It's a really difficult situation, but I guess these types of people that reoffend or damage things and cause chaos, they just need that extra bit of help to stop doing these kinds of things and getting out of that kind of life. I don't think they should be banned … I think there should be other options available to people that are like that. I think that those kinds of people just have had it really rough and need help. (Female, 21)*

> *It's one thing to be comfortable with who you're living with, but another to be comfortable with their friends. I was frustrated about that when I was there, but I get it now and see why. (Male, 19)*

Lived experience participants had mixed views on whether pets should be welcome in crisis accommodation settings, with the majority (13) of interviewees supportive at least under some circumstances. Some people were passionate about the issue, especially where children's needs or mental and physical health issues were involved:

> *Yes! They've lost so much they can't lose their pet too! (Male, 19)*
>
> *I really wish my cat could be here because she's a mental support animal. (Other gender, 17)*
>
> *My daughter doesn't have any friends. And she had a little bird and she was crying for the little bird all the time … But we can see other people come in the motel and they have dogs … [because] they are normal people and we are homeless. (Female, 34)*
>
> *I got told for a long time by housing trust and a number of real estate agents, go and put your dog down, get rid of your dog, because you're not going to get a place … [but] she's literally an extension of me. She knows when there's something wrong even before I know. (Male, 49)*

A small number of services now allow pets as part of their aim to be as low barrier as possible. Among these are two services in Adelaide, Vinnies Women's Crisis Centre and Terra Firma. At Vinnies, which serves women and children escaping FDV, half of the rooms have been set up to accommodate pets and accompanying animals (with some limitations). The service also has a dog run and one employee on-site who is trained in dog handling. Terra Firma, which offers short-term accommodation and homelessness support to individuals and couples aged 45 and over, welcomes small pets. See Appendix 1 for more on both services.

5.9 Financial co-contributions

Most of the lived experience interviewees were satisfied with the affordability of their SHS managed crisis accommodation because their contribution was capped, usually at 30 per cent of income. Interviewees who had stayed in purchased hotel or motel accommodation were less happy as this tended to be a flat rate, a more expensive option, and poor value for money. Comments from participants on this issue included:

> *The motel price was quite expensive, I mean they got me a property and we're in there now, and we are paying the same amount for a three-bedroom house as we were at the motel. (Female, 29)*
>
> *With the motels I had to pay some and they were really s****y and it was like 'why the hell am I struggling to pay for this crap?'. (Female, 37)*

Frontline staff echoed these complaints adding that the co-contributions required of clients in purchased crisis accommodation were unaffordable, sometimes 70 per cent or more of their income. One worker noted that this could compromise people's progress after moving on from crisis accommodation as they had no chance to accumulate any savings: 'They can't get ahead if they're having to co-contribute … we've just accepted that as well and are complicit in that'. Another commented:

> *Just looking at the cost of staying at [facility], a couple stays in a couple's room here, and if they're both on DSP they're paying $300 a week to stay in a room that doesn't have their own kitchen, they are not allowed to open the balcony door to access the balcony, they can have their door knocked on at any time, we can enter their room any time with a valid reason. Things like their heating might take more than 24 hours to get repaired. The price for a couple to stay here just astounds me when still at the moment you can get a one bedroom apartment in the CBD for $300 a week. (SHS or Access worker)*

Crisis accommodation options in the private sector were described as 'profoundly unaffordable for every person on JobSeeker'(SHS or Access worker).

There were also significant differences reported in terms of covering the cost of crisis accommodation, including within the same jurisdictions and even the same facilities. Six of the 21 lived experience interviewees noted times when there had appeared to be different eligibility and payment rules for different people in the same facilities.

5.10 Policy development options

Findings from our lived experience interviews and staff focus groups have painted a clear picture about when crisis accommodation does and doesn't work well and why. Presenting such voices is an important part of understanding how the system works and how it could work better. The key themes discussed raise a number of issues for policy makers and service providers to consider.

Lived experience participants, frontline staff and stakeholders all identified the elements of crisis accommodation that work well: self-contained apartment-style accommodation. In lieu of this, private rooms with private bathrooms are needed for all people accessing crisis accommodation. Facilities to store and cook food, laundry facilities and basic safety and security features, such as staff who are on-site or contactable around the clock, lockable room doors and secure storage for personal items are all critical. The ability to have pets remains something desired by many people needing to access crisis accommodation and serves to hold some people in precarious or plainly unsafe situations where pet-friendly crisis accommodation cannot be provided. Location and amenity remain important elements of service offerings, particularly for people with disability and physical health conditions. Policy makers have a responsibility to ensure these elements are more widely available in all crisis accommodation options.

In light of feedback from lived experience participants about the detrimental impact of both too few and too many rules, policy makers, in conjunction with service providers, should establish minimum compliance standards around health and safety. Clearly different groups will have different needs and a mix of low barrier and options with more specific criteria are needed. Policy makers and service providers should also consider a ceiling for financial co-contributions to crisis accommodation to ensure affordability, and allow people to get back on their feet financially and accrue the financial resources they need to establish a new home and life post-crisis.

A raft of issues was identified in this chapter, about the poor quality of purchased crisis accommodation and the lack of support provided to those accessing it. This situation must be rectified. A poor quality purchased crisis accommodation service offering benefits nobody – financially, socially, economically or culturally. Setting and enforcing quality standards for purchased accommodation is the logical policy maker step here.

As discussed in Chapter 2, the specialist homelessness sector more broadly is hampered by the lack of exit options for people experiencing homelessness. While significant investment in affordable rental housing is necessary, service providers and policy makers should formally review the maximum lengths of stay to support pathways to long-term housing.

Finally, in the context of the documented dire shortage of affordable rental housing across jurisdictions, policy makers and service providers should review the requirement for clients to apply for private rental properties as a condition of receiving accommodation and support, at least until the availability of affordable and appropriate private rentals improves substantially. A change in approach would be consistent with services' commitment to continuous improvement, and is sorely needed.

6. Key elements of effective and appropriate crisis accommodation, now and for the future

Crisis accommodation is an established part of the SHS system in Australia. As demonstrated in this report, there is a paucity of information documenting the diversity and effectiveness of service models and support practices used in crisis accommodation across Australia. This lack of information acts as a brake on improvement and innovation in the crisis accommodation space. Against this backdrop, this report is a much needed addition to the scant literature on crisis accommodation. It greatly advances our understanding of the importance of crisis accommodation, now and for the future. The report does this by presenting data from a range of perspectives and sources: from people with lived experience of crisis accommodation, from stakeholders in policy and practice in the sector and from examining administrative data. Consistent with other sources (AIHW 2021) evidence from our fieldwork confirms the need for crisis accommodation services for the foreseeable future across Australian jurisdictions. In fact, our fieldwork suggests that these services need to be expanded due to significant unmet demand. Expanded need for crisis accommodation is reflected in the widespread use of inappropriate and unsafe purchased crisis accommodation. Stakeholders and staff in the focus groups felt that the need for crisis accommodation is growing rapidly and needs are diverse. Factors associated with growing demand include increasing pressure on social housing, worsening availability and affordability in the private rental sector, and the winding back of extraordinary pandemic support measures in place in 2020-21.

6.1 The role of crisis accommodation in ending homelessness

The lack of attention to crisis accommodation evidenced in this report is perhaps because it is seen as out of step with recent developments in homelessness policy and service delivery, including Housing First approaches, and calls for the service system to be reoriented towards prevention and early intervention (Casey and Brennan 2019; Commonwealth of Australia 2008; Department of Human Services (VIC) 2010; Spinney, Beer et al. 2020). While we strongly endorse these developments for the SHS system as a whole, they also need to be considered in the context of a sustained lack of investment in the provision of affordable rental housing options (both social and private). Quite simply, Housing First is not possible without housing.

There clearly remains a role for crisis accommodation in Australia's homelessness service system for the foreseeable future, even if affordable rental housing options expand exponentially to allow a transition to a workable Housing First approach. In practice, moving people directly from the street to settled housing is often not possible even under a Housing First approach. A short stay in crisis accommodation will sometimes be required while longer-term housing is sourced. This is evidenced in Finland, where significant progress has been made towards reducing homelessness by implementing housing-led approaches, and night shelters have been largely 'designed out'. However, Helsinki still retains a short stay emergency accommodation facility (Everyone Home Collective n.d.), family violence refuges and youth shelters[8].

8 See for example: https://paakaupunginturvakoti.fi/shelters/.

Further, important policy and practice requirements such as social housing allocations may also continue to drive stays in short-term accommodation for clients with complex needs (Clarke, Parsell et al. 2020). There are also specific cohorts, such as people escaping family violence or those affected by natural disasters, for whom crisis accommodation addresses an immediate acute need.

Stakeholders affirmed the need for increased long-term housing options but generally saw a continuing role for crisis accommodation as a short-term emergency response even if the pipeline of affordable housing was improved:

> *I think there's absolutely still a role. I think there's always going to be unfortunately, incidents of family violence, where it doesn't matter how quickly you can get a house together, it's not going to be today. (Stakeholder)*

> *Government's attitude is 'well, we want to go to Housing First, we want to shift some of the money to support people in housing', which we've always advocated for but I don't know that we advocated for it at the cost of crisis accommodation. I think in Housing First there is absolutely a role for crisis accommodation. (Stakeholder)*

> *Crisis accommodation has a really great purpose for respite, for people who might identify that they're not ready yet to consider permanent housing and that's not necessarily a lack about our assessment of their readiness, that's their assessment because I think there are some people that that idea is really overwhelming for. (Stakeholder)*

Other stakeholders noted a role for crisis accommodation while people were preparing for living independently and maintaining a tenancy:

> *I see there's still a real need for it, particularly for young people. I mean it's wonderful when they can secure a home and have that longer-term stable accommodation, but for many, there are steps along the way, important steps along the way to being able to maintain that property once they get there. (Stakeholder)*

Some of this commentary suggests that housing-led approaches that aim for rapid housing might not be the ideal for everyone all of the time. This highlights the need for a diversity of options to suit different people. However, not all of our fieldwork participants were equally positive about an ongoing role for crisis accommodation, particularly congregate models, as part of this suite of responses:

> *I think if we could just cut out the middle bit of going from emergency accommodation like motel accommodation or whatever, coming in here for six to eight weeks or six to eight months, however long it's going to be, and we actually just had accommodation similar to the transitional housing concept, so people didn't have to go through this stage. I don't understand why we need to cattle-herd people into one building that's full of trauma when we could just get rid of that model and just put people into a place that they could call home for a period of time. (SHS or Access worker)*

That said, stakeholders cautioned against investment in crisis accommodation being used as an excuse to continue with a reactive response to homelessness. Exit pathways are critical to a workable future crisis accommodation model. These exit pathways must offer long-term solutions to prevent people exiting and then cycling back into the system. Clients should enter the crisis accommodation system and exit to a sustainable housing solution. As one stakeholder said: 'It should only be once. And it should be short.' (Stakeholder)

6.2 Key elements of effective crisis accommodation models now and for the future

Our research identified a number of elements that are critical for effective and appropriate crisis accommodation.

The physical aspects of crisis accommodation

- Accommodation should be good quality, include private bedrooms, kitchen facilities, private bathrooms, and preferably be self-contained. Minimum standards should be developed and enforced.
- Accommodation should be accessible for people with disabilities and specific health needs.
- The physical environment should be safe, with particular care taken to provide a safe environment for children, with staff on-site or available 24/7.
- People should be able to have pets within services, recognising the calming effect of animals, and that leaving pets behind is often cited as a reason for people not to move away from unsafe relationship and housing circumstances.

Support offering

- The range of needs that crisis accommodation providers meet is broad and increasing in breadth (and arguably specialisation), with the needs of people coming into the system increasingly diverse and complex. Some of these needs sit outside the capabilities and resourcing of the SHS opening up conversation about how these services connect with agencies, sectors and systems beyond the SHS. The support offering should be person-centred and include a range of supports such as mental health supports, physical health supports, material aid, AOD counselling, support with navigating Centrelink and other bureaucratic processes, access to legal advice and support with child protection issues.
- Support should be provided by caring and well-trained staff and be trauma-informed.
- Services should include staff with lived experience of homelessness (including but not limited to peer support).
- Cultural safety within services is an area in need of more development, widespread understanding and adoption. This should be aligned with ensuring the presence of Aboriginal workers who are well supported in terms of their own roles, cultural obligations and training.
- Accommodation should offer a flexible length of stay to avoid exits to homelessness and maximise the opportunity to secure a long-term housing outcome.
- All those staying in crisis accommodation should be supported to exit to long-term housing or other options such as aged care or disability as appropriate.
- Ongoing support should be provided post-housing for an extended period (for as long as the client wants or needs it) after exiting to long-term housing.

Policies and access

- A basic set of rules and policies for crisis accommodation should be introduced to ensure that minimal rules are in place to protect clients but that they are not excessive and arbitrary.
- Policy makers and service providers may also wish to consider a ceiling for co-contributions to crisis accommodation to ensure affordability.
- Implementation of coordinated allocation and entry processes in all jurisdictions to ensure people know how to access crisis accommodation and simplify access.
- Mutual obligation requirements for purchased crisis accommodation should be scrutinised to minimise trauma while people are in crisis, re-establishing their lives and recovery pathway.

- Dedicated low-barrier options introduced to provide support to people with complex needs such as drug and alcohol problems and anti-social behaviours, and people with mental and physical health conditions.
- Cultural safety should be embedded in SHS policy and practice.

Based on our empirical research and review of the grey and academic literature, these elements constitute best-practice and policy makers should consider ways these key elements can be developed into minimum standards for the SHS sector.

Responses for particular cohorts

Our examination of the needs and outcomes of clients accessing crisis accommodation highlights that a number of cohorts have medical and health needs. Policy makers should consider the large-scale integration of primary and allied health services and crisis accommodation. Policy and practice work in this space will require conversations outside the SHS system, with the aim of better integration and coordination between sectors and systems delivering the supports people need.

Our research also highlights the specific needs of children on care and protection orders and young people presenting alone. These cohorts are extremely vulnerable and there is a sound argument for targeted, dedicated responses for these groups.

A number of cohorts have mental health and AOD issues concurrently. This co-morbidity, referred to as dual diagnosis, requires a specific response. In addition to working with existing services, there is a need for specific training for SHS staff in mental health and AOD, especially if services are prioritising more complex clients for assistance.

Measuring capacity to inform responses to insufficient supply

Demand for SHS managed crisis accommodation is far outstripping supply. More capacity is clearly needed in regional and remote areas. A clear sense of the existing capacity of the sector will help policy makers understand how much extra capacity is needed and where, and make informed decisions about how to deliver additional capacity. In light of the difficulty in gauging the capacity of the crisis accommodation sector, policy makers at the national level should consider mandatory reporting requirements for states and territories. This would provide a clear picture of the capacity of the SHS managed crisis accommodation sector as well as the extra capacity purchased crisis accommodation brings and covers, at what cost, for whom and with what outcomes.

Purchased crisis accommodation

A raft of issues were identified in relation to the poor quality of purchased crisis accommodation and the lack of support provided to those accessing it. Policy makers and service providers should collaborate to ensure safer, better quality accommodation and to ensure case management services are provided to those in purchased crisis accommodation. . Policy makers should consider establishing quality standards that prohibit the use of certain providers deemed to fall below these standards. Policy makers may also wish to consider ways to coordinate access to purchased crisis accommodation, rather than leaving entry points or local services to broker access, such as is the case in Victoria.

The COVID-19 emergency responses rolled out nationally demonstrated that purchased crisis accommodation can work well under some circumstances, including when: higher quality accommodation is used; the usual mutual obligation requirements (co-contributions and property search requirements) are relaxed; and services focused on assisting people into more permanent housing are adequately resourced.

Documenting and evaluating service models

There would be immense and immediate value in detailed documentation and systematic evaluation of different service models. Making findings of evaluations publicly available would facilitate sharing of best practice and learnings to support continuous improvement. There is a role for government in providing resources for such documentation and evaluation, as well as supporting a public platform where resources can be accessed (such as the former homelessness clearinghouse). The sector has an appetite for cross agency, cross program and cross sector learning, particularly in the face of more acute housing market crisis and the post-pandemic world.

Exit options

Crisis accommodation, and the specialist homelessness system more broadly, is hampered by the lack of suitable exit options for people experiencing homelessness. The lack of suitable exit options creates a range of issues including prolonging homelessness, exacerbating trauma, backlogs in the system, and exits to unsuitable and unsustainable accommodation or back to homelessness. The depth of our current crisis accommodation challenge around housing outcomes is reflected in the low percentage of people exiting crisis accommodation to long-term housing.

Interim measures that may help improve exit options out of crisis accommodation include increasing the rate of Centrelink payments and Commonwealth Rent Assistance to make private rental housing an affordable option. Private rental access programs and ongoing subsidies for private rental housing could also be interim solutions. However, considerable work is needed over and above all of these options to rapidly bring significant new supply of appropriate, affordable social and private rental housing to market, thereby increasing the pool of suitable exit options for those in crisis accommodation.

6.3 Final remarks

This research has documented a range of issues well known to those delivering crisis accommodation. However, these issues are not necessarily recognised, documented or understood beyond the sector. Crisis accommodation is an important part of the SHS sector and due to high demand will continue to play an important role into the future. We are hopeful that our findings from this comprehensive investigation into crisis accommodation will be of practical use to policy makers and service providers and improve the overall response for people accessing crisis accommodation and homelessness more broadly.

There are opportunities now to get things right: for the current system and, especially, a future system. Our findings outline what is needed for effective responses. These responses can and should be resourced. Crisis accommodation should be a system that meets people's immediate needs, with a view to securing people long-term stable housing as soon as possible. Ideally, crisis accommodation would be a 'supported throughput' model; working alongside people to support their move to longer-term housing with aligned support wrapped around them, with such support coming from *all* the sectors and sources needed, as quickly as possible. Crisis accommodation must be a high quality, flexible, efficient, short-term, rapid stabilisation and safety response.

Of course, the success of crisis accommodation as welfare and housing policy is highly dependent on the availability of exit options. Suitable long-term housing options must be resourced, including social housing, aged and disability-specific accommodation options, and affordable private rental. Dedicated responses for Aboriginal people are also needed. The supports needed for people to sustain their housing after homelessness when or if another crisis occurs or other issues arise, must also be available and accessible. While there is room for important improvements in our current crisis response, fundamentally, homelessness cannot be resolved without access to both long-term housing and support.

References

Aboriginal Housing Victoria (2020) *The Victorian Aboriginal Housing and Homelessness Framework Overview,* Aboriginal Housing Victoria, North Fitzroy, accessed 19 July 2023 https://www.vahhf.org.au/cms_uploads/docs/victorian-aboriginal-housing-and-homelessness-framework_overview_26_02_20.pdf.

ABS (2018) *Census of Population and Housing: Estimating homelessness, 2016, Cat. No 2049.0*, ABS, accessed 3 June 2018, http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/2049.0Main+Features12016?OpenDocument.

ABS (2023) Census of Population and Housing: Estimating homelessness, 2021, Cat. No 2049.0, ABS, accessed 21 April 2023, https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/2021.

ACT Government (2018) *ACT Housing Strategy,* ACT Government, Australian Capital Territory, Canberra.

Alves, T., Brackertz, N., Roggenbuck, C., Hayes, L., McGauran, R., Sundermann, K. and Kyneton, N. (2021) *Common Ground Housing Model Practice Manual*, prepared with MGS Architects, Mind Australia, Australian Housing and Urban Research Institute Limited, Melbourne.

Andrews, C. and McNair, R. (2020) *LGBTIQ+ Inclusive Practice Guide for Homelessness and Housing Sectors in Australia*, University of Melbourne, Melbourne.

Anglicare Australia (2022) *Rental affordability snapshot*. Anglicare Australia, Ainslie, ACT, Accessed 19 July 2023, https://www.anglicare.asn.au/publications/rental-affordability-snapshot-2022/.

Australian Institute of Health and Welfare (AIHW) (2019a) *People in short-term or emergency accommodation: a profile of Specialist Homelessness Services clients, cat. no. HOU 300,* AIHW, Canberra, https://www.aihw.gov.au/reports/homelessness-services/people-short-term-or-emergency-accommodation-shs/data.

Australian Institute of Health and Welfare (AIHW) (2019b) *Specialist Homelessness Services Collection Manual* July 2019, cat. no. HOU 313, AIHW, Canberra.

Australian Institute of Health and Welfare (AIHW) (2021) *Specialist homelessness services annual report 2020-21, cat. no. HOU 327,* AIHW, Canberra, https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/about.

Barnes, J. (2019) 'Redesigning crisis supported accommodation', *Parity,* vol. 32, no. 1: 15—16.

Barrett, S. (2012) 'Youth refuge: Towards diversity and specialisation?', *Parity,* vol. 25, no. 3: 38.

Barrett, S. and Cataldo, M. (2012) *No vacancy: Melbourne City Mission's best practice framework for youth refuge, including opportunities to improve youth refuges in Victoria,* Melbourne City Mission, Melbourne.

Barrow, S., McMullin, L., Tripp, J. and Tsemberis, S. (2007) 'Consumer Integration and Self-Determination in Homelessness Research, Policy, Planning, and Services', *Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research*, Washington, 1-2 March 2007, Department of Health and Human Services and the US Department of Housing and Urban Development, Washington, https://aspe.hhs.gov/sites/default/files/private/pdf/180416/report.pdf.

BC Housing (2017) *Shelter design guidelines,* BC Housing, Vancouver.

BC Housing (2021) *Design Guidelines for Women's Safe Homes, Transition Houses, Second Stage Housing, and Long-Term Rental Housing (update)*, BC Housing, Burnaby, BC.

Beer, A., Baker, E., Mallett, S., Batterham, D., Pate, A. and Lester, L. (2011) *Addressing Homelessness Amongst Persons with a Disability: Identifying and Enacting Best Practice, A FaHCSIA National Homelessness Research Project,* The University of Adelaide, Hanover Welfare Services, Melbourne City Mission, The University of Melbourne, Australia.

Berens, M. (2016) *Designing the built environment for recovery from homelessness: a review of research,* Design Resources for Homelessness, Tallahassee.

Black, C. (2014) *Homelessness, Learning From Those Who've Lived It: The PESP Evaluation,* Council to Homeless Persons, Melbourne, accessed 4 August 2022, https://chp.org.au/publication/homelessness-learning-from-those-whove-lived-it-the-pesp-evaluation/.

Blunden, H. and Drake, G. (2015) 'Homelessness, the "Housing First" Approach and the Creation of "Home"', in R. Dufty-Jones and R. Dallas (eds), *Housing in 21st Century Australia: People, Practices and Policies*, Routledge, Farnham, Surrey, UK: 205—220.

Bogenschutz, M.P., McCormack, R., Rapp, R., Meyers-Ohki, S., Mennenga, S.E., Regis, A., Kolaric, R., Glisker, R. and Greco, P.P. (2022) 'A randomized clinical trial of strengths-based case management to link emergency department patients to opioid use disorder treatment', *Journal of Substance Abuse Teatment,* vol. 138: 108745-108745, doi:10.1016/j.jsat.2022.108745.

Bollo, C. and Donofrio, A. (2021) 'Trauma-informed design for permanent supportive housing: four case studies from Seattle and Denver', *Housing and Society,* vol. ahead-of-print, no. ahead-of-print: 1—22, doi:10.1080/08882746.2021.1989570.

Bowers, P. H., Aguiniga, D. M., Reamer, D. and Reynolds, J. (2022) 'Homeless youth shelters and services for transgender and gender non-conforming (TGNC) clients: Results from a nationwide survey', *Journal of Gay & Lesbian Social Services,* vol. ahead-of-print, no. ahead-of-print: 1-15, doi:10.1080/10538720.2022.2072440.

Breckenridge, J., Hamer, J., Newton, B. J. and valentine, K. (2013) *Final evaluation report for long-term accommodation and support for women and children experiencing domestic and family violence, NSW Homelessness Action Plan extended evaluation,* Centre for Gender-Related Violence Studies and Social Policy Research Centre, UNSW, Sydney, https://www.housing.nsw.gov.au/__data/assets/pdf_file/0011/325478/LongTermAccommodation.pdf.

Brocious, H., Demientieff, L. and Erisman, M. (2022) 'Thawing out: Understanding adjustment to housing first through an ecological and trauma-informed lens', *Journal of Human Behavior in the Social Environment,* vol. 32, no. 1: 33—53, doi:10.1080/10911359.2020.1846652.

Bullen, J. E. (2010) *Governing Homelessness: The Discursive and Institutional Construction of Homelessness in Australia*, Doctor of Philosophy, University of Technology, Sydney.

Bunting, L., Montgomery, L., Mooney, S., MacDonald, M., Coulter, S., Hayes, D. and Davidson, G. (2019) 'Trauma Informed Child Welfare Systems-A Rapid Evidence Review', *International Journal of Environmental Research and Public Health,* vol. 16, no. 13: 2365, doi:10.3390/ijerph16132365.

Burns, V. F. (2016) 'Oscillating in and out of place: Experiences of older adults residing in homeless shelters in Montreal, Quebec', *Journal of Aging Studies,* vol. 39: 11—20, doi:10.1016/j.jaging.2016.08.001.

Busch-Geertsema, V., Edgar, W., O'Sullivan, E. and Pleace, N. (2010) *Homelessness and Homeless Policies in Europe: Lessons from Research (A Report prepared for the European Consensus Conference),* accessed 6 August 2022, https://www.feantsa.org/download/fea_020-10_en_final8900978964616628637.pdf.

Busch-Geertsema, V. and Sahlin, I. (2007) 'The Role of Hostels and Temporary Accommodation', *European Journal of Homelessness,* vol. 1: 67—93.

Carrington, A. and Mensinga, J. (2017) *Douglas House, supported housing services, practice model development and evaluation,* James Cook University, Cairns, https://researchonline.jcu.edu.au/48550/.

Casey, L. and Brennan, N. (2019) *Institute of Global Homelessness (Vanguard City) Support Visit Review, Adelaide Zero Project,* Institute of Global Homelessness and Don Dunstan Foundation, Adelaide, https://www.dunstan.org.au/wp-content/uploads/2019/09/IGH-Visit-Report-Feb-2019-FINAL.pdf.

Cash, R., O'Donnell, R., Varker, T., Armstrong, R., Di Censo, I., Zanatta, P., Murnane, A., Brophy, I. and Phelps, A. (2014) *The trauma and homelessness service framework,* report prepared by the Australian Centre for Post-traumatic Mental Health in collaboration with Sacred Heart Mission, Mind Australia, Inner South Community Health and VincentCare Victoria, Melbourne.

CatholicCare NT (2022) *Domestic and family violence services* , accessed 26 July 2022, https://www.catholiccarent.org.au/service-category/domestic-and-family-violence/.

Chamberlain, C., Johnson, G. and Theobald, J. (2007) *Homelessness in Melbourne: Confronting the Challenge,* Centre for Applied Social Research, RMIT University, Melbourne.

Clarke, A., Parsell, C. and Vorsina, M. (2020) 'The role of housing policy in perpetuating conditional forms of homelessness support in the era of housing first: Evidence from Australia', *Housing Studies,* vol. 35, no. 5: 954—975, doi:10.1080/02673037.2019.1642452.

Coffey, M. (2006) 'Whatever happened to the revolution?: Activism and the early days of youth refuges in NSW', *Parity,* vol. 19, no. 10: 23—25, doi:10.3316/informit.326141138137285.

Coffey, M. (2008) 'What Ever Happened to the (R)evolution?: Take 2 Revisiting Activism and the Early Days of Youth Refuges in NSW', *Undercurrent (N.S.W.),* vol. 1: 5—12, doi:10.3316/informit.976318462354399.

Commonwealth of Australia (2008) *The Road Home: A National Approach to Reducing Homelessness,* Commonwealth of Australia, Canberra.

Commonwealth of Australia (2017) *A New National Housing and Homelessness Agreement, Federal Budget Fact Sheet 1.7*, Commonwealth of Australia, Canberra, accessed 19 July 2017, http://www.budget.gov.au/2017-18/content/glossies/factsheets/download/FS_17_Housing_Affordability.pdf.

Coney, C. (2008) *Gill Memorial Home for Men*, accessed 6 August 2022, https://www.emelbourne.net.au/biogs/EM00640b.htm.

Coram, V., Lester, L., Tually, S., Kyron, M., McKinley, K., Flatau, P. and Goodwin-Smith, I. (2022) *Evaluation of the Aspire Social Impact Bond: Final Report,* Centre for Social Impact, Flinders University, Adelaide and Centre for Social Impact, University of Western Australia, Perth.

Coram, V., Tually, S., Cornell, V., Zufferey, C. and Lovell, F. (2020) *Forgotten Australians and the housing system,* The Australian Alliance for Social Enterprise, University of South Australia, Adelaide.

Department of Communities (Tas) (2015) *Tasmania's affordable housing strategy 2015—2019*, Tasmanian Government, Hobart.

Department of Communities and Justice (2018) *NSW Homelessness Strategy 2018—2023,* Department of Communities and Justice, NSW Government, Sydney, https://www.facs.nsw.gov.au/download?file=59051.

Department of Communities, Housing and Digital Economy (Qld) (2021) *Housing and homelessness action plan 2021—2025*, State of Queensland, Brisbane

Department of Health and Human Services (2018) *Victoria's homelessness and rough sleeping action plan,* Department of Health and Human Services, Melbourne, https://www.dhhs.vic.gov.au/sites/default/files/documents/201802/Rough%20Sleeping%20Action%20Plan_20180207.pdf.

Department of Health and Human Services (2020) *Legislative Council Standing Committee on Legal and Social Issues, Inquiry into Homelessness in Victoria, Submission 423,* Melbourne.

Department of Human Services (VIC) (2010) *A Better Place: Victorian Homelessness 2020 Strategy - New Directions to Reduce Homelessness in Victoria,* Victorian Government Department of Human Services, Melbourne.

Department of Local Government Housing and Community Development (NT) (2018) *Pathways out of Homelessness, Northern Territory Homelessness Strategy 2018—23*, NT Government, Darwin.

Department of Planning, Industry and Environment (NSW) (2021) *Housing 2041: NSW Housing strategy*, NSW Government, Sydney.

Dodd, R., Rodrigues, N., Sequeira, T. and Watkins, L. (2020) *Housing First Principles for Australia,* Homelessness Australia, Melbourne.

Donnelly, S. (2020) *Design guide for refuge accommodation for women and children,* UTS Shopfront at the Centre for Social Justice and Inclusion, Sydney.

Duff, C., Randall, S., Hill, N., Martin, C. and Martin, R. (2022) *Enhancing the coordination of housing supports for individuals leaving institutional settings, AHURI Final Report No. 379,* Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/379, doi:10.18408/ahuri5321001.

Dunkerley, S., Akin, B.A., Brook, J. and Bruns, K. (2021) 'Child Welfare Caseworker and Trainer Perspectives on Initial Implementation of a Trauma-Informed Practice Approach', *Journal of Child and Family Studies,* vol. 30, no. 4: 1082—1096, doi:10.1007/s10826-021-01935-1.

Ellis, R. (2016) 'All young people are refuge appropriate', *Parity,* vol. 29, no. 3: 36—37, doi:10.3316/informit.080884172457443.

Erebus Consulting Partners (2004) *National Evaluation of the Supported Accommodation Assistance Program (SAAP IV): Final Report (A Report to the SAAP National Coordination and Development Committee),* Commonwealth Department of Family and Community Services, Canberra, accessed 28 July 2022, https://web.archive.org/web/20050801000000/, http://www.facs.gov.au/internet/facsinternet.nsf/vIA/saap_iv/%24file/main_report.pdf.

Everyone Home Collective (n.d.) *Route-map 1 - ending the need for night shelter and hotel room provision,* Homeless Network Scotland, Glasgow, https://www.everyonehome.scot/pdf/route-map.pdf.

Farrell, J. (n.d.) *Trauma-informed design and the COTS shelters*, Committee on Temporary Shelter (COTS), https://cotsonline.org/wp-content/uploads/2020/04/Trauma-Informed-Design-at-COTS.pdf.

Faulkner, D., Verdouw, J., Cook, P., Tually, S., Liu, E., Judd, B., Barrie, H. and Coram, V. (2021) *Ageing well in public housing,* AHURI Final Report No. 369, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/369, doi:10.18408/ahuri3121701.

FEANTSA (2015) *Peer support: a tool for recovery in homelessness services, Policy Paper,* FEANTSA, Brussels, https://www.feantsa.org/download/peer_support_policy_paper29517235775484857776.pdf.

FEANTSA Participation Working Group (2013) *Participation Toolkit: Get a different result … get people participating!,* Glasgow Homelessness Network, Glasgow, accessed 4 August 2022, https://www.feantsa.org/en/toolkit/2013/10/19/participation-toolkit-get-a-different-resultget-people-participating?bcParent=27.

Flanagan, K., Levin, I., Tually, S., Varadharajan, M., Verdouw, J., Faulkner, D., Meltzer, A. and Vreugdenhil, A. (2020) *Understanding the experience of social housing pathways,* AHURI Final Report No. 324, Australian Housing and Urban Research Institute Limited, Melbourne, http://www.ahuri.edu.au/research/final-reports/324, doi:10.18408/ahuri-4118301.

Flatau, P., Lester, L., Seivwright, A., Teal, R., Dobrovic, J., Vallesi, S., Hartley, C. and Callis, Z. (2021) *Ending homelessness in Australia: an evidence and policy deep dive,* Centre for Social Impact, The University of Western Australia and the University of New South Wales, Perth, https://apo.org.au/node/315326, doi: 10.25916/ntba-f006.

Flatau, P., Zaretzky, K., valentine, k., McNelis, S., Spinney, A., Wood, L., MacKenzie, D. and Habibis, D. (2017) *Inquiry into funding and delivery of programs to reduce homelessness,* AHURI Final Report No. 279, Australian Housing and Urban Research Institute Limited, Melbourne, http://www.ahuri.edu.au/research/final-reports/279, doi:10.18408/ahuri-8209001.

Fogarty, W., Lovell, M., Langenberg, J. and Heron, M.J. (2018) *Deficit discourse and strengths-based approaches: changing the narrative of Aboriginal and Torres Strait Islander health and wellbeing,* The Lowitja Institute, Melbourne.

Fusco, R. A. (2019) 'Perceptions of Strengths-Based Child Welfare Practices among Mothers with Drug Use Histories', *Journal of Family Issues,* vol. 40, no. 17: 2478—2498, doi:10.1177/0192513X19859392.

Garvie, D. (2020) *Cashing in: how a shortage of social housing is fuelling a multimillion-pound temporary accommodation sector*, Shelter UK, London.

Gillis, K. and Gatersleben, B. (2015) 'A Review of Psychological Literature on the Health and Wellbeing Benefits of Biophilic Design', *Buildings,* vol. 5, no. 3: 948—963, doi:10.3390/buildings5030948.

Glendinning, F., Ramos Rodriguez, G., Newbury, A. and Wilmot, R. (2021) *Adverse childhood experience (ACE) and trauma-informed approaches in youth justice services in Wales: an evaluation of the implementation of the enhanced case management (ECM) project,* Bangor University, Wales.

Government of South Australia (2019) *Our Housing Future 2020—2030,* Government of South Australia, Adelaide.

Government of Western Australia Department of Communities (2020) *All Paths Lead to a Home: Western Australia's 10-Year Strategy on Homelessness 2020–2030,* Government of Western Australia, Perth, https://www.communities.wa.gov.au/media/2156/homelessness-strategy-final.pdf.

Grabowska, S., Holtzinger, C., Wilson, J., Rossbert, L., Macur, R. and Brisson, D. (2021) *Architectural principles in the service of Trauma Informed Design*, Shopworks Architecture, Center for Housing and Homelessness Research at the University of Denver, and Group 14 Engineering, Denver.

Grace, M., Gill, P. and Coventry, L. (2016) 'Case management, research evidence and homelessness services', in E. Moore (ed.) *Case Management: Inclusive Community Practice*, Oxford University Press: 479—498.

Grieder, M.A. and Chanmugam, A. (2013) 'Applying Environmental Psychology in the Design of Domestic Violence Shelters', *Journal of Aggression, Maltreatment & Trauma,* vol. 22, no. 4: 365—378, doi:10.1080/10926771.2013.775984.

Harding, D. (2019) 'Ozanam house: Looking back and looking forward', *Parity,* vol. 32, no. 1: 4—7.

Hartley, C., Barnes, E. and Writer, T. (2021) *More than temporary? An evaluation of the accommodation of people sleeping rough in inner city Sydney during the COVID-19 pandemic,* Centre for Social Impact, Sydney, https://www.csi.edu.au/research/project/more-than-temporary/.

Hassell (2014) *Future Directions in Design for Mental Health Facilities,* Hassell, Melbourne.

Heath, M. and Walsh, C.A. (2014) 'Shelter Design and Service Delivery for Women Who Become Homeless after Age 50', *Canadian Journal of Urban Research,* vol. 23, no. 1: 23—38.

Henderson, C., Everett, M. and Isobel, S. (2018) *Trauma-informed care and practice organisational toolkit (TICPOT): an organisational change process resource, stage 1 – planning and audit,* Mental Health Coordinating Council, Sydney.

Home in Place (2022) *Aboriginal Housing*, accessed 26 July 2022, https://homeinplace.org/aboriginal-housing/.

Homeless Link (2018) *The future hostel: the role of hostels in helping to end homelessness,* London, https://homeless.org.uk/facts/our-research/supported-housing-and-hostels.

Homelessness Working Group (2010a) *A National Quality Framework to support quality services for people experiencing homelessness: An Options Paper,* Australian Department of Families, Housing, Community Services and Indigenous Affairs, Canberra, https://www.dss.gov.au/sites/default/files/documents/05_2012/nqf_options_paper_0.pdf.

Homelessness Working Group (2010b) *A National Quality Framework to support quality services for people experiencing homelessness: Discussion paper,* Department of Families, Housing, Community Services and Indigenous Affairs (Australia), accessed 4 August 2022, https://apo.org.au/node/20549.

Huffman, T. (2018) 'Built community: architecture, community, and participation in a permanent supportive housing project', *Journal of Social Distress and Homeless,* vol. 27, no. 1: 44—52, doi:10.1080/10530789.2018.1445507.

Hulse, K., Reynolds, M., Nygaard, C., Parkinson, S. and Yates, J. (2019) *The supply of affordable private rental housing in Australian cities: short-term and longer-term changes*, AHURI Final Report No. 323, Australian Housing and Urban Research Institute Limited, Melbourne, http://www.ahuri.edu.au/research/final-reports/323, doi:10.18408/ahuri5120101.

Hulse, K. and Sharam, A. (2013) *Fighting for my family: a longitudinal study of families experiencing homelessness,* Swinburne Institute for Social Research, accessed 4 August 2022, https://apo.org.au/node/35272.

Human Rights and Equal Opportunity Commission (1989) *Our Homeless Children [The Burdekin Report],* AGPS, Canberra, accessed 1 August 2022, https://www.humanrights.gov.au/our-work/childrens-rights/publications/our-homeless-children.

Kaup, M., Gonyea, J. and Melekis, K. (2019) *Older persons experiencing homelessness: their perceptions and needs influencing supportive interior design and architecture,* Design Resources for Homelessness, Tallahassee, http://designresourcesforhomelessness.org/people-1/education/.

Kerman, N., Lem, M., Witte, M., Kim, C. and Rhoades, H. (2020) 'A Multilevel Intervention Framework for Supporting People Experiencing Homelessness with Pets', *Animals (Basel),* vol. 10, no. 10, doi:10.3390/anil0101869.

Kitchell, D. and Hearn, V. (2019) *Adolescents experiencing homelessness: their perceptions and needs influencing supportive interior design and architecture,* Design Resources for Homelessness, Tallahassee, http://designresourcesforhomelessness.org/people-1/education/.

Labrecque, J. and Walsh, C.A. (2011) 'Homeless Women's Voices on Incorporating Companion Animals into Shelter Services', *Anthrozoös,* vol. 24, no. 1: 79—95, 10.2752/175303711X12923300467447.

Launch Housing (2018) *Launch Housing Annual Report 2017-18*, Launch Housing, Melbourne, https://cms.launchhousing.org.au/app/uploads/2018/11/LHAnnualReport2018.pdf.

Lee, J.H. (2019) 'Integration of spirituality into the strengths-based social work practice: a transpersonal approach to the strengths perspective', *Journal of Sociology and Social Work,* vol. 7, no. 2: 25—35.

Leebeek, M., Curtis, D., Parkin, S., Coffey, M. and Clay, N. (2005) 'Places to go, places to grow: Youth shelters in the 21st century', *Parity,* vol. 18, no. 4: 4—6, doi:10.3316/informit.780772689590579.

Leishman, C., Aminpour, F., Baker, E., Beer, A., Crowe, A., Goodall, Z., Horton, E., Jacobs, K., Lester, L., Torchia, S., Maclennan, D., Martin, C., Nash, M., Pawson, H., Rowley, S., Stone, W. and Ong ViforJ, R. (2022) *Australia's COVID-19 pandemic housing policy responses,* AHURI Final Report No. 376, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/376, doi: 10.18408/ahuri3227801.

Littlewood, M., Bramley, G., Fitzpatrick, S. and Wood, J. (2017) *Eradicating 'Core Homelessness' in Scotland's Four Largest Cities: Providing an Evidence Base and Guiding a Funding Framework: A Report to Social Bite,* Social Bite, http://social-bite.co.uk/wp-content/uploads/2018/01/EradicatingCoreHomelessness.pdf.

Mabunji Aboriginal Resource Indigenous Corporation (2022) *Safe House*, accessed 26 July 2022, http://www.mabunji.com.au/site/safe-house/.

MacKenzie, D., Hand, T., Zufferey, C., McNelis, S., Spinney, A. and Tedmanson, D. (2020) *Redesign of a homelessness service system for young people*, AHURI Final Report 327, Australian Housing and Urban Research Institute Limited, Melbourne, http://www.ahuri.edu.au/research/final-reports/327, doi:10.18408/ahuri-5119101.

Mackie, P., Johnsen, S. and Wood, J. (2017) *Ending rough sleeping: what works? An international evidence review,* Crisis, London.

Mackie, P., Johnsen, S. and Wood, J. (2019) 'Ending Street Homelessness: What Works and Why We Don't Do It', *European Journal of Homelessness,* vol. 13, no. 1: 85—96.

MacLaren, M., Pencheva, P. and Macey, H. (2020) *Manifesto [Part 1] Emergency Homes for Young People, report edited and designed as part of the RIBA Research Grant 2019,* London, https://www.architecture.com/-/media/files/Education/Former-bursary-winners/Emergency-homes-for-young-people-manifesto.pdf.

Magwood, O., Leki, V. Y., Kpade, V., Saad, A., Alkhateeb, Q., Gebremeskel, A., Rehman, A., Hannigan, T., Pinto, N., Sun, A. H., Kendall, C., Kozloff, N., Tweed, E. J., Ponka, D. and Pottie, K. (2019) 'Common trust and personal safety issues: A systematic review on the acceptability of health and social interventions for persons with lived experience of homelessness', *PloS one,* vol. 14, no. 12: e0226306-e0226306, doi:10.1371/journal.pone.0226306.

Mahon, D. (2021) 'Servant leadership informed trauma peer support', *Mental Health and Social Inclusion,* vol. 25, no. 4: 366—377, doi:10.1108/MHSI-06-2021-0029.

Maki, K. (2020) *Breaking the Cycle of Abuse and Closing the Housing Gap: Second Stage Shelters in Canada,* Women's Shelters Canada, Ottawa, https://endvaw.ca/wp-content/uploads/2020/09/Second-Stage-Shelters-Full-Report.pdf.

Mallett, S., Bentley, R., Baker, E., Mason, K., Keys, D., Kolar, V. and Krnjacki, L. (2011) *Precarious Housing and Health Inequalities: What are the Links? Summary report,* Hanover Welfare Services, University of Melbourne, University of Adelaide, Melbourne City Mission, Australia.

Martin, C., Reeve, R., McCausland, R., Baldry, E., Burton, P., White, R. and Thomas, S. (2021) *Exiting prison with complex support needs: the role of housing assistance,* AHURI Final Report No. 361, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/361, doi:10.18408/ahuri7124801.

Martin, R., Cordier, C., Jau, J., Randall, S., Thoresen, S., Ferrante, A., Chavulak, J., Morris, S., Mendes, P., Liddiard, M., Johnson, G. and Chung, D. (2021) *Accommodating transition: improving housing outcomes for young people leaving OHC*, AHURI Final Report No. 364, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/finalreports/364, doi:10.18408/ahuri8121301.

Mason, C., Moran, M. and Earles, A. (2020) *Policy coordination and housing outcomes during COVID-19,* AHURI Final Report No. 343, Australian Housing and Urban Research Institute, Melbourne, https://www.ahuri.edu.au/research/final-reports/343, doi:10.18408/ahuri5125801.

May, J., Cloke, P. and Johnsen, S. (2006) 'Shelter at the margins: New Labour and the changing state of emergency accommodation for single homeless people in Britain', *Policy and Politics,* vol. 34, no. 4: 711—729, 10.1332/030557306778553150.

Mazuch, R. (2017) 'Salutogenic and Biophilic Design as Therapeutic Approaches to Sustainable Architecture', *Architectural Design,* vol. 87, no. 2: 42—47, doi:10.1002/ad.2151.

McDonald, S. (2020) 'A house is not a home', *Parity,* vol. 33, no. 3: 60—61, doi:10.3316/informit.322816245674767.

McFee and Associates and Sydney Women's Homeless Alliance (2017) *Older women's studio development project,* Mercy Foundation, Wollstonecraft NSW, https://www.mercyfoundation.com.au/wp-content/uploads/2017/07/GEH369-Research-report-Final-Older-Womens-Housing.pdf.

McMordie, L. (2021) 'Avoidance strategies: stress, appraisal and coping in hostel accommodation', *Housing Studies,* vol. 36, no. 3: 380—396, doi:10.1080/02673037.2020.1769036.

Meecham, K. (2019) 'What Sets Specialist Family Violence Crisis Accommodation Apart From Crisis Accommodation in General?', *Parity,* vol. 32, no. 1: 21—22.

Memmott, P., Birdsall-Jones, C. and Greenop, K. (2011) *Why are special services needed to address Indigenous homelessness?,* Institute for Social Science Research, The University of Queensland, Under the National Homelessness Research Partnership with the Department of Families, Housing, Community Services and Indigenous Affairs, Queensland, https://apo.org.au/node/30562.

Melbourne Citymission (2021) *MCM healing oriented practice guide*. Melbourne Citymission, Melbourne.

Mitchell, G., Pollock, S. and Farquhar, P. (2009) *No Vacancy: Wesley Crisis Accommodation Service Evaluation Study Report,* Wesley Mission Melbourne.

Moledina, A., Magwood, O., Agbata, E., Hung, J. H., Saad, A., Thavorn, K. and Pottie, K. (2021) 'A comprehensive review of prioritised interventions to improve the health and wellbeing of persons with lived experience of homelessness', *Campbell Systematic Reviews,* vol. 17, no. 2: n/a, doi:10.1002/cl2.1154.

Mottet, L. and Ohle, J. (2006) 'Transitioning Our Shelters: Making Homeless Shelters Safe for Transgender People', *Journal of Poverty,* vol. 10, no. 2: 77—101, doi:10.1300/J134v10n02_05.

Munthe-Kaas, H. M., Berg, R. C. and Blaasvær, N. (2018) 'Effectiveness of interventions to reduce homelessness', Report from the Norwegian Institute of Public Health No. 2016-02, *Campbell Systematic Reviews,* vol. 14, doi:10.4073/csr.2018.3.

Myeza, O. (2020) 'The need for more purpose-designed specialist youth refuges in growth corridors', *Parity,* vol. 33, no. 3: 49—50, doi:10.3316/informit.322648548933443.

Noongar Mia Mia (2021) *Why Aboriginal homelessness needs a cultural approach,* Noongar Mia Mia, Perth, https://noongarmiamia.com.au/wp-content/uploads/2022/02/Why-Aboriginal-Homelessness-Needs-A-Cultural-Approach.pdf.

Northern Territory Government, Office of Women's Policy (1995) *Aboriginal Family Violence. Occasional Paper No 12. A Report to the Northern Territory Government (Eileen Cummings and Mai Katona),* Government Printer, Darwin.

NOUS Group (2018) *Service design support for Crisis Supported Accommodation,* The Department of Health and Human Services, Melbourne.

Nowicki, M., Brickell, K. and Harris, E. (2019) 'The hotelisation of the housing crisis: Experiences of family homelessness in Dublin hotels', *The Geographical Journal,* vol. 185, no. 3: 313—324, doi:10.1111/geoj.12307.

NWHN (2019) *A crisis in crisis: the appalling state of emergency accommodation in Melbourne's north and west,* North and West Homelessness Networks, Melbourne.

Pable, J. (2012) 'The Homeless Shelter Family Experience: Examining the Influence of Physical Living Conditions on Perceptions of Internal Control, Crowding, Privacy, and Related Issues', *Journal of Interior Design,* vol. 37, no. 4: 9—37, doi:10.1111/j.1939-1668.2012.01080.x.

Pable, J. (2013) 'Case Study Methodology and Homelessness Research', *Journal of Systemics, Cybernetics and Informatics,* vol. 11, no. 7: 70—73.

Pable, J. (2019) *The Booth Centre. Case Study Series 05*, Design Resources for Homelessness, Tallahassee.

Pable, J. (2021a) 'Frameworks', in J. Pable, Y. McLane and L. Trujillo (eds), *Homelessness and the Built Environment: Designing for Unhoused Persons*, Taylor & Francis Group, Milton, UK: 119—136.

Pable, J. (2021b) 'Theory', in J. Pable, Y. McLane and L. Trujillo (eds), *Homelessness and the Built Environment: Designing for Unhoused Persons*, Taylor & Francis Group, Milton, UK: 96-117.

Pable, J. and Ellis, A. (n.d.) *Trauma-informed design: definitions and strategies for architectural implementation,* Design Resources for Homelessness, Tallahassee.

Pable, J. and McLane, Y. (2021) 'Design Considerations', in J. Pable, Y. McLane and L. Trujillo (eds), *Homelessness and the Built Environment: Designing for Unhoused Persons*, Taylor & Francis Group, Milton, UK: 138—167.

Pable, J., McLane, Y. and Trujillo, L. (2021) *Homelessness and the Built Environment: Designing for Unhoused Persons*, Taylor & Francis Group, Milton.

Parsell, C., Clarke, A. and Kuskoff, E. (2020) 'Understanding responses to homelessness during COVID-19: an examination of Australia', *Housing Studies,* vol. 38, no. 1, doi:10.1080/02673037.2020.1829564.

Pawson, H., Martin, C., Thompson, S. and Aminpour, F. (2021) *COVID-19: rental housing and homelessness policy impacts, ACOSS/NSW Poverty and Inequality Partnership Report No. 12*, ACOSS/UNSW, Sydney.

Pearson, D., Tually, S., Faulkner, D. and Goodwin-Smith, I. (2021) *Aboriginal mobility data project, final report,* The Australian Alliance for Social Enterprise, University of South Australia, Adelaide.

Pencheva, P., MacLaren, M. and Macey, H. (2020a) *Leading by Example [Part 2] Emergency Homes for Young People, report edited and designed as part of the RIBA Research Grant 2019,* London, https://www.architecture.com/-/media/files/Education/Former-bursary-winners/Emergency-homes-for-young-people-leading-by-example.pdf.

Pencheva, P., MacLaren, M. and Macey, H. (2020b) *Recommendations [Part 3] Emergency Homes for Young People, report edited and designed as part of the RIBA Research Grant 2019,* London, https://www.architecture.com/-/media/files/Education/Former-bursary-winners/Emergency-homes-for-young-people-recommendations.pdf.

Phillips, D. and Kuyini, A.B. (2018) 'Consumer participation at Specialist Homelessness Services: Do the homeless have a say in the services they receive?', *International Social Work,* vol. 61, no. 6: 1095—1115, doi:10.1177/0020872817695644.

Phipps, C., Seager, M., Murphy, L. and Barker, C. (2017) 'Psychologically informed environments for homeless people: resident and staff experiences', *Housing, Care and Support,* vol. 20, no. 1: 29—42, doi:10.1108/HCS-10-2016-0012.

Pleace, N., Baptista, I., Benjaminsen, L. and Busch-Geertsema, V. (2019) *The Regulation and Quality of Homelessness Services (EOH Comparative Studies on Homelessness 9)*, European Observatory on Homelessness, Brussels.

Pope, N. D., Buchino, S. and Ascienzo, S. (2020) '"Just like Jail": Trauma Experiences of Older Homeless Men', *Journal of Gerontological Social Work,* vol. 63, no. 3: 143—161, doi:10.1080/01634372.2020.1733727.

Purtle, J. (2020) 'Systematic Review of Evaluations of Trauma-Informed Organizational Interventions That Include Staff Trainings', *Trauma, Violence, & Abuse,* vol. 21, no. 4: 725—740, doi:10.1177/1524838018791304.

Ritchie, C. (2015) 'Prevent rough sleeping; create a psychologically informed environment', *Therapeutic Communities,* vol. 36, no. 1: 36—42, doi:10.1108/TC-12-2014-0039.

Rollings, K. A. and Bollo, C. S. (2021) 'Permanent Supportive Housing Design Characteristics Associated with the Mental Health of Formerly Homeless Adults in the US and Canada: An Integrative Review', *International Journal of Environmental Research and Public Health,* vol. 18, no. 18: 9588, doi:10.3390/ijerph18189588.

Rural Housing Network and HomeGround Services (2008) *Consumer Participation Resource Kit for housing and homelessness services,* Council to Homeless Persons, Melbourne, accessed 4 August 2022, https://web.archive.org/web/20090624014534/http://www.chp.org.au/public_library/cpkit/index.shtml.

Rutledge, K. (2019a) *Families and the built environment: their perceptions and needs when experiencing homelessness,* Tallahassee, http://designresourcesforhomelessness.org/people-1/education/.

Rutledge, K. (2019b) *Victims of domestic violence experiencing homelessness: their perceptions and needs influencing architectural support*, Design Resources for Homelessness, Tallahassee.

SA Housing Authority (2020) *Future directions for homelessness, South Australia's Homelessness Alliance*.

SAMHSA (2014) *SAMHSA's concept of trauma and guidance for a trauma-informed approach,* Substance Abuse and Mental Health Services Administration, Rockville, MD, https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf.

Samms, J. (2022) *Aboriginal Homelessness: An Aboriginal Cultural Safety Framework for the Specialist Homelessness Sector,* Council to Homeless Persons, Collingwood, https://chp.org.au/publication/an-aboriginal-cultural-safety-framework-for-the-specialist-homelessness-sector/.

Schütz, C., Choi, F., Jae Song, M., Wesarg, C., Li, K. and Krausz, M. (2019) 'Living With Dual Diagnosis and Homelessness: Marginalized Within a Marginalized Group', *Journal of Dual Diagnosis,* vol. 15, no. 2: 88—94, doi:10.1080/15504263.2019.1579948.

Share, M. (2020) 'Housing, food and dignity: the food worlds of homeless families in emergency accommodation in Ireland', *Journal of Social Distress and Homeless,* vol. 29, no. 2: 137—150, doi:10.1080/10530789.2019.1677065.

Shopworks Architecture, Group 14 Engineering and University of Denver Center for Housing and Homelessness Research (2020) *Designing for healing, dignity, & joy: promoting physical health, mental health, and wellbeing through a trauma-informed approach to design,* https://shopworksarc.com/wp-content/uploads/2020/06/Designing_Healing_Dignity.pdf.

Smith, D. and Karol, E. (2019) 'An accommodation design matrix to assist the provision of supportive accommodation for people with altered cognitive functioning', *Design for Health (Abingdon, England),* vol. 3, no. 2: 261—282, doi:10.1080/24735132.2019.1641398.

Sobolewska, A., Byrne, A.L., Harvey, C.L., Willis, E., Baldwin, A., McLellan, S. and Heard, D. (2020) 'Person-centred rhetoric in chronic care: a review of health policies', *Journal of Health Organization and Management,* vol. 34, no. 2: 123—143, doi:10.1108/JHOM-04-2019-0078.

Spinney, A. (2012) *Reducing the need for women and children to make repeated use of refuge and other crisis accommodation,* Swinburne Institute for Social Research, Swinburne Institute of Technology, Melbourne.

Spinney, A., Beer, A., MacKenzie, D., McNelis, S., Meltzer, A., Muir, K., Peters, A. and valentine, k. (2020) *Ending homelessness in Australia: A redesigned homelessness service system*, AHURI Final Report No. 347, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/finalreports/347, doi:10.18408/ahuri5119001.

Steele Gray, C., Grudniewicz, A., Armas, A., Mold, J., Im, J. and Boeckxstaens, P. (2020) 'Goal-Oriented Care: A Catalyst for Person-Centred System Integration', *International Journal of Integrated Care,* vol. 20, no. 4: 8, doi:10.5334/ijic.5520.

Stone, W., Power, E., Tually, S., James, A., Faulkner, D., Goodall, Z. and Buckle, C. (2021) *Housing and housing assistance pathways with companion animals: risks, costs, benefits and opportunities,* AHURI Final Report No. 350, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/350, doi:10.18408/ahuri5121601.

Sundborg, S. A. (2019) 'Knowledge, Principal Support, Self-Efficacy, and Beliefs Predict Commitment to Trauma-Informed Care', *Psychological Trauma,* vol. 11, no. 2: 224—231, doi:10.1037/tra0000411.

TACSI (2016) *Crisis supported accommodation: client insights, Discovery Report for the Department of Health and Human Services,* The Australian Centre for Social Innovation, Melbourne.

Thorpe, E. (2008) *The Role of Housing and Pathways into and out of Homelessness: Annual Theme 2008: Housing and Homelessness European Report,* FEANTSA, Brussels, accessed 6 August 2022, https://www.feantsa.org/download/08_european_report_feantsa_housing_final_en8836616037029374941.pdf.

Tually, S., Coram, V., Faulkner, D., Barrie, H., Sharam, A., James, A., Lowies, B., Bevin, K., Webb, E., Hodgson, H. and Cebulla, A. (2022) Alternative housing models for precariously housed older Australians, AHURI Final Report No. 378, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/ research/final-reports/378, doi: 10.18408/ahuri3225201.

Tually, S., Faulkner, D., Cutler, C. and Slatter, M. (2008) *Women, Domestic and Family Violence and Homelessness: A Synthesis Report,* Flinders Institute for Housing, Urban and Regional Research, Adelaide, accessed 26 July 2022, https://apo.org.au/sites/default/files/resource-files/2008-11/apo-nid3247.pdf.

Tually, S. and Goodwin-Smith, I. (2019) *Known, Housed. Supported: Aligning housing to the needs of people on the Adelaide Zero Project By-Name List: data, considerations and implications, report for AnglicareSA and the Aligned Housing Working Group, Adelaide Zero Project,* The Australian Alliance for Social Enterprise, UniSA Business School, University of South Australia, Adelaide.

Tually, S. and Goodwin-Smith, I. (2020) *Better understanding the people on the Adelaide Zero Project's By-Name List, The evidence on acuity and inflows from the September 19 2019 By-Name List data capture,* The Australian Alliance for Social Enterprise, UniSA Business School, University of South Australia, Adelaide.

Tually, S., McKinley, K. and Coram, V. (2021) *A place to call home: sustaining housing options for people moving on from rough sleeping, UniSA Research Themes Investment Scheme (RTIS) 2019 project report,* The Australian Alliance for Social Enterprise, University of South Australia, Adelaide.

Tually, S., Tedmanson, D., Habibis, D., McKinley, K., Akbar, S., Chong, A., Deuter, K. and Goodwin-Smith, I. (2022) *Urban Indigenous homelessness: much more than housing,* AHURI Final Report No. 383, Australian Housing and Urban Research Institute Limited, Melbourne, http://www.ahuri.edu.au/research/final-reports/383, doi:10.18408/ahuri3222701.

US Department of Veterans Affairs (2021) *Design Guide for Inpatient Mental Health & Residential Treatment Program Facilities,* US Department of Veterans Affairs, Washington DC.

valentine, k., Cripps, K., Flanagan, K., Habibis, D., Martin, C. and Blunden, H. (2020) *Inquiry into integrated housing support for vulnerable families*, AHURI Final Report 339, Australian Housing and Urban Research Institute, Melbourne, https://www.ahuri.edu.au/research/final-reports/339, doi:10.18408/ahuri7116001.

Verderber, S., Breeze, G. and Rodney, D. (2011) 'LEED and the design/build experience: a shelter for homeless families returning to post-Katrina New Orleans', *ArchNet-IJAR,* vol. 5, no. 1: 55.

VincentCare (2022a) *Our history*, accessed 6 August 2022, https://vincentcare.org.au/about-us/history/.

VincentCare (2022b) *Ozanam House accommodation and homelessness resource centre*, accessed 23 January 2023, https://vincentcare.org.au/our-services/ozanam-house/.

Vindis, N. (2006) 'Rethinking models of service delivery for young people', *Parity,* vol. 19, no. 2: 27, doi:10.3316/informit.332420449451298.

Walshe, S. (2019) 'The crises within crisis accommodation', *Parity,* vol. 32, no. 1: 28.

Wanamaker, K. A., Jones, N. J. and Brown, S. L. (2018) 'Strengths-Based Assessments for Use with Forensic Populations: A Critical Review', *International Journal of Forensic Mental Health,* vol. 17, no. 2: 202—221, doi:10.1080/14999013.2018.1451414.

Watts, B. and Blenkinsopp, J. (2022) 'Valuing Control over One's Immediate Living Environment: How Homelessness Responses Corrode Capabilities', *Housing, Theory, and Society,* vol. 39, no. 1: 98—115, doi:10.1080/14036096.2020.1867236.

Watts, B., Littlewood, M., Blenkinsopp, J. and Jackson, F. (2018) *Temporary accommodation in Scotland: final report,* Social Bite, Edinburgh, https://researchportal.hw.ac.uk/en/publications/temporary-accommodation-in-scotland-final-report.

Weeks, W. and Oberin, J. (2004) *Women's refuges, shelters, outreach and support services in Australia: from Sydney squat to complex services, challenging domestic and family violence,* WESNET, accessed 26 July 2022, https://wesnet.org.au/wp-content/uploads/2017/03/Weeks-Oberin-2004-web.pdf.

Weightman, A.L., Kelson, M. J., Thomas, I., Mann, M.K., Searchfield, L., Hannigan, B., Smith, R.J., Willis, S. and Cordiner, R. (2022) 'PROTOCOL: Exploring the effect of case management in homelessness per components: A systematic review of effectiveness and implementation, with meta-analysis and thematic synthesis', *Campbell Systematic Reviews,* vol. 18, no. 1: n/a, doi:10.1002/cl2.1220.

Appendix 1: Case studies

Adults

Spectrum Apartments, Mission Australia Inner City Sydney Homelessness Service, Sydney (New South Wales)

Spectrum Apartments provides crisis accommodation for adult men and is co-located with a range of services including an assertive outreach team and a community centre hub known as the Cooinda hub in the Mission Australia Centre in Inner Sydney.

The 32 bed facility is arranged into four apartments each with eight bedrooms (total 32 beds), shared facilities and a case management office. Stays at Spectrum Apartments are not time limited and average around six months, with some people staying for 12 months. In the most recent financial year, 42 men were accommodated, but this was significantly reduced due to COVID-19, with 70 to 80 men staying in an average year. Paid staff are on-site 24/7, with case managers available during business hours.

Referrals come from a variety of places including Link2Home, rehabilitation services and mental health wards and services. Self-referrals are also accepted. An intake assessment is conducted to ensure that the service is the right fit and that residents want to engage in the wraparound support offered.

The service offers a living skills program. Within each of the apartments, there is a roster for cooking shared meals and cleaning with weekly residents' meetings. The Cooinda centre, which is also open to the public and relies heavily on skilled volunteers, provides a wide variety of services on-site including: counsellors (individual and group programs), legal services, Centrelink outreach, yoga, tai chi, meditation, art class and on-site Technical and Further Education (TAFE) and university courses. It provides a range of health services including a visiting dental clinic, chiropractors, dieticians, a partnership with a hospital, visiting liver clinic, monthly nurse clinic, and a fortnightly on-site psychiatrist visit. A chaplain also visits weekly. Service offerings change somewhat in response to demand. When needed, residents are also referred on to other specialist services.

The service uses an assertive case management model and a trauma-informed approach. While they make appointments, case managers have an open door policy to allow engagement as clients need. It's about:

> *… meeting clients where they are at. Standing next to them, with them, to support them on their journey. It's about giving them choice and empowering them to make decisions about what's next for them. (Stakeholder)*

The service aims to 'give people the tools and skills they need to move on from here and to give them a sustainable future and look after themselves' (Stakeholder).

Spectrum Apartments have supported Aboriginal, CALD and gender diverse clients and refer these clients on to specialist services as needed. They also regularly review their processes to ensure continuous improvement.

Key things that make the service innovative and unique are the lack of time limit on stays and the focus on building living skills and independence. Because the site runs multiple services, people can also come back to access support after they have moved out. 'We want them to come back to us but as a visitor, not as a client. That's the goal, getting them to that point' (Stakeholder).

Predominately, people exit into transitional housing and then social housing. Some move back to existing households, while some exit to private rental housing. However, this is uncommon as most cannot afford this with income support as their main source of income.

Source: Stakeholder interviews. For more information see: https://www.missionaustralia.com.au/servicedirectory/211-homelessness/inner-city-sydney-homelessness-service-mission-australia-centre-mac

Safe Shelter, Canberra (Australian Capital Territory)

Canberra can experience temperatures as low as -7ºC overnight during winter, making sleeping out particularly uncomfortable and unhealthy. From 2013 until the COVID-19 pandemic, Safe Shelter has opened churches and halls in Canberra's inner north to up to nine men per night seeking a bed. Safe Shelter operated for up to half the year (around April to October). It provided free, basic, warm overnight emergency accommodation on a first-come-first-served basis. There were toilets and warm drinks available at Safe Shelter, with showers and free breakfast offered nearby at Uniting Care's Early Morning Centre. Local businesses also assisted by providing breakfast vouchers for guests.

Safe Shelter operated seven nights per week but rotated between several different locations. The Shelter opened nightly at 7pm and closed when at capacity or at 10pm, which was lights out or quiet time. Until then, guests could watch television, play cards or chess, or chat amongst themselves and with the volunteers on duty. Guests had to leave the venue by 7am the next morning. Safe Shelter required guests to be respectful and contribute to a safe atmosphere, but it was a low barrier service in terms of referral and paperwork requirements.

Safe Shelter received no government funding; it was community and church run with the support of volunteers and donations. In 2019, Safe Shelter provided 1,271 bed nights with the help of 134 volunteers but was forced to close in 2020 as it could not implement a COVID-safe plan in its confined spaces. Ainslie Lodge (formerly known as the Winter Lodge) provides overnight accommodation for men as part of the ACT Government's COVID-19 response.

Safe Shelter is not currently operating and has no reopening date listed. A statement on its website (no longer available) recognised that basic overnight accommodation is a short-term solution for people experiencing homelessness – providing a warm, safe night's accommodation and social connection as a step toward improved circumstances.

For more information see: https://www.canberratimes.com.au/story/6223641/a-kind-of-ptsd-what-its-like-sleeping-rough-in-canberra/2019.

Launch Housing Southbank, Melbourne (Victoria)

Launch Housing's Southbank crisis supported accommodation service (CSAS) is one of three large congregate crisis accommodation centres in the central business district (CBD) of Melbourne. The facility has 51 beds and, unlike the other two CSAS in Melbourne, accommodates single adult men, as well as women and has two couples rooms. Pets can sometimes also be accommodated.

In the 2020—21 financial year, the service accommodated 112 people, down from the 382 it accommodated pre-COVID-19 in 2017—18 (Launch Housing 2018). This reduction was because the facility requires two people to share a bathroom and capacity was reduced during COVID-19 so that each person could have their own bathroom for safety reasons. Further, clients were not exited during the long lockdowns and so fewer people could enter the service.

> *The aim is to stabilise a person's immediate housing crisis and support the pathway to stable accommodation while providing specialised services and supports that clients will benefit from in the long-term (Stakeholder).*

People can stay for eight to 10 weeks and the service takes a trauma-informed and strengths-based approach to case management. A wide range of services is provided on-site for residents including an AOD support team, two community health nurses, an occupational therapist, peer support workers, a funded wellbeing program, and the Enhance Engagements Program (EEP) for clients with complex needs where support stays with the clients for up to two years following their stay at Southbank. The site provides the support component of a transitional housing program and has the Homeless Outreach Psychiatric Service (HOPS) visit regularly to support clients and provide staff with additional support and training around mental health.

The service is run by paid staff and managers but draws on volunteers to support the wellbeing program.

The service is staffed 24 hours with case management provided during business hours. A separate operations team support the operation of the facility and provide support after hours. Exit options are difficult to find, with many clients exiting to boarding houses. The suitability of the type of accommodation is variable as the quality and amenity of boarding houses is very variable. Clients also exit to private rental, transitional housing and community housing. Exits straight into public housing are rare given extended wait times to access this housing option.

Source: Stakeholder interviews. For more information see: https://www.launchhousing.org.au/homelessness-services/crisis-accommodation/southbank-crisis-accommodation

Launch Housing, East St Kilda women's service, Melbourne (Victoria)

Located in East St Kilda not far from the CBD, the women's service has 15 units available to single women, including pregnant and gender diverse women. However, no children are allowed on-site. Ten of these units are fully self-contained at the back of the block, while two rooms with their own bathrooms are located in the main house, along with a further three rooms with shared facilities.

The service draws on trauma-informed care and feminist approaches in its approach to case management with stays ranging from eight to 10 weeks.

In the 2020—21 financial year, the service provided crisis accommodation to 65 women, around half of its usual capacity in previous years (136 in 2017—18). This was due to COVID-19 and the longer stays provided during extended lockdowns.

A transitional support program also runs from the site and provides support to women in transitional housing as well as medium-term housing at a women's only rooming house. A wellbeing program is provided on-site but is unfunded and relies heavily on volunteers. A General Practitioner (GP), mental health nurse, and legal support services all make regular weekly visits to the site to provide support for clients.

The service is run by paid staff with support from volunteers for reception duties and the wellbeing program. While the service operates 24/7, case management support is only available during business hours with one staff member providing support as necessary after hours.

Exit options are difficult to find and many exits are to boarding houses. Clients may also exit to private rental, transitional housing, community housing and rarely public housing (given the long wait times). In some ways exits to transitional housing are preferred as this means the service can continue to provide ongoing support to women (through its transitional support program) as they move toward long-term stable housing.

Source: Stakeholder interviews. For more information see: https://www.launchhousing.org.au/homelessness-services/crisis-accommodation/east-st-kilda-crisis-accommodation.

Youth

Youth Family and Community Connections, Crisis Accommodation Support Service, Tasmania

The Youth Family and Community Connections (YFCC) Crisis Accommodation Support Service provides crisis and transitional accommodation for young people aged 13—21 who are homeless or at-risk of homelessness in Devonport and Cooee near Burnie, Tasmania. The service has 14 crisis beds in two large houses and young people share bedrooms. The service also has 25 transitional properties. While people can access the service via the centralised access point—Housing Connect—the service also accepts referrals directly from other services and self-referrals.

The service aims to 'provide young people with the support and resources to develop their skills and knowledge to assist them to break or prevent the cycle of homelessness.' The service is staffed 24/7 by case managers who can provide support around the clock. The service also uses peer support workers to support engagement and feedback processes.

In the 2020—21 financial year, 52 young people were accommodated in crisis accommodation. Another 50 were accommodated in transitional accommodation. The service draws on advantage thinking, trauma-informed and strengths-based approaches and uses motivational interviewing and a coaching approach to shape its case management framework. 'The view of the Services is that young people are their own experts and we only accompany them for part of their journey.'

A range of services is either located on-site or visit regularly including: AOD, family support services, employment services, disability support, family mediation, mental health, LGBTIQI+ services, sexual assault support, family violence and transitional support services. Upon exit, young people are connected to a range of external services as needed including AOD services, mental health services, GPs, private rental support services, brokerage services, education providers, employment services, training providers, disability service providers and the National Disability Insurance Scheme (NDIS), youth justice and community corrections providers.

To ensure a culturally appropriate and nuanced response, YFCC has formal agreements with Aboriginal, multicultural and LGBTIQI+ organisations. All staff are required to undertake cultural awareness training and policies and procedures are reviewed with a culturally sensitive lens while seeking the input of peer workers, clients and other stakeholders. The organisation also employs staff who identify as Aboriginal or LGBTQI+.

When asked what was unique about the service, a representative explained:

> *Our service is unique as it offers integrated accommodation, tenancy management and case management in the one model. Having the tenancy management delivered internally provides young people with the opportunity to manage their first tenancies in a supported environment which focuses on building living skills and ensuring young people are engaged with education, training or employment. This also allows the Youth Coaches and Tenancy Manager to work in conjunction to ensure the young people have developed all the skills and knowledge to manage any future tenancies well and in line with the expectations of any future landlords. The services not only focus on accommodation they take a 'whole of life' perspective which gives the young people the opportunity to improve their situations in a supported environment across all life domains. (Stakeholder)*

Young people exit the service to a range of living situations including: social housing, private rental, returning to their family of origin, or staying with extended family.

Source: Stakeholder interviews. For more information see: https://yfcc.com.au/what-we-do/accommodation-services/.

youth110, Adelaide (South Australia)

youth110 is a youth-specific crisis accommodation service provided by St John's Youth Services in Adelaide in partnership with Believe Housing Australia (formerly AnglicareSA Housing) (a state-wide community housing provider) and the SAHA. The service is available to singles, couples, single parents, young families and siblings aged 16—21. Accommodation consists of 30 self-contained apartments (47 beds with capacity for additional cots for infants) over four floors of a mixed housing tenure building in the city centre. The service allowed St John's to move away from its congregate model of service delivery for young people in the inner city (c. 2012). Youth110 is an 'apartment-based crisis service … co-located in a mixed tenure residential building' (SJYS Annual Report 2021), as well as the first to offer support to young single fathers. It is also Adelaide's only youth crisis accommodation facility.

In high quality apartment-based accommodation, youth110 enables a crisis response that provides dignity, confidence, and a tangible experience of independent living. It also provides on-site support to nurture the aspirations that the high quality accommodation inspires. SJYS developed the service model and tailored support programs for a world-first approach to transform the way we respond to young people experiencing homelessness. This is the world's first crisis accommodation service to be co-located within a mixed tenure residential tower that also houses people in community housing, private tenants in investment properties, and owner occupiers (SJYS Annual Report 2021: 6).

In addition to the apartments, St John's and youth110 maintain office space on-site and operate 24 hour care and case management support. Young people are supported to work toward and achieve their individual goals for study and employment, stabilise their mental wellbeing and improve their living and tenancy management skills and understanding. The service takes an 'empowering and therapeutic approach' to supporting young people, which also includes linking young people to external supports and services as needed.

As a crisis response the duration of a young person's stay is initially three months. However, the length of stay may be varied according to the needs of each person who is 'maintaining their strength to drive for a successful future'. While there is no set time for the maximum length a young person can stay, youth110 will provide support until a young person can secure their next place. During the COVID-19 pandemic the average length of stay at youth110 extended from what was a relatively standard two and half months pre-pandemic to three and half months (SJYS Annual Report 2021). In the 2019—20 financial year, the service provided accommodation and case management support for over 100 children and young people. Of those, 45 per cent transitioned into 'sustainable housing', 27 per cent moved into long-term supported housing and 24 per cent returned to live with family (SJYS Annual Report 2020). The onset of the pandemic in early 2020 contributed to an increase in the number of young people who were experiencing housing crisis accessing youth110's services. During the 2020—21 reporting period over 11,000 nights of accommodation were provided to more than 165 young people (SJYS Annual Report 2021). Furthermore,

> *Since the onset of the pandemic, there has been a 17 per cent growth in young people accessing our services from sleeping rough and government fund[ed] hotel accommodation. This group of young people now make up 47 per cent of all new referrals. (SJYS Annual Report 2021: 8)*

Family breakdown continues to be one of the primary reasons for young people to seek crisis accommodation at youth110. In the most recent reporting period, 40 per cent of all referrals to the service were young people who were living with family or friends. youth110 has 'remained focused on supporting young people and their families to explore and repair their relationships', and has successfully supported 23 per cent of the young people accessing its services to return to family (SJYS Annual Report 2021: 8).

youth110 is one service among others offered currently and over time by St John's Youth Services, which include the Foyer at Port Adelaide and Next Step program, a long-running initiative supporting young people into the housing market post-crisis support. Youth110, like all St John's programs, is underpinned by five Foundation Principles, which guide the way they work with young people, and have done for more than 30 years:

- creating an environment where young people make strong and positive choices in their lives
- keeping the best interests of young people as our primary focus
- advocating for the rights of young people and agitating for change
- encouraging innovation, cooperation and participation
- striving for excellence in all aspects of our operations.

The service has embedded a range of lived experience practices in service delivery, and is looking to expand the role of young people with lived experience in governance of the service.

Some challenges were reported by stakeholders in terms of the model, related to design elements in particular, such as rubbish disposal for the units, security of apartments and the need for a common space to allow social interaction between residents. Stakeholders also note increasing pressure on places within the service because of the lack of exit options in the market, with share houses and boarding houses basically the only options for young people exiting the service in the current low vacancy rate environment, and these options often being unsafe for young people with trauma histories.

Source: Stakeholder interviews. For further information see: https://www.stjohnsyouthservices.org.au/services/youth110/

Families

Hobart Women's Shelter, Hobart (Tasmania)

The Hobart Women's Shelter provides a crisis response for women and children escaping family violence and homelessness in Tasmania. The service has 25 self-contained crisis accommodation units on-site as well as seven self-contained transitional housing units off-site. In the 2019—21 financial year, the service provided accommodation to 130 women and 170 children in crisis accommodation as well as 22 families in off-site transitional accommodation. Initial stays are for eight weeks but can be extended to 12 weeks.

The service is staffed 24/7 and provides a range of services on-site including case planning and goal setting, coordination with housing support workers and other agencies, tenancy and living skills support, family violence counselling and therapeutic group work for women and separately for children. A GP service, legal clinic, hairdresser and manicurist also provide regular services on-site.

Hobart Women's Shelter works within a strengths-based, trauma-informed approach to case management. They aim to provide safe crisis accommodation and support for women and their children and to empower and support families to address any barriers to accessing long-term accommodation.

The service is one of the largest women's shelters in Tasmania and is unique in terms of the standard of accommodation provided – self-contained units with a shared laundry and playground.

The service will coordinate support with a client's existing workers at the Tasmanian Aboriginal Centre and support new engagement with other Aboriginal support services where needed or desired. They also have a focus on supporting best practice responses for Aboriginal clients. The service also provides support to link women from migrant and refugee backgrounds to culturally specific services and to access interpreters, as well as advocacy within the broader service system.

There are multiple exit options from the service. Ideally, families exit to social housing, private rentals (including share housing) or transitional housing. In some cases families exit to student accommodation or semi-supported accommodation. However, women also exit to hotels, motels and caravan parks, the homes of family or friends and other shelters.

Source: Stakeholder interviews. For further information see: https://www.hobartws.org.au/.

Launch Housing, families service, South Melbourne (Victoria)

The families services offers crisis accommodation for families and pregnant women for up to three months. The service has seven family units on-site with a further two offsite. The service accommodated 44 individuals over the 2020—21 financial year, but numbers were lower during this period due to COVID-19; families were not exited during lockdowns and some remained at the service for 12 months. In a non-COVID year the service would see 61 individuals in crisis accommodation and a further 154 through its transitional support program (based on 2017—18 data).

The service operates within a trauma-informed approach to case management and provides a range of programs on-site. This includes the Homeless Children's Specialist Support Service (HCSSS), which supports children in crisis accommodation at the site and includes group work with the children, school holiday programs, camps and support from a speech pathologist. The Education Pathways Program also runs on-site and supports primary school aged children with school engagement and attendance. An outreach pregnancy program (the Cornelia program) which provides support to pregnant women and new mothers experiencing homelessness is based at the site and also supports pregnant clients at other sites at Launch Housing. The program is a partnership between the Royal Women's Hospital, Housing First and Launch Housing, and the service is currently in discussions with an external agency to provide visiting services for legal advice, mental health support, a GP and a nurse.

The service supports Aboriginal and culturally diverse clients by making interpreters available as needed, providing information in multiple languages and connecting with culturally specific services. The agency has focussed on trying to make common areas more welcome to culturally and gender diverse clients through the use of signage, flags, and flyers for relevant services. Staff also discuss expectations around respect and anti-discrimination for all clients at intake and in an ongoing way throughout support.

> *Crisis accommodation provides that moment to stabilise that allows people to benefit from services in the long-term. (Stakeholder)*

> *We see our clients at their worst. When they are touching bottom. Being able to see someone stabilise in that time and link with services that will benefit them in the long-term … it's fantastic. (Stakeholder)*

The families service is unusual in that it provides crisis accommodation to families but is not a family violence refuge. The service is run and managed by paid staff but utilises volunteers to assist with reception, wellbeing activities and group work on-site.

While accommodation is provided 24/7 the service is only staffed during business hours. The after-hours team at a nearby crisis accommodation service (Launch Housing Southbank) offer support after hours and families are encouraged to call 000 if needed.

Source: Stakeholder interviews. For more information see: https://www.launchhousing.org.au/homelessness-services/crisis-accommodation/south-melbourne-crisis-accommodation

Family and Domestic Violence

Vinnies Women's Crisis Centre, northern metropolitan Adelaide (South Australia)

Vinnies Women's Crisis Centre provides a crisis response in suburban Adelaide for women and children escaping domestic and family violence (most of their clients) and homelessness. Conceived as an alternative to motel-style accommodation, the Centre opened in 2017 in a specially-repurposed former aged care facility. There are 20 ensuite, serviced rooms, and connecting doors between units can be unlocked to create more space for larger families or family groups if needed. There is also a shared kitchen and dining area, laundry and computer facilities, a children's playroom and garden. At the time of writing a gradual process of freshening up the living spaces and private rooms was underway. In the 2019—20 financial year, the service provided accommodation to 527 women, 362 children and 126 pets (St Vincent de Paul Society 2020: 9). In the 2020—21 financial year, the Centre supported 601 women, 447 children and 160 pets (St Vincent de Paul Society 2021: 9). The typical length of stay at the Centre used to be two to three weeks but this has begun to change and a four to six-week stay has become more common. All of the Centre's rooms have been occupied nearly continuously since opening.

The service is staffed 24/7 by trained community workers and provides wraparound service. Case management is provided by external organisations. The Centre provides assistance with transport, childminding and other practical services when possible, along with in-house access to services provided by St Vincent de Paul Society, including clothing and other assistance (St Vincent de Paul Society 2022). Volunteers assist with tasks including preparing meals and cleaning the Centre, and with activities such as school holiday programs. The service allows pets to remain with women and families, although there are some limits on types and numbers of pets. A decision to welcome pets was made when the Centre was established, and allowing them remains somewhat unusual within the service landscape in SA. This approach is an acknowledgement of the importance of pets to people escaping violence and that some women will not leave the perpetrator of violence if their pets cannot stay with them (Stone, Power et al. 2021; St Vincent de Paul Society 2020). Moreover, as the service itself notes:

> *… women – particularly those leaving a domestic violence situation – tell us that being forced to leave a pet behind can be a barrier to them fleeing an unsafe situation. Pets make the centre feel more home-like and can be a source of comfort for guests at a time of high stress. (St Vincent de Paul Society 2020: 15)*

Ten of the rooms (half) are set up to accommodate pets and accompanying animals, and there is also a dog run if needed. Additionally, one staff member at the Centre has trained in dog handling so they can help look after the dogs. Some pet food and accessories are donated.

Exit options from the service have usually been to public housing or private rentals. Women's Safety Services SA, which provides case management support, has their own short-term/transitional housing which is also an option if needed. However, all of these options have been affected by the very limited availability and affordability of private rentals and the waiting list for public housing, also reflected in the increasing length of time people are staying at the Centre.

Source: Stakeholder interviews. For further information see: https://www.vinnies.org.au/page/Find_Help/SA/Housing/Vinnies_Women_s_Crisis_Centre/.

Aboriginal

Reverend Charles Harris Diversionary Centre and Yumba-Meta, Townsville (Queensland)

COVID-19 has driven increased interstate migration into Queensland and the regional city of Townsville is experiencing a housing crisis. There are very low rental vacancy rates, a 30 per cent rise in median rents since 2019, long waits for social housing and people being turned away from crisis accommodation. Aboriginal and Torres Strait Islander people make up 8 per cent of Townsville's population. Yumba-Meta is a Townsville-based Aboriginal Community Controlled Organisation (ACCO) which provides a range of housing and support services for mainly Aboriginal clients.

One of these services is the Reverend Charles Harris Diversionary Centre, a sobering up facility for people at risk of harming themselves or others due to public intoxication. Many referrals come from Townsville Police, but clients may also self-refer or be referred by other providers. The Centre has 50 beds, 28 for men and 22 for women, and clients can stay for up to a month. This allows them time to participate in the Breaking the Cycle program, which offers intensive individual case management and supports in a safe and caring environment for those who wish to move away from a life of drug or alcohol addiction.

Clients who complete Breaking the Cycle are often able to move on to longer-term housing and support programs, such as Yumba Meta's Dale Parker Place, a supported accommodation facility with 40 units which offers strengths-based case management and a health and wellbeing program. From there, some clients transition to tenancies with Yumba-Meta's long-term community housing program, which also offers supports and case management where required.

For more information see: https://yumba-meta.com.au.

Aboriginal Short Stay accommodation, various locations, Western Australia

WA has a network of Aboriginal Short Stay accommodation facilities, funded by the Department of Communities and operated by not-for-profit agencies. These facilities are not crisis accommodation, but they are a response to Aboriginal people sleeping out and staying in overcrowded dwellings in regional centres and Perth, and there is scope for them to accommodate overflow from crisis accommodation. There are currently facilities in Kalgoorlie, Derby and Broome, with planning underway to develop sites in Perth, Geraldton and Kununurra.

The Short Stay accommodation is designed for stays of up to a month, while people visit Perth or regional centres for medical appointments, to participate in sport or community events, attend to sorry business, access training and education or visit family. The accommodation facilities allow family groups to stay together in safe, culturally appropriate and affordable settings.

The Short Stay accommodation generally operates like a hotel or motel, with guests booking in advance and paying a nightly rate of around $15 to $30 per night per adult. This includes breakfast and dinner, linen and laundry facilities, Wi-Fi access, facilities such as playgrounds and barbecue areas, and a 24 hour concierge.

The facilities are family-friendly and do not permit drug or alcohol use. They are in central locations with good access to transport and services. They can accommodate guests with disabilities and their carers. All guests are provided with personalised supports; Aboriginal Support Workers are available to help arrange appointments with services such as financial counselling, Centrelink, employment agencies, housing services, health providers and other government agencies.

For more information see: Source: https://www.wa.gov.au/organisation/department-of-communities/perth-aboriginal-short-stay-accommodation.

Over 45s

Terra Firma, Adelaide (South Australia)

Terra Firma, meaning firm ground, came into operation within the Toward Home Alliance (THA) in November 2021. Located in the inner city of Adelaide, Terra Firma offers short-term accommodation (up to 12 weeks) with accompanying homelessness support. The homelessness support is provided by partners within THA as well as partnering organisations. In addition to homelessness support, the 'model' also has a concierge component, offering day-to-day, limited support to the residents. Terra Firma accommodates and supports individuals and couples aged 45 and over. Households accommodated are generally households who find themselves vulnerable to the insecurities of the housing market and require time limited case management to address housing and low-medium support issues, and 'diversion' from entering the homelessness service system underpins the model. Clients are supported to have access to financial counselling, private rental information sessions and wellbeing services.

Terra Firma is a state-first initiative for the homelessness sector, bringing in a private sector partner, Harcourts Packham Real Estate. As noted by a stakeholder: 'Harcourts Real Estate provide all aspects relating to property management including regular site cleaning, minor and major maintenance'. According to Harcourts their aim with Terra Firma is to 'assist residents to transition to longer-term housing by providing them with references and utilising [their] investor database to garner interest in leasing property to residents'.

The site is a two-storey accommodation block (a former backpackers hostel) providing 11 individual rooms. Small pets are welcome and this is a deliberate design element in the model, recognising that pets are critically important companions for some people experiencing homelessness. The property offers a shared kitchen, laundry, bathrooms, living area (including a balcony) and outdoor space and is centrally located in the CBD. As noted by a stakeholder, 'the accommodation is a good quality environment, has a warm, friendly feel, whilst being safe and secure'. It provides clients with a supportive environment where they can, together with case managers, seek the assistance and support they need to end their experiences of homelessness.

Ideally, the service provides short-term accommodation for people for up to 12 weeks. As a stakeholder noted, 'I say ideally, as we have had some people stay longer because of how hard it is to find housing, and worsening housing market conditions'. Because the model is not governed by the rules and requirements of a government funder, there is quite a bit of flexibility in terms of how the service operates and people are supported. This is considered a real strength of the model and allows for flexibility and responsiveness in meeting people's needs.

Access to Terra Firma involves a referral to the THA, which may take the form of a self-referral, intake and assessment, risk assessment as well as use of a Vulnerability Index — Service Prioritisation Decision Assistance Tool (VI—SPDAT). Clients are supported by a concierge who is on-site from early afternoon into the evening, supporting people's immediate needs, links to agencies, community and social supports, including volunteering opportunities. The afternoon—evening presence of the concierge reflects tenants' preferences about when the concierge service is most needed.

In the ten months since it commenced, 22 people have been supported through the service. A small number of people have been assisted into private rental. The service provided a recent case study demonstrating that success.

A client, Joe (not his real name), moved into Terra Firma having experienced primary homelessness for a few weeks. Joe had broken his hip and had nowhere to go after leaving the hospital. He was able to walk with crutches and used a gofer (motorised scooter or wheelchair) to mobilise for longer trips. The team at Toward Home Alliance did an intake and assessment with Joe and in that first instance, nominated him to move into Terra Firma. Joe moved in that day and settled in well in a ground floor room at Terra Firma. Concierge staff assisted Joe to connect with Meals-on-Wheels for some meals and Joe was able to prepare some of his own meals using the shared kitchen space. As Joe's independence increased so too did his confidence. Joe also had some criminal justice issues to work through; Joe's Case Manager supported him to clarify what some court outcomes meant and with that, what options there were for Joe moving forward with medium to long-term housing. The Toward Home Case Manager,

concierge team and Harcourts worked together seeking a private rental option which was successful, and Joe moved into a two bedroom affordable private rental in the Outer Northern Adelaide suburbs (which was Joe's preference). The team assisted Joe to furnish his new home with a Wyatt Housing Package which included having a new bed, fridge, washing machine, lounge and coffee table delivered to his new address and provided some food assistance and transport support for moving day.

Reflecting on the rollout of the model, a stakeholder noted some challenges in its operation to date. Pathways to appropriate and affordable housing options are difficult and this 'remains the main challenge'. Careful consideration must also be given to potential tenants and their needs. The service does not suit everyone because of the shared facilities and limited on-site services, although workers assist tenants to connect with necessary supports for their longer-term needs, particularly the NDIS. Additionally, while the concierge service works well, stakeholders noted that it would be better if there was 24/7 concierge support to help with harmony in the building, given people can often have 'significant levels of trauma' and 'high levels of vulnerability'. Other challenges identified for the model relate to broader system issues such as high and increasing demand on supports generally (homelessness support, mental and physical health support, disability support), as well as connecting people to the services they need when they don't perfectly fit 'rigid program criteria', for example domestic and family violence support when someone is considered to no longer be in a threatening domestic violence situation.

Source: Stakeholder interviews.

Appendix 2: Profile of clients accessing crisis accommodation

Table A1: Age and gender of all clients (% of clients) accessing a large SHS agency in Melbourne, Victoria, short-term or emergency accommodation in South Australia, and those accessing SHS nationally

	Victorian data (%) n = 1,848	South Australian data (%) n = 29,933	National data (all SHS clients) (%) n = 278,275
Age groups			
0–9 years	0.0	21.8	15.9
10–14 years	0.1	8.1	6.5
15–17 years	0.1	7.3	5.8
18–24 years	15.1	13.8	14.4
25–34 years	30.2	19.6	18.7
35–44 years	32.7	17.1	17.9
45–54 years	17.2	9.0	12.2
55–64 years	4.3	2.4	5.6
65+ years	0.4	0.6	3.0
Total	**100.0**	**99.9**	**100.0**
Gender of client			
Male	34.1	42.0	39.8
Female	65.9	57.9	60.2
Other		0.1	

Source: Customised data request from Launch Housing, The Asset; customised data from South Australian Housing Authority H2H dataset, AIHW (2021).

Table A2: The source of referral, income source and presenting unit type (% of support periods) for Victorian and South Australian data sets

	Victorian data (%) n = 2,354-8	South Australia (%) n = 39,163
Source of referral		
Specialist homelessness agency/outreach worker	91.6	7.1
Telephone/crisis referral agency	0.9	8.2
Adult correctional facility	0.6	1.9
Police	0.5	2.8
Courts		0.1
Family/friends		18.0
Other	0.7	3.0
No formal referral	3.0	49.7
Source of income when presenting		
Newstart allowance	53.3	23.0
Parenting payment	3.2	13.5
Disability support pension	30.7	8.7
Youth allowance	4.5	7.1
Carer payment	0.7	1.0
Other gov pensions/allowances	0.6	2.6
Employee income	0.6	2.5
Nil income	3.5	35.5
Living arrangement at presentation		
Lone person	79.6	23.1
One parent with child(ren)	3.6	29.8
Couple with child(ren)	1.1	14.1
Couple without child(ren)	12.8	4.8
Other family	1.3	15.4
Group	1.2	9.4
Don't know	0.6	3.6

Source: Customised data request from Launch Housing, The Asset; Customised data from South Australian Housing Authority H2H dataset.

Appendix 3: Definition of housing outcomes

Table A3: Housing outcomes – combining categories from dwelling type at exit and tenure type at exit

Housing outcome category	Dwelling type at end of support	Tenure at end of Support
Long-term housing		Renter — community housing
		Renter — private housing
		Renter — public housing
		Renter — boarding/rooming house
Medium-term housing		Renter — transitional housing
Emergency housing/short-term	Emergency accommodation	
	Hotel/motel/bed and breakfast	
Rough sleeping/sleeping out	Improvised building/dwelling	
	Motor vehicle	
	No dwelling, in the open	
	Tent	
Aged care and disability support	Aged care facility	
	Disability support	
Hospital, psychiatric hospital and rehabilitation	Psychiatric hospital	
	Rehabilitation	
	Hospital (excluding psychiatric)	
Corrections (adult and juvenile)	Youth justice correctional centre	
	Adult correctional facility	
Rent free		Rent free — boarding/rooming house
		Rent free — community housing
		Rent free — private housing
		Rent free — public housing
		Rent free— transitional housing
Caravan	Caravan	
Other	All other outcomes including missing and don't know unless tenure information available for renting or rent free status.	All other outcomes including missing and don't know unless dwelling type information available for aged care and disability support, corrections, caravan or rough sleeping.

Source: Authors.

Appendix 4: Needs and outcome by key cohort, detailed findings

Needs and outcome of key cohorts, drawing on administrative data. Detailed data tables by cohort and overall for each data source are in Appendices 5 and 6.

Family and domestic violence[9]

Consistent with the national profile, across the administrative data sources those experiencing FDV were more likely to present due to FDV and family or relationship breakdown. In the Victorian data, clients experiencing family violence were also more likely to present due to mental health issues and sexual abuse. Unsurprisingly, across the data sources those experiencing FDV were more likely to need assistance for FDV and material aid/brokerage.

Overall, there was little difference in the housing outcomes achieved by this cohort compared with all support periods. This cohort had similar reasons for exiting support to the overall group, and within the Victorian data had a similar number and length of tenancies over the five-year period of the data as the overall group.

Mental health issues[10]

The majority of clients in the Victorian data (78.1%) had mental health issues.

Across the Victorian and SA data, people with mental health issues had similar reasons for presenting for assistance as the overall group. They were also more likely to report inadequate or inappropriate dwelling conditions, problematic use of alcohol or other drugs and medical issues.

While those with mental health issues had a similar range of service needs as the overall group, across the datasets they were more likely to need assistance to sustain tenancy or prevent tenancy failure or eviction and more likely to need AOD counselling. They were also more likely to need assistance with challenging social/behavioural problems, and unsurprisingly were also more likely to need mental health services and psychiatric services.

Those with mental health issues had similar housing outcomes to the overall group and similar reasons for closing support. Within the SA data, people with mental health issues were slightly more likely to exit to rough sleeping, and to hospital, psychiatric hospital or rehabilitation.

In the Victorian data, no differences in the number and length of tenancies were detected from the overall group.

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9 Consistent with the SHSC reports, clients were considered to have experienced family violence if they stated domestic and family violence as a reason for presenting for assistance or needed support for family and domestic violence (AIHW, 2021).

10 A range of items were used to determine if a client was experiencing mental health issues. Clients were considered to have mental health issues if they reported one or more of the following: mental health issues as a reasons for presenting for assistance; they were currently receiving assistance for their mental health or had in the past 12 months; they were referred to SHS by mental health services; they had been staying in psychiatric hospital or unit before presenting for assistance or in the past 12 months; or they reported needing mental health services, psychiatric services or psychological services during their period of support.

Aboriginal[11]

In the Victorian data Aboriginal people were more likely than people in all support periods to present due to DFV. However, the opposite was true in the SA data. In the SA data, people who identified as Aboriginal were slightly more likely to present due to inadequate or inappropriate dwelling conditions, and more likely to be itinerant. According to the SA data, Aboriginal clients were more likely to need child protection services, child specific specialist counselling services, structured play and skill development, and family relationship assistance. They were also more likely to need educational assistance, living skills/personal development, assistance with transport, and unsurprisingly were more likely to need culturally specific services and assistance to connect culturally.

Those who identified as Aboriginal were slightly less likely to exit to long-term housing and were more likely to exit to a rent-free arrangement at the end of support. Looking just at the Victorian data, those who identified as Aboriginal tended to have shorter tenancies than the overall group (median 33 days per tenancy compared with a median of 41 days per tenancy for all support periods).

In the Victorian data, those who identified as Aboriginal were slightly more likely to end support because the client did not turn up, because they were incarcerated, or because the agency lost contact with client.

Disability[12]

In the Victorian data, those with a disability were less likely than all support periods to present for assistance due to financial difficulties housing affordability stress, relationship or family breakdown and FDV.

People with disability were more likely to present due to medical issues, problematic alcohol use, being itinerant and being unable to return home due to environmental reasons (such as flooding or bushfires). These data speak to co-morbidities in this client group and the challenges faced by specialist services to respond to the variety and multiplicity of needs that vulnerable groups present with.

In the SA data, medical issues were also common among those with a disability compared with all support periods. They were also more likely to present due to housing crisis. People with a disability were also more likely to need support with transport and culturally specific services and assistance to connect culturally.

In the Victorian data, people with a disability were more likely to need in the categories of AOD counselling, assistance with challenging social/behavioural problems, structured play/skills development, professional legal services, psychiatric services, and health/medical services. Unsurprisingly they were more likely to need physical disability services and intellectual disability services than the overall group.

Across data sources, those with a disability were more likely to have support ended because the client was institutionalised or because the client was referred to a mainstream agency. People with a disability were less likely to exit to long-term housing and were more likely to exit to rent-free arrangements. In the Victorian data they were more likely to exit to hospital or rehabilitation and more likely to exit to aged or disability care.

In analysing the Victorian tenancy data we found that those with a disability tended to have longer average tenancies than the overall group (median 48.5 days per tenancy compared with median 41 days per tenancy for all support periods).

11 Note clients are asked whether they identify as Aboriginal, Torres Strait Islander, both or neither. People are not obligated to answer this question and may choose not to.

12 Clients were identified as having a disability if they had difficulty or need for assistance with three core activities (self-care, mobility and communication). Please note that, anecdotally, many others accessing SHS have mild or moderate disabilities and would not be included in this definition.

Young people presenting alone

Across the administrative data analysed, young people presenting alone were more likely to present for assistance due to:

- financial difficulties
- relationship or family breakdown
- mental health issues
- lack of family and/or community support
- disengagement from school or education.

The group was more likely than all those accessing crisis accommodation to need assistance in relation to:

- sustain a tenancy
- AOD counselling
- obtain a government allowance
- employment assistance
- financial information
- material aid
- problem behaviours
- living skills and personal development
- legal information
- transport
- financial advice
- other specialised services.

In terms of housing outcomes, young people presenting alone had similar housing outcomes to all support periods with a minority exiting to long-term housing. Young people presenting alone in the SA data were more likely to have support end because they were referred to another SHS. This group were less likely to end support because the client's immediate needs were met, or case management goals were achieved in the Victorian data.

In the Victorian tenancy data, young people presenting alone had a similar number of tenancies over the five year period, but typically had shorter average tenancies compared with the overall group (median: 37 days, compared with median: 41 days of all support periods).

Older clients (55 years and over)

Analysis of the national SHSC data (Australian Institute of Health and Welfare 2021b) suggest there are two main cohorts within this age group: people experiencing homeless for the first time later in life with few other vulnerabilities; and, people with long-term experiences of homelessness – two quite different groups with different needs and outcomes. The presence of two such distinct groups among the older client cohort makes it challenging to summarise the needs and outcomes for the group.

Across the two administrative data sources, those aged 55 years and over were more likely to present due to inadequate or inappropriate dwelling conditions and medical issues. In addition to these reasons, in SA they were also more likely to present due to financial difficulties and lack of family and/or community support.

Across datasets the older person cohort is more likely to need assistance with transport and specialist counselling services. In SA, this cohort was also more likely to need financial information, living skills and personal development, advice and information, meals and assistance with problem behaviours. In the Victorian data older persons had more specific needs: they were slightly more likely to need culturally specific services, as well as an interpreter and assistance with immigration services compared with all support periods.

People aged 55 and over were more likely to end support because the client's immediate needs were met or case management goals were achieved. The group was much more likely to exit to long-term housing than other cohorts. However, just under half did in SA (45.2%) highlighting that this is not the majority of housing outcomes even for this cohort. The prioritisation of older people among social housing applicants in Victoria may account for some of this trend, at least in that jurisdiction (Faulkner, Verdouw et al. 2021).

People aged 55 and over in the Victorian data had fewer average tenancies than the overall group, indicating they were less likely to present for assistance than the overall group (mean: 1.38 tenancies, median 1 tenancy in the five year period compared with mean: 1.91 tenancies, median: 1 tenancy for the overall group).

Problematic drug and/or alcohol use (AOD)[13]

Unsurprisingly, the administrative data showed that people with problematic AOD use were much more likely to report problematic drug or substance use and problematic alcohol use as reasons for presenting for assistance. People with problematic AOD use were more likely to report inadequate or inappropriate dwelling conditions as a reason for presenting to services and more likely to present due to mental health issues and medical health issues. They were also more likely to report unemployment, financial difficulties and lack of family and/or community support, as reasons for presenting for assistance.

Despite being more likely to present due to both problematic AOD use and mental health issues, this group was only slightly more likely to report needing related services in the SA data. They were slightly more likely to report needing financial information, assistance with personal belongings, laundry/shower facilities and other specialised services.

In the Victorian data, however, this group was much more likely to need drug and alcohol counselling, more likely to need assistance with challenging social and behavioural problems and more likely to need health and medical services.

Across datasets, this cohort had a similar pattern of housing outcomes to the overall group, although they were less likely to exit to rent-free arrangements. They were also slightly more likely to exit to rough sleeping. In terms of reasons for ending support, services were slightly less likely to end support for people with problematic AOD use because the client's immediate needs were met or case management goals were met, and slightly more likely to exit due to incarceration.

Looking just at the tenancy data from Victoria, this cohort had a higher number of tenancies than the overall group indicating more presentations for assistance over time, but a similar tenancy length (mean: 2.19 tenancies, median 2 tenancy compared with mean: 1.91 tenancies, median: 1 tenancy for the overall group).

13 Clients were categorised as having problematic AOD use if they are over ten years of age and they needed drug and alcohol counselling, were referred by an alcohol or drug treatment services, had been in an alcohol or drug rehabilitation facility in the past 12 months, or reported problematic use of alcohol, drugs or other substances as a reason for presenting for assistance (AIHW, 2021).

Leaving care

People leaving care includes people exiting hospital, psychiatric care, disability support, rehabilitation or aged care, also foster care or child safety residential placements. As a cohort, care leavers represent 2.3 per cent of the overall SHS population (Australian Institute of Health and Welfare 2021b). Recent research for AHURI found that transitions from care arrangements are periods of significant risk for housing security and homelessness (Duff, Randall et al. 2022).

Consistent with being care leavers, across datasets this cohort was more likely to present for assistance due to: mental health issues; medical issues problematic drug or substance use; problematic alcohol use; and transition from other care arrangements than the overall group. In the Victorian data this cohort was also more likely to present for assistance due to transition from foster care and child safety residential placements and lack of family and/or community support.

Those leaving care in SA had similar service needs to the overall group. However, in the Victorian data, this cohort were more likely to need advocacy or liaison on behalf of client, transport, psychiatric services, and mental health services.

Unsurprisingly, people leaving care were much more likely to exit a service directly to hospital or rehabilitation and had similar reasons for ending support as the overall group. Looking just at the Victorian tenancy data, care leavers had a higher number of tenancies than the overall group suggesting repeat presentations for assistance, but similar tenancy length (mean: 2.19 tenancies, median 2 tenancy in the five year period compared with mean: 1.91 tenancies, median: 1 tenancy for the overall group).

Leaving custodial settings

Recent research has highlighted the prevalence of homelessness amongst people with experience of custodial settings. Martin, Reeve et al. (2021) note that one in seven exits from prison in 2019 led to presentation at an SHS. This same research estimates that one in three people in prison had previously experienced homelessness and noted that former prisoners are the fastest growing cohort in the SHSC over the past ten years. The authors note that people leaving prison have significant support needs and that there is a shortage of accommodation options available for them post-release (Martin et al. 2021). Granular data from the Adelaide Zero Project shows the prominence of contact with the justice system among people sleeping rough in Adelaide (Tually and Goodwin-Smith 2020).

A different profile of need emerged for those leaving custodial settings in the Victorian data compared with the SA data. Those leaving custodial settings in SA presented for assistance due to financial difficulties and unemployment, but also due to mental health issues, medical issues, problematic use of alcohol or drugs and other substances, and transition from custodial arrangements.

However, in Victoria this cohort was no more likely to present for assistance due to mental health issues, medical issues or problematic use of alcohol, drugs or other substances than all people accessing crisis accommodation at this specific agency. This may be because these issues were more prevalent overall amongst those accessing crisis accommodation at this agency, reflecting the agencies' prioritisation processes.

People leaving custodial settings in SA were more likely than the overall group to need assistance to sustain a tenancy, assistance to obtain a government allowance, financial information, material aid, assistance with problem behaviours, living skills and personal development, advice and information and meals and laundry and shower facilities. They were also slightly more likely to need drug and alcohol counselling and mental health services. People leaving custodial settings in the Victorian data were more likely to need assistance for advice and information, legal information, court support and incest and sexual assault.

In terms of housing outcomes, those exiting custodial settings were more likely to exit crisis accommodation to adult or juvenile corrections and less likely to exit to rent-free arrangements. In SA, this cohort was also more likely to exit to long-term housing.

Across both datasets, people exiting custody were more likely to end support because they were incarcerated. However, in the Victorian data this group was also more likely to exit support due to the client not turning up, the client being referred to another SHS, losing contact with client, service withdrawn from the client, and no referral made.

Tenancy data from Victoria indicate that this group typically had shorter average tenancies over the study period compared with the overall group (median: 33.5 days, compared with median 41 days of all support periods) indicating tenancy risk and the need for sustained support.

Children on care and protection orders[14]

Young people aged 18 and over who have recently left out of home care are particularly vulnerable to experiencing homelessness, with up to half accessing SHS in the four years after they leave care (Martin, Cordier et al. 2021).

Children on care and protection orders were more likely to present due to transition from foster care and child safety residential placements and transition from other care arrangements compared with all support periods. They were also more likely to present due to relationship or family breakdown, and due to disengagement with school or other education and training.

Children on care and protection orders were far more likely to need a range of services compared with the overall group, including:

- assistance to sustain a tenancy
- drug and alcohol counselling
- family and relationship assistance
- assistance for trauma
- assistance for sexual assault
- behaviour problems
- child protection services
- assistance with living skills and personal development
- educational assistance
- assistance with government allowances
- employment assistance
- transport and recreation
- financial information
- material aid and legal information.

In terms of housing outcomes, children on care and protection orders were more likely than all other groups to exit crisis accommodation to a rent-free housing outcome.

14 Clients were determined to be on a care and protection order if they were under 18, reported they had a care and protection order and reported transition from foster care/child safety residential placements as a reason for seeking assistance (AIHW, 2021).

Children on care and protection orders were far more likely than any other group to end support due to referral to a mainstream agency. However, they were also more likely to have had services withdrawn and no referral made. It is unclear whether the services withdrawn in this context relates to the child or parent they may have presented with. Further granularity in data collections about children as clients in the own right would be helpful in the context of understanding the needs, experiences and journeys of this cohort and other young people.

Current or former members of the Australian Defence Force (ADF)[15]

The indictor for current and former ADF personnel was only available in the SA data. In SA, those identifying as current or former ADF members were more likely to present for assistance due to inadequate or inappropriate dwellings, financial difficulties and unemployment. They were also more likely to present due to mental health issues, and slightly more likely to present due to problematic alcohol use, and medical issues. People identifying as ADF were more likely to present due to transition from custodial arrangements, due to being itinerant and to report lack of family and/or community support as a reason for presenting for assistance.

With a few exceptions, people identifying as current or former ADF were less likely to need most of the services listed. They were slightly more likely to need assistance though with personal belongings, meals, transport and laundry and shower facilities. They were also slightly more likely to need assertive outreach, drug and alcohol counselling, mental health services, health and medical services, and financial advice.

In terms of housing outcomes, current or former ADF members were more likely than most other groups (aside from people aged 55 and over) to exit a service to long-term housing or medium-term housing and were less likely to exit to a rent-free housing. They were also more likely to exit to rough sleeping and 'other' arrangements compared with the overall group.

SHS were more likely to end support for current or former defence force members due to the client no longer requesting assistance compared with all support periods, but were less likely to end support due to client's immediate needs being met or case management goals being met.

15 Uses the AIHW developed ADF indicator.

Appendix 5: Victorian administrative data tables

Table A4: Reasons for presenting for assistance, per cent of cases, Launch Housing, Melbourne, Jan 2016 – April 2021

		Overall	Family violence	Mental health	Aboriginal	Disability	Young people presenting alone	Over 55	Problematic AOD	Leaving care	Exit custodial
		n = 2,358	n = 644	n = 1,842	n = 299	n = 38	n = 324	n = 96	n = 860	n = 145	n = 108
Financial	Financial difficulties	50.0	54.4	50.1	47.8	39.5	54.0	47.9	58.6	41.4	44.4
	Housing affordability stress	42.5	38.0	42.3	41.8	26.3	41.4	45.8	42.1	37.2	38.9
	Employment difficulties	6.2	7.0	6.4	5.0	0.0	6.8	6.3	9.0	6.2	5.6
	Unemployment	17.2	20.2	17.9	15.4	7.9	18.8	11.5	25.1	15.9	17.6
	Problematic gambling	0.9	0.8	0.8	1.0	0.0	0.9	0.0	1.3	0.0	0.0
Accommodation	Housing crisis	45.5	41.8	45.1	39.1	39.5	49.4	53.1	39.9	37.9	30.6
	Inadequate or inappropriate dwelling conditions	38.8	41.5	41.2	41.8	36.8	29.9	24.0	45.0	35.9	38.0
	Previous accommodation ended	18.9	20.8	18.7	14.4	18.4	19.1	24.0	20.2	21.4	24.1
Interpersonal relationships	Time out from family/other situation	5.9	8.7	5.7	7.0	2.6	7.7	2.1	7.1	5.5	4.6
	Relationship/family breakdown	22.2	39.6	22.0	20.1	15.8	31.2	19.8	26.3	17.9	8.3
	Sexual abuse	3.7	9.3	4.2	6.7	2.6	3.7	1.0	5.1	2.8	0.9
	Domestic and family violence	27.3	100.0	28.5	37.1	15.8	27.5	25.0	28.3	20.0	18.5
	Non-family violence	3.0	2.3	2.9	2.3	2.6	2.8	4.2	3.8	4.1	3.7
Health	Mental health issues	41.4	48.6	53.0	39.8	47.4	44.8	32.3	65.9	64.8	42.6
	Medical issues	16.7	21.0	18.4	20.7	50.0	10.2	22.9	26.1	23.5	15.7
	Problematic drug or substance use	31.3	32.9	35.2	29.8	31.6	35.5	10.4	85.7	40.0	35.2
	Problematic alcohol use	9.0	9.5	10.0	8.0	21.1	7.4	9.4	24.5	17.9	3.7

Table A4: Reasons for presenting for assistance, per cent of cases, Launch Housing, Melbourne, Jan 2016 – April 2021 (continued)

		Overall	Family violence	Mental health	Aboriginal	Disability	Young people presenting alone	Over 55	Problematic AOD	Leaving care	Exit custodial
		n = 2,358	n = 644	n = 1,842	n = 299	n = 38	n = 324	n = 96	n = 860	n = 145	n = 108
Other	Transition from custodial arrangements	3.5	2.2	3.6	6.7	0.0	3.1	3.1	4.0	1.4	76.9
	Transition from other care arrangements	0.2	0.2	0.2	1.0	0.0	0.6	0.0	0.2	2.8	0.0
	Transition from foster care and child safety residential placements	0.7	0.5	0.8	1.3	2.6	0.6	0.0	1.4	11.0	0.0
	Discrimination including racial discrimination	1.9	3.4	1.9	3.7	2.6	2.8	1.0	2.9	3.5	0.9
	Itinerant	8.2	8.1	9.2	11.7	15.8	6.5	4.2	14.2	8.3	13.0
	Unable to return home due to environmental reasons	1.8	2.3	1.8	2.0	10.5	2.2	0.0	2.0	4.8	1.9
	Disengagement with school or other education and training	0.9	1.1	0.9	0.3	0.0	3.4	2.1	1.6	1.4	1.9
	Lack of family and/or community support	30.2	38.2	31.4	29.4	34.2	30.9	31.3	40.9	38.6	33.3
	Other	31.6	28.4	33.2	37.8	29.0	25.6	28.1	41.5	34.5	39.8
	Don't know	0.2	0.0	0.1	0.0	0.0	0.0	1.0	0.0	0.0	0.0

Source: Customised data request from Launch Housing, The Asset.

Table A5: Services needed during support, per cent of support periods, per cent of cases, Launch Housing, Melbourne, Jan 2016 – April 2021

		Overall	Family Violence	Mental health	Aboriginal	Disability	Young people presenting alone	Over 55	Problematic AOD	Leaving care	Exit custodial
Services needed		n = 2358	n = 634	n = 1803	n = 294	n = 38	n = 314	n = 95	n = 836	n = 142	n = 104
Accommodation provision											
Accommodation provision	Short-term or emergency accommodation	97.1	99.5	99.5	100.0	100.0	99.7	97.9	99.0	99.3	100.0
	Medium-term/transitional housing	39.1	43.4	40.8	36.7	39.5	33.1	43.2	42.2	35.9	35.6
	Long-term housing	36.3	38.6	37.8	31.0	39.5	29.3	35.8	38.8	35.9	34.6
Assistance to sustain housing tenure											
Assistance to sustain housing tenure	Assistance to sustain tenancy or prevent tenancy failure or eviction	31.6	33.1	34.5	32.7	26.3	25.2	30.5	37.9	28.9	43.3
	Assistance to prevent foreclosures or for mortgage arrears	1.7	1.7	1.8	1.4	0.0	1.0	1.1	2.4	0.0	3.9
Disability											
Disability	Physical disability services	0.6	1.3	0.8	1.0	5.3	0.3	0.0	0.7	0.0	0.0
	Intellectual disability services	1.2	1.3	1.1	2.4	10.5	0.6	0.0	1.4	0.0	0.0
Drug/alcohol											
Drug/alcohol	Drug/alcohol counselling	21.2	21.6	24.0	20.4	39.5	17.2	13.7	36.0	22.5	18.3
Family											
Family	Child protection services	5.5	8.4	5.4	5.8	2.6	3.2	0.0	5.4	4.2	1.9
	Parenting skills education	1.3	1.4	1.4	0.7	0.0	1.3	0.0	1.0	0.7	0.0
	Child specific specialist counselling services	0.6	0.8	0.6	0.3	0.0	0.0	0.0	0.2	0.0	0.0
	Pregnancy assistance	3.2	4.9	3.0	3.4	2.6	3.5	0.0	3.0	2.8	1.9
	Family planning support	0.7	1.1	0.6	1.0	0.0	0.6	0.0	1.1	1.4	0.0

Table A5 (continued): Services needed during support, per cent of support periods, per cent of cases, Launch Housing, Melbourne, Jan 2016 – April 2021

		Overall	Family Violence	Mental health	Aboriginal	Disability	Young people presenting alone	Over 55	Problematic AOD	Leaving care	Exit custodial
Services needed		n = 2358	n = 634	n = 1803	n = 294	n = 38	n = 314	n = 95	n = 836	n = 142	n = 104
General services											
General services	Assistance for family/domestic violence	9.3	17.6	9.3	9.4	7.9	6.2	5.2	7.6	4.8	2.8
	Assertive outreach for rough sleepers	3.6	3.5	3.7	4.4	0.0	2.9	5.3	4.6	2.1	4.8
	Assistance to obtain/maintain government allowance	4.7	5.2	4.7	4.1	0.0	3.2	3.2	4.6	4.9	2.9
	Employment assistance	5.1	4.6	4.9	4.1	2.6	5.7	4.2	4.0	4.2	4.8
	Training assistance	4.5	4.4	4.5	2.0	5.3	6.1	2.1	4.4	5.6	1.9
	Educational assistance	4.4	5.1	4.3	3.4	2.6	6.7	4.2	3.4	3.5	2.9
	Financial information	17.4	19.1	17.6	19.1	15.8	15.0	13.7	16.4	17.6	13.5
	Material aid/brokerage	35.5	40.4	36.9	33.7	36.8	30.3	35.8	36.2	30.3	24.0
	Assistance for incest/sexual assault	1.8	2.1	1.9	2.4	2.6	1.0	3.2	2.0	2.8	4.8
	Family/relationship assistance	9.8	13.3	10.0	9.9	7.9	6.7	2.1	11.4	8.5	2.9
	Assistance for trauma	9.3	12.8	10.0	11.9	5.3	5.7	9.5	10.8	9.9	9.6
	Assistance with challenging social/ behavioural problems	21.6	21.9	24.5	24.2	29.0	17.8	22.1	27.8	23.9	22.1
	Living skills/personal development	23.1	19.7	24.6	23.5	26.3	17.8	26.3	28.6	26.1	25.0
	Legal information	15.5	16.6	16.3	16.7	15.8	14.0	10.5	16.9	14.8	23.1
	Court support	9.8	10.3	10.4	10.9	2.6	8.3	6.3	10.4	9.9	15.4
	Advice/information	86.5	89.3	89.6	88.4	92.1	86.0	85.3	89.7	85.2	93.3
	Retrieval/storage/removal of personal belongings	15.5	17.4	16.5	16.3	13.2	13.1	14.7	15.2	15.5	12.5
	Advocacy/liaison on behalf of client	50.3	54.9	52.7	49.7	52.6	47.8	50.5	52.8	58.5	53.9
	School liaison	0.7	1.1	0.6	0.0	0.0	0.0	0.0	0.2	0.0	0.0
	Child care	0.8	1.3	0.7	0.7	0.0	0.0	0.0	0.6	0.0	0.0

Table A5 (continued): Services needed during support, per cent of support periods, per cent of cases, Launch Housing, Melbourne, Jan 2016 – April 2021

Services needed		Overall n = 2358	Family Violence n = 634	Mental health n = 1803	Aboriginal n = 294	Disability n = 38	Young people presenting alone n = 314	Over 55 n = 95	Problematic AOD n = 836	Leaving care n = 142	Exit custodial n = 104
General services *(continued)*	Structured play/skills development	3.6	3.5	3.7	2.0	7.9	2.2	5.3	3.4	2.8	1.9
	Child contact and residence arrangements	1.7	2.1	1.8	2.7	0.0	1.3	0.0	1.8	0.7	1.0
	Meals	7.8	8.5	8.3	6.1	10.5	8.3	9.5	8.9	6.3	4.8
	Laundry/shower facilities	3.0	4.7	2.9	3.1	5.3	1.6	2.1	3.0	1.4	0.0
	Recreation	7.2	7.1	7.9	6.1	7.9	5.4	6.3	7.8	7.0	5.8
	Transport	27.4	31.9	28.6	25.9	23.7	21.7	36.8	25.5	37.3	22.1
	Other basic assistance	73.7	78.1	76.7	70.4	76.3	71.3	72.6	78.5	74.7	75.0
Immigration/cultural services											
Immigration/cultural services	Interpreter services	0.7	0.8	0.6	0.0	2.6	0.6	3.2	0.1	0.7	1.0
	Assistance with immigration services	0.7	0.8	0.4	0.0	0.0	0.3	3.2	0.1	2.1	0.0
	Culturally specific services	0.7	1.6	0.6	2.7	0.0	0.0	3.2	0.4	1.4	0.0
	Assistance to connect culturally	0.6	1.3	0.7	1.7	0.0	0.0	1.1	0.2	2.8	0.0
Legal/financial services											
Legal/financial services	Professional legal services	4.1	5.7	4.3	4.4	10.5	2.9	4.2	4.2	1.4	2.9
	Financial advice and counselling	2.3	2.8	2.6	1.4	0.0	2.2	0.0	2.4	0.7	1.0
	Counselling for problem gambling	0.5	0.3	0.6	0.0	0.0	0.6	0.0	0.5	2.8	0.0
Mental health											
Mental health	Psychological services	4.6	6.0	5.1	3.7	5.3	5.4	7.4	4.8	6.3	5.8
	Psychiatric services	9.0	11.0	11.3	6.8	15.8	8.9	7.4	10.5	16.9	6.7
	Mental health services	31.8	35.5	36.5	29.3	29.0	32.5	28.4	37.1	43.7	26.9

Table A5 (continued): Services needed during support, per cent of support periods, per cent of cases, Launch Housing, Melbourne, Jan 2016 – April 2021

		Overall	Family Violence	Mental health	Aboriginal	Disability	Young people presenting alone	Over 55	Problematic AOD	Leaving care	Exit custodial
Services needed		n = 2358	n = 634	n = 1803	n = 294	n = 38	n = 314	n = 95	n = 836	n = 142	n = 104
Other specialist services											
Other specialist services	Health/medical services	44.3	43.2	47.1	47.3	63.2	28.7	46.3	52.9	49.3	42.3
	Specialist counselling services	4.2	5.4	4.7	4.1	2.6	1.9	8.4	3.6	4.2	3.9
	Other specialised service	10.2	11.8	10.7	7.8	10.5	8.6	9.5	12.3	12.0	11.5

Source: Customised data request from Launch Housing, The Asset.

Table A6: Housing outcomes at end of support, per cent of cases, Launch Housing, Melbourne, Jan 2016 – April 2021

	Overall	Family Violence	Mental health	Aboriginal	Disability	Young people presenting alone	Over 55	Problematic AOD	Leaving care	Exit custodial
	n = 2,386	n = 648	n = 1,863	n = 300	n = 39	n = 332	n = 97	n = 871	n = 145	n = 109
Caravan	0.6	0.2	0.5	0.3	0.0	0.0	2.1	0.1	0.7	0.0
Long-term Housing	19.5	18.4	19.4	15.3	15.4	11.5	27.8	16.7	17.7	17.4
Transitional Housing	5.5	5.6	5.1	4.0	2.6	4.8	4.1	3.7	3.4	2.8
Emergency Housing	30.3	33.3	30.2	31.7	28.2	32.5	28.9	30.5	29.3	29.4
Rent-free	4.2	4.3	4.5	4.0	10.3	4.8	5.2	5.5	5.4	1.8
Rough sleeping	6.7	4.8	6.5	11.0	2.6	6.0	2.1	7.0	2.0	7.3
Aged care or disability care	0.2	0.2	0.3	0.3	2.6	0.3	0.0	0.3	0.0	0.0
Hospital or rehabilitation	3.7	2.5	4.2	1.7	12.8	5.4	4.1	5.1	15.0	1.8
Adult or Juvenile corrections	1.6	1.4	1.8	2.3	0.0	1.5	0.0	2.2	0.7	11.9
Other	27.6	29.5	27.5	29.3	25.6	33.1	25.8	28.9	25.9	27.5

Source: Customised data request from Launch Housing, The Asset.

Table A7: Reasons for ending support, closed support periods only, per cent of cases, Launch Housing, Melbourne, Jan 2016 – April 2021

	Overall	Family violence	Mental health	Aboriginal	Disability	Young people presenting alone	Over 55	Problematic AOD	Leaving care	Exit custodial
	n = 2,318	n = 630	n = 1,815	n = 294	n = 38	n = 321	n = 93	n = 844	n = 142	n =106
Client did not turn up	2.9	3.2	2.8	4.4	5.3	3.7	2.2	2.8	3.5	4.7
Client died	0.3	0.2	0.3			0.3	1.1	0.5	0.7	0.0
Client incarcerated	1.8	2.1	2.0	3.4		2.5		2.6	1.4	6.6
Client institutionalised	1.7	0.8	2.1	0.7	7.9	2.5		2.1	6.3	2.8
Client no longer requested assistance	10.6	13.0	11.1	12.6	10.5	12.8	4.3	11.6	8.5	5.7
Client referred to another specialist homelessness agency	1.8	1.1	1.5	0.7	10.5	1.3	2.2	1.9	2.8	0.0
Client referred to a mainstream agency	21.4	20.0	20.4	23.5	15.8	23.1	14.0	23.5	19.0	27.4
Client's immediate needs met/goals achieved	29.0	30.0	28.9	21.4	31.6	19.9	47.3	23.3	35.9	17.9
Don't know	0.4	0.2	0.4	1.0		0.6		0.6	0.7	
Lost contact with client	3.8	3.2	3.9	5.4		3.4		4.2	2.8	6.6
Maximum service period reached	7.0	7.1	6.8	6.1	7.9	7.2	10.8	6.9	4.9	4.7
Other	12.2	12.4	12.0	12.9	7.9	14.6	15.1	11.1	7.0	11.3
Service withdrawn from client and no referral made	7.3	6.8	7.7	7.8	2.6	8.1	3.2	8.9	6.3	12.3

Source: Customised data request from Launch Housing, The Asset.

Table A8: Number of tenancies per client, per cent of cases, Launch Housing, Melbourne, Jan 2016 – April 2021

	N	Mean	Median	Min	Max
Overall	2,358	1.9	1	1	11
Family violence	644	1.9	1	1	9
Mental health	1,842	2.0	1	1	11
Aboriginal	299	2.1	1	1	8
Disability	38	2.0	1	1	8
Young people presenting alone	324	2.1	1	1	9
Over 55	96	1.4	1	1	3
Problematic AOD	860	2.2	2	1	11
Leaving care	145	2.2	2	1	11
Exit custodial	108	1.9	1	1	9

Source: Customised data request from Launch Housing, The Asset.

Table A9: Length of tenancy, by tenancy, per cent of cases, Launch Housing, Melbourne, Jan 2016 – April 2021

	N	Mean	Median	Min	Max
Overall	2,327	53.4	41	0	738
Family Violence	635	55.0	41	0	596
Mental health	1,823	51.9	40	0	738
Aboriginal	297	43.1	33	0	377
Disability	38	67.9	48.5	0	350
Young people presenting alone	321	45.2	37	0	562
Over 55	93	57.1	45	0	472
Problematic AOD	851	48.9	37	0	596
Leaving care	142	49.3	40	0	215
Exit custodial	108	45.4	33.5	1	175

Source: Customised data request from Launch Housing, The Asset.

Appendix 6: South Australia administrative data tables

Table A10: Reasons for presenting for assistance, per cent of support periods, overall and by cohorts of interest, South Australia, financial years 2016—21

Reason for seeking assistance (more than one reason can be provided)		Overall	Family violence	Mental health	Aboriginal	Disability	Young people presenting alone	Over 55	Problematic AOD	Leaving care	Exit custodial	Children on CPO	ADF[1]
		n = 39,163	n = 17,104	n = 12,455	n = 10,042	n = 1,745	n = 7,181	n = 1,085	n = 4,889	n = 1,111	n = 1,475	n = 385	n = 91
Financial	Financial difficulties	11.8	8.5	20.5	10.9	11.6	18.1	16.6	21.1	19.1	15.8	4.7	24.2
	Housing affordability stress	5.1	2.7	7.5	5.1	4.2	5.8	8.3	5.8	4.3	4.3	2.9	3.3
	Employment difficulties	1.7	0.7	2.8	1.7	1.5	2.5	2.8	3.8	1.0	5.8	0.0	4.4
	Unemployment	7.2	3.8	12.5	7.6	4.8	8.4	9.2	18.2	10.7	33.2	0.8	22.0
	Gambling	0.2	0.1	0.4	0.2	0.5	0.1	0.9	0.9	0.8	1.3	0.0	0.0
Accommodation	Housing crisis	45.7	29.8	47.8	43.2	58.2	45.4	40.9	39.7	38.9	16.6	41.3	41.8
	Inadequate/inappropriate dwelling	14.6	9.5	19.0	17.9	16.4	17.9	19.0	21.5	21.0	9.1	11.7	31.9
	Previous accommodation ended	7.4	3.3	9.0	6.6	7.4	7.7	10.8	8.5	11.4	5.6	4.9	7.7
Interpersonal relationships	Time out from family/situation	2.5	1.8	4.0	2.8	2.5	4.4	3.2	3.0	3.9	3.0	2.6	2.2
	Relationship/family breakdown	9.9	7.6	15.2	8.9	7.5	20.9	5.8	12.9	12.8	8.4	12.7	6.6
	Sexual abuse	0.6	0.6	1.4	0.4	0.5	1.3	0.3	1.0	1.4	0.1	0.3	0.0
	Domestic/family violence	35.0	78.5	28.9	33.4	26.1	24.1	24.0	23.4	25.4	6.2	35.3	3.3
	Non-family violence	0.7	0.6	1.3	0.5	1.2	1.0	1.3	1.4	0.7	0.3	0.5	1.1
Health	Mental health issue	13.0	10.1	40.2	10.7	15.1	21.9	15.1	30.2	35.5	22.8	5.7	31.9
	Medical issues	5.2	3.7	8.9	6.0	14.5	4.5	19.2	9.4	11.5	10.1	4.9	11.0
	Drug use	3.9	2.5	8.4	3.7	3.5	5.2	3.1	30.5	12.1	23.7	1.0	6.6
	Alcohol use	1.7	1.1	3.3	2.4	1.9	1.4	2.7	13.7	9.7	8.5	0.0	6.6

Table A10 (continued): Reasons for presenting for assistance, per cent of support periods, overall and by cohorts of interest, South Australia, financial years 2016—21

Reason for seeking assistance (more than one reason can be provided)		Overall	Family violence	Mental health	Aboriginal	Disability	Young people presenting alone	Over 55	Problematic AOD	Leaving care	Exit custodial	Children on CPO	ADF[1]
		n = 39,163	n = 17,104	n = 12,455	n = 10,042	n = 1,745	n = 7,181	n = 1,085	n = 4,889	n = 1,111	n = 1,475	n = 385	n = 91
Other	Transition from custodial arrangements	3.0	0.8	4.2	3.3	1.9	2.2	5.0	12.6	1.2	69.4	0.3	7.7
	Transition from other care	0.6	0.3	1.0	0.6	1.4	1.4	1.1	1.6	15.7	0.7	5.2	0.0
	Transition from foster care/child safety placement	0.1	0.1	0.1	0.1	0.1	0.3	0.0	0.1	3.0	0.1	6.0	0.0
	Discrimination—	0.6	0.5	0.8	1.4	1.3	0.5	1.8	1.3	1.4	0.6	0.5	1.1
	Itinerant	5.4	2.6	7.1	9.4	4.6	7.5	9.5	10.0	7.2	4.3	3.9	13.2
	Environmental reasons	2.1	1.9	3.0	2.0	1.6	5.7	2.9	2.2	3.2	1.5	2.6	0.0
	Disengagement with school/education	2.8	2.2	4.3	3.4	1.7	8.9	0.0	3.9	3.2	3.0	8.1	0.0
	Lack of support	8.8	6.3	14.1	10.7	10.6	14.3	13.0	15.1	12.1	14.2	8.8	15.4
	Other	2.5	2.5	4.1	2.4	3.3	3.8	3.7	3.8	4.4	2.0	2.9	3.3
	COVID-19 provided as a free text "other reason" for seeking assistance[2]	0.1	0.1	0.2	0.1	0.1	0.0	0.9	0.1	0.5	0.0	0.0	1.1
	Don't know	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Notes:

1 *Data for ADF refers to financial years 2017—21 only.*

2 *Data for the category 'COVID-19' refers only to financial years 2019—20 and 2020—21.*

Source: Customised data from South Australian Housing Authority H2H dataset.

Table A11: Services needed during support, per cent of support periods, overall and by cohorts of interest, South Australia, financial years 2016—21

Service types needed - under reported for non-accommodation services in South Australia	Overall	Family violence	Mental health	Aboriginal	Disability	Young people presenting alone	Over 55	Problematic AOD	Leaving care	Exit custodial	Children on CPO	ADF[1]
	n = 39,163	n = 17,104	n = 7,181	n = 385	n = 10,042	n = 1,475	n = 1,111	n = 1,085	n = 1,745	n = 12,455	n = 4,889	n = 91
Accommodation provision												
Short-term accommodation	100.0	100.0	100.0	100.0	100.0	100.1	100.0	100.0	100.0	100.0	100.0	100.0
Medium-term housing	14.9	14.6	17.1	12.7	15.0	19.1	13.9	14.3	12.7	16.9	18.6	9.9
Long-term housing	30.7	21.7	25.2	28.8	30.2	41.3	23.9	26.3	38.6	28.6	27.4	18.7
Assistance to sustain housing tenure												
Assistance to sustain tenancy	17.2	18.3	27.2	15.6	19.5	38.1	19.0	16.2	14.3	22.4	26.6	11.0
Assistance to prevent foreclosures	0.2	0.2	0.3	0.3	0.2	0.9	0.3	0.2	0.1	0.2	0.4	0.0
Disability												
Physical disability services	0.1	0.0	0.0	0.0	0.0	0.0	0.1	1.1	0.4	0.1	0.1	1.1
Intellectual disability services	0.2	0.1	0.3	0.3	0.2	0.2	0.4	0.1	0.9	0.2	0.2	0.0
Drug/alcohol												
Drug/alcohol counselling	2.7	2.4	3.0	0.8	3.2	18.1	6.8	2.2	1.9	5.6	21.6	4.4
Family												
Child protection services	3.8	5.7	2.9	16.1	4.2	0.9	1.8	0.0	7.3	3.0	2.8	1.1
Parenting skills education	3.2	4.5	4.7	3.1	3.7	0.9	2.5	0.6	2.0	4.0	2.7	1.1
Child specific specialist counselling services	2.5	3.6	1.0	8.1	2.1	0.2	1.0	0.2	2.8	1.1	0.7	0.0
Pregnancy assistance	1.0	1.2	2.5	1.3	1.1	0.8	1.2	0.0	0.5	1.5	1.4	0.0
Family planning assistance	1.2	1.3	2.6	3.4	1.6	0.9	1.9	0.4	1.0	1.6	1.2	1.1
General services												
Assistance for domestic violence	15.3	34.5	10.9	13.0	13.6	1.9	11.2	10.7	13.2	13.7	10.0	1.1
Assertive outreach	1.3	1.0	0.8	0.3	1.5	1.6	1.3	2.9	1.5	1.9	3.0	6.6
Assistance with government allowance	9.6	10.2	19.8	6.2	9.0	23.2	14.5	11.1	6.5	14.5	17.8	8.8
Employment assistance	6.8	4.4	14.0	5.5	6.0	30.2	7.4	4.7	2.8	10.3	14.4	5.5
Training assistance	0.5	0.4	1.4	1.3	0.4	2.2	0.8	0.7	0.2	0.9	1.2	0.0

Table A11 (continued): Services needed during support, per cent of support periods, overall and by cohorts of interest, South Australia, financial years 2016—21

Service types needed - under reported for non-accommodation services in South Australia	Overall	Family violence	Mental health	Aboriginal	Disability	Young people presenting alone	Over 55	Problematic AOD	Leaving care	Exit custodial	Children on CPO	ADF[1]
	n = 39,163	n = 17,104	n = 7,181	n = 385	n = 10,042	n = 1,475	n = 1,111	n = 1,085	n = 1,745	n = 12,455	n = 4,889	n = 91
Educational assistance	9.4	8.6	18.6	15.3	9.4	11.8	9.7	2.5	6.2	10.6	9.5	3.3
Financial information	13.9	13.6	23.2	8.3	13.4	22.3	22.2	17.3	10.2	22.0	24.0	9.9
Material aid	28.1	37.5	33.0	13.2	29.8	39.9	29.3	29.4	20.9	35.6	36.1	26.4
Assistance for sexual assault	0.7	1.0	1.4	1.3	0.4	0.1	2.1	0.6	0.5	1.4	1.4	0.0
Family/relationship assistance	9.4	9.7	17.8	18.7	10.0	9.6	11.2	6.2	7.6	13.1	12.1	5.5
Assistance for trauma	8.1	10.7	13.4	11.7	6.7	3.6	9.8	5.2	7.1	11.9	9.4	3.3
Assistance with behaviour problems	8.6	7.7	17.7	13.8	9.0	25.5	14.9	8.1	7.3	15.2	21.0	8.8
Living skills/personal development	14.2	11.9	31.0	20.3	14.5	35.5	23.1	15.5	10.8	21.7	24.9	14.3
Legal information	5.3	6.6	7.7	3.9	4.9	26.7	6.9	7.0	4.1	7.9	12.2	5.5
Court support	1.3	1.6	2.6	1.8	1.7	6.2	2.4	1.1	0.9	2.1	3.7	1.1
Advice/Information	64.6	64.2	75.8	39.2	62.4	59.1	73.6	76.4	55.4	80.2	75.5	70.3
Assistance with personal belongings	7.6	5.8	9.5	6.0	6.2	10.7	12.0	13.6	7.9	11.5	13.3	18.7
Advocacy on behalf of client	77.0	80.3	75.1	69.6	75.1	69.6	74.7	74.5	77.8	79.8	75.3	51.6
School liaison	2.1	2.5	3.0	5.7	2.1	0.7	1.1	0.3	1.3	1.8	0.9	1.1
Child care	1.7	2.9	1.3	4.4	1.6	0.1	1.1	0.2	1.9	1.0	0.4	0.0
Structured play/skills development	2.0	2.2	2.0	8.3	1.8	0.5	1.7	0.2	3.5	1.1	0.6	1.1
Child contact and residence arrangements	1.4	2.0	1.5	3.6	1.3	1.1	1.3	0.1	1.7	1.4	1.7	0.0
Meals	20.1	16.4	31.3	22.1	21.6	24.6	30.7	24.9	18.9	27.0	31.7	28.6
Laundry/shower facilities	11.7	7.2	18.4	11.9	12.5	16.2	22.5	19.9	10.2	17.2	22.6	18.7
Recreation	5.8	6.4	10.1	10.9	3.8	3.3	7.5	2.6	5.0	6.5	4.8	7.7
Transport	17.9	19.6	29.8	24.9	23.0	50.6	25.3	21.0	16.7	23.5	30.5	25.3
Other basic assistance	92.9	94.7	88.8	94.0	93.2	92.3	89.7	93.1	93.4	91.3	90.3	83.5

Table A11 (continued): Services needed during support, per cent of support periods, overall and by cohorts of interest, South Australia, financial years 2016—21

Service types needed - under reported for non-accommodation services in South Australia	Overall	Family violence	Mental health	Aboriginal	Disability	Young people presenting alone	Over 55	Problematic AOD	Leaving care	Exit custodial	Children on CPO	ADF[1]
	n = 39,163	n = 17,104	n = 7,181	n = 385	n = 10,042	n = 1,475	n = 1,111	n = 1,085	n = 1,745	n = 12,455	n = 4,889	n = 91
Immigration/cultural services												
Interpreter services	0.6	1.0	0.4	0.0	0.0	0.1	0.3	1.0	0.9	0.4	0.2	0.0
Assistance with immigration services	0.1	0.2	0.2	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0
Culturally specific services	3.9	4.6	4.1	6.8	9.7	3.5	3.5	5.3	4.0	3.5	4.1	3.3
Assistance to connect culturally	2.9	3.3	4.5	5.5	6.6	5.0	3.5	4.2	4.0	3.0	3.8	2.2
Legal/financial services												
Professional legal services	1.7	2.8	1.9	0.8	1.4	3.0	2.3	1.7	0.9	2.7	3.8	2.2
Financial advice	7.8	7.0	7.3	3.4	7.4	15.2	9.5	10.4	6.5	12.1	12.6	12.1
Counselling for problem gambling	0.1	0.0	0.0	0.0	0.0	0.9	0.3	0.3	0.1	0.1	0.3	0.0
Mental health												
Psychological services	1.1	1.2	1.3	0.0	0.8	1.2	2.5	1.4	1.0	3.2	2.4	1.1
Psychiatric services	0.2	0.1	0.3	0.5	0.2	0.3	0.7	0.2	0.2	0.5	0.6	0.0
Mental health services	3.5	3.4	5.5	2.1	3.3	5.8	7.4	4.0	3.2	10.7	8.7	7.7
Other specialist services												
Health/medical services	6.0	6.6	7.1	5.7	6.7	11.2	9.7	9.4	7.3	9.9	12.4	11.0
Specialist counselling services	9.6	16.5	13.3	6.2	7.0	6.9	13.6	7.8	4.2	13.7	13.1	1.1
Other specialised services	14.6	16.4	12.7	11.4	13.9	25.2	12.4	20.0	12.0	18.4	19.7	17.6
Assistance for domestic/family violence - victim support services[2]	9.9	22.2	7.3	7.3	9.6	2.1	6.6	6.8	4.5	9.9	8.4	0.0
Assistance for domestic/family violence - perpetrator support services[2]	0.4	0.9	0.3	0.3	0.5	2.1	0.4	0.4	0.2	0.5	0.7	0.0

Notes:

1 Data for ADF refers to financial years 2017—21 only.

2 Data for the categories 'Assistance for FDV - victim support services' and 'Assistance for FDV - perpetrator support services' refers only to financial years 2019—20 and 2020—21.

Source: Customised data from South Australian Housing Authority H2H dataset.

Table A12: Housing outcomes at end of support, per cent of support periods (closed only), overall and by cohorts of interest, South Australia, financial years 2016—21

Housing outcome category — supplied, closed support periods only	Overall	Family violence	Mental health	Aboriginal	Disability	Young people presenting alone	Over 55	Problematic AOD	Leaving care	Exit custodial	Children on CPO	ADF[1]
	n = 31,813	n = 14,214	n = 10,065	n = 8,358	n = 1,470	n = 5,712	n = 896	n = 3,994	n = 907	n = 1,183	n = 336	n = 70
Caravan	1.0	0.7	1.3	0.5	1.0	0.3	2.1	0.9	0.9	0.6	0.6	0.0
Long-term housing	31.2	31.1	35.1	28.1	24.4	31.3	45.2	31.0	28.0	37.3	11.0	34.3
Medium-term housing	1.5	1.6	2.1	1.9	1.6	2.2	1.1	2.3	2.5	3.7	0.9	4.3
Emergency housing/short-term	15.6	17.1	15.3	16.0	20.7	16.8	10.4	14.2	14.5	8.7	16.7	8.6
Rent free	25.2	23.7	14.6	30.5	28.6	21.0	10.1	13.2	14.1	7.2	53.0	8.6
Rough sleeping/sleeping out	4.0	2.3	6.1	3.6	4.4	4.3	6.4	7.0	3.3	4.6	1.8	10.0
Aged care and disability support	0.1	0.0	0.1	0.0	0.4	0.1	0.8	0.1	1.1	0.0	0.0	0.0
Hospital, psychiatric hospital and rehabilitation	1.0	0.7	2.1	0.9	1.4	1.1	1.8	4.3	14.9	1.4	0.0	1.4
Corrections	1.1	0.4	1.6	1.6	0.8	1.2	0.2	4.2	1.3	18.3	1.2	1.4
Other	19.5	22.3	21.8	16.9	16.7	21.8	22.0	22.7	19.3	18.1	14.9	31.4

Notes:

1 Data for ADF refers to financial years 2017—21 only.

Source: Customised data from South Australian Housing Authority H2H dataset.

Table A13: Reasons for ending support, per cent of support periods (closed only), overall and by cohorts of interest, South Australia, financial years 2016—21

	Overall	Family violence	Mental health	Aboriginal	Disability	Young people presenting alone	Over 55	Problematic AOD	Leaving care	Exit custodial	Children on CPO	ADF[1]
Reason support period ended (closed SP only)	n = 31,813[2]	n = 14,214	n = 10,065	n = 8,358	n = 1,470	n = 5,712	n = 896	n = 3,994	n = 907	n = 1,183	n = 336	n = 70
Client did not turn up	2.5	2.5	3.0	2.7	1.9	2.5	1.9	2.8	2.4	2.3	0.6	0.0
Client died	0.1	0.0	0.1	0.1	0.1	0.1	0.7	0.2	0.0	0.2	0.0	0.0
Client incarcerated	0.9	0.3	1.3	1.3	0.7	1.2	0.0	3.7	1.5	12.8	0.3	1.4
Client institutionalised	0.2	0.2	0.5	0.2	0.6	0.3	0.4	0.7	0.9	0.6	0.3	0.0
Client no longer requested assistance	16.5	17.6	17.1	16.3	14.1	17.4	17.9	17.7	17.1	12.8	7.4	24.3
Client referred to another specialist homelessness agency	9.1	11.3	11.9	10.1	9.9	13.0	4.6	12.3	11.2	5.5	8.6	11.4
Client referred to a mainstream agency	2.9	3.9	3.6	3.1	3.5	3.3	4.6	3.8	4.3	2.5	12.5	1.4
Client's immediate needs met/goals achieved	33.2	28.0	31.8	32.4	32.3	32.5	40.4	29.0	33.8	34.1	36.3	25.7
Don't know	24.6	26.2	18.7	23.1	28.0	19.3	17.9	15.4	16.7	12.6	23.5	21.4
Lost contact with client	5.3	5.1	6.3	6.0	3.8	5.5	3.7	7.2	6.7	5.9	1.2	5.7
Maximum service period reached	0.2	0.2	0.3	0.2	0.3	0.4	0.3	0.3	0.4	0.6	0.0	0.0
Other	3.7	4.1	4.3	3.5	4.0	4.0	6.9	5.6	4.0	7.7	8.6	7.1
Service withdrawn from client and no referral made	0.8	0.7	1.1	0.9	0.8	0.7	0.8	1.4	1.0	2.4	0.6	1.4

Notes:

1 *Data for ADF refers to financial years 2017—21 only.*

2 *Thirty-one 'not publishable' are not included in this total.*

Source: Customised data from South Australian Housing Authority H2H dataset.

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