Ending Homelessness in Australia: The Need for a National Plan

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In January 2022, The Centre for Social Impact in conjunction with the Alliance to End Homelessness and Neami National released *Ending Homelessness in Australia: An Evidence and Policy Deep Dive*.[1] The report brought together and assessed the current evidence base on the state of homelessness in Australia and its key drivers as well as setting out an evidence-informed policy and practice agenda to end homelessness in Australia.

Central to the agenda put forward in the report was the need for a national plan to end homelessness. Federal Government leadership is a prerequisite for ending homelessness in Australia, as it is at this level that a national vision can be articulated and funded.

The report noted that individual states and territories are implementing their own homelessness policies without national or inter-jurisdictional coordination. This has resulted in individualised responses to homelessness, a siloed approach with learnings and lost opportunity for cross-fertilisation across state and territory borders. A lack of leadership, clarity and consistency from the Federal Government has significantly impacted the ability of the homelessness service system to plan, invest, and innovate in line with national and international evidence. Furthermore, Commonwealth funding in homelessness has remained largely stagnant since former Prime Minister Kevin Rudd's White Paper, *The Road Home: A National Approach To Reducing Homelessness*.

In July 2021, the House of Representatives Standing Committee on Social Policy and Legal Affairs released its final report for the Inquiry Into Homelessness in Australia providing an overarching recommendation for the establishment of a ten-year national strategy on homelessness. A considerable proportion of the report's other recommendations were also directed towards actions which require broader leadership by the Federal Government to ensure their implementation. These include:

- an independent review of Commonwealth Rent Assistance (CRA) rates, indexation and interaction with other payments

- evaluations of Federal Government sponsored social housing projects

- conditional waivers of historical state and territory government housing debts.

Other recommendations focused on collaboration between state and territory governments, including to develop a needs-based model for funding allocation in future funding agreements, and to identify priority cohorts among the homeless population. The collaboration required to act on these recommendations represents quite a shift in the dynamic between state and territory governments. The Federal Government implied in the National Housing and Homelessness Agreement (NHHA) that such that a unified vision and more equal footing between the different levels of government would be required.

As argued in our report, if we are to end homelessness in Australia we first need to understand what drives homelessness; the circumstances, journeys and goals of those experiencing homelessness; and what works in reducing homelessness. Effective action requires a mapping of the current policy and practice environment and a solid evidence base on the current state of homelessness.

The State of Homelessness

The *Ending Homelessness in Australia: An Evidence and Policy Deep Dive* provided a detailed examination of the state of homelessness in Australia and of programs that act to end homelessness. But what we will focus on in this article is the evidence from the Zero Projects (as they are now called) across Australia, as part of the Advance to Zero campaign.

Since 2010, homelessness services have used Registry and/or Connection Weeks to understand the needs and vulnerabilities of those experiencing homelessness with particular focus on those sleeping rough over an extended period. Through these weeks, homelessness services have collected actionable information, using standardised instruments to elicit information on the circumstances, vulnerability, risk and service needs of those experiencing homelessness, including the VI-SPDAT: Vulnerability Index — Service Prioritisation Decision Assistance Tool. The Advance to Zero dataset comprises the VI-SPDAT together with the By-Name List, a key tool of the Advance to Zero methodology used for prioritising the most vulnerable. It records up to date information about the number of people experiencing homelessness in the community and tracks their movement in and out of homelessness, with the overarching goal of ending homelessness. This is used by homelessness services to understand the circumstances of those experiencing homelessness and the inflows, the number of people actively homeless within a community, and the outflows into permanent housing.

The *Ending Homelessness in Australia: An Evidence and Policy Deep Dive* report provides a comprehensive analysis of this rich community-led data comprising responses from 20,953 people which showed that people experiencing homelessness are a diverse group of people with varied needs and histories of homelessness. There needs to be a range of homelessness, housing, and complementary supports in place to effectively work towards ending homelessness. A summary of the Advance to Zero data shows:

- *Homelessness:* Over one-third of respondents reported that they most frequently slept rough, with the majority of those sleeping on the streets. Most of the remaining respondents reported that they most frequently slept in crisis and emergency accommodation services, temporarily in peoples' homes or in short-term boarding houses. The majority of respondents were considered to have high acuity needs requiring permanent housing with long-term support: those sleeping rough, younger respondents,
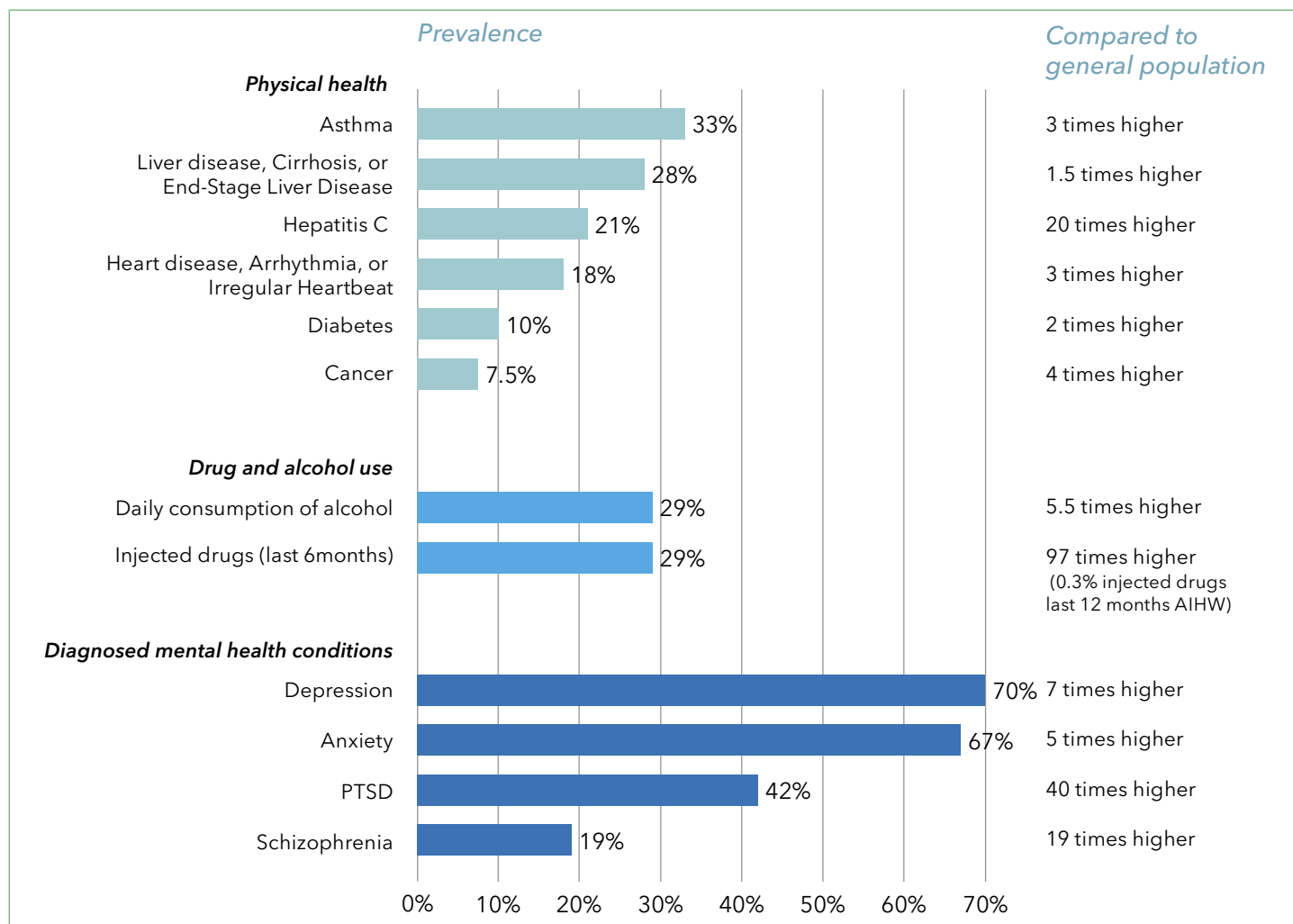
respondents with a serious brain injury or head trauma, learning or developmental difficulties, or a physical disability, had the highest acuity scores. On average, people had experienced homelessness for 3.8 years with around 40 per cent reporting many years of homelessness.
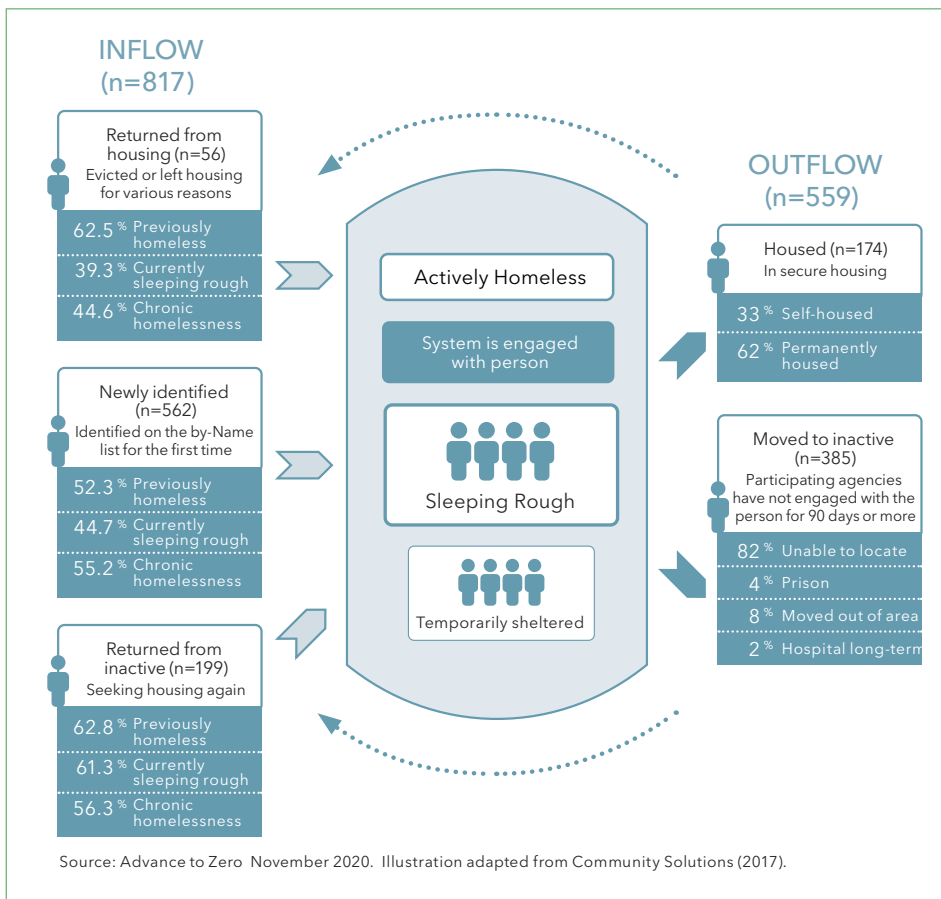
- *Health:* Respondents reported a range of long-term serious medical conditions and diagnosed mental health conditions, nearly all of which were significantly higher than rates seen across the general population.

Respondents had very high rates of foot and skin infections and dental problems. One-third reported being taken to hospital against their will because of mental health issues and a similar number reported going to accident or emergency facilities due to mental health reasons. Most reported problematic alcohol and other drug use. Self-reported use of hospitals among Advance to Zero respondents is, on average, much higher than the general population but there are large differences among

respondents, with a small number of people accounting for a large proportion of health service use. The majority of respondents accessed healthcare services five or fewer times in the six months prior to being surveyed. Of those who utilised health services, the estimated annual costs of those sleeping rough are 1.4 times higher than non-rough sleepers.

- *Justice:* A large proportion of respondents reported they had been in juvenile detention or prison in their lifetime, with three times as many rough sleepers reporting having been in youth detention than non-rough sleepers. Four in ten respondents reported being the victim of attack since becoming homeless.

- *Financial and social outcomes:* While most respondents were in receipt of regular income, most did not have enough money to meet their basic needs. Four in ten respondents reported that they had friends or family that had taken their money, borrowed cigarettes, used their drugs, drunk their alcohol or got them

Prevalence		Compared to general population
Physical health		
Asthma	33%	3 times higher
Liver disease, Cirrhosis, or End-Stage Liver Disease	28%	1.5 times higher
Hepatitis C	21%	20 times higher
Heart disease, Arrhythmia, or Irregular Heartbeat	18%	3 times higher
Diabetes	10%	2 times higher
Cancer	7.5%	4 times higher
Drug and alcohol use		
Daily consumption of alcohol	29%	5.5 times higher
Injected drugs (last 6months)	29%	97 times higher (0.3% injected drugs last 12 months AIHW)
Diagnosed mental health conditions		
Depression	70%	7 times higher
Anxiety	67%	5 times higher
PTSD	42%	40 times higher
Schizophrenia	19%	19 times higher

0% 10% 20% 30% 40% 50% 60% 70%

INFLOW (n=817)

Returned from housing (n=56)
Evicted or left housing for various reasons

62.5 %	Previously homeless
39.3 %	Currently sleeping rough
44.6 %	Chronic homelessness

Newly identified (n=562)
Identified on the by-Name list for the first time

52.3 %	Previously homeless
44.7 %	Currently sleeping rough
55.2 %	Chronic homelessness

Returned from inactive (n=199)
Seeking housing again

62.8 %	Previously homeless
61.3 %	Currently sleeping rough
56.3 %	Chronic homelessness

Center flow
Actively Homeless

System is engaged with person

Sleeping Rough

Temporarily sheltered

OUTFLOW (n=559)

Housed (n=174)
In secure housing

33 %	Self-housed
62 %	Permanently housed

Moved to inactive (n=385)
Participating agencies have not engaged with the person for 90 days or more

82 %	Unable to locate
4 %	Prison
8 %	Moved out of area
2 %	Hospital long-term

Source: Advance to Zero November 2020. Illustration adapted from Community Solutions (2017).

Young people with experience in the justice system or who have experienced out-of-home care have a higher risk of homelessness. Addressing the youth unemployment rate through increasing jobs and decreasing rates of youth detainees in custody and children in out-of-home care will reduce the youth inflow into homelessness.

The homeless population is disproportionately affected by poor physical and mental health and substance misuse. Rising population rates of high distress and illicit drug use can increase susceptibility for homelessness. FDV is the leading cause of homelessness for women and their children. Increasing awareness and social acceptance of reporting FDV has meant that housing and wrap-around support is increasing for women and their children experiencing or at risk of experiencing FDV.

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to do things they didn't want to do, or had people in their life whose company they did not enjoy but were around out of convenience or necessity.

- *Needs:* Respondents indicated housing, food and warmth were the most important needs. Large numbers of respondents reported that permanent housing was fundamental for a sense of safety and wellbeing, access to medical support, medication, support services, financial security, employment and independence. Family, friends, and social support were important for love and belongingness.

- *Transition out of homelessness:* A snapshot of the By-Name List for November 2020 showed most newly identified respondents had a history of homelessness and were temporarily accommodated. Housing placement is dependent on age and Aboriginal and Torres Strait Islander status, with a greater proportion of younger and Aboriginal and Torres Strait Islander respondents placed in public and community housing, and non-Aboriginal and Torres Strait Islander respondents placed in private rentals.

The Complex Causes of Homelessness

Homelessness can be prevented through addressing the 'structural' and 'individual' determinants of homelessness, including housing availability and affordability, economic and employment opportunities, physical and mental health outcomes, and family and domestic violence (FDV). Housing availability, housing affordability, rental increases, poverty, and current employment difficulties contribute to housing stress, impacting on households and their ability to have access to safe, secure, and affordable housing, and making them increasingly susceptible to homelessness.

To reduce the inflow into homelessness, the increasing housing stress levels seen across Australia need to fall, with low-income earners having greater accessibility to public housing and affordable housing options. Poverty rates are stable or increasing, with youth unemployment rates also increasing. These two economic drivers lead to financial and housing stress, poor physical and mental health, and social exclusion, all of which increase susceptibility to homelessness.

Key Actions to End Homelessness in Australia

We have identified five key actions to end homelessness in Australia:

1. Leadership and proactivity at the Federal Government level and a national end homelessness strategy applying across the states and territories

   A national end homelessness strategy backed by a proactive Federal Government will support increased federal funding for social and affordable housing projects, increased funding to homelessness services working to end homelessness, greater coordination between federal, state and territory government funded programs at the prevention, early intervention and crisis point, and an enhanced national target setting and monitoring environment.

2. An increase in the supply of social and affordable housing directed to an end homelessness goal

   Public housing stocks have fallen over the last two decades and growth in community

housing has not met increasing need. The total level of new social housing dwellings specified in recent announcements by state and territory governments is of an historic magnitude and is a fundamental part of an end homelessness agenda. However, aggregate state and territory government investment, while very significant, drops short of the total number of dwellings required to meet underlying demand.

Housing options continue to be limited for people experiencing homelessness. Currently, supply is falling short of what is required. Direct Federal Government funding of social housing options to complement recent state and territory investments in social housing would significantly boost the stock of social housing.

Federal, state and territory governments can also provide an enabling environment for impact investment into affordable housing options for those experiencing homelessness. The private rental market is one point of exit from homelessness and must play a greater role than it has previously, given social housing supply-side constraints.

3. Comprehensive application of Housing First programs linked to supportive housing for those entering permanent housing with long histories of homelessness and high health and other needs.

Housing First approaches are identified as a sound program foundation to address chronic homelessness and have yielded positive outcomes in Australia to date. State and territory governments have increasingly embraced the Housing First model, but there remain gaps in full implementation of the model at scale and application of targeted supportive housing options for all those who need it. The high health and service needs of a significant number of those sleeping rough require an expansion of both congregate supportive housing models, such as the well-established Common Ground model as well as scattered site options.

4. Targeted prevention and early intervention programs to turn off the tap of entry into homelessness which address the underlying drivers of homelessness.

Prevention and early intervention approaches recognise the individual and structural drivers that influence homelessness and target its drivers, to prevent entry,

re-entry, or facilitate rapid exit. Interventions into key target areas — such as family and domestic violence affecting women and children as well as adolescents (who experience their first spell of homelessness as a result of violence in the family home), young people in out-of-home care or involved with the youth justice system, people experiencing mental health issues, poverty or unemployment — could assist in preventing homelessness outcomes for people.

5. Supportive systems programs which build the enablers of an end homelessness program: advocacy, commitment and resource flow to ending homelessness; effective service integration; culturally safe and appropriate service delivery including expansion of Aboriginal and Torres Strait Islander-led and controlled services to help address high rates of homelessness in their communities; and improving data quality, evaluation and research around ending homelessness in Australia.

Given that Aboriginal and Torres Strait Islander people are overrepresented in homelessness statistics and associated support services, culturally appropriate policies and interventions need to be designed with and led by Aboriginal and Torres Strait Islander people and community organisations.

Endnotes

1. Flatau P, Lester L, Seivwright A, Teal R, Dobrovic J, Vallesi S, Hartley C and Callis Z 2021, *Ending Homelessness in Australia: An Evidence and Policy Deep Dive*, Centre for Social Impact, University of Western Australia, Perth and the University of New South Wales. *https://doi.org/10.25916/ntba-f006*