FINAL REPORT NO. 428

The role of housing providers in supporting clients with complex needs

From the AHURI Inquiry: Inquiry into supporting pathways in a social housing system

Authored by

kylie valentine, University of New South Wales
Edgar Liu, University of New South Wales
Piret Veeroja, Swinburne University of Technology
Patrick Harris, University of New South Wales
Hazel Blunden, University of New South Wales
Ella Horton, University of Tasmania

AHURi

Contents

List of tables

Acronyms and abbreviations used in this report

AHURI   Australian Housing and Urban Research Institute Limited

NDIS   National Disability Insurance Scheme

SHP   Social Housing Provider

Glossary

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

Executive summary

Key points

- This report investigates the current challenges in providing social housing to people with complex support needs, and potential alternative policy responses.

- Social housing registries, or waiting lists, are large and growing, and made up of people with a diverse range of housing needs. The potential to support people with complex needs and housing needs is undermined by the size and diversity of these registries.

- In the context of this report, complex support needs are those experienced by people with needs related to housing and other aspects of life—for example, health or disability.

- Supporting social housing providers (SHPs)—along with housing providers in other sectors—form partnerships with health, mental health and disability support agencies could result in improved service quality and client outcomes.

- Social housing and service providers continue to report unmet service needs and workforce capacity gaps in working with clients with complex support needs.

- Resource limitations are a barrier to intensive support provision. They constrain assessment, referral and intake from social housing registries to support services.

- The number of first-time applicants to social housing registries is growing, due to the ongoing housing crisis. This presents additional challenges in responding to the needs of people with complex needs.

Key findings

Social housing registries are growing. They include people with multiple and complex unmet support needs, as well as people who need housing but no other support. The gap between the availability of social housing and the demand for it puts pressure on systems for managing and allocating social housing, including in identifying and supporting the most vulnerable. The volume of applications, including applications from people who are highly unlikely to be allocated social housing, is a resource cost to agencies and detracts from the delivery of services.

In the context of social housing demand, people with complex support needs have support needs related to both housing and other aspects of life—for example, health or disability. These multiple needs are experienced in service systems as complex and difficult to meet, because:

- they require contact with multiple service systems

- the requirements of these systems demand considerable resources.

Many social housing tenants have complex needs, and some social housing providers (SHPs) provide or facilitate coordinated support to meet these needs: stable housing and time to build relationships of trust with service providers can create the conditions for effective support. However, people waiting for social housing and placed on social housing registries have health and support needs that are likely to be greater than those of people already in stable housing—but they are less likely to receive support.

Social housing registries could be used more effectively by service providers to support people with complex needs, as the provision of housing with other services can meet the needs of people who are otherwise isolated or excluded from services.

Models of integrated support include:

- supportive housing with casework support in private and social housing sectors for people with housing and health needs

- programs such as Housing First that are designed for very vulnerable people experiencing homelessness.

However, the potential use of social housing registries to reach and support people with complex needs will require changes to practices—and service providers will require additional resources.

This project explores the barriers to providing integrated housing support, as well as areas for potential improvement. It identifies:

- case studies where housing and support are integrated well

- barriers to effective support

- opportunities for enhancing the scope and quality of services to people who are often disconnected from service systems.

All forms of housing tenure can be the basis for integrated support. Effective practices have been established in private rental, supervised living environments, and emergency and transitional housing. However, social housing offers benefits for service design and implementation that other types of tenure do not. In particular, subsidy programs in private rental are weakened by poor security of tenure, and mean facing a shortage of suitable properties for subsidies because of competition, rising rents and low vacancy rates. Those pressures render these programs increasingly ineffective and expensive for governments. For tenants, higher housing costs place pressure on other essential costs, including food and utilities, and there is increasing demand on services that provide support to low-income households.

Increasing rental costs in the private rental market are placing greater demand on other services, as accommodation costs exhaust a high percentage of people's incomes. Interview participants for this project, for example, reported that food services have burgeoning numbers of people seeking help. This puts pressure on services to ration support, which places further demands on clients.

Current mechanisms for managing social housing registries are inefficient and counterproductive, as effective triaging of need is not possible with limited resources. The people who are most in need of housing and other support are also highly mobile, and likely to be removed from housing registries because they cannot be contacted.

Lack of affordable housing for people in paid employment increases the risks of unmet support needs and increased vulnerability. Low-income earners are reportedly first-time applicants for social housing, as we describe later in this report, with many experiencing marginal housing or homelessness after a tenancy ends and they are unable to find another tenancy in their price range.

Workforce capacity and other resources in the housing services sector are vitally important for supporting very vulnerable people. Services that provide housing support may be the first and only point of contact that clients with unmet mental health needs have with the service system. The provision of housing without treatment prerequisites can provide access to services for mental health and other needs to people who are 'hard to reach', or otherwise disconnected from services.

Policy development options

The number of people from diverse groups waiting for social housing is growing. However, social housing allocations mostly go to the people who are in greatest need. This places pressure on:

- SHPs—because demand is greater than supply, and significant resources are needed to manage the needs of applicants and tenants

- support services—because it is more difficult to meet the support needs of people who do not have secure and affordable housing

- people who are on registries due to high and growing housing costs in other sectors—because in most cases they will not be allocated housing

- people with complex support needs—because many do not receive the individualised casework they need; and even those that do are faced with long waiting lists for health and other services, as well as a shortage in appropriate and safe housing.

Policy development options for addressing these pressures relate to each of these areas:

- increasing the capacity of housing providers and other services

- meeting the housing needs of people on social housing registries

- providing effective services to people on social housing registries with complex support needs

- increasing the capacity of the housing support workforce to meet the needs of vulnerable people who are not receiving support.

The policy changes that could address these areas include the following:

1. *Improving the availability of social housing.* There is a massive gap between social housing availability and demand. Social housing registries are now waiting lists that cannot be feasibly managed. Applicant numbers are large and increasing, and stock has not kept pace with population growth. As a result, the threshold for social housing eligibility has become relatively low. Many more people are eligible and applying for social housing than will receive it.

2. *Increasing the supply of social housing*, or developing an alternative tenure type that has the same housing costs and security of tenancy as social housing. This will benefit people with complex needs, and benefit social housing applicants pushed out of the private rental market by housing costs.

3. *Establishing cohort-specific programs and policies.* Cohort-specific programs can be effective because they coordinate different types of support and optimise the benefits from each source. Programs for older people are among the most effective of these programs. The downside of prioritising specific cohorts is that other people do not receive the same support, and their needs are not visible to policy and programs.

4. *Implementing Housing First principles*. People with complex mental health support needs benefit from Housing First principles of housing support, where housing is not conditional on acceptance of other services (Roggenbuck 2022). Accessible and affordable support for mental health can also benefit clients. Programs that are resourced to follow Housing First principles and non-stigmatising mental health support are highly valued (Clarke et al. 2019). However, most services are not sufficiently resourced to provide these programs and resources could be increased to improve the quality of support provided.

Housing is a fundamental social determinant of mental health (Singh et al. 2019).Policy interventions that are directed at reducing housing disadvantage achieve substantial mental health benefit at the population level.

The study

This research is part of a wider AHURI *Inquiry into supporting pathways in a social housing system*, including tenancy support and client outcomes, which investigates prospects for developing a new system for socially supported housing pathways in Australia.

The Inquiry focusses on identifying opportunities for aligning assistance with people's housing aspirations, managing access for greater responsiveness, and improving support within and out of social housing.

More needs to be known about the capacity of service networks to provide integrated services, what resources are needed for service sectors to build capacity, and lessons for broader implementation and scaling up where this is working well. This project investigates the role of housing providers in supporting people with complex support needs. It reflects on proven or promising interventions and initiatives for addressing complex and growing support requirements of social housing applicants, and options for taking to scale. This may include adapting service models from other sectors, such as casework in disability services, and may be relevant to multiple forms of housing tenure.

To identify ways these potential benefits could be realised, we reviewed the literature for models of promising integrated support. From this, we identified agencies in three Australian jurisdictions using these models. We interviewed managers, practitioners, and stakeholders from these agencies to investigate the effectiveness of current practices in meeting needs, barriers to providing more effective support to people with complex needs, and potential for improving support.

1. Policy context: multiple support needs and social housing

- **The policy context for this research is the increasing number of and diversity of people who are applying for social housing.**

- **Social housing registries include people who need housing but no other support, as well as people with multiple additional support needs.**

- **The gap between social housing availability and demand places pressure on systems for managing and allocating social housing—which include identifying and supporting the most vulnerable.**

- **The provision of housing as a component of integrated support has the potential to reduce the very high social and individual costs of unmet support needs, but this potential is not being achieved.**

- **This project explores the barriers to providing integrated housing support services, and areas for potential improvement.**

This project is part of the AHURI *Inquiry into supporting pathways in a social housing system*, which investigates the prospects for transforming Australia's social housing sector into a system for socially supported housing pathways. It addresses the Inquiry research question:

- What should the role of social housing providers be in facilitating support to ensure positive outcomes for all clients?

1.1   Policy context

The policy context for research on the needs of people in social housing and on social housing registries ('waiting lists') is the increasing levels of poverty and disadvantage of these groups (Liu et al. 2023b). A key trend of Australian social housing policy in the last 30 years has been the restriction of eligibility and the prioritisation of applicants with additional needs. Policy settings that determine the support needs of social housing eligibility relate to income and support needs.

- *Income eligibility:* Current income limits vary between jurisdictions. However, all jurisdictions set limits substantially lower than average weekly earnings: in 2020, income eligibility was 26–59 per cent of average Australian weekly earnings (Davidson et al. 2020). Most income limits are below the level needed for a healthy standard of living. To be eligible for social housing, applicants must receive an income that places them at or close to the minimum level of income needed to participate in society, and some jurisdictions require them to be at or close to the poverty line. The number of people living in poverty in Australia is relatively stable—despite this, a growing number of people are applying for social housing, reflecting the increase in people who are excluded from other forms of housing.

- *Source of income:* As these thresholds are set so low, the main source of income for many applicants is an income support payment such as the Age Pension, Disability Support Pension or JobSeeker Payment (formerly Newstart). These payments are known to be mostly inadequate in protecting people from poverty (Davidson et al. 2020).

- *Other eligibility criteria:* Additional criteria for priority housing generally relate to homelessness, inability to support oneself in the private rental market, and other vulnerabilities—including family violence, serious illness, disability or age (Morris et al. 2023a).

Eligibility for social housing support is often regularly tightened in order for the same supply to meet increasing demand. Priority for support is often given to applicants assessed as having the 'highest needs', while others assessed as having less urgency for housing support spend more time on the waiting list. In practice, 'highest needs' often means multiple support needs, including those relating to mental health, problematic alcohol or other drug use, illness, disability, and capacity to sustain a tenancy. People in these circumstances may also face discrimination from employers, preventing them from gaining and staying in employment. This also limits their ability to sustain tenancies, whether in private or social housing systems (e.g. Gregoir and Maury 2018).

While not all SHPs consider support needs, increasingly many programs include 'wraparound' supports, delivered by a client support or caseworker team within the housing provider or through partnership with other organisations. This is in addition to the normal tenancy management role of SHPs. The role of the non-government sector in delivering housing and other support has grown in recent years, especially since 2010. The non-government sectors also play important roles in the design and implementation of policy, and in sustaining workforce capacity to meet increasing need.

Integrated support programs for people living in private rental or other housing tenure can be effective if they are implemented and resourced effectively. Partnerships between housing, health, mental health and disability support agencies can coordinate care and support clients through multiple service systems and the requirements for compliance with each of these systems.

Models of integrated service provision shown to be effective for people with housing and other needs include:

- high-intensity interventions that offer multidisciplinary support through coordinated case management or key worker models

- transitional or medium-term housing with case coordinated support, designed to build capacity and skills in maintaining tenancies

- Housing First programs

- casework support and rental subsidies to support tenancies in private rental properties that would otherwise be at risk.

Provision of housing is a way to meet immediate needs and can be the basis for providing healthcare and other services for people not in contact with services. Social housing registries could be a way to engage and support people with unmet needs, and prevent these needs from escalating further. Integrated support models in health and human services are difficult to evaluate and the evidence-base on effective integrated housing support is relatively scarce. However, the research does indicate areas of promising practices and service models with a range of vulnerable groups, including case coordination and co-location of services. This could include people who are at risk of homelessness and need intensive casework support to sustain a tenancy or have been excluded from the private rental sector.

There is potential to build capacity for these agencies and housing assistance services to offer integrated support services, by reducing the burden on clients to receive support and increasing the quality and efficiency of support that can be provided. This project investigates the current practices in programs providing this support, and the policy options for enhancing it.

The project is concerned with people with complex needs on social housing registries or waiting lists. However, support is never provided to people based on their place on the registry. People on the registry receive support, but this is because they are in contact with services and are eligible for support from those services. There is a group of people with complex needs who receive no support, because they have no contact with other services, have declined support, have lost contact with services over time, or their needs have become more complex since applying for housing. No data was available to us on the number of people affected by these circumstances, but their vulnerabilities are very likely to be even more critical than the needs of people described in this report.

1.2   Existing research

Poverty has massive effects on health and wellbeing, and people living in poverty are at high risk of other poor outcomes (Liu et al. 2023b). This is compounded by waiting lists for effective and accessible services, which can result in support needs being unmet for long periods, risking further exclusion from social and economic participation. People in poverty who have health or other support needs are often at elevated risks of homelessness. Resource constraints and system barriers often mean that multiple support needs become complex support needs—in other words, they are needs that are hard for services to meet. This is especially the case for people in poverty, who face additional barriers to receiving high quality care because of the shortfall in accessible, affordable services.

People with complex support needs are often in contact with multiple systems, such as health, disability support, family support and child protection, and corrections. These systems have the potential to provide integrated support, which includes addressing housing needs. However, the presence of multiple services in people's lives can result in significant demands if these services are not well integrated—such as the requirement to apply for multiple jobs and properties, and to keep appointments with caseworkers. These can have the unintended consequence of impeding social and economic participation, as the obligations to services are so onerous (Stambe and Marston 2023).

In addition to policies and programs intended to provide integrated support, formal and informal partnerships have been set up in some locations, often generated by individual agencies or practitioners. These may have potential to provide more substantial and consistent support to housing assistance clients, including those waiting for social housing. Research on service systems shows that, in some locations, services work together effectively in supporting clients, and assist clients to access a range of housing and other support programs. However, this is not possible in all locations.

Similarly, research on client experiences shows that the quality of support provided is uneven. Some clients receive significant support, including advocacy to be accorded priority status on waiting lists (MacKenzie et al. 2020; Parsell and Marston 2016). Others receive much less support from support services that are not effective because they are poorly targeted or time limited due to resource constraints in service networks (Muir et al. 2020; Spinney and Zirakbash 2017).

The challenges that individuals, households, SHPs and support service organisations increasingly face in meeting support needs are well documented in Australia and internationally. The lingering impacts of the COVID-19 pandemic and the persistence of the cost of living crisis brought on by global unrest and disruptions to supply chains, among other factors, have only furthered these challenges (Baker et al. 2020a; Davidson 2022; Davidson et al. 2023; Horne et al. 2020; Oswald et al. 2020; Pawson et al. 2021).

This report contributes to the evidence of these increasing, and increasingly complex, challenges. It highlights how SHPs and their support service partners have continued to respond in an environment where increases in demand for support have persisted but the resourcing for support and relief has not kept pace.

1.3   Research questions and methods

We used multiple data sources to address four research questions:

1. What are the roles currently played by social housing landlords in addressing the support needs of people on waiting lists?

2. What works, for whom, under what circumstances (and why?), and what are the opportunities to provide more effective housing and other support to people waiting for social housing?

3. What interventions are effective in providing integrated support for priority groups? When and in what circumstances are eligibility criteria and targeting requirements affecting the effective integration of support?

4. What potential for policy transfer is offered by other sectors for the design of alternative pathways to safe and sustainable housing for people on social housing waiting lists?

The methods used were:

• a review of Australian and international literature to identify models of proven and promising programs and policies designed to provide integrated housing and other services for people with complex support needs, in Australia and internationally

• audit and review of three Australian jurisdictions (NSW, Tasmania and Victoria) to identify programs and policies with service models known to be effective or potentially effective, and selection of case study organisations

• analysis of qualitative data from interviews with policy stakeholders, practitioners and managers from policy and program staff providing integrated support to people with multiple and high service needs, including housing needs in three jurisdictions.

We identified three promising service models used by housing and other support service providers in Australia, and invited staff and stakeholders from programs based on these models to participate in an interview or focus group discussion (Table 1).

Table 1: Case studies of promising service models

Intervention type	Intervention description	Case study jurisdictions
Housing support service	Services offering integrated support to people with complex needs, including tenancy support for people at risk of homelessness, headleasing of private rental properties, and community housing	NSW (2), Tasmania
Private rental assistance	Private rental subsidies to support tenancies for vulnerable people in private rental properties	NSW
Targeted program	Program for specific vulnerable population group, e.g. young people exiting out-of-home care, older people, people who have experienced long-term and recurring homelessness	Victoria

Source: Authors

The case studies were selected to represent a mix of organisational sizes and speciality, and of large and small metropolitan and regional areas. Selection was made based on the research team's knowledge of Australia's social housing and support service sectors, in consultation with the broader Inquiry research team. Thus the organisations shortlisted for invitations to interviews and focus groups comprise a mix of medium and larger organisations, providing a range of services, including general and specialist support in-house and specialist services delivered in partnership with other organisations. We refrain from naming the agencies involved in case studies to preserve the anonymity and confidentiality of our participants. Six organisations and 17 individual stakeholders participated in a series of focus groups and interviews between April and September 2023, either online or face to face.

Interviews explored topics relating to social housing availability and experiences of social housing registries, and barriers and facilitators to meeting housing and other needs. We also asked participants to talk about providing integrated support, either through their own organisation or in partnership with other services or service networks, and to describe what is working well, and which areas need improvement. (See Appendix 1 for a full topic guide.)

Interview data was transcribed verbatim. The research team de-identified the transcripts and conducted content analysis to identify and describe experiences in the areas of research focus, experiences and views of social housing registries, and meeting the needs of people who apply for social housing. We also analysed the data thematically to explore themes such as system strengths and resources, changes over time, and areas of promising practice (Braun and Clarke 2006).

Illustrative quotes here provide context and detail of participants' experiences in their own words. To improve readability, vignettes and interview extracts have been condensed and edited in some cases by the deletion of filler words, pauses and repetitions.

2. Responding to complex support needs: existing practice

- There are a range of housing models for people with complex support needs, which may be effective if casework and other support is adequately resourced.

- Services rely on transitional housing when social housing is unavailable— but this type of housing is in short supply.

- The shortfall in transitional housing is driven in part by a lack of sustainable private rental properties.

- Private rental properties are often not safe for people with complex support needs, as they may not have the resources to maintain a shared tenancy without intensive support.

- Service providers report unmanageable caseloads, and that they cannot meet many of their clients' needs.

- Housing costs are increasingly placing demands on other services, as accommodation costs exhaust people's incomes. This is changing the way that services allocate and ration support, placing further demands on clients.

- Contact with multiple services can create barriers and challenges, rather than integrated support.

2.1   Social housing registries and prioritising needs

For individuals and households that require housing assistance, the first point of contact is often with a housing provider, whether it be a state housing authority or a community housing organisation. This is because all Australian states follow a centralised 'no wrong door' approach to receiving and assessing housing assistance applications. Examples include NSW's Housing Pathways program, the Victorian Housing Register, and Housing Connect in Tasmania. Through these centralised approaches, applicants have their housing and related assistance needs assessed by any SHP within their state of residence, and registered on a centralised waitlist. These centralised registers are intended to enable matching of applicants with properties that meet their requirements, from a wide range of service providers, rather than applicants making multiple applications to individual service providers.

Other avenues through which people seeking housing assistance may enter the social housing system include referrals by providers of other support services such as charitable organisations and other government agencies such as community service or health. Regardless of pathways of entry, the initial points of contact need to appropriately assess applicants' support needs and facilitate connections with potential support providers.

Access to social housing depends on eligibility criteria that vary by household size, primarily centred around income and assets. These eligibility criteria vary across Australian jurisdictions. Additional considerations encompass citizenship, residence status, age and tenancy history. Further criteria relate to eligibility for priority of housing—often referred to by service providers and applicants as the place on the waiting list. They commonly include:

- disability

- poor physical or mental health

- old age

- domestic and family violence

- institutional exits (e.g. prison)

- homelessness, or the risk of homelessness (see Powell, Meltzer et al. 2019 for more detail).

However, these criteria vary across Australian jurisdictions. Faulkner, Verdouw et al. (2021), for example, highlighted that age as a consideration for social housing support priority differs greatly across Australian jurisdictions, ranging from 55 years to as high as 80 years.

These eligibility categories are measures to triage and prioritise housing allocation according to need, among diverse groups of people with different types of need. Governments and other sectors are also to attempting to more readily recognise the importance of sociocultural diversities and disadvantage on support needs (e.g., Australian Department of Health 2017). Despite such overarching national frameworks, the policy landscape varies across states and territories (see Liu et al. 2023a, for example, on divergent approaches to policies on ageing-related support).

Social housing applicants with multiple needs will in many cases be supported by multiple services, including case coordination support, rather than from a single service provider. Most service providers do not have capacity to fully support individuals and households who seek support and require coordination across different providers, including across sectors (e.g. Martin et al. 2023).

2.2   Models of effective and promising support

Existing research into the support of housing assistance clients with complex needs has tended to focus on particular groups. Such differentiations follow government policies that identify them as priority or target groups, including older people, care leavers, veterans, women, and people of culturally and linguistically diverse backgrounds. Funding for support is typically provided in relation to these priority or target groups. This is also reflected in recent research, including that published by AHURI (e.g. Duff et al. 2021; Duff et al. 2022; Faulkner et al. 2021; Leishman et al. 2022; Martin et al. 2021a; Martin et al. 2021b; Moskos et al. 2022; Thoresen et al. 2022).

Integrated support models in health and human services are difficult to evaluate, and the evidence-base on effective integrated housing support is relatively scarce. For example, a systematic review on models of independent living programs for young people leaving the care system found no studies of sufficient quality to review (Donkoh et al. 2006), and outcomes from studies of intensive case management and accommodation support in the community for people with severe mental illness found promising results but from only a few studies (Dieterich et al. 2017).

Evidence is still emerging on when and for whom different types of support are effective. Most Australian evaluation studies are small. One reason for this is that most of the programs being evaluated are fairly small, time-limited, and often constrained by eligibility criteria or resourcing. Nevertheless, research evidence shows areas of promising practices and service models with a range of vulnerable groups, including case coordination and co-location of services. These include:

- Housing First

- foyer models

- programs that combine private rental subsidies and casework support

- transitional housing

- supported living models (Flanagan et al. 2019; MacKenzie et al. 2020; Roggenbuck 2022; Spinney et al. 2020).

For example, a position of 'seniors services coordinator' was introduced by a SHP in Toronto, Canada. A study of the design and implementation of the program investigated how people in the roles facilitated integrated service provision in different ways. They formed relationships with tenants, assessed tenant needs and coordinated services, and built partnerships with government-funded system navigators. However, histories of mistrust, boundaries and time management, role conflicts and system-level barriers made it difficult for coordinators to fully carry out their role. Conversely, enabling factors in building trust were small caseloads, and the location of coordinators in specific buildings (Sheppard et al. 2023). A program providing coordinated care teams to formerly homeless people living in permanent supportive housing found that health-related quality of life improved for those who had coordinated care teams and a single plan of care with the partnering clinic (Schick et al. 2019). A study of a program in England designed to integrate services across housing and health and social care reported a service developed to support people living with HIV who were homeless or at risk of homelessness (Cameron et al. 2009), which provided tenancy support and facilitated access to a GP and HIV clinic. The program's successes came through its local joint working context, the involvement of the voluntary sector, and the flexibility in role of the support workers as network navigator and advocate.

Housing stability for people with severe mental health problems who are at risk of homelessness can be increased with integration of clinical care, housing, and tenancy support. Housing First evaluations have shown the value of immediate housing support without conditions or treatment prerequisites (Clarke et al. 2019), as have programs designed to integrate clinical care and housing support (Aubry et al. 2020; Barnett et al. 2022; Weightman et al. 2023).

Models of integrated support typically provide housing and the support of a case coordinator or other support worker, and there is evidence that these can be effective. In Victoria, for example, the Women's Integrated Support Program (WISP) for women exiting prisons who have multiple and complex support needs is delivered by three agencies: Melbourne City Mission, the Victorian Association for the Care and Resettlement of Offenders (VACRO), and the Brosnan Centre. It is intended to meet needs through assisting women to identify their needs and issues and meet these needs through a support/goal plan, achieve their goals, and resettle into the community and maintain a sustainable lifestyle. Housing and homelessness support is an integral aspect of the program (Chudiak 2008).

A housing support, outreach and referral service developed in England to support people living with HIV who were homeless or at risk of homelessness, found that those referred into the program who received tenancy support—most of whom were helped to secure temporary accommodation—maintained their tenancies over the study period (Cameron et al. 2009). In Texas, 323 people experiencing homelessness were enrolled in one of two permanent supportive housing service delivery models, each featuring coordinated care teams (Schick et al. 2019). Significant and meaningful increases in health-related quality of life were reported in the intervention group, where a single plan of care was developed in collaboration with a partnering clinic, relative to the comparison group, where a coordinated plan of care could not be offered. This integrated model, with a high degree of collaboration and a shared electronic health record between the coordinated care team and federally qualified health centres, demonstrated potential cost savings through reduced emergency department utilisation (Schick et al. 2019).

Another example from the US homelessness sector is a Housing First program in Philadelphia for people with experiences of homelessness and mental illness (Weinstein et al. 2013). The program integrated onsite primary care services, embedding a physician within the care team to facilitate linkages to primary and specialty care. The study confirmed the prevalence of medical comorbidities among those with homelessness and serious mental illness, and showcased the feasibility of onsite supportive housing programs (Weinstein et al. 2013).

People with complex support needs continue to experience significant barriers to support, including direct and indirect systematic discrimination. Historic and contemporary systemic constraints to secure housing, and social and economic participation, are responsible in many cases for unmet housing and other support needs. For example, research into the unmet housing needs of First Nations Australians continues to highlight the lack of cultural safety and competence, inadequate funding, and inappropriate housing designs as barriers to improving outcomes (e.g. Tually et al. 2022). Discrimination also remains as a barrier to accessing and sustaining housing, for First Nations Australians (e.g. Moskos et al. 2022) people with from culturally and linguistically backgrounds (e.g. Dunn et al. 2018; MacDonald et al. 2016) and sexuality diverse, trans and gender diverse people (e.g. Brooke 2023; Hellyer 2021; Oakley and Bletsas 2013).

2.3   Current responses and constraints on support

The increasingly complex service landscape is reflected across the case studies of our research. It was recognised also that the complexity increased further as an outcome of the COVID-19 pandemic, where a greater number and variety of people were seeking support than previously. These included people experiencing housing stress and other housing-related challenges for the first time due to loss of employment, and the rapid increases in costs of renting and homeownership. Other factors included individuals and households who were not eligible for housing support, but were unsure where else they could get guidance or advice apart from SHPs. This further strained the already limited resourcing, with service providers needing to refer a broader range of people to other support services, as this participant explains:

> We have people that come in that have […] more money than we do sometimes, and they've got nobody to go, you know. And because of that, it's almost like, a JobSeeker affordability. It's just overlooked. Now you know, it's just that they're just left to their own devices and it was because we're here to help out that, you know, we got a new scope of people. (Service provider, NSW)

Interview participants described these resourcing constraints as a barrier to achieving better outcomes for clients:

> *The biggest issue is funding. If you don't have the funding to support—like [program name] is a prime example of a really well-funded, a really well-funded program that has achieved fantastic outcomes […] They give small caseloads, brokerage, tenancy support, as well as support from the support worker. It was ongoing, all of that. That's how you can support people in the community. But we have targets, we have to open up 24 new support periods every month. […] It's number-based, it's not outcome-based. (Service provider, Victoria)*

The eligibility criteria for programs with housing support are often quite targeted, and services usually have limited capacity to provide the high levels of support some people need. Outcomes of homelessness interventions implemented in some Australian jurisdictions in response to the COVID-19 pandemic—which provided substantially more resources, including access to housing—can provide valuable evidence on the effectiveness of intensive support programs for different groups of people with housing and other needs (Liu et al. 2023b).

Service providers described having caseloads designed to support people with moderate support needs—but in reality they were supporting people with high needs. They described support services that were intended to be intensive and integrated enough to enable people to maintain private rental tenancies, but did not:

> *It was all about moving people on into the private market and get the supports wrapped around them and we have done, and then they've wanted desperately to come back [to supported accommodation] because they feel really unsafe. (Service provider, NSW)*

In practical terms, some groups of people with high support needs are excluded from social housing, and from other types of housing as well. For example, young people who are not in paid employment or education, and those who have been in out-of-home care:

> *We do see a lot of young people who are about to turn 18, who are ageing out of Child Safety, who have absolutely no options when their order ends at 18. We're seeing the really big gap of young people who don't fit sort of the foyer model criteria as well […] There's a lot of young people that are not able to engage in education or training, and I would say there's probably a really big gap happening right now for those young people, who just have absolutely nothing. Maybe they can't even engage with shelters either, and they don't have any options. (Service provider, Tasmania)*

Increasing demand for housing support is stretching the capacity of service models for housing support, including transitional housing, which service providers rely on to support people with complex needs who are homeless or at high risk of homelessness. One service provider described people with previous social housing tenancies as a group that was especially challenging to support:

> *Someone who's previously not been able to sustain a tenancy […] for six months. Now, if they failed that tenancy in social housing there's basically no options, no realistic options. [If they] haven't been able to sustain a tenancy with that sort of level of support, [their housing] needs to drop back a step. And I think that step is transitional housing. (Service provider, NSW)*

However, this interview participant went on to say that transitional housing is also in short supply. This problem is compounded by the shortage of social housing and sustainable private rental—which results in transitional housing placements lasting longer than they should:

> *But, you know, we don't have many of those [transitional housing places], and then because of the housing crisis, we've got clients who have been in there for years when, you know, the idea is three to six months is the ideal for transitional. (Service provider, NSW)*

Service providers also described assisting clients with complex needs to apply for private rental properties, sometimes supported by subsidies. However, these properties are often not safe for people with complex support needs. People may not want to live alone or have the resources to maintain a tenancy without intensive support. Sharing with flatmates—either friends or people they do not know—can also be very difficult for people with support needs, and for their flatmates:

> *If you have someone with complex mental health issues, how are they meant to put all that aside and then be a perfect fit for someone? Not everyone has a friend that they can move in with, or a family member or a partner, and if they're someone that's already struggling and someone that has, you know, high levels of anxiety and maybe some PTSD, and maybe some other stuff going on, [it doesn't work] just to be like, 'Hey, you need to match with someone,' or, 'You need to try and find some stranger to try and rent with.' (Service provider, NSW)*

Despite recognising the risks, service providers reported assisting clients to find rental properties—for example, helping clients to look at flatmates.com, because there were no other housing options available.

2.4   Partnerships and collaborative working

Housing providers work in partnership with other agencies to provide services that address multiple needs. One service, for older people, has staff positions to coordinate access to services from different agencies. This may include assistance with application and assessment processes, including for social housing:

> *The care-finder role will come and help them. If they're renting and it's breaking down, they're worried about their future or where they're going to go, we'll get them on the [social housing register], we'll get an assessment through My Aged Care for any respite or residential aged care if they need it, anything like that. Then their other health needs, connect them to community supports, connect them to a GP if they haven't got one, get them registered on My Aged Care, get them an [aged care] assessment,[home support] services if they need all of that. So, the care-finder role does that as well. (Service provider, NSW)*

Another service provider coordinates a program to ensure a continuum of care for people who are experiencing homelessness and receiving inpatient mental health treatment. The program aims to provide clients with an address upon discharge through a community treatment order, thereby offering them a stable environment when leaving the hospital.

Stakeholders highlighted that those on low incomes who were paying rent or paying towards emergency accommodation required food services, as their money was exhausted quickly. A worker observed:

> *And instead of being able to afford food, they put all their money towards their rent, and then they're needing food from these services to make sure they can get by. (Service provider, NSW)*

Most housing providers do not provide food, financial assistance or material goods such as furniture directly—but they work with organisations that do. These services are also stretched because of increasing demand. Interview participants talked about changing requirements for clients to provide evidence of high needs and priority status on waiting lists, because of resource constraints on services and consequent rationing of support.

> *I've been in the last two months [to a large charity organisation to seek support for a client]. They kind of [respond to requests by saying], 'We can't keep doing this.' And it's kind of putting the blame on the victim, because we're talking about, in particular, clients on low incomes, they're below the poverty line.*

> *We have to ask our clients to produce their bank statements over and over again for different things. You know, for temporary accommodation or to access furniture for someone that's found a home to move into. But, you know, might need assistance with the electrical goods. (Service provider, NSW)*

People with multiple support needs are often in contact with multiple support services. This can create new challenges and tasks if the services are not well integrated, for example, keeping appointments and providing evidence for multiple agencies. This can become a barrier to support:

> *People that are here to access services and a lot of the time just can't get the documentation together. It just adds an extra—for people who are already vulnerable, that are already struggling, it just adds an extra thing that sometimes can be—you know, they just give up sometimes. (Service provider, NSW)*

Applicants' contact with multiple services presents challenges to service providers who find themselves the target of advocacy efforts by other services—which places demands on their time and adds to the intensity of their work:

> *I think what has really changed is the influence of other services. I think as the housing crisis has changed, people are becoming more and more involved, and the pressure put on [colleagues] has been absolutely obscene, because all of these other agencies have gotten involved, and decided that we are the holders of all the answers. (Service provider, Tasmania)*

Service providers often described their efforts in supporting people with multiple needs in their interactions with multiple services—for example, helping clients secure accommodation or access to brokerage funding. While this support is helpful for clients who could otherwise fail to receive support, it is also an indication that services do not work together seamlessly. The increasing use of case coordination in service models is necessary but expensive, and represents financial costs that could otherwise be invested in supporting clients more directly, if support were better integrated,

2.5 Policy development implications

Several of the policy development implications from these findings have been well established previously. There is a massive gap between social housing availability and demand. The result is that social housing registries have become waiting lists that cannot be feasibly managed. A fundamental requirement for policy is increasing the supply of social housing or developing an alternative tenure type that has the same housing costs and security of tenancy as social housing and will benefit people with complex needs. Some will be allocated social housing; those who are not allocated social housing will benefit from greater availability of other integrated housing and support services.

The workforce capacity of the housing and other support sectors is a key component of the experiences and outcomes of very vulnerable people, and this capacity needs to be increased. Practitioners are often highly skilled and experienced, but they are unable to provide effective support because their caseloads, and the support packages they can provide, are intended for clients with much lower support needs.

The evidence-base shows that the provision of housing with minimal conditionality and individualised approaches to casework is important to effective support for people with complex needs (Weightman et al. 2023). This model of intensive support could provide significant benefit for a proportion of people on social housing registries. However, the scale and heterogeneity of needs of registries do not allow it, so opportunities to support people with complex support needs are lost, leading to higher individual and social costs.

Service providers often actively advocate for their clients who are waiting for support. In practice, this can mean making repeated contact with other services on behalf of their clients. Practitioners report being under pressure from the advocacy efforts of other services, in addition to the pressure of attempting to find support services that can meet their clients' needs. Effectively integrated services reduce the burdens on clients and practitioners of managing multiple services, but service providers report that the number of services with which clients are in contact increases their workload.

3. Targeted support for identified priority groups

- Policy responses to the growing number of people with complex support needs include the establishment and promotion of cohort-specific services and support, designed for people in particular categories of age, circumstance or support need.

- Integrated care for older people—which coordinates support from different levels of governments, and across multiple government and non-government agencies—is one of the more successful examples of a cohort-specific approach.

- Targeted support for young people is relatively limited, despite recognition that young people with housing needs are also a priority group for support.

- Unmet support needs for mental health are both a cause and an effect of housing vulnerability.

- Mental health challenges are increasingly prevalent and exacerbated by precarious housing and long wait times for stable housing.

- Services that provide housing support may be the first and only point of contact that clients with unmet mental health needs have with the service system.

- Effective support requires recognising risks to health caused by the challenging life circumstances that vulnerable people and their carers face.

3.1 Policy aims for person-centred support

As noted in Section 2.1, government policies and programs are increasingly recognising individuals' diverse backgrounds and circumstances, including through a move to promote person-centred support. One outcome has been the establishment and promotion of cohort-specific services and support. As Liu et al. (2023a) recently identified, there is a concentration of policies concerning care and support of older Australians. Integrating health and housing is also the aim of a range of programs and service models, including models of co-location and coordinated care plans.

A policy focus on priority populations based on demographic characteristics or other circumstances has benefits and risks. One risk is that the visibility of one group of vulnerable people, such as older people, results in the marginalisation and lack of support for others. The policy focus on providing care and support to an ageing cohort aligns with the prominent Australian and international welfare philosophy in supporting the 'deserving poor' (Bridges 2017; Mackenzie and Louth 2020), where people with particular characteristics are prioritised as more deserving to receiving support than others. Older people are often highlighted as one such 'deserving' group, whereas young people tend not to be. Some groups are consistently stigmatised and described as undeserving— for example, people who use drugs, and people with experiences of incarceration (e.g. Martin et al. 2021a; Reeve et al. 2024, OnlineFirst; Taylor et al. 2023).

3.2 Targeted support for older people

The dedication of specialist services across different levels of governments, and across multiple government and non-government agencies, makes it easier for CHPs to link individuals with ageing-related support needs to appropriate services. Such support includes national assessment and (co)funding opportunities like My Aged Care, as well as emerging policy focus such as homelessness in later life (especially among women), where additional resources may be dedicated, due partly to increased political attention (e.g. Hall 2020; Petersen and Parsell 2015).

Policies concerning care and support of older Australians provide avenues for services to provide assistance. This includes access to funding for modifying housing to aid ageing in place, or referring on to service support partners for other types of assistance. As one of our housing provider interviewees highlighted:

> I think that because there are people with age-related needs, it allows us to actually get better support for them. If they connect with My Aged Care for support, they can get a home care package or if they can get emergency rent where it's needed. (Service provider, Victoria)

This is especially true in light of the COVID-19 pandemic, as well as the rapid and persistent increase in housing costs since then, as older people who had lived outside the social housing sector need to seek housing and other related support:

> I think we are seeing increasing numbers of old people that have been in private rentals for a really long time that, all of a sudden, the landlord is selling, renovating, upping the rent, so they're just pushed out of that. (Service provider, Tasmania)

Interviewees emphasised connecting older people to healthcare services as one of the primary responsibilities of services:

> A big focus is supporting people, especially aged people, to be able to access healthcare. So, getting a regular GP, accessing their specialist appointments and following up on that. I often say we fill in the gaps,[that] is how I often talk about it when we talk to people, because we might be working with somebody […] who was really isolated. (Service provider, Victoria)

Participants further emphasised that those who seek housing support may experience premature ageing, as an outcome of—or exacerbated by—their experiences of homelessness, historic and systemic discrimination, as well as the challenges of living with lower incomes. However, ageing-related support is typically focused on individuals aged 55 and older—or even 65 and older—and often precludes those who experience premature ageing. Interviewees spoke of needing to find other avenues, such as disability support through the National Disability Insurance Scheme (NDIS), including as a testbed for building a case where exceptions may be granted for access to aged care support:

> *The 50 plus, obviously we say they have age-related health needs. So, then that allows us to build a case for NDIS because of the need for care. And if they don't get NDIS, we have to test the NDIS market first before we can then try to get an exceptional sort of referral for aged care services. Because where NDIS are coming on board, [our service] used to do a lot of advocacy for people 50 plus to get aged care services, because of their mature ageing needs. (Service provider, Victoria)*

Several providers spoke of support provision. A NSW Service provider noted that several housing estates had age-specific accommodation that had proved to be 'well-functioning':

> *[Name of estate] was specifically aged. There was restriction on allocation. Are they going to do restriction allocation in some of the other developments? I don't think so. I think they just need to think very carefully about it. (Service provider, NSW)*

The interview participant goes on to explain that support does not only benefit individuals, but may have broader, neighbourhood and community implications—especially in terms of social stability and connections:

> *The support needs to be very responsive, very particular to understanding the impacts that a failing tenancy can have on neighbourhoods […] We actually do care about the neighbours. We care about how that individual supports a healthy community. (Service provider, NSW)*

In this context, interview participants also expressed concern over the general move away from concentrated to dispersed or 'salt and pepper' housing estates. They are concerned that the capacity of services to support communities by supporting tenancies will be diminished, which has been seen in other locations: *'the level of skill and the reliability isn't delivering the outcome for those individuals or the community'* (Service provider, NSW). While age-specific accommodation is still being built, there are questions over how some new and redeveloped housing estates may be able to properly support ageing populations.

3.3   Support gaps for younger people

In contrast to the range of supports available for eligible older people, several interviewees highlighted that younger people may experience more challenges in accessing appropriate services. This partly stems from age-specific services, as noted above, being often directed towards older adults—which means that people under the age threshold may not necessarily receive focussed attention. At times, younger people are viewed as not likely to need as much support as older people, which Liu and colleagues (2023a) argued as a discriminatory portrayal of ageing as debilitation. At other times, younger people may also not be viewed as 'deserving' of support, having not done 'enough' in contributing to the economy, community or society more broadly.

While a couple of the service providers interviewed for this research noted that they have dedicated teams looking after younger clients (typically those aged 16–24 years, to align with broader government policies and funding models), reaching particular age milestones—turning 18, or 25—can necessitate them transitioning to different support services, including being case-managed by unfamiliar support teams. The disruptions of transition may see them fall through support gaps:

> *With the young people as well, it's probably worth mentioning, we do see a lot of young people who are about to turn 18, who are ageing out of Child Safety, as well, who have absolutely no options when their order ends at 18, which is really challenging. I'd also say we're seeing the really big gap of young people who don't fit the foyer [housing] model [eligibility] criteria. […] There's a lot of young people that are not able to engage in education or training, and I would say there's probably a really big gap happening right now for those young people, who just have absolutely nothing. Maybe they can't even engage with shelters either, and they don't have any options. (Service provider, Tasmania)*

Young people often have support needs and vulnerabilities that are more complex than older people. Financially, the income support allowances for which they are eligible are generally lower, especially for people younger than 18 years. The award wages they receive from work are also lower, while employment is often more precarious and less stable. They have also had less time to build up assets, skills and experiences that can help stabilise them financially, socially and emotionally. Collectively, these make it especially challenging for younger people to sustain tenancies:

> *I'd argue that young people have more complex needs, because they have more difficulty in breaking into any market. So, young people are overlooked in private rentals, and they can't afford private rentals. Like, on a youth allowance, you can't afford anything. You're overlooked in social housing, because it's not affordable for a SHP to house you, because your income is so low, and it's based on a percentage of your income. They are overlooked everywhere. So, for me, it's young people who are seeing the greatest challenges. (Service provider, Tasmania)*

While not exclusive to younger people, service providers also report recipients of income support payments facing discrimination when accessing private rental:

> *Definitely some discrimination still towards people in that category. I've worked with clients that are in youth refuges through certain real estate [agencies]. Once they see that their current address is a refuge, they've just said, 'No, we don't accept people from refuges.' So, from the get-go, the fact that they've been in that position to start with then hindered their ability to get a private rental. (Service provider, NSW)*

Despite these complex challenges faced by young people, in practice they are seldom prioritised for support. This may be due to policy constraints. For example, as noted earlier, Faulkner, Verdouw et al. (2021) highlighted that most Australian jurisdictions give social housing allocation priorities to older people, while the equivalent does not exist for younger people. Consequently, younger people often spend more time waiting for housing support:

> *Young people tend to wait a lot longer than other people—well, from my experience they seem to—because there doesn't seem to be very many social housing [properties] that seem suitable for them. (Service provider, Tasmania)*

As service providers reflected, the various factors that lead to younger people more likely falling through support gaps can have compounding effects, not only in prolonging their stay on the waiting list, but also in service providers' capacity to offer support:

> *It seems like for young people, especially that are on youth allowance, any hope of getting a private rental or getting that long-term accommodation is so heavily dependent on access. And unfortunately all the services [that assist with access to housing with a rental subsidy program] are all at capacity. So they get probably more clients than they can handle but they're just taking more people on. (Service provider, NSW)*

The unmet need for support means that people remain in contact with services, which means in turn that many services are supporting more clients than intended, placing pressure on service providers and clients.

3.4   Integrating health and housing support

People with health and housing needs often face complex challenges in receiving effective support because of the interrelationships and compounding effects of these needs. The relationship between health and housing has been described as occurring through four mechanisms:

1. cost—or housing affordability

2. conditions—or the adequacy of the housing hardware

3. consistency—or housing stability for residents

4. context—or the influence of the health-related resources in the local neighbourhood (Swope and Hernández 2019).

Evidence from longitudinal studies indicates that prior exposure to housing disadvantage is consistently associated with worse mental health, which requires effective integration of health and mental health support with housing assistance (Singh et al. 2019). It follows that housing's relationship with health outcomes is holistic and multi-determinant, requiring a deep understanding of life circumstances, including personal, familial or caring, and social circumstances. However, that type of understanding requires a service model that allows for a partnership approach that links services, and staff that are skilled and supported to take that partnership approach (Sheppard et al. 2022).

When discussing health, interview and focus-group participants talked broadly about life challenges for clients on waiting lists. These issues ranged from relatively individualised health issues like dentistry, or health issues associated with 'ageing'—which required linking clients to health services such as general practice—to more complex challenges due to domestic and family violence, long-term homelessness and problematic alcohol and other drug use.

> *Oh, particularly people who are experiencing [domestic and family violence], because there's so much safety concern, there's so much more complexity going on, depending on the risk level, and their safety, and the support that they're getting from other services around that as well. And what options are available for them. Look, it's really hard to pinpoint. Basically, anyone can come through with any needs. It's so broad, it's hard to define them all. I mean, definitely people with mental health issues, people who have long-term homelessness, people with drug and alcohol issues. (Service provider, Tasmania)*

Mental health was identified at the centre of many clients' health needs. Longer wait times, and uncertain or unsafe housing was seen as increasingly creating mental health challenges for clients. An increasingly uncertain and expensive rental market was also recognised as exacerbating the issues.

At the simplest service response, connecting people to secure housing helped their mental health. Mental health was also recognised as requiring more sustained support. Issues such as suicidal ideation or self-harm, for instance, required more intensive work and connection to specialist services, or referral to emergency services. That intensive work was challenging because it required long-term crisis support that was not possible, and at the same time required the services available to be accessible and helpful enough for clients to accept them.

Services that provide housing support may be the first and only point of contact that clients with unmet mental health needs have with the service system. While this could represent an entry point to more holistic support, it often does not. Interview participants described working with clients and assessing a need for NDIS or health support services, but having clients not connect with those other services because the only support that they wanted was housing.

Clients are not always benefitting from diagnosis of a mental health condition that could be treated, because they report they cannot afford medication.

> *It might just be that we're the only connection [to services] that they have, because we're the only person they'll talk to. So, you might be working with people with suicide ideation or self-harm, and you might be doing that immediate kind of crisis support, and trying to connect them to other services […] I've got lots of people that come on the caseload who are like, 'Well, I should be on medication but I can't afford it,' so they won't or don't want to acknowledge the diagnosis either. (Service provider, Tasmania)*

Interview participants identified circumstances where holistic approach is possible, which leads to better outcomes:

> *It's looking after the vulnerable and just looking at them again a bit more holistically. What are their aged-care needs and what are their housing needs, and how does that mesh. And where do they need help? Are they socially isolated, do they need to know where a men's group is or a women's group or a cultural women's group, where's the Jewish chat and coffee group or something like that. (Service provider, Victoria)*

However, these additional connecting roles and brokerage services often come at a cost, which was usually not part of the regular service.

3.5 Policy development implications

Cohort-specific programs and policies have benefits and risks, and the experience of programs for older Australians exemplifies both. It is effective for clients because it coordinates different types of support and optimises the benefits from each source. The risks and costs of this approach of identifying and prioritising cohorts is that other people do not receive the same support, and their needs are not visible to policy and programs.

Another reason the experience of housing support for older people is relatively successful is because older people are entitled to support that other very vulnerable groups, such as young people transitioning from out-of-home care, are not. Initiatives to coordinate and optimise support would not be as effective for this group as for older people, because there is less available support to coordinate. The policy development implication is that expansion of federal and state support, especially an increase in JobSeeker payments, would increase the effectiveness of housing support services.

Care for older people also provides a positive and holistic model of care because of the legacy of home ownership being a dominant model of housing tenure in Australia. It is predicated on older persons tapping into the value of their home and is means-tested. Residential aged care and retirement villages offer a great range of supports for all aspects of life at economies of scale, after the entry costs are paid. The growing number of older people in poverty and homelessness are tenants in private rental, who are entitled to Commonwealth-supported aged-care support from the age of 65—but this does not include any additional Rent Assistance to help with housing costs.

Housing is a fundamental social determinant of mental health, and policy interventions directed at reducing housing disadvantage can achieve substantial mental health benefits at the population level. People with complex mental health support needs benefit from Housing First principles of housing support, where housing is not conditional on acceptance of other services. Accessible and affordable support for mental health can also benefit clients. Programs that are resourced to follow Housing First principles and non-stigmatising mental health support are highly valued: most services are not sufficiently resourced to provide these programs, and resources could be increased to improve the quality of support provided.

Stable housing is a fundamental requirement for good health. Precarious and unstable housing has enormous costs for health. Efforts to increase access to health services for people in precarious housing will be effective only if supported by initiatives to improve housing stability.

4. Improving housing responses for people with complex needs

- **Current mechanisms for managing social housing registries are inefficient and counterproductive.**

- **The volume of applications, which includes applications from people who are highly unlikely to be allocated housing, is a resource cost to agencies, and detracts from the delivery of services.**

- **Suitable housing may not be available even for people designated as priority need. There is a shortage of suitable stock in many areas.**

- **A lack of affordable housing for people in paid employment increases the risks of unmet support needs and increased vulnerability.**

4.1   Social housing registries and the impact of waiting

There has long been acknowledgement of the growing inefficiencies of social housing in Australia, stemming from continued reduction in funding, in both absolute terms and on a per capita basis (e.g. Pawson et al. 2022; Pawson et al. 2020; Pawson et al. 2018). This reduction in funding is often accompanied by further restrictions of eligibility criteria and extended time spent waiting for housing assistance (e.g. Pawson and Lilley 2022). This mirrors developments in many overseas jurisdictions, which Fitzpatrick and Pawson (2014) liken to a stop-gap 'ambulance service' rather than viewing social housing as longer-term support or as essential infrastructure (e.g. Lawson et al. 2019).

With the continued extension of social housing waiting lists, there is growing academic and policy interest in the experiences of individuals and households while they wait for housing assistance (e.g. Morris et al. 2023a; Morris et al. 2023b; Morris et al. 2022; Pawson and Lilley 2022). This departs from, but extends, the more common research focus on entries into and exits from the social housing system (e.g. Baker et al. 2020b; Wiesel et al. 2012; Wiesel and Pawson 2015; Wiesel et al. 2014), and mobility within the system more generally (e.g. Muir et al. 2020; Powell et al. 2019). Such research highlights that although some applicants are able to access different forms of housing assistance such as rent assistance, many struggle to maintain tenancies in the private rental sector due to discrimination and increasing unaffordability (e.g. Morris et al. 2023b). Interview participants also reported that some people are sleeping rough or experiencing other forms of homelessness and housing precarity while they wait for support. The extent to which such negative consequences occur differ across and within states and territories. Some local housing markets are more challenging than others due to constrained supply because of local employment opportunities and the presence and popularity of holiday and other short-term let options, among other factors (e.g. Parkinson et al. 2018; Pawson et al. 2022; Randolph et al. 2020). The waiting list eligibility is regularly checked—mostly annually—with heightened stringency from certain housing authorities, as in NSW. Non-responsive applicants may face removal—although exceptions exist for those facing hardships, which demonstrates nuanced reinstatement considerations (Powell, Meltzer et al. 2019).

Research is starting to highlight other aspects of applicants' experience in seeking housing support and social housing allocation more specifically. These include experiences of poverty, exacerbation of existing mental health conditions, other impacts on their physical and mental health, as well as broader and/or longer term impacts on their life chances such as in attaining educational qualifications and in sustaining meaningful employment (Morris et al. 2023b). In worsening these outcomes, the impact of waiting has effects that are at odds with the objectives of Australian social housing policies (e.g. Department of Planning 2021; Homes Victoria 2021; NSW Government n.d.; Tasmanian Government 2023), which include improved education and employment outcomes, including as mechanisms to reduce the need for accessing social housing support in the future. It is not feasible to expect that applicants will receive the same benefits as tenants. However, it is an unintended and negative policy consequence that the experience of the registry has such harmful impacts on the very domains that social housing is intended to improve.

Seeking support may place undue burden on vulnerable people. When support cannot be provided by an applicant's first contact with a service, the onus often remains on the applicant to follow up referrals or continue to seek support. This situation is at odds with Housing First principles, where comprehensive support and case management is strongly emphasised as necessary to effective service delivery; it is also at odds with the intention of Australia's housing policy frameworks, which incorporate Housing First principles (e.g. Johnson et al. 2012; Roggenbuck 2022).

4.2   Registries as waiting lists

There are potential improvements that can be made to meet the housing and other needs of people on social housing registries who are vulnerable or at risk of homelessness. However, this will require better management of applicant registries to identify and maintain contact with people who most need support. At present, the lists are too long for services to use them as a basis for identifying and responding to need. Mechanisms for managing lists, such as sending letters and removing those who cannot be contacted from registries, target highly mobile people and others with high needs. The volume of applications—including applications from people who are highly unlikely to be allocated housing—is a resource cost to agencies, and detracts from the delivery of services.

Interviews with service providers and other stakeholders indicate that applicants for social housing are growing in number, as well as in diversity of characteristics and circumstances. Coupled with current list management practices, this results in critical challenges that are masked by average wait times and raw numbers. These challenges include mismatches between the housing types that are available and those that are needed. Interview participants described a shortage of social housing in their areas to meet the needs of people who are waiting— for example, available stock that is accessible for older people and people with disability.

In addition, the social housing registry is inflated by a shortage of affordable and available housing in the private rental system and other tenure types. This adds to the resource costs and workloads of SHPs and the agencies managing applications. Due to worsening housing affordability, there are now people on social housing registries who in the past would not have been. As Morris et al. (2023b: 6) note, most new housing allocations to social housing are for people with multiple unmet needs that place them at high risk of homelessness: 'for an applicant to have any chance of accessing social housing they usually have to be in "greatest need" and therefore defined as priority on the waiting list'. Yet there are also an increasing number of people who do not meet these criteria but are in housing need, including people in employment who cannot afford current rents, or cannot secure a tenancy because of competition for available private rental housing:

> *You have low-income families that work 9-to-5 jobs that are starting to become homeless. You know, we have people that come in that earn more money than we do sometimes, and they've got nowhere to go. (Service provider, NSW)*

> *Because of the increased cost of housing and the difficulty in getting rentals […] I'm actually really shocked at the amount of people that I've seen that are 75 years old, never been homeless before, completely and utterly priced out of the rental market, going to end up on the street. (Service provider, Victoria)*

> *With the Affordable Housing, we're getting more and more people who are employed and who just can't find affordable housing here. And you know that doing an application for affordable housing is just adding to that huge pile with just not enough properties available. (Service provider, NSW)*

The costs of housing have increased to the point where people in need of housing support now include those with incomes that have historically been adequate. Interview participants discussed models of affordable housing for people with low to moderate incomes—for example, key workers. Such models are beyond the scope of this report, but have implications for the resources needed by service providers. A lack of affordable housing for people in paid employment increases the risks of unmet support needs and increased vulnerability. In addition, the growing number of people in housing need is a significant contributor to the volume of applicants to social housing registries—and thus to the resources needed to assess new applications. A NSW-based support worker explained that increasing demands on their services from people in paid employment, including families with children, has reduced their capacity to support all clients—including those who are receiving income support payments:

> *It's almost like people on Jobseeker are just overlooked now. They're just left to their own demise, in a sense, because we're here to help out and we've got a new scope of people that need help: the families that are working that are struggling. (Service provider, NSW)*

Two other housing providers in regional NSW made similar remarks about new or first-time applicants who were working, and had dependent children, making up a larger proportion of new applicants. Many do not meet eligibility criteria for social housing at all, let alone for priority housing, as their incomes are too high. These increases in housing need are driven by the growing disparity between housing costs and income in many areas, while housing assistance remains targeted to those on very low incomes— particularly those with very low incomes and additional health or other support needs.

Vacancy rates and rent increases were highlighted as driving scarcity of affordable housing and increasing the numbers of new applicants they were assisting. For example, one interview participant works outside Sydney in an area that has long been seen as more affordable than Sydney. However, since the COVID-19 pandemic, areas within commuting distance of major cities have seen uniform trends of rent rises and lowering vacancy rates:

> *So, in 2020, the vacancy rate was 2.2 per cent and then last year [2022] and the year before [2021], it was 0.5 per cent. Similarly, the price of properties have just gone up a lot too. For example, two-bedroom units [in the area] in 2020 at the start were $378 [per week median rent], and then this year it was $471. (Service provider, NSW)*

The service provider also highlighted the loss of the small number of affordable options in the area due to conversion to holiday rentals and the closure of two caravan parks for redevelopment. This is a pattern repeated elsewhere in coastal areas:

> *Not just long-term either, but short-term options are the same. So, you know, before we had a list of short-term options and that list has slowly dwindled over the past few years to the point where you can count on one hand the number of affordable short-term options, because everywhere just wants to cater to that holiday rate. (Service provider, NSW)*

There is a view among stakeholders that waiting times for housing and other support places increasing stress on housing providers, because of high demand and constrained resources in other support sectors. In many areas, the workforce capacity of the disability and healthcare sectors, and specialist homelessness services, is insufficient to meet needs (James et al. 2023). The social housing sector is generally more under-resourced than these sectors, notwithstanding that the sector is diverse, and many staff are highly skilled. For example, one interview participant noted that there are housing providers in metropolitan areas with specialist staff and very good practices, which is not possible in regional areas:

> *[Names of CHPs] have specialised, sometimes mental health workers for housing. You will never find that in a regional area. I'm talking specifically about regional areas, the level of skill and the knowledge about what it takes to sustain a tenancy. I mean, when you have a support provider that tells a tenant not to worry about paying their rent, you've got trouble. (Service provider, NSW)*

Support needs may be related to age, mental or physical health, or disability, in addition to housing and material support. Many people have multiple and intersecting needs, which can lead to problems with property damage and interpersonal conflict, including violence. It can also mean that the responsibilities of sustaining a tenancy place vulnerable people at increased risk:

> *Often for these people, the concern is [that] having a home is an anxiety-inducing and challenging thing, because that's not been a safe place for them. So often these are people with severe trauma history. So, the concern about them, or the concern that they have, is literally being able to live in a house and the responsibility that comes with it, and what does that mean for me? And they're the people that I potentially work with the most. (Service provider, Vic)*

Most people who are allocated a social housing place are in greatest need, having support needs in addition to the need for housing. Consequently, most social housing is occupied by people with multiple needs, and congregate social housing places people with multiple needs in proximity to each other. This tends to make tenancies even more difficult to sustain, compounded by the fairly low dwelling quality and difficulties with amenity (garbage disposal, pests, cigarette smoke) in many older social housing properties. However, it is also the case that various forms of social capital and peer support can emerge in concentrations of public housing—for example, a sense of community and neighbours watching out for each other.

4.3 Social housing allocations and policy settings

Meeting unmet demand for social housing is a government priority in all jurisdictions. For example, more social housing and reduced demand for social housing are specified priorities in the NSW Future Directions strategic 'vision' for social housing 2016–2025. These priorities coincide with, and arguably are in tension with, other government priorities for social housing, which include increasing the number of people leaving and 'avoiding' social housing.

Across all Australian states and territories, social housing generally—and public housing more specifically—is often referred to as a safety net for individuals and households vulnerable to experiencing homelessness, or being at risk of homelessness. For example, the community consultation paper of Victoria's 10-year strategy (Homes Victoria 2021: 7), specifically defines social housing as *'an important step to transition into the private rental market or, in some instance, home ownership'*. The Queensland Housing Strategy describes social housing as *'a pathway to greater housing choices'* (Queensland Government 2017: 8). While all strategies highlight improving access to stable, affordable and secure housing as an aim, including via social tenancies, most also note that it is not the only solution or the primary solution (e.g. Tasmanian Government 2023: 12). Indeed, the Tasmanian Housing Strategy specifies that more private investment into the delivery of *'affordable dwellings, long-term private rentals and medium-density "missing middle" infill development'* (Tasmanian Government 2023: 12) is a solution to *'reducing the need for reliance on social housing stock'* (Tasmanian Government 2023: 22).

When discussing the need to construct more social housing, most strategies referenced federal government investment as stimulus to these new builds. Of all the state housing strategies reviewed, only South Australia's specifies building more public housing as an aim, as the first of its 10-point plan (Government of South Australia 2023: 4).

There are tensions in balancing these goals of improving social housing experiences and meeting demand, and ensuring social housing is a temporary circumstance and 'pathway' to 'economic independence'. Secure housing is a key contributor to people's sense of felt safety and ontological security, and people with experiences of precarious housing and homelessness place very high value on housing stability and choice. This contrasts with government aspirations to encourage people to leave social housing, and avoid, in the words of one policy stakeholder, 'perverse incentives' to stay in social housing (Policy stakeholder, NSW). One way to encourage potential applicants to consider 'avoiding' social housing is to increase the burden of applying, which is being considered by some policy stakeholders:

> The threshold for application is low, anybody can apply, and if somebody applies and they go onto the general waitlist, it just means their income is below a threshold so they're eligible. They could be working full-time; they don't necessarily require supports, and social housing [would give them a] much better lifestyle just because it will dramatically reduce rents. (Policy stakeholder, NSW)

Service providers described people who cannot afford housing in the private rental sector, and whose age precludes them from earning a higher income, who apply for social housing in the mistaken belief that they will be allocated a property:

> I think about older people who, often they'll just want to get their name on the list, when they're getting older, and generally they'll be in general [category], which means they've got no hope, and I just think of them sitting at home, thinking, 'Yeah, it's okay, I'll get one, one day.' They won't. It's a creator of false hope. (Service provider, Tasmania)

The categorisation of registries as general or priority does not reflect reality, because people allocated to the 'general' list may never be allocated housing—and so are not really being considered as applicants:

> I would love us to get rid of the general status completely […] It's in the funding agreements for CHPs that they can't allocate housing to people in general [status], so what is the point of it? I think it's a horrible experience for the people who are applying, in creating that false hope. (Service provider, Tasmania)

However, other interview participants pointed out that the process of applying for social housing is too demanding for some people with high support needs—for example, collecting and providing evidence of applying for accommodation:

> They're not going to get assistance from housing [provider] because they haven't provided sufficient evidence that they have been trying to resolve their homelessness. But, as you said, it ties back into mental health. (Service provider, NSW)

These barriers to applying require service providers to assist in this process—for example, collating identification and other documentation, or providing support with the completion and submission of application forms.

Just as there is near-universal agreement that social housing registries should be improved in general, most interview participants found that even the application process is unsatisfactory.

Participants' descriptions of the application process show that it reflects the tensions in government aspirations to both improve and discourage social housing. For some, the application process is too difficult, because it requires documentation and activities that are unreasonable to expect of highly vulnerable people. For others, the application process is too easy: the threshold for applying is low and eligibility criteria quite general, and once applications are completed, people have a false sense of being part of a waiting list that will lead them to being allocated a house.

There are very high costs to systems in managing new applications and allocating housing with current policy settings. This is because of the volume of new and existing applications, and the diverse circumstances and needs of people applying. Applicants are a broad set of people. Some have housing needs and low income; others have complex support needs including health and mental health challenges, a history of criminal justice involvement, experiences of domestic and family violence and involvement with child protection agencies. Many new applicants will not be allocated to a social housing property, so the costs associated with assessing and managing their applications are not offset by any benefit to the applicants or the agencies assessing them.

4.4   Policy development implications

Policy development implications from this section relate to the management of social housing registries and the number of people waiting for social housing, and the capacity of the housing support workforce to meet the needs of vulnerable people who are not receiving support.

The twin but contradictory policy priorities of both improving and discouraging social housing are reflected in the application process, which stakeholders experienced as both too difficult and too easy. Realistic alternatives to social housing must be available to reduce the number of people with low to moderate income registering for social housing because they are priced out of private rentals.

The very limited availability of social housing is currently represented as waiting time, which suggests that the registries are waiting lists. Interview participants indicated that applicants accept that they have to wait—but they also expect that waiting will result in a property being allocated to them. However, registries are not managed as waiting lists, and will not be while the volume of applicants is so large. Alternative representations illustrating the shortage of housing—for example, the probability of being allocated a property—would clarify that the registry is not a managed waiting list and that in most cases the people on the registry are not moving up a list.

The provision of secure, genuinely affordable housing for people with low and moderate incomes would reduce the pressure on social housing registries. Affordable housing rents need to be reviewed and set based on percentage of income formulae, rather than setting rents as a percentage of surrounding area market rents.

For people with very low incomes and additional support needs, models of effective support are in place in limited jurisdictions and often with resource constraints, and these could be expanded.

Greater supply of social housing is a long-term solution to the demand and subsequent needs of many people currently on social housing registries.

The development of the workforce capacity of housing service providers could improve the quality and effectiveness of support provided to people with multiple support needs. This is especially true for people who may benefit from healthcare services but decline this support, and who make contact with the service system only for the purpose of securing accommodation. Support for the workforce should also be sufficient for the support required for social housing tenants and people in transitional and emergency accommodation. Many are highly vulnerable, and their tenancies are placed at extra risk because of their support needs for activities of daily life, increased risk of conflict with neighbours, and problems with building quality.

5. Policy development options

The AHURI *Inquiry into supporting pathways in a social housing system*, to which this research contributes, investigates the social housing sector in terms of demand, tenancy support and client outcomes. The focus of this project is on the capacity of the social housing sector to meet the needs of people with complex support needs—especially those who have unmet housing needs and have applied for (or are waiting for) social housing. Policy development options from the evidence-base on integrated support are described in previous sections of this report. In this section, we suggest policy responses to the overall policy challenge of improving management of social housing registries to better meet housing and other needs.

Several of the policy development implications from these findings have been established previously—notably the need for greater provision of social housing. The focus of this report is on the pressures faced by housing and other service sectors because of the number of people with complex support needs on social housing registries. This is not the only story of social housing registries, as many applicants need housing support but no additional support. However, the diversity and volume of applications is costly, as managing registries and new applications demands resources. In addition, opportunities to provide intensive support to those who need it are being lost through the lack of resources to effectively triage and prioritise applications.

This Report is based on the recognition, at policy and practice levels, that social housing provides secure and stable housing for people who cannot sustain accommodation in other sectors; and that the growing number of people with complex needs in social housing has changed the function of social housing as a sector. The number of people from diverse groups waiting for social housing is growing, but most of the people in greatest need are allocated social housing. This places pressure on:

- SHPs—because demand is greater than supply, and significant resources are needed to manage the needs of applicants and tenants
- support services—because it is far more difficult to meet the support needs of people who do not have secure and affordable housing
- people who are on registries due to high housing costs in other sectors—because in most cases they will not be allocated housing
- people with complex support needs—because many do not receive the individualised casework they need; and even those that do are faced with long waiting lists for health and other services, and a shortage of appropriate and safe housing.

Policy development options for addressing these pressures relate to:

- increasing the capacity of housing providers and other services
- meeting the housing needs of people on social housing registries
- providing effective services to people on social housing registries with complex support needs
- improving the capacity of the housing support workforce to meet the needs of vulnerable people who are not receiving support.

This report has focused on people and cohorts with complex needs—but social housing is also important as a population-level policy intervention. Housing is a fundamental social determinant of mental health, and policy interventions directed at reducing housing disadvantage achieve substantial mental health benefits at the population level.

The following areas need immediate response.

Increasing the availability of social housing

The most urgent response relates to the availability of social housing. There is a massive gap between social housing availability and demand. Increasing the supply of social housing—or developing an alternative tenure type that has the same housing costs and security of tenancy as social housing—will benefit both people with complex support needs, and social housing applicants excluded from the private rental market because of housing costs.

Given the shortfall in social housing supply, which will take some years to address, there are also opportunities to build on the lessons of COVID-19 responses in pursuing alternative tenure types to meet diverse needs. For example, increasing access to private rental market properties through headleasing, and increasing access to other resources such as brokerage funding. This could be especially beneficial for people currently on social housing registries because they have been priced out of other housing sectors.

Targeted and multidisciplinary interventions

Targeted and multidisciplinary interventions for people with complex needs are pressing. Partnership models of support, which coordinate casework from multiple services across housing and other sectors, have demonstrated benefits.

Individual casework

Caseworkers are important in navigating service networks. In part this is because the demands on health and housing systems are so high that many people require support from caseworkers to navigate these systems. Our interview findings, and reports from the sector more generally, indicate that caseworkers are also important in ensuring that clients are designated as priority clients on social housing registries—which is often an essential precondition for allocation of a property.

Service systems, including social housing, effectively exclude people with complex needs from receiving support unless they have a caseworker. Options for policy development could include changing service systems to make additional caseworker support less necessary. An alternative is to embed caseworker support in the usual operations of services supporting people with complex needs, and funding services to ensure intensive caseworker support is provided as part of core business.

Low threshold mental health services

People with complex mental health needs benefit from support without preconditions or treatment prerequisites. Most services cannot provide long-term housing immediately, which precludes support aligned with Housing First principles that have been proven effective. Increasing resources to existing and new programs could improve the quality of support provided.

Cohort-specific programs and policies

Cohort-specific programs and policies can have benefits—for example, programs for older Australians. Such programs are effective because: they coordinate different types of support, optimising the benefits from each source, and because there are relatively adequate support sources that can be coordinated. The experiences of other people, especially vulnerable young people, could be improved if support systems were improved. Examples of targeted interventions for younger people show promise in Australia and internationally, but both the programs themselves and the evaluation studies are small in scale. Improving data on effective programs is important—and this is likely to happen only if investment in interventions increases first.

More resourcing for SHPs

SHPs occupy an important place in the service systems that respond to people with complex support needs. The priority given to housing people who are otherwise disconnected from services is an opportunity to provide high quality support to very vulnerable people, and to prevent the escalation of harms. This requires support and resourcing for the social housing workforce, including the resourcing of partnerships and other integrated service models, and building the capacity of housing providers themselves to provide casework support.

References

Aubry, T., Bloch, G., Brcic, V., Saad, A., Magwood, O., Abdalla, T., Alkhateeb, Q., Xie, E., Mathew, C., Hannigan, T., Costello, C., Thavorn, K., Stergiopoulos, V., Tugwell, P. and Pottie, K. (2020) 'Effectiveness of permanent supportive housing and income assistance interventions for homeless individuals in high-income countries: a systematic review', *The Lancet Public Health*, vol. 5, no. 6: e342-e360, 10.1016/S2468-2667(20)30055-4.

Australian Department of Health (2017) *Aged care diversity framework*, https://www.health.gov.au/resources/publications/aged-care-diversity-framework?language=en.

Baker, E., Bentley, R., Beer, A. and Daniel, L. (2020a) *Renting in the time of COVID-19: understanding the impacts*, AHURI Final Report No. 340, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/340, doi:10.18408/ahuri3125401.

Baker, E., Leishman, C., Bentley, R., Pham, N. T. A. and Daniel, L. (2020b) *Social housing exit points, outcomes and future pathways: an administrative data analysis*, AHURI Final Report No. 326, Australian Housing and Urban Research Institute, Melbourne, https://www.ahuri.edu.au/research/final-reports/326, 10.18408/ahuri-3119901.

Barnett, P., Steare, T., Dedat, Z., Pilling, S., McCrone, P., Knapp, M., Cooke, E., Lamirel, D., Dawson, S., Goldblatt, P., Hatch, S., Henderson, C., Jenkins, R., K, T., Machin, K., Simpson, A., Shah, P., Stevens, M., Webber, M., Johnson, S. and Lloyd-Evans, B. (2022) 'Interventions to improve social circumstances of people with mental health conditions: a rapid evidence synthesis', *BMC Psychiatry*, vol. 22, no. 1: 302, 10.1186/s12888-022-03864-9.

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, vol. 3, no. 2: 77-101, 10.1191/1478088706qp063oa.

Bridges, K. M. (2017) 'The deserving poor, the undeserving poor, and class-based affirmative action', *Emory Law Journal*, vol. 66, no. 5: 1049-1114.

Brooke, R. (2023) *Renting & transphobia: NSW renting laws that need to change to support transgender renters* [Online], Tenants' Union of New South Wales, https://www.tenants.org.au/blog/renting-transphobia-nsw-renting-laws-need-change-support-transgender-renters, Accessed 25 September 2023.

Cameron, A., Lloyd, L., Turner, W. and Macdonald, G. (2009) 'Working across boundaries to improve health outcomes: a case study of a housing support and outreach service for homeless people living with HIV', *Health & Social Care in the Community*, vol. 17, no. 4: 388-395, https://doi.org/10.1111/j.1365-2524.2008.00837.x.

Chudiak, S. (2008) 'The Women's Integrated Support Program (WISP)', *Parity*, vol. 21, no. 9: 24.

Clarke, A., Parsell, C. and Vorsina, M. (2019) '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, 10.1080/02673037.2019.1642452.

Davidson, P. (2022) *Covid, Inequality and Poverty in 2020 & 2021,* Build back fairer report 3, Australian Council of Social Service and UNSW, Sydney.

Davidson, P., Bradbury, B., Wong, M. and Hill, T. (2023) *Inequality in Australia 2023: Overview*, Australian Council of Social Service and UNSW Sydney.

Davidson, P., Saunders, P., Bradbury, B. and Wong, M. (2020) *Poverty in Australia 2020: Part 1, Overview. ACOSS/UNSW Poverty and Inequality Partnership Report No. 3,* ACOSS, Sydney.

Department of Planning Industry and Environment, (2021) *Housing 2041: NSW Housing Strategy*, NSW Government, https://www.planning.nsw.gov.au/sites/default/files/2023-03/housing-2041-nsw-housing-strategy.pdf.

Dieterich, M., Irving, C. B., Bergman, H., Khokhar, M. A., Park, B. and Marshall, M. (2017) 'Intensive case management for severe mental illness', *Cochrane Database of Systematic Reviews*, vol., no. 1, 10.1002/14651858.CD007906.pub3.

Donkoh, C., Underhill, K. and Montgomery, P. (2006) 'Independent Living Programmes for improving outcomes for young people leaving the care system', *Campbell Systematic Reviews*, vol. 2, no. 1: 1-34, https://doi.org/10.4073/csr.2006.8.

Duff, C., Hill, N., Blunden, H., valentine, k., Randall, S., Scutella, R. and Johnson, G. (2021) *Leaving rehab: enhancing transitions into stable housing*, AHURI Final Report No. 359, Australian Housing and Urban Research Institute, Melbourne, https://www.ahuri.edu.au/research/final-reports/359, 10.18408/ahuri5321101.

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, Melbourne, https://www.ahuri.edu.au/research/final-reports/379, doi: 10.18408/ahuri5321001.

Dunn, K. M., Blair, K., Bliuc, A.-M. and Kamp, A. (2018) 'Land and housing as crucibles of racist nationalism: Asian Australians' experiences', *Geographical Research*, vol. 56, no. 4: 465-478, https://doi.org/10.1111/1745-5871.12313.

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, Melbourne, https://www.ahuri.edu.au/research/final-reports/369, doi: 10.18408/ahuri3121701.

Fitzpatrick, S. and Pawson, H. (2014) 'Ending Security of Tenure for Social Renters: Transitioning to 'Ambulance Service' Social Housing?', *Housing Studies*, vol. 29, no. 5: 597-615, 10.1080/02673037.2013.803043.

Flanagan, K., Blunden, H., Valentine, K. and Henriette, J. (2019) *Housing outcomes after domestic and family violence*, Australian Housing and Urban Research Institute Limited, AHURI journal, https://www.ahuri.edu.au/research/final-reports/311, 10.18408/ahuri-4116101.

Government of South Australia (2023) *A Better Housing Future*, https://www.safa.sa.gov.au/environmental-s-governance/housing, Accessed 9 November 2023.

Gregoir, S. and Maury, T.-P. (2018) 'The Negative and Persistent Impact of Social Housing on Employment', *Annals of Economics and Statistics*, vol., no. 130: 133-166, 10.15609/annaeconstat2009.130.0133.

Hall, T. (2020) 'The almost homeless: Single older women with no place to call home', *Griffith REVIEW*, vol., no. 68: [215]-223.

Hellyer, J. (2021) 'Homophobia and the home search: Rental market discrimination against same-sex couples in rural and urban housing markets', *Journal of Housing Economics*, vol. 51: 101744, https://doi.org/10.1016/j.jhe.2020.101744.

Homes Victoria (2021) *Establishing a 10-Year Strategy for Social and Affordable Housing: A discussion paper prepared for the Victorian community by the Victorian Government - Community Consultation Paper*, https://www.homes.vic.gov.au/10-year-strategy-social-and-affordable-housing, 'Accessed' 9 November 2023.

Horne, R., Willand, N., Dorignon, L. and Middha, B. (2020) *The lived experience of COVID-19: housing and household resilience*, AHURI Final Report No. 345, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/345.

James, A., Dunlop, P. D., Gilbert, C., Gilbert, J., Gagné, M., Parsell, C., Cawthray, J. and Farid, H. (2023) *Investigative Panel into building and retaining an effective homelessness sector workforce*, AHURI Final Report No. 409, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/409, :10.18408/ahuri8128901.

Johnson, G., Parkinson, S. and Parsell, C. (2012) *Policy shift or program drift? Implementing Housing First in Australia*, AHURI Final Report No. 184, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/184.

Lawson, J., Denham, T., Dodson, J., Flanagan, K., Jacobs, K., Martin, C., Nouwelant, R. v. d., Pawson, H. and Troy, L. (2019) *Social housing as infrastructure: rationale, prioritisation and investment pathway*, AHURI Final Report No. 315, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/315, doi:10.18408/ahuri-5314001.

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, Melbourne, https://www.ahuri.edu.au/research/final-reports/376, doi: 10.18408/ahuri3227801.

Liu, E., Atkins, M. T., Chomik, R. and Judd, B. (2023a) 'The World Health Organization's impacts on age-friendly policymaking: A case study on Australia', *Australian Journal of Social Issues,* vol. 58, no. 3: 714-728, 10.1002/ajs4.240.

Liu, E., valentine, k., Batterham, D., Stone, W., Martin, C., Parkinson, S. and Hynes, D. (2023b) *Poverty and Australian housing: findings from an AHURI Investigative Panel*, AHURI Final Report No. 410, Australian Housing and Urban Research Institute Limited, Melbourne, http://www.ahuri.edu.au/research/final-reports/410, 10.18408/ ahuri7130501.

MacDonald, H., Nelson, J., Galster, G., Paradies, Y., Dunn, K. and Dufty-Jones, R. (2016) 'Rental Discrimination in the Multi-ethnic Metropolis: Evidence from Sydney', *Urban Policy and Research*, vol. 34, no. 4: 373-385, 10.1080/08111146.2015.1118376.

Mackenzie, C. and Louth, J. (2020) 'The Neoliberal Production of Deserving and Undeserving Poor: A Critique of the Australian Experience of Microfinance', *Social Policy and Society,* vol. 19, no. 1: 19-35, 10.1017/S1474746419000125.

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, 10.18408/ahuri-5119101.

Martin, C., Lawson, J., Milligan, V., Hartley, C., Pawson, H. and Dodson, J. (2023) *Towards an Australian Housing and Homelessness Strategy: understanding national approaches in contemporary policy*, AHURI Final Report No. 401, Australian Housing and Urban Research Institute, Melbourne, https://www.ahuri.edu.au/research/final-reports/401, doi: 10.18408/ahuri7127901.

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

Martin, R., Cordier, R., Jau, J., Randall, S., Thoresen, S., Ferrante, A., Chavulak, J., Morris, S., Mendes, P., Liddiard, M., Johnson, G. and Chung, D. (2021b) *Accommodating transition: improving housing outcomes for young people leaving OHC*, AHURI Final Report No. 364, Australian Housing and Urban Research Institute, Melbourne, https://www.ahuri.edu.au/research/final-reports/364, doi: 10.18408/ahuri812130.

Morris, A., Clarke, A., Robinson, C., Idle, J. and Parsell, C. (2023a) 'Applying for Social Housing in Australia – The Centrality of Cultural, Social and Emotional Capital', *Housing, Theory and Society*, vol. 40, no. 1: 42-59, 10.1080/14036096.2022.2085169.

Morris, A., Idle, J., Moore, J. and Robinson, C. (2023b) *Waithood: The Experiences of Applying for and Waiting for Social Housing*, Institute for Public Policy and Governance, University of Technology Sydney, Sydney.

Morris, A., Robinson, C., Idle, J. and Lilley, D. (2022) 'Ideal bureaucracy? The application and assessment process for social housing in three Australian states', *International Journal of Housing Policy 1-22*, 10.1080/19491247.2022.2132460.

Moskos, M., Isherwood, L., Dockery, A. M., Baker, E. and Pham, N. T. A. (2022) *'What works' to sustain Indigenous tenancies in Australia,* AHURI Final Report No. 374, Australian Housing and Urban Research Institute, Melbourne, https://www.ahuri.edu.au/research/final-reports/374, doi: 10.18408/ahuri3122901.

Muir, K., Powell, A., Flanagan, K., Stone, W., Tually, S., Faulkner, D., Hartley, C. and Pawson, H. (2020) *A pathway to where?' Inquiry into understanding and reimagining social housing pathways*, AHURI Final Report No. 332, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/332, 10.18408/ahuri-7118001.

NSW Government (n.d.) *Future Directions for Social Housing in NSW*, https://www.dpie.nsw.gov.au/land-and-housing-corporation/plans-and-policies/future-directions.

Oakley, S. and Bletsas, A. (2013) *Understanding the circumstances and experiences of young lesbian, gay, bisexual, transgender, intersex and gender questioning people who are homeless in Australia: a scoping study. Final report*, University of Adelaide, Adelaide.

Oswald, D., Moore, T. and Baker, E. (2020) *Post pandemic landlord-renter relationships in Australia*, AHURI Final Report No. 344, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/344, doi:10.18408/ahuri5325901.

Parkinson, S., James, A. and Liu, E. (2018) *Navigating a changing private rental sector: opportunities and challenges for low-income renters*, AHURI Final Report No. 302, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/302, doi:10.18408/ahuri-5112301.

Parsell, C. and Marston, G. (2016) 'Supportive housing: justifiable paternalism?', *Housing, Theory and Society*, vol. 33, no. 2: 195-216, 10.1080/14036096.2015.1135188.

Pawson, H., Clarke, A., Parsell, C. and Hartley, C. (2022) *Australian Homelessness Monitor 2022,* Launch Housing Ltd, Melbourne.

Pawson, H. and Lilley, D. (2022) *Managing access to social housing in Australia: unpacking policy frameworks and service provision outcomes*, Working Paper under ARC research project 'Waithood – The experience of waiting for social housing', City Futures Research Centre.

Pawson, H., Martin, C., Thompson, S. and Aminpour, F. (2021) *COVID-19: Rental housing and homelessness impacts in Australia*, Poverty and Inequality Partnership, Australian Council of Social Service and UNSW Sydney.

Pawson, H., Parsell, C., Liu, E., Hartley, C. and Thompson, S. (2020) *Australian Homelessness Monitor 2020*, Launch Housing Ltd, Melbourne.

Pawson, H., Parsell, C., Saunders, P., Hill, T. and Liu, E. (2018) *Australian Homelessness Monitor 2018,* Launch Housing Ltd, Melbourne.

Petersen, M. and Parsell, C. (2015) 'Homeless for the first time in later life: An Australian study', *Housing Studies*, vol. 30, no. 3: 368-391, 10.1080/02673037.2014.963522.

Powell, A., Meltzer, A., Martin, C., Stone, W., Liu, E., Flanagan, K., Muir, K. and Tually, S. (2019) *The construction of social housing pathways across Australia*, AHURI Final Report No. 316, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/316, doi:10.18408/ahuri-7118101.

Queensland Government (2017) *Queensland Housing Strategy 2017-2027*, Department of Housing and Public Works, https://www.hpw.qld.gov.au/__data/assets/pdf_file/0022/8185/qldhousingstrategy.pdf, 'Accessed' 9 November 2023.

Randolph, B., Liu, E. and Bradbury, B. (2020) *Poverty, property and place: A geographic analysis of poverty after housing costs in Australia*, City Futures Research Centre and Social Policy Research Centre, UNSW Sydney, for the Australian Council of Social Service.

Reeve, R., Martin, C., McCausland, R., Pawson, H. and Baldry, E. (2024) 'Evaluating the impact of public housing after prison for a sex offence', *Housing Studies*, OnlineFirst 1-24, 10.1080/02673037.2024.2307585.

Roggenbuck, C. (2022) *Housing First: An evidence review of implementation, effectiveness and outcomes*, Report prepared by AHURI, Australian Housing and Urban Research Institute Limited, Melbourne.

Schick, V., Wiginton, L., Crouch, C., Haider, A. and Isbell, F. (2019) 'Integrated service delivery and Health-Related Quality of Life of individuals in permanent supportive housing who were formerly chronically homeless', *American Journal of Public Health*, vol. 109, no. 2: 313-319, 10.2105/ajph.2018.304817.

Sheppard, C. L., Gould, S., Guilcher, S. J. T., Liu, B., Linkewich, E., Austen, A. and Hitzig, S. L. (2022) '"We could be good partners if we work together": the perspectives of health and social service providers on the barriers to forming collaborative partnerships with social housing providers for older adults', *BMC Health Services Research*, vol. 22, no. 1: 313, 10.1186/s12913-022-07671-6.

Sheppard, C. L., Hemphill, J., Austen, A. and Hitzig, S. L. (2023) 'Designing and implementing a new Seniors Services Coordinator role for low-income housing: a qualitative study', *Journal of Gerontological Social Work*, vol. 66, no. 1: 83-102, 10.1080/01634372.2022.2118920.

Singh, A., Daniel, L., Baker, E. and Bentley, R. (2019) 'Housing disadvantage and poor mental health: a systematic review', *American Journal of Preventive Medicine*, vol. 57, no. 2: 262-272, https://doi.org/10.1016/j.amepre.2019.03.018.

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/final-reports/347, 10.18408/ahuri5119001.

Spinney, A. and Zirakbash, F. (2017) *First to know, first to act: assisting universal community service providers to identify and respond appropriately to family violence*, Wesley Mission Victoria and Swinburne University of Technology, https://www.unitingwesley.org.au/wp-content/uploads/2017/06/First-to-Know-First-to-Act-report-ONLINE-v5-FA.pdf.

Stambe, R. and Marston, G. (2023) 'Checking activation at the door: rethinking the welfare-work nexus in light of Australia's COVID-19 Response', *Social Policy and Society*, vol. 22, no. 1: 106-121, 10.1017/S1474746421000944.

Swope, C. B. and Hernández, D. (2019) 'Housing as a determinant of health equity: A conceptual model', *Social Science & Medicine*, vol. 243: 112571, https://doi.org/10.1016/j.socscimed.2019.112571.

Tasmanian Government (2023) *Draft Tasmania Housing Strategy*, https://tashousingstrategy.homestasmania.com.au/consultation/tasmanian-housing-strategy-exposure-draft, 'Accessed' 9 November 2023.

Taylor, H., Bartels, L., Rehill, P., Wong, G. and Liu, E. (2023) *Process evaluation of the Justice Housing Program*, Centre for Social Research and Methods, the Australian National University, for the Australian Capital Territory Government's Justice and Community Safety Directorate, https://csrm.cass.anu.edu.au/sites/default/files/docs/2023/12/JHP_Process_Evaluation_Final_Report.pdf.

Thoresen, S. H., O'Brien, P., O'Donovan, M.-A., Walter, B., Mueller, A., Westermann, G., Whittle, E. and Buchanan, A. (2022) *Accommodating adults with intellectual disabilities and high support needs in Individual Supported Living arrangements*, AHURI Final Report No. 380, Australian Housing and Urban Research Institute, Melbourne, https://www.ahuri.edu.au/research/final-reports/380, doi: 10.18408/ahuri8124101.

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, Melbourne, https://www.ahuri.edu.au/research/final-reports/383, doi: 10.18408/ahuri3222701.

Weightman, A. L., Kelson, M. J., Thomas, I., Mann, M. K., Searchfield, L., Willis, S., Hannigan, B., Smith, R. J. and Cordiner, R. (2023) '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. 19, no. 2: e1329, https://doi.org/10.1002/cl2.1329.

Weinstein, L. C., LaNoue, M., Collins, E., Henwood, B. F. and Drake, R. E. (2013) 'Health care integration for formerly homeless people with serious mental illness', *Journal of Dual Diagnosis*, vol. 9, no. 1: 72-77, 10.1080/15504263.2012.750089.

Wiesel, I., Easthope, H., Liu, E., Judd, B. and Hunter, E. (2012) *Pathways into and within social housing*, AHURI Final Report No. 186, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/186.

Wiesel, I. and Pawson, H. (2015) 'Why do tenants leave social housing? Exploring residential and social mobility at the lowest rungs of Australia's socioeconomic ladder', *Australian Journal of Social Issues*, vol. 50, no. 4: 397-417, https://doi.org/10.1002/j.1839-4655.2015.tb00357.x

Wiesel, I., Pawson, H., Stone, W., Herath, S. and McNelis, S. (2014) *Social housing exits: incidence, motivations and consequences*, AHURI Final Report No. 229, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/229.

Appendix 1: Interview and focus group topic guide

1. First, can you tell me about your role, and the services your organisation provides?

2. (For community housing providers and other accommodation services) Can you tell me about waitlists for the housing or support services you provide?

   a. Do you have your own list, or do you allocate from your state's social housing register?

   b. What are the trends over time in terms of:

      i. eligibility criteria

      ii. numbers on waitlists

      iii. wait times

      iv. groups with particular needs?

3. Can you tell us a little bit about the housing and other needs of the people you work with? What are the most important things they need? How do they meet their housing needs now?

4. Does your organisation collect any information on whether your clients are on social housing waiting lists?

   a. (If not) What other organisations or programs are supporting people on the waitlist, and how?

   b. How well do these seem to be working?

   c. What would improve supports currently offered to people?

5. How could the services provided by **your organisation** be expanded or adapted to better meet the needs of people on social housing waiting lists?

   a. What would be the benefits of doing so?

   b. What would be needed to do it?

   c. What would be the challenges of doing so?

6. Is there anything else that could be done to better meet the needs of people on social housing waiting lists?

7. Do you have anything else to add?