

Crisis accommodation in Australia: how to make it work now and for the future



Based on AHURI Final Report No. 407: Crisis accommodation in Australia: now and for the future

What this research is about

This research documents what works and what doesn't work, together with the needs and outcomes for those in crisis accommodation. It explores the different crisis accommodation models operating in Australia, as well as the different approaches to case management and key principles for ensuring a supportive built environment. Case studies of a number of existing services are provided.

The context of this research

Crisis accommodation is an established part of the Specialist Homelessness Services (SHS) system in Australia. Demand for such accommodation is high and, despite calls for a reorientation of the homelessness services system towards prevention, Housing First approaches and ending homelessness, there remains a need to provide short-term emergency or crisis accommodation for people in acute housing need.

The key findings

The research takes a broad view of crisis accommodation, including generalist homelessness crisis accommodation services such as shelters or crisis supported accommodation services (CSAS), family and domestic violence refuges and youth refuges. It also considers various purchased crisis accommodation options such as boarding and rooming houses, hotels/motels, hostels, backpackers and caravan parks.

Crisis accommodation is concentrated in capital cities and major towns, with limited options available in regional and remote areas. On-site support is a significant element of many models, including congregate crisis supported accommodation services and youth and family violence refuges.

Limited data is available on the capacity of SHS managed crisis accommodation but the data that does exist suggests demand far exceeds supply. There are many more people experiencing homelessness on a given night than there are crisis beds available.

To meet high demand, SHS's and state and territory governments also rely on purchasing short-term crisis accommodation from private operators of boarding houses, hotels, motels, hostels and caravan parks. This accommodation is often inappropriate, expensive, unsafe and provides inadequate support for those who receive it. In addition, people experiencing homelessness in regional and remote areas often have 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.

The lack of exit options from homelessness creates a range of issues for people caught up in the SHS system, including prolonging homelessness and exacerbating trauma; backlogs and extended waiting times for crisis accommodation; and exits to unsuitable accommodation or back to homelessness.

Some groups of people have very specific SHS and support needs

The 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/dedicated responses for these groups.

Medical considerations are key for people living with a disability and experiencing homelessness while Aboriginal and Torres Strait Islander clients require a targeted response to ensure cultural safety.

A number of cohorts have mental health and problematic Alcohol and Other Drug (AOD) use concurrently. 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.

Less than a third of SHS clients found long-term accommodation

There was little variation in housing outcomes for the different groups, 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).

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, while high demand and unaffordability put private rental options out of reach for many people who have low incomes and are mainly reliant on income support payments.

While the lived experience interviewees agreed more crisis accommodation options were needed, 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.

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 factors such as lack of references; being on income support payments and unable to afford the rent; and intense competition for properties in the private market.

This demonstrates a need for greater focus on appropriate and sustainable housing exit options. Anything less sets people up for repeated tenancy failure, compounded trauma, and is an inefficient use of resources.

Trauma-informed, strengths-based and person-centred approaches work in case management of SHS clients

Case management is a collaborative process used to assist people experiencing homelessness to address accommodation and a range of other support needs connected with their homelessness. 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.

Trauma-informed approaches depend on developing strong relationships between clients and service providers and can take some time to bear fruit. Nevertheless, temporary or short-term accommodation for people transitioning out of homelessness can be designed and managed in trauma-informed ways, including through strong therapeutic relationships between residents and staff.

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The built-form is important for those in crisis accommodation

While a set of general principles are widely applicable for the most part, some design and built environments can better 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. Minimal barrier shelters can be designed to accommodate people with complex behaviours that may be disruptive to others.

What this research means for policy makers

While the research strongly supports a shift towards housing-led and Housing First approaches to ending homelessness, these 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.

The key elements needed for effective and appropriate crisis accommodation include:

- length of stay must be flexible depending on client needs and circumstances and must also provide certainty about how long people can stay (allaying fears that people will have to leave and become homeless)
- services must have caring and supportive staff, staff with lived experience (including peer support workers) and Aboriginal workers to support cultural safety
- crisis accommodation support offerings should be trauma-informed and must include mental health supports and a pathway to permanent housing. Physical health supports, material aid, AOD counselling, support with navigating Centrelink and other government services, access to legal advice and support with child protection issues are also important
- accommodation design should be trauma-informed and physically and culturally safe, including for children. It should be good quality and self-contained, with kitchen facilities and private bathrooms. There should be options that allow people to keep pets with them. Quality and safety standards are needed, while minimum standards should be developed and enforced to ensure all accommodation is accessible for people with disabilities and specific health needs
- 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 which works to minimise the risk of someone returning to homelessness
- housing stability (tenancy sustainment) should be the ultimate goal of all efforts to end homelessness, including crisis accommodation.

Policies and access: Rules and policies are 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 help to ensure that people know how to access crisis accommodation and would simplify access. 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.

Policy-makers should consider enhanced integration of primary and allied health services with crisis accommodation, with the aim of better integration and coordination between sectors and systems delivering the supports people need.

Measuring capacity to inform responses to insufficient supply:

Policy-makers should consider mandatory reporting requirements for crisis accommodation capacity and use of purchased crisis accommodation. 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. Documenting and systematically evaluating models of different services facilitate sharing of good practice and learnings to support continuous improvement. This work should be funded by governments.

Purchased crisis accommodation: Policy-makers should apply quality standards that prohibit the use of providers that 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.

Exit options: 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.

There are opportunities now to make significant improvements in Australia's crisis accommodation sector. Crisis accommodation should be about meeting people'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.

Methodology

This research reviewed the academic and grey literature on crisis accommodation models and practices, as well as getting 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 analysed administrative data from a large Specialist Homelessness Service (SHS) in Victoria and the South Australian Housing Authority (SAHA).

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