Working Towards a National Homelessness Strategy

Response to Consultations

Commonwealth Advisory Committee on Homelessness

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Contents

2

Foreword

As Chairperson of the Commonwealth Advisory Committee on Homelessness (CACH) I would like to thank all of the individuals and organisations that have contributed to this post-consultation version of *Working Towards a National Homelessness Strategy*. It has been a pleasure to work with the dedicated individuals making up the CACH and those caring and skilled people in the community who took part in consultations.

Homelessness is a complex issue and any attempts to reduce homelessness must address the diverse problems experienced by those most marginalised in Australia. Both our research and consultations highlight the need to address the structural causes of homelessness, including housing supply and affordability, access to employment and factors contributing to poverty. *Working Towards a National Homelessness Strategy: Response to Consultations* provides a comprehensive body of knowledge on the factors that contribute to or prevent homelessness. It recognises that responsibility for addressing homelessness is not unique to the Commonwealth Government but is shared by a wide range of government and non-government interests.

In order to successfully respond to, prevent and reduce homelessness in Australia, a national effort is required. With this in mind I would urge all levels of government, business, and the community to take responsibility and action in any way they can. Only by working together can inroads be made towards eliminating homelessness in Australia.

To contribute to this outcome, the CACH has now turned its attention to developing action plans to address some of the key factors identified. The CACH also looks forward to seeing positive actions taken by others.

DON FRY AO

CACH members

The members of the Commonwealth Advisory Committee on Homelessness are:

◗ Don Fry AO (Chairperson)

◗ Jane Barnes

◗ Penny Becker

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◗ Sylvia Geddes

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Glossary

ABS	Australian Bureau of Statistics
Australians Working Together	A Commonwealth initiative to reform the income support system
ACHA	Assistance with Care and Housing for the Aged
AHMAC	Australian Health Ministers' Advisory Council
AHURI	Australian Housing and Urban Research Institute
ATSIC	Aboriginal and Torres Strait Islander Commission
CACH	Commonwealth Advisory Committee on Homelessness
CACP	Community Aged Care Package
CAP	Crisis Accommodation Program
CASH	Crisis Assistance and Supported Housing Award
CASN	Central Australian Service Network
CSTDA	Commonwealth-State/Territory Disability Agreement
CSHA	Commonwealth State Housing Agreement
DASH	Developing Alternative Solutions to Housing
De-institutionalisation	The policy, followed since the 1970s, of assisting people with special needs in the community rather than committing them to large institutions
DEST	Commonwealth Department of Education, Science and Training
DEWR	Commonwealth Department of Employment and Workplace Relations
FaCS	Commonwealth Department of Family and Community Services
DHA	Commonwealth Department of Health and Ageing
DV	Domestic violence
FHPP	Family Homelessness Prevention Pilots
HACC	Home and Community Care Services
HMC	Housing Ministers' Conference
HMAC	Housing Ministers' Advisory Council
Homelessness, primary	People without conventional accommodation (e.g. sleeping rough or in improvised dwellings)

Homelessness, secondary	People who frequently move from one temporary shelter to another (e.g. emergency accommodation, youth refuges, friends' places)
Homelessness, tertiary	People staying in accommodation that falls below minimum community standards (e.g. some boarding houses and caravan parks)
JPET	Job Placement, Employment and Training
JPP	Jobs Pathways Program
JSCI	Job Seeker Classification Instrument
MCEETYA	Ministerial Council on Education, Employment, Training and Youth Affairs
NDCA	National Data Collection Agency for SAAP
NHS	National Homelessness Strategy
PADV	Partnerships Against Domestic Violence
RDNS	Royal District Nursing Service
Reconnect	An early intervention program for young people who are experiencing homelessness or are at risk of homelessness; the program also assists their families
SAAP	Supported Accommodation Assistance Program
SAAP IV	SAAP has been funded and delivered since 1985 under a series of five-year agreements between the Commonwealth, the states and the territories; the current agreement is the fourth (hence SAAP IV) — it was ratified in April 1999 and runs from 2000 to 2005
SACS Award	Social and Community Services Award
THM	Transitional Housing Management
TILA	Transition to Independent Living Allowance

Executive summary

It is not acceptable for people in Australia to be homeless. Myths that link homelessness to personal flaws or bad choices must be dispelled. The structural and idiosyncratic factors that cause homelessness must be tackled and the factors that protect against it must be strengthened. Homelessness presents a serious challenge for all Australian governments and communities.

The problem

The causes of homelessness are many and diverse, and often interacting. Closer examination of the issues affecting people who are homeless has taught us that homelessness is related to structural factors including unemployment, low income and lack of access to affordable, safe, secure housing. Personal factors such as poor health, disability and social isolation increase an individual's vulnerability to homelessness. Homelessness may be short-term, a once-in-a-lifetime experience, cyclical or long-term. Homelessness affects people of all ages, with devastating consequences for child development, education, family formation and maintenance, physical and mental health and people's capacity to work and live independently and with dignity.

In developing strategic and systemic solutions it is useful to differentiate between:

◗ **Primary homelessness:** experienced by people without conventional accommodation (e.g. sleeping rough and in improvised dwellings).

◗ **Secondary homelessness:** experienced by people who frequently move from one temporary shelter to another (e.g. emergency accommodation, youth refuges, friends' places).

◗ **Tertiary homelessness:** experienced by people staying in accommodation that falls below minimum community standards (e.g. some boarding houses and caravan parks).

The strategy

Working Towards a National Homelessness Strategy: Response to Consultations presents an overview of the causes and effects of homelessness in Australia and suggests areas for action and further research. It considers who is involved and what other related initiatives are being undertaken. It has been informed by consultations with stakeholders across Australia. It proposes tackling homelessness by identifying the factors that increase or reduce the risk of homelessness, and examining the effects of these factors on different individuals and groups at various stages of life.

Australia's remedial response to homelessness through the Supported Accommodation Assistance Program has been as vigorous as any comparable country's. The problem for service providers is that the needs of the homeless have become increasingly complex while the resources available to meet those needs

have remained largely unaltered. Housing and specialist mental health and drug and alcohol services need to be much more integrated, flexible and responsive. There are gaps in the service system. People who are homeless need to be involved in service planning and evaluation. The rights of vulnerable service users need to be protected through a consistent national system of accreditation or licensing. Working conditions and career pathways for staff and management in the community sector should be comparable with those enjoyed by government and private sector employees working in the community service field.

Employment, income security and housing are central to tackling homelessness.

Providing access to regular, stable employment, where appropriate, is essential. People experiencing or at risk of homelessness often need more help than others to access jobs, and some require help with other issues before they can undertake labour market programs.

The vast majority of people who are homeless depend on income support. Due to their circumstances, they often find it difficult to get the assistance to which they are entitled, do not understand their rights and obligations, or have trouble negotiating administrative arrangements. Income support may not be adequate to meet daily living expenses, especially for people who are single, young, have high costs (such as those associated with poor health), or live in locations where rents consume 30–50 per cent of income. It can be extremely difficult to save the bond and rent in advance required to secure stable accommodation.

The lack of affordable, secure housing is a substantial cause of homelessness. People receiving income support or low incomes are often unable to obtain appropriate housing in competitive markets. Individuals and their dependants are at risk of losing stable housing if they breach Centrelink procedures. Demand for social housing and low-cost housing is increasing and far outweighs supply. Social and low-cost housing is often provided in places where employment opportunities and community support are limited.

Assisting families to support themselves, preventing family and domestic violence and reducing relationship breakdown will help to lessen the incidence of homelessness.

People who are homeless or at risk of homelessness are generally isolated socially, with little or no access to family and community supports. Increasing access to community support services and informal social support will help reduce the risk of homelessness and provide pathways out of homelessness.

Education has already proven its value in early intervention strategies for young people who become homeless and as a means of imparting basic skills to older homeless people. The education system has been used successfully to provide life skills and pastoral care to homeless students. Society as a whole has a role to play

in preventing and responding to homelessness and all members of the community need to be educated for this role.

People who are homeless have significantly poorer health than the general community — mental health problems are particularly prevalent. They face substantial barriers to using health services, including lack of transport, lack of money, unhelpful reactions from people within the health system and lack of information about health services. They are also less likely to recognise that they have health-care needs and are less equipped to follow through with medication and self-care regimes.

Poor mental health is often complicated by additional problems such as drug and alcohol addiction and can manifest in challenging or difficult-to-manage behaviour. Inadequate funding in the mental health area has left people with mental health problems vulnerable to homelessness and presented the homelessness agencies called on to assist them with an increasingly difficult task. Families and other carers are struggling to cope in situations that they are ill-equipped to handle.

Drug and alcohol misuse is prevalent among people who are homeless. In order to prevent homelessness — and particularly chronic homelessness — we need effective drug and alcohol treatment and prevention programs which also address accommodation and mental health issues.

The experience of homelessness is often related to experience of the criminal justice system. Ex-prisoners often have no home or job to go to and are more likely than the general population to have low incomes, be on income support and experience discrimination. All these factors increase their risk of becoming homeless, which in turn increases the danger that they will resort once more to crime.

People with disabilities are highly vulnerable to homelessness and are more likely to experience poverty, abuse and social isolation than the broader community. Programs established to support people with disabilities are often limited in the range of services they provide and do not necessarily address the needs of those who are homeless or at risk of homelessness. Homelessness services are often not able to provide the level of support needed by people with disabilities due to inadequate funding and training. People with disabilities who are eligible for public housing often face longer than usual waits for suitable properties to become available.

Some groups in the Australian community are vulnerable to homelessness for unique reasons and, as a result, are at higher risk. They include Indigenous people, people from culturally and linguistically diverse backgrounds, people with high and complex needs, and people living in rural and remote areas.

To tackle homelessness among Indigenous people, the principles of self-determination, self-management, community capacity building and equity must be

embedded into human services such as income support, housing, education and health.

The risk of homelessness for people from culturally and linguistically diverse backgrounds is increased when they are ineligible for income support, have little or no family to provide assistance, are not familiar with the environment in which they find themselves, do not speak English, or have difficulty accessing housing, employment and support services due to discrimination.

Working Towards a National Homelessness Strategy explores the specific circumstances of people experiencing homelessness at different stages of life. It looks at different age groups (including children and young people, young adults aged 18–24 and single adults aged 25-plus), at families with children and at women and children affected by domestic violence.

Older people are at increased risk of homelessness due to their reduced income, declining health, social isolation, increased vulnerability and lack of safe, appropriate, affordable housing. In order to prevent and reduce homelessness among older people, a substantial increase in housing and support services will be needed over the next ten years and beyond.

The most common reason women with children give for accessing SAAP services is domestic and family violence. In most instances, the woman and her children are forced to leave the family home. Financial and legal constraints — and considerations of personal safety — often make it difficult to find alternative accommodation that is stable and affordable. This is especially true in rural and remote communities. Domestic violence has a profound impact on children, who need to be supported in their own right.

A coordinated response

Continued development and implementation of the National Homelessness Strategy is essential. The Commonwealth Government has committed itself to implementing the strategy, but it needs to be joined by state, territory and local governments, community services and business. Joint action, particularly through partnerships, is the best way to reduce and prevent homelessness. We must better integrate all the policies, programs and agencies that influence the income, employment, health, family relationships and housing of those who are vulnerable. A whole-of-government approach is required. This will involve a comprehensive effort, coordinated when necessary, across portfolios and spheres of responsibility, with contributions from public and private sector stakeholders. In order to be successful, stakeholders need to communicate with each other to promote better understanding of the impact of the policy and services offered by each on the level of homelessness.

Part I.
Introduction

Working towards a National Homelessness Strategy

It is not acceptable for people in Australia to be homeless. Myths that link homelessness to personal flaws or bad choices must be dispelled. Homelessness is caused by structural factors such as poverty, an inadequate supply of affordable housing and unemployment. Personal factors such as poor health and disability will increase an individual's vulnerability to homelessness insofar as they reduce their access to income, housing and employment.

People may experience isolation from their family, friends and community as a consequence of, or a precursor to, homelessness. In addition, people who are homeless are more likely to misuse substances and have contact with the criminal justice system. Some population groups are more at risk of homelessness than others because they experience more poverty, more unemployment and more restricted access to affordable housing.

The most effective way to reduce homelessness is by tackling the structural factors that produce it. This will require a concerted national effort. It is with this in mind that the Commonwealth has implemented the National Homelessness Strategy focusing on:

◗ prevention;

◗ early intervention;

◗ working together; and

◗ crisis transition and support.

The current Commonwealth Advisory Committee on Homelessness was appointed by the Minister for Family and Community Services in October 2000 to provide ongoing advice and recommendations on homelessness and to lead community consultation on homelessness issues. The Committee's Terms of Reference direct it to:

1. Formulate advice on homelessness issues taking into account improved outcomes or implications for families and communities and implications for government.

2. Advise the Minister on the development of strategic policy directions related to provision of services for people who are homeless or at imminent risk of homelessness, giving priority to developing early intervention strategies or pathways from homelessness and the risk of homelessness to independent living.

3. Advise the Minister on strategies for continuing reform of SAAP in the context of the National Homelessness Strategy.

Important milestones in CACH's contribution to the NHS's implementation have included the publication of *Working Towards a National Homelessness Strategy: Consultation Paper* (August 2001), national consultations (November 2001), and the release of this *Response to Consultations*.

The CACH learned a great deal from the consultations and this document differs from the earlier consultation paper in several respects:

◗ it includes four new chapters to strengthen the focus on mental health, education, children and young people, and involving government and community in addressing homelessness;

◗ it no longer confines discussion of Indigenous people to a single chapter (recognising that Indigenous people are affected by the same issues as non-Indigenous people, as well as by issues specifically related to race);

◗ it acknowledges the extent to which gambling contributes to the risk of homelessness; and

◗ it places more emphasis on the vulnerability to violence of those at risk of homelessness.

Not every idea raised in the consultations could be reflected in this response. However, the CACH has endeavoured to address all issues about which there was strong or broad concern.

The NHS is guiding the development of policy and programs across government to address the causes, rather than just the effects, of homelessness. *Working Towards a National Homelessness Strategy: Response to Consultations* presents an overview of homelessness in Australia and suggests areas for action. It has been presented to the Minister and will help establish policy and program priorities for the population groups most at risk of homelessness. The CACH is now developing action plans containing practical steps that could be taken as priorities are identified.

Why are there people who are homeless in Australia?

It is too easy to see homelessness as a problem affecting only a tiny segment of our community. Homelessness is not simply caused by personal problems or short-term crises. It is one of the most damning manifestations of structural inequality in Australian society.

Homelessness presents a serious challenge for Australian governments and communities. Its existence is a stark reminder that not all Australians have participated in the rising living standards of recent decades. While the situation in Australia is not as bad as in some other developed countries, there is a strong public perception that homelessness is on the rise, and the problem is increasingly visible in our major cities.

People once thought homelessness was confined to itinerant men at the end of their working lives, often struggling with alcoholism or poor mental health. In today's society this is clearly not the case. We now know that homelessness affects all kinds of people.

Policy-makers need to look beyond the many myths surrounding homelessness and recognise the diversity of people who are homeless and their experiences. For example:

◗ **Not all people who are homeless live on the street.** Many have access to some form of shelter, some of the time. What they lack is stable, safe, suitable shelter they can count on for the long term.

◗ **Not all homelessness is chronic.** Many people are homeless only once in their lives, while others cycle between homelessness and more or less unsatisfactory accommodation. There are people who remain homeless for years, but this is hardly the norm; more often it is just for a few nights or weeks.

◗ **People who are homeless are not a breed apart.** Many have work and family histories much like everyone else's. However, they generally face one or more challenges that make establishing and maintaining stable, secure accommodation particularly difficult. Many people who are homeless are children following their parents into homelessness.

Closer examination of the issues affecting the homeless has taught us that homelessness is clearly related to structural factors including unemployment, low income, and lack of access to affordable, safe, secure housing. The reasons why some individuals and families meet these challenges less well than others are complex and varied.

For example, when a family's status changes due to relationship breakdown or domestic violence, some family members may find themselves with little or no income and no housing. Whether this situation will be temporary or long-term depends on a number of other factors, including the availability of family and community support, and the physical and mental health, age, culture, personal

background, substance use and geographic location of the people involved. Some individuals may never have had family or community support, and may suffer marginalisation and isolation as a consequence. Homelessness for these individuals — whether they are currently part of a family or not — is more likely to be long-term or cyclic.

In recognition of this diversity, it is now customary to talk about three distinct kinds of homelessness.

◗ **Primary homelessness** is experienced by people without conventional accommodation (e.g. sleeping rough or in improvised dwellings).

◗ **Secondary homelessness** is experienced by people who frequently move from one temporary shelter to another (e.g. emergency accommodation, youth refuges, friends' places).

◗ **Tertiary homelessness** is experienced by people staying in accommodation that falls below minimum community standards (e.g. some boarding houses and caravan parks).

Estimates based on these definitions put the number of people who are homeless in Australia on any given night somewhere between 60,000 and 105,000, of whom less than half experience primary homelessness or chronic homelessness of any kind (SAAP Data and Research Advisory Committee, 2000).

While these estimates are based on the best evidence available, the transience of the homeless makes it hard to gather information about them. Data is collected on every client who uses homelessness services funded under SAAP. This gives us a very detailed picture of the SAAP service system and its clients, and data collection reports are produced annually for each state and territory and Australia as a whole. However, these services only come into contact with a fraction of Australia's homeless, and data on those who don't use SAAP services is generally scanty, localised, anecdotal and discontinuous.

Notwithstanding these constraints, we have more than enough facts to start thinking strategically about how homelessness happens and how it can be prevented.

Part II.
Government and community

1. Involving the whole of government

Reducing the risk of homelessness and responding to it when it occurs must involve all the agencies that influence the income, employment, health, family relationships and housing of those who are vulnerable. What we need is a comprehensive effort, coordinated when necessary, across portfolios and spheres of responsibility, with contributions from Commonwealth, state, territory and local governments, community services, and business. In order to be successful, stakeholders need to communicate with each other to promote better understanding of the impact of the policy and services offered by each on the level of homelessness. Existing government agencies and inter-governmental forums need to put homelessness high on their agendas and new agencies and forums should be established if required.

1.1 Goals

◗ To focus every government portfolio and agency on reducing homelessness, including through shared action with others.

◗ To better coordinate and integrate homelessness funding, programs and services across the three spheres of government and the community sector.

◗ To use community, business and government partnerships to reduce homelessness.

◗ To generate innovative and flexible approaches to reducing homelessness.

1.2 Priority actions

REQUIRE Centrelink, FaCS, DEWR, DEST and DHA to develop publishable action plans based on *Working Towards a National Homelessness Strategy: Response to Consultations*.

REQUIRE FaCS to convene an inter-agency committee to lead and review progress on the goals and priority actions contained in *Working Towards a National Homelessness Strategy: Response to Consultations*.

Who is involved?

◗ Commonwealth Department of Family and Community Services
◗ Centrelink
◗ Commonwealth Department of Employment and Workplace Relations
◗ Commonwealth Department of Health and Ageing
◗ State and territory departments dealing with housing, families, child protection, child care, community development, education, health, juvenile justice, drug and alcohol use, financial issues and gambling
◗ Local government
◗ Community services
◗ Employment agencies
◗ Schools
◗ Child care centres
◗ Health centres
◗ Business

SHARE Commonwealth action plans with state, territory and local governments.

INVITE state, territory and local governments to prepare action plans based on *Working Towards a National Homelessness Strategy: Response to Consultations*.

ENSURE that homelessness is addressed in existing Commonwealth-State agreements such as the CSHA and the CSTDA, and in agreements that involve local government.

USE the Commonwealth's Community Business Partnerships to identify and take up opportunities for partnerships between community, business and government to reduce homelessness.

PLACE homelessness high on the agenda of existing Commonwealth, state, territory and local government joint committees and working groups.

ENCOURAGE Commonwealth, state, territory and local government agencies administering different programs in the same location to coordinate project planning, development and evaluation.

PUBLICISE good examples of formal service guarantees between government departments and encourage others to emulate them.

PUBLICISE good examples of local service agreements between homelessness and other support services and encourage others to emulate them.

ENCOURAGE government departments to develop joint funding program targets for new community service funding initiatives.

USE flexible, outcome-focused funding models that recognise the long-term and intensive service requirements of many people who are homeless.

NEGOTIATE with Indigenous communities to pool funding, set self-determined funding priorities and establish consistent, culturally appropriate accountability requirements across all funded programs.

Related initiatives

- The Joint Guarantee of Service between Health and Housing in NSW
- The NSW Partnership Against Homelessness
- State and territory joint taskforces against homelessness
- NHS-funded demonstration projects:
  - supporting families in caravan parks through on-site playgroups (a joint funding initiative of FaCS Child Care and the NHS); and
  - preventing homelessness by supporting young offenders (a joint pilot developed by the then Commonwealth Department of Education, Training and Youth Affairs and the NHS)

1.3 Rationale

All spheres of government in Australia share responsibility for dealing with homelessness. Homelessness is usually the result of many factors; more than in most areas of government, preventing and reducing it requires an integrated approach.

Local government has a significant capacity to influence homelessness. It is responsible for developing social plans and supporting or providing local services that may be used by people who are homeless or at risk of homelessness. Local government must also deal every day with the use of public space by people who are homeless. For many inner-city councils, this is a major challenge.

State and territory governments are largely responsible for administering Australia's community, health and housing services. They are also charged with assisting those who come into contact with the correctional services system, the substitute care system and similar institutions.

The Commonwealth has primary responsibility for employment and income security and negotiating special-purpose payments in health, housing, and disability with the states and territories.

Very often the services needed by the homeless are handled by different government agencies and cannot be easily co-ordinated as procedures and priorities vary. People who are homeless and homelessness service providers must negotiate these layers, and must often tell their story to a succession of officials in order to get assistance.

Working together was the catch-cry of the nineties and we have often been very successful in building partnerships, integrating policies and coordinating programs. However, the complexity of the arrangements that have arisen to deal with homelessness and related issues such as mental health, income support, employment and domestic violence may discourage or prevent the homeless from accessing government and community services. The

Further research

We need to know more about:

◗ which models of integrated or coordinated service delivery make human services most accessible to people who are homeless;

◗ joint Commonwealth, state, territory and local government committees, working groups and partnerships that are successfully producing coordinated and integrated outcomes;

◗ regional collaborations — within and across portfolios and between Commonwealth, state, territory and local governments — that are successfully producing coordinated and integrated outcomes; and

◗ collaborations within and across portfolios that are successfully producing coordinated and integrated outcomes.

range of services available may be bewildering and their delivery is often uncoordinated.

In some cases, policies and program requirements conflict, making life even harder for the homeless. For example, people relying on the (state) public housing system for long-term housing may be obliged to move to poorly located estates on the fringes of cities, which may make it harder for them to meet their obligations under the (Commonwealth) social security system. Similar problems can be found within each level of government. Even where there is no policy conflict, administrative barriers and resource constraints make it hard for different governments and government agencies to work in partnership. Only some states have established formal working arrangements between agencies whose activities have a bearing on homelessness.

While some policy and program differences — particularly between the states and territories — may reflect differences in local conditions, most simply perpetuate historic funding patterns and administrative arrangements. This must change. Individual service users and local communities must be actively involved in service planning and evaluation. Flexible funding models must be developed and put on trial. Local government must be given a role consistent with its centrality to grass-roots community development and service provision.

1.4 Evidence

The current trend towards outcome-based funding in many portfolio areas, including employment, is putting pressure on service providers to produce instant results. Many have responded by focusing their resources and attention on people with readily soluble problems. Those with more complex needs — and that includes most people who are homeless — may find themselves at the end of the queue. Outcome-based funding is actually making it financially difficult for service providers to meet the needs of the most disadvantaged: 'In the case of people with high support needs, the duration of support required is often longer and the type of response required more intense.' (Ecumenical Housing & Thomson Goodall Associates, 1999a) Costs are correspondingly higher and outcomes less certain.

Some people find it difficult to access services because they do not fit the sometimes arbitrary criteria imposed by providers in compliance with government funding guidelines. It is possible for individuals with very high support needs to miss out on assistance simply because they do not meet the criteria for any of the services available in their locality. For example, a person who exhibits severe and challenging behaviour may not be able to access mental health services if they are not diagnosed with a mental illness, even though their unmet need may result in homelessness.

Lack of coordination also leads to duplication of services. There is anecdotal evidence that some people are being case-managed by a number of different service providers whose case plans for a particular individual may be inconsistent or even contradictory.

Several funding models have been trialed and evaluated in recent times. Individualised funding has been widely used in disability services and reports from workers in the field suggest that it is preferred by many clients and their families. Pooled funding for target communities has been successfully piloted in geographically defined areas. Cross-program funding has also been used to build bridges between individual funding programs.

2. Service delivery

Australia's response to homelessness through SAAP has been as vigorous as any comparable country's. The problem for service providers is that the needs of the homeless have become increasingly complex while the resources available to meet those needs have remained largely unaltered.

A number of service delivery issues must be addressed if we are to improve the accessibility and quality of services to people experiencing, or at risk of, homelessness. Housing, mental health and drug and alcohol services need to be much more integrated, flexible and responsive. There are gaps in the service system, and these can only be filled by increasing funding. Generalist service providers need to involve the homeless and those at risk of homelessness in service planning and evaluation. The rights of vulnerable service users need to be protected through a consistent national system of accreditation or licensing. Working conditions and career pathways for staff and management in the community sector should be comparable with those enjoyed by government and private sector employees working in the community service field.

2.1 Goals

◗ To improve the delivery of services to people experiencing, or at risk of, homelessness by:

   ◗ providing sufficient funding for an appropriate balance of prevention, early intervention, and crisis transition and support services;

   ◗ providing appropriate and adequate funding for those organisations that are already delivering outstanding services to this group;

   ◗ exploring new and responsive client-focused service delivery models;

   ◗ increasing service-user participation in policy development and the planning, implementation and evaluation of services;

Who is involved?

◗ Commonwealth Department of Family and Community Services
◗ Centrelink
◗ Commonwealth Department of Health and Ageing
◗ Australian Industrial Relations Commission
◗ State housing authorities
◗ State and territory departments responsible for SAAP, families and communities
◗ Local government
◗ Unions
◗ Homelessness peak organisations
◗ Employer bodies
◗ Management committees and boards of management of SAAP services
◗ Community-based organisations
◗ Health service providers
◗ Mental health service providers
◗ Community housing providers
◗ Homelessness service providers

- promoting user rights and ensuring that they are respected;

- improving salary and working conditions, particularly for workers in the community sector;

- supporting voluntary management committees, boards and other community-based employer structures; and

- improving career pathways for workers in the human services industry.

2.2 Priority actions

Financial resources

INCREASE resources for existing and new responsive service delivery models, particularly for clients with high and complex needs.

INCREASE the supply of appropriate and affordable housing for homeless people moving on from crisis services.

PROVIDE additional funding for prevention and early intervention programs.

Linking housing and support

STRENGTHEN links between funding agencies responsible for housing, housing support and other support services, including mental health services and drug and alcohol services.

PROVIDE whole-of-government guarantees that resources for housing and support will be available to clients throughout their time of need.

ENCOURAGE the health and disability systems to work together to achieve flexibility and accept responsibility for meeting the cost of long-term support and accommodation for homeless people with health or disability issues.

GATHER best-practice information on local housing and support agreements and other arrangements that achieve positive client outcomes.

Related initiatives

- Social housing programs
- Supported accommodation
- Homelessness prevention programs
- Mental health services
- Drug and alcohol services
- Outreach programs
- Domestic violence initiatives
- Stronger Families and Communities Strategy (including Young Leadership)

DEVELOP AND FUND housing and support models that meet the needs of Indigenous communities.

Service-user rights and participation

PROMOTE increased participation by people who are homeless in service planning and evaluation.

REQUIRE consistent reporting on the participation of people who are homeless in service planning and evaluation.

INTRODUCE an accreditation system for SAAP providers to ensure that they honour user rights, encourage user participation and understand their duty of care, especially to those with high and complex needs.

Resources and outreach

PROVIDE adequate funding to meet the cost of delivering services in regions with small populations scattered over large areas.

IDENTIFY AND COLLECT the information needed for policy development and needs-based planning.

Staffing

REDUCE the staff turnover in the community sector by ensuring salaries and working conditions are comparable to those in other industries and sectors.

DEVELOP career pathways for staff in the human services industry.

Management

INCREASE resources for voluntary committees and boards of management of service providers.

DEVELOP training and mentor programs to enable people who may not have the confidence or skills to become full management committee members — particularly those representing disadvantaged groups — to participate as associate members.

PROVIDE adequate funds to pay managers of homelessness services at appropriate levels.

Further research

We need to know more about:

◗ the service delivery options available, and the resource levels required, to meet the accommodation needs of minority groups and individuals;

◗ the social and economic effects of homelessness prevention programs;

◗ effective service delivery models and funding options for small populations covering wide geographic areas;

◗ the conditions under which housing and support should be linked or separated;

◗ the training and support needs of volunteer SAAP committees and boards of management and their members; and

◗ meaningful national salary benchmarks for staff working in homelessness services.

2.3 Rationale

Diversity and coverage

Service providers have valid reasons for targeting different groups of people who are homeless. They may have developed resources and techniques that work well with some groups and not with others. In these circumstances, it makes sense to focus on the people you can help most. Similarly, some client groups are best dealt with separately — it would be inappropriate to offer services for the victims and the perpetrators of domestic violence in the same location, for example. However, while targeting services to particular groups is easy enough to justify, the consequence is that not all groups are catered for in all places. If a client's needs are too complex to be addressed by mainstream services and they do not belong to any of the groups for which specialist services are available locally, they must either move or cope without assistance. This is especially true for Indigenous people in areas where culturally specific services are lacking or poorly developed. Gaps also occur in rural and remote areas that do not have the population to support a multitude of specialised services.

Linking housing and support

Accommodation services for people who are homeless, exiting homelessness or at risk of homelessness must decide whether to buy and manage residential properties themselves (for greater security but less flexibility), or place people in rental housing that can be changed in line with changing client needs. No organisation can claim to deliver responsive services if its housing stock does not match the needs of its clients, particularly those in crisis. The fact that those needs are so difficult to predict strengthens the case for flexibility. For example, some women escaping domestic violence prefer communal accommodation because it enables them to draw support from their housemates, while others find that group-living simply adds to their stress and prefer to have their own living space.

Managing housing and providing support require very different skills. There has been a great deal of debate about the pros and cons of separating housing management from support to avoid the conflict of interest inherent in combining the roles of support worker and landlord. Many organisations believe that offering housing is integral to providing support — others maintain the need for separation. Issues raised in the debate include the residential tenancy rights of disadvantaged people, the rights of neighbours and the capacity of people with high and complex needs to sustain a tenancy where the landlord is a stranger. Ideally, service providers should have the resources to offer a range of responses appropriate to their clients' needs.

Service-user rights and participation

People who are homeless must be involved in decision-making about the services they are receiving. Service users see things differently to service providers — they have different priorities and a different perspective on how things work. Input from clients can be used to ensure that services are relevant and effective.

People who are homeless are already extremely vulnerable. They have trouble accessing services and often suffer discrimination. It is therefore imperative that their rights as service users be protected. While many organisations recognise and respect the rights of their clients, people who are homeless continue to have negative experiences with service providers and in some cases are excluded from services altogether. Given that access to housing, income support, emergency relief and supported accommodation may literally be a matter of life or death for especially vulnerable people who are homeless, it is essential that organisations providing these services closely monitor their performance on client rights and commit themselves to improving that performance over time.

Resources and outreach

The funds available for homelessness services are finite and demand is high across the country. Many service providers make their dollars go further — and make themselves accessible to scattered populations — by operating outreach services. There are practical limits to how far these services can go — you know you have reached those limits when outreach workers spend more time on the road than with clients. Regional and remote service providers need encouragement and support to develop innovative responses.

Even in metropolitan areas, homelessness organisations may not have the resources to provide services 24 hours a day. No matter how carefully they match their opening times to their clients' activity patterns, people in crisis cannot be guaranteed access to services whenever they might need it.

Staffing

Taxing work, unpredictable shifts, relatively low pay, non-portable long service leave, limited maternity leave, and the frequent absence of a career structure all contribute to high staff turnover in community-based organisations providing services to the homeless. The introduction of awards has provided some protection of employee rights, but salary levels still do not reflect the experience, knowledge and commitment required of staff to delivery services effectively. Moreover, not all organisations in all states are operating under an award and some of the awards in place leave important issues unresolved. The loss of experienced and trained staff always threatens the quality of services.

Management

Boards and committees of management in the community sector are responsible for large sums of money, industrial relations, complying with legal requirements and more. The responsibilities of members are increasing in complexity, and this is having an impact on the skills needed for community directors to discharge their duties. Because most community management is voluntary, many boards and committees are struggling to maintain their membership. Organisations serving minority groups (e.g. Indigenous people, people from linguistically and culturally diverse backgrounds) and organisations based in small communities find it especially difficult to attract volunteers.

2.4 Evidence

Diversity and coverage

Community housing has proved difficult to sustain in small communities and remote areas. For example, in parts of Tasmania and the Northern Territory community housing providers depend on subsidies, are unlikely ever to be self-sustaining, and rely on a supply of appropriate dwellings from either the state housing authority or private landlords.

Public housing is often in short supply in regional and remote areas.

Crisis services are also difficult to run outside large population centres. For example, a domestic violence service established in central Queensland was expected to meet the needs of the regional city it is based in and the rural communities around it. However, with travel times of up to six hours one way and local demand already exceeding the service's capacity, individuals and families in outlying communities can expect little assistance.

Unless sufficient resources are made available to deliver services properly, people who are homeless will not have their needs met. Delivering services properly means attracting and keeping suitably qualified staff, being realistic about travel requirements, having housing available, and ensuring clients have access to the support they need.

Linking housing and support

In Victoria, SAAP services provide support and Transitional Housing Managers handle tenancies. Youth and women's refuges manage their own housing stock. In most other states and territories, crisis and transitional housing and support are provided by SAAP services — tenancy management and support are not separated — and longer-term housing is provided by other agencies with little or no support. We still have a lot to learn about when and under what circumstances housing and support should be linked or separated, but the fact remains that there will always be a need for a range of flexible housing and support responses.

Service-user rights and participation

In the SAAP sector there is no consistent, national legal framework protecting user rights and worker conditions through accreditation or licensing.

Resources and outreach

Traditionally, programs have been funded on a per capita or historic basis. However, it is more equitable and efficient to provide funding according to need. Unfortunately, the information required for needs-based policy development and planning is not available for all parts of Australia or all people experiencing, or at risk of, homelessness.

The money to meet the needs of people who are homeless must come from a variety of departments. Homelessness is not just about needing a house — the homeless frequently also have health, employment, education and justice issues to deal with, and each department needs to take responsibility for its share of the cost burden.

Staffing

SAAP services are covered by the Crisis Assistance and Supported Housing Award in some states and territories and to the Social and Community Services Award in others.

Community workers and government workers in the same or similar service delivery positions do not receive equivalent pay. For example, direct-care workers in the ACT government's disability support area currently receive $112 per fortnight more than direct-care workers in the community sector. This is before penalty rates are taken into account. Penalty rates are also higher in the government sector.

SAAP providers and other community organisations report losing staff to other employers, or being obliged to arrange rosters around second jobs, which staff accept because they invariably come with higher pay.

The lack of a career structure in the SAAP sector is of critical concern. As the complexity of homeless people's needs increases, so does the demand for staff with advanced skills and extensive experience. Many staff employed in SAAP and other community services are highly skilled and trained, many have tertiary qualifications, and our ability to produce good client outcomes depends on our ability to keep them in the sector.

Management

The GST has imposed additional demands on volunteer boards and management committees, which have had to master the requirements of the new tax and introduce administrative arrangements to meet those requirements. Treasurers and other committee members have had to comply with increasingly exacting accounting standards, including the requirement that they adopt accrual accounting. As employers, management committees also need to keep up-to-date with the

Workplace Relations Act 1996 (Cth) and *Workplace Relations Regulations* 1996 (Cth) — particularly as they pertain to dispute prevention and settlement — and state and territory workplace relations legislation. They must also have some knowledge of the *Racial Discrimination Act*, the *Sex Discrimination Act*, and the *Disability Discrimination Act*.

Part III.
Factors that contribute to or prevent homelessness

3. Employment

Providing access to regular, stable employment is essential to preventing and reducing homelessness. A large number of people who are homeless are unemployed; however, the majority of these people identify themselves as workers and could secure employment if given appropriate assistance. People experiencing or at risk of homelessness often need more help than others to access jobs. Some may also require help with other issues that are a barrier to employment before undertaking labour market programs.

3.1 Goals

◗ To increase employment among people experiencing or at risk of homelessness by:

  ◗ integrating homelessness services and labour market assistance programs;

  ◗ creating employment programs specifically tailored and targeted to people who are homeless;

  ◗ supporting employers who create opportunities for people who are homeless;

  ◗ addressing the disadvantage that Indigenous Australians experience in accessing employment; and

  ◗ giving more attention in all policy areas to how the supply and cost of housing and the availability of transport affect people's access to employment opportunities.

3.2 Priority actions

PROVIDE tailored programs that address the barriers to employment in people's lives, as a precursor to labour market programs — for example, support programs for people who are traumatised by abuse and are unable to fulfil the participation requirements of labour market programs.

Who is involved?

◗ Commonwealth Department of Employment and Workplace Relations
◗ Commonwealth Department of Family and Community Services
◗ Centrelink
◗ Job Network
◗ Job Search
◗ Employers and business community
◗ Homelessness service providers
◗ Job seekers

DEVELOP employment programs tailored to meet the specific needs of people experiencing or at risk of homelessness. To be successful, these programs must:

- form part of the primary helping relationship between the homeless person and homelessness service providers so that employment, housing, and welfare assistance can be delivered as a package;

- focus on skills acquisition and accredited training;

- provide vocational training in real work environments;

- provide financial assistance to offset the costs of workforce participation and restore self-esteem;

- be sensitive to the social circumstance of participants;

- have appropriate links to other forms of assistance, including childcare;

- be sensitive to the negative experiences participants may have had with schools and other institutions in the past;

- be sensitive to cultural differences, particularly among Indigenous people and people from culturally and linguistically diverse backgrounds;

- support flexible and self-paced learning;

- foster peer networks — for example, by using formerly unemployed people as mentors and running group job search workshops;

- prepare participants for the kind of jobs that are actually available in their local area by giving them the skills required for those jobs; and

- achieve demonstrated employment outcomes for Indigenous Australians.

ENCOURAGE AND RESOURCE homelessness services to focus more strongly on employment as a pathway out of homelessness and build links to employment assistance agencies.

Related initiatives

- Personal Support Programme
- Australians Working Together
- Job Placement, Employment and Training (JPET)
- New Enterprise Incentive Scheme (NEIS)
- NHS-funded demonstration projects:
    - cross-matching of JSCI and SAAP data; and
    - identifying pre-employment programs for the chronically homeless

MINIMISE distortions resulting from the fact that areas with a good supply of jobs generally have a limited supply of low-cost housing — for example, by:

◗ ensuring that social housing is provided where employment opportunities exist;

◗ ensuring that social housing tenants are allocated units close to where they work or close to areas where they might find work;

◗ providing assistance to people in the private rental market in recognition of the higher cost of housing in regions where employment opportunities are plentiful; and

◗ stimulating the supply of low-cost housing in high-employment areas.

PROVIDE financial support to help older people living in employer-provided housing who are retiring or being retrenched make the transition to alternative affordable, long-term housing.

INCREASE employment generation programs targeted to rural and remote areas and Indigenous communities.

REFORM welfare policies to take account of the needs of people who are homeless — for example, by:

◗ reviewing policies that require people to exhaust their savings and prevent them accessing their superannuation following retrenchment;

◗ matching mutual obligation requirements to the circumstances and capacities of the homeless;

◗ encouraging the Indigenous Community Capacity Building Round Table to advise government on employment strategies for marginalised Indigenous people; and

◗ ensuring that any new system of earnings credits is seen as an incentive to undertake casual work and not as a substitute for income support.

Further research

We need to know more about:

◗ the number of people who are homeless participating in Job Network and other labour market programs, the actual level of assistance they receive and the outcomes they achieve;

◗ the effect of marginal tax rates on people who are homeless entering employment; and

◗ how we can improve the capacity of labour market programs to assess and meet the needs of people who are homeless.

DEVELOP, IMPLEMENT AND EVALUATE, under the Prime Minister's Business Community Partnership, alternative employment assistance programs for long-term unemployed people who are homeless. These programs might include public recognition or other incentives for employers giving jobs to people in the target group.

REQUIRE the Departments of Family and Community Services and Employment and Workplace Relations to report annually on what they have done to reduce long-term unemployment among the homeless and how successful their efforts have been.

EVALUATE the apprenticeship assistance scheme to determine whether outcomes for apprentices and subsidies for employers are satisfactory.

3.3 Rationale

People who are homeless have traditionally been seen as outside the workforce — too old, too ill, or too burdened with problems to work. However, most people who are homeless have been employed at some time in their lives, and many will work again in the future — some even manage to hold down jobs while they are homeless. Almost 40 per cent of the homeless population identify themselves as workers, say they are working or looking for work, and are officially in the labour market. People under 35 — i.e. in the first third of their working lives — who are homeless identify even more strongly as workers, and they represent more than half the homeless population. Some 60 per cent of homeless 18–35-year-olds are working or looking for work.

Under current arrangements, people who are homeless who are in the labour market but lack a job almost inevitably become passive welfare recipients. We estimate that they make up 20 per cent of the long-term unemployed. However, it is likely that many of these people could secure employment given appropriate assistance — the desire to work is certainly there. There is little evidence that these people are being effectively engaged by labour market programs.

People experiencing or at risk of homelessness frequently need more help than others to access jobs and training. They often require highly specialised pre-vocational assistance. Many labour market programs assume a degree of housing stability and family support that is not available to the homeless. Only 3.0 per cent of people using SAAP services in 1999–2000 were employed full-time prior to the support period. A further 5.6 per cent were employed part-time. These figures rose to 3.8 per cent and 6.5 per cent respectively after the support period. Even when people who are homeless do find work, low pay often prevents them from achieving greater housing stability.

Some jobs — especially in caravan parks, motels, pubs, the farm sector and remote areas — come with employer-provided accommodation. When a person leaves such a job, they lose their accommodation as well as their employment. If their wages have been reduced to reflect the value of their accommodation, their savings may be limited, and their vulnerability to homelessness may be high.

While the Commonwealth's welfare reform agenda recognises that secure employment is the best remedy for poverty and disadvantage, a lot more could be done to improve employment outcomes for people who are homeless. Departments could agree to coordinate policy, integrate programs and share responsibilities. Contracted service providers could be required to develop services more responsive to user needs and achieve measurable results. A more strategic approach all round would enable us to increase effective assistance to the homeless unemployed and expand their opportunities without significantly increasing expenditure.

3.4 Evidence

There is significant evidence that appropriate employment assistance can prevent and alleviate homelessness. We know that the risk of homelessness is higher among the long-term unemployed than it is among the general population. It follows that measures to limit and reduce the number of long-term unemployed people through the timely provision of employment assistance will also help reduce homelessness.

Employment initiatives specifically designed to help people who are homeless have produced positive and sustained results. Examples include the Burnt Toast Café, Hand Brake Turn, This Way Up Furniture, Rework Car Wash and the Supported Employment Service. The availability of employment assistance can give an unemployed homeless person the motivation they need to find stable shelter and tackle other problems, such as substance abuse. The prospect of having a job provides a sense of hope. Recent research indicates that people who are homeless have a strong desire to work and rightly see secure employment as their best protection against homelessness. Yet many providers of services to people who are homeless place little or no emphasis on preparing their clients for work or finding them jobs.

When SAAP clients were asked in 1997–98 to rank the issues that mattered to them in order of importance, over 62 per cent put job opportunities in their top three — making employment the number-one issue overall. In a 1995 survey of SAAP clients conducted by Michael O'Meara, 97 out of 98 respondents said they wanted to work or would participate in an employment program if given the chance. However, a survey of SAAP service providers found that only one-third of them believed more of their clients would want to do any form of work or training if given the chance. In 1999–2000, 90,000 people made use of homelessness services. Half of them were between 18 and 35 years old and 40 per cent of this age group were unemployed

and actively in the labour market. This implies that there are 18,000 homeless young people in the labour market. This does not include those who are looking for work but are not eligible for income support or those who do not use homelessness services.

It is important that people who are homeless have access to mainstream labour market assistance as well as to innovative job-creation initiatives like the Burnt Toast Café. In times of rising unemployment, there is a very real danger that people who are homeless will be permanently marginalised from the labour market. Unfortunately, as they are presently constituted, the agencies charged with delivering employment assistance — Centrelink and the Job Network — are not well-linked with SAAP and other homelessness services. JPET services, which provide employment assistance to homeless youth, can only do so much in the face of high demand, and they do not address the needs of the homeless unemployed aged between 21 and 35 or those older people lacking modern job skills.

4. Income security

The vast majority of people who are homeless depend on income support during the time they are homeless. Yet they often have trouble accessing income support because they do not meet the eligibility criteria, do not understand their rights and obligations, or find it difficult to negotiate administrative arrangements. Income support may not be adequate to meet their daily living expenses, especially if they are single, young, have high costs (such as those associated with poor health), or live in locations where rents average more than 30–50 per cent of their income. Homeless people dependent on income support find it extremely difficult to save the bond and rent in advance required to secure stable accommodation.

4.1 Goals

◗ To give people who are homeless enough income security to make choices and find pathways out of homelessness.

◗ To ensure that income support payments are adequate to cover essential daily living costs, including accommodation, and to enable economic and social participation.

◗ To make the income support system accessible and easy to understand.

◗ To establish more flexible service arrangements, mutual obligation requirements and communication procedures to reflect the special circumstances of people who are homeless.

◗ To ensure that the needs of the homeless are considered during the development and implementation of welfare reform strategies.

4.2 Priority actions

REACH bipartisan agreement on poverty benchmarks and use these benchmarks to monitor whether current income security payments are adequate.

Who is involved?

◗ Commonwealth Department of Family and Community Services

◗ Commonwealth Department of Employment and Workplace Relations

◗ Centrelink

◗ State departments dealing with concessions, public transport and housing loans

◗ Financial counsellors

◗ Welfare rights centres

◗ Homelessness service providers

◗ Income security recipients

REVIEW AND AMEND income security legislation to recognise the financial independence of young people aged 18 years and over.

ESTABLISH the minimum income needs of different population groups, and ensure that income security payments reflect them.

OFFER Centrelink services at locations where people who are homeless feel comfortable, including community agencies and SAAP services.

INCLUDE an allowance for transport costs in income support payments to people who are homeless who live a long way from a Centrelink office.

PROVIDE income support payments that allow people experiencing or at risk of homelessness to participate in literacy and numeracy programs.

PILOT alternative methods of delivering Centrelink information to people who are homeless.

IMPROVE communication between Centrelink and the homeless by engaging third parties to develop best-practice models and alternative approaches.

INVOLVE third parties in developing Preparing for Work Agreements to ensure that they are relevant to the individuals signing them.

REVIEW the Job Seeker Classification Instrument as it relates to people who are homeless and the adequacy of the weightings given to specific disadvantages.

INCREASE awareness of the special needs of people who are homeless among Centrelink staff.

HELP people who are homeless understand their obligations and know their rights.

AMEND Centrelink procedures in relation to breaching to ensure recipients and their dependants retain affordable secure accommodation.

MAKE more flexible forms of payment available.

EVALUATE how determining support levels for young people by means-testing their parents affects young people's capacity to afford housing.

Related initiatives

- Australians Working Together
- FaCS Rules Simplification Taskforce
- Centrelink research on reduced income
- Concessions
- Housing bond loans and mortgage assistance programs
- Public transport
- NHS-funded demonstration projects:
  - FaCS-Centrelink forum on inner city homelessness; and
  - FaCS-Centrelink initiatives to improve services to people who are homeless

INVESTIGATE the relationship between Youth Allowance payment levels and young people's capacity to participate in social and economic life.

PROVIDE financial support to help older people living in employer-provided housing who are retiring or being retrenched make the transition to alternative affordable, long-term housing.

HELP prisoners secure housing immediately on release by providing at least one month's rent in advance.

4.3 Rationale

While many people who are homeless want to work, the vast majority depend on income support during the time they are homeless.

Reliance on income security payments creates several difficulties for the homeless. Payment levels are generally low in comparison to living costs, particularly housing costs. People who are homeless have trouble meeting the administrative and mutual obligation requirements of the income security system. Payment structures and processes may simply be too inflexible for people whose lives are in crisis or transition, such as women affected by domestic violence and people exiting prisons.

Income support does not cover the immediate high cost of securing stable accommodation, including bond money and rent in advance. Housing programs do provide loans to help people pay bonds, but it is difficult if not impossible for people on income security to pay these loans back.

Some people who are homeless cannot access the income security system at all, including newly arrived migrants and young people deemed ineligible on the basis of a parental means-test. The assumption that people in these groups will be provided for by their families and communities is often wrong.

Further research

We need to know more about:

◗ why migrant sponsorship arrangements break down;

◗ best practice in communications and how we can apply it to the relationship between Centrelink and people who are homeless;

◗ how to reduce current levels of inadvertent breaching of people who are homeless;

◗ how to maximise the effectiveness of Centrelink Community Officers in assisting people who are homeless; and

◗ how well the Job Seeker Classification Instrument identifies and refers clients who are homeless.

4.4 Evidence

Mutual obligation requirements

The Commonwealth Department of Family and Community Services is currently researching the impact of mutual obligation requirements on people who are homeless. We already know that the special problems faced by homeless people are not always taken into account when mutual obligation arrangements are worked out or when breaches are penalised. There is a real danger that people will be punished simply for being homeless. To make matters worse, many people who are homeless do not properly understand their obligations or rights of appeal.

Those at risk of homelessness — including people living in social housing — are scarcely better off. Any loss of income resulting from a breach reduces their capacity to meet housing costs and increases their risk of eviction.

Administrative arrangements

A 1994 survey by the then Commonwealth Department of Social Security found that people who are homeless encountered many difficulties dealing with the income security system. Establishing proof of identity, providing an address for correspondence, responding in the time required, opening a bank account — none of these things was easy for the homeless. The survey also found that homeless people were mistrustful of the system, that their understanding of it was poor, and that low levels of literacy and limited access to transport made things even harder for many. Not surprisingly, homeless people did not make full use of the department's programs, with many failing to take up benefits they were eligible for (Prosser & Groth, 1994). While some of these problems have been addressed by appointing outreach workers (Centrelink Community Officers) and introducing other reforms, many remain.

Adequacy of payments

Given that housing is the biggest expense for most households, housing costs have a major bearing on the adequacy of income security payments. Evidence from several sources indicates that income security payments, including Rent Assistance, are often insufficient to cover both living expenses (food, utilities, transport, health-care) and housing costs, particularly in the capital cities, and particularly for single people and young people receiving payments at less than the full adult rate.

The margin of financial safety is diminished even further by income security policies that require beneficiaries to exhaust their savings before they can receive income support. The combination of relatively low income security payments and relatively high housing costs over a number of years has left many recipients locked in situations of dire poverty.

Flexible payment options

Organisations providing services to the homeless report that a small proportion of people who are homeless have trouble managing standard fortnightly payments and payments in cash. They would benefit from the availability of alternative payment arrangements.

5. Housing

The lack of affordable, secure housing is a substantial cause of homelessness. People receiving income support or low incomes are often unable to obtain appropriate housing in competitive markets. Individuals and their dependants are at risk of losing stable housing if they breach Centrelink procedures. Demand for social housing and low-cost housing is increasing and far outweighs supply. Social and low-cost housing is often provided in places where employment opportunities and community support are limited.

5.1 Goals

◗ To increase housing opportunities and accommodation options for those experiencing or at risk of homelessness by:

  ◗ improving access to affordable, well-located, long-term housing appropriate to the needs of those at risk of homelessness;

  ◗ increasing the supply and diversity of supported housing;

  ◗ placing greater emphasis on measures to help households at risk avoid losing their homes; and

  ◗ improving housing standards for Indigenous Australians.

5.2 Priority actions

Affordability

INCREASE the supply of low-cost private and public rental housing — for example, by promoting investment in low-cost housing in the private rental market and expanding social housing stock through the CSHA.

REVIEW the operation of the Rent Assistance Program to ensure that it really does increase housing affordability for groups at risk of homelessness, and gives them access to housing in locations that support social and economic participation. This may involve re-assessing eligibility requirements, raising the

Who is involved?

◗ Commonwealth Department of Family and Community Services

◗ Commonwealth Department of Health and Ageing

◗ Centrelink

◗ Aboriginal and Torres Strait Islander Commission

◗ State housing authorities

◗ Community housing providers

◗ Homelessness service providers

◗ Local government

◗ Private sector investors

maximum amount of Rent Assistance available or expanding the class of people eligible for Rent Assistance.

Locality

PROTECT AND INCREASE the supply of affordable housing appropriate to groups vulnerable to homelessness in key locations such as inner city suburbs and rural towns, including boarding houses managed by social housing groups and community housing in rural areas.

Security of tenure

REDUCE the structural incentives that encourage landlords to offer short-term leases.

EMPOWER residential tenancy regulators to consider the special circumstances of people in homelessness risk groups when framing and applying tenancy rules.

DEVELOP flexible options for clients in need of transitional support to access long-term housing.

AMEND Centrelink procedures in relation to breaches to ensure recipients and their dependants retain affordable, secure accommodation.

PROVIDE financial support to help older people living in employer-provided housing who are retiring or being retrenched make the transition to alternative affordable, long-term housing.

IDENTIFY more appropriate housing and support options for people with mental illness and complex needs.

PROTECT tenants against the unscrupulous use of tenancy databases through federal privacy legislation.

Relations within households

STRENGTHEN laws and push for changes in the practices of financial institutions to make it easier for people experiencing violence or abuse to stay in the family home when appropriate.

Related initiatives

- State homelessness strategies
- Whole-of-Government Partnerships
- Commonwealth State Housing Agreement
- Commonwealth Rent Assistance
- Commonwealth State/Territory Disability Agreement
- Australians Working Together
- Affordable housing policies (including local government)
- SAAP IV

Policy

GIVE explicit consideration to homelessness in CSHA negotiations.

IMPROVE the integration of policy and service delivery between SAAP, the CSHA and related programs such as Commonwealth Rent Assistance and the Commonwealth State/Territory Disability Agreement.

Indigenous housing standards

INCREASE the standards of Indigenous housing to bring it in line with housing standards enjoyed by the general population, to reduce overcrowding and improve the quality of housing stock.

5.3 Rationale

There is clearly a strong relationship between the supply of housing and the incidence of homelessness. Housing shortages are rarely the immediate cause of homelessness, but they do make keeping a roof overhead harder for those already at risk. There is no question that increasing the availability of appropriate housing can prevent or reduce homelessness, at least in some cases. At the same time, improving a person's accommodation nearly always reduces their exposure to other risks and forms of disadvantage, and increases their chances of achieving the life they want.

Low-income people and people with special needs are seldom well-provided for by Australian housing markets. Their choices are limited, discrimination is common, and the dominant housing models — private ownership and private rental — make no allowance for them. Many people find it difficult to compete in these markets without assistance, and the consequences of dropping out of the market can be catastrophic — eviction from rental housing, whether public or private, is one of the commonest pathways to homelessness.

Further research

We need to know more about:

◗ the correlation between income and the risk of homelessness;

◗ how to identify households at risk of homelessness more accurately and how to intervene effectively before they lose their homes;

◗ the degree of flexibility in residential tenancy legislation around Australia;

◗ the kind of investment incentives that would stimulate the provision of private rental housing at a price affordable to households at risk of homelessness;

◗ the relative advantages and success of the transitional housing and support programs in Victoria (the THM model), New South Wales (SAAP Innovations Initiatives) and Queensland (the flexible housing management model); and

◗ the extent to which the loss of income security due to breaches of benefit conditions contributes to mortgage defaults and evictions from public and private rental accommodation.

5.4 Evidence

Affordability

The supply of private rental housing affordable to low-income households is declining across Australia and there has been no compensating increase in the supply of social housing (Yates & Wulff, 1999). For example, over 12 per cent of Rent Assistance recipients pay more than half their income in rent — in Sydney the figure is 20 per cent. At the same time, the number of low-income households in need of low-cost housing is growing. The combination of expanding demand and contracting supply is putting enormous pressure on groups vulnerable to homelessness.

Location

Affordable housing is increasingly concentrated in areas with low employment and deteriorating infrastructure. The low-income earners who have no option but to live in these areas almost invariably lack the resources to rectify or transcend the urban decay around them. Their economic disadvantage is compounded by locational disadvantage. Meanwhile, the gentrification of once-unfashionable but well-serviced inner city areas has dramatically reduced the low-cost housing options available to their traditional residents — not least older single people, who have been particularly affected by the closure and conversion of boarding houses. There is also a lack of appropriate housing in many rural and remote areas — especially housing suitable for young people and Indigenous people.

Security of tenure

Short-term leases are the norm in Australia's private rental markets. They offer minimal security of tenure and leave low-income tenants vulnerable to eviction. People with complex needs often find it hard to sustain tenancies in either public or private rental housing without additional support. Marginal borrowers and those whose household financial circumstances are susceptible to change are vulnerable to mortgage default. Bank lending policies, residential tenancy legislation and social housing management practices have so far failed to adequately address these issues.

Relations within households

Many people cannot go on living at home because they are at risk of violence or abuse. Overcrowding also makes life intolerable in some households, particularly migrant and Indigenous households. Either of these circumstances can lead to ongoing housing instability and increase the risk of homelessness.

Indigenous housing standards

Indigenous people experience more overcrowding than non-Indigenous people. Close to 7 per cent of Indigenous households consist of 10 or more people compared with 0.1 per cent of non-Indigenous households. Again, 16.4 per cent of Indigenous households are living below the poverty line after housing costs; the figure for the non-Indigenous population is 8.6 per cent. 'Overcrowding and poor quality housing is more prominent in rural and remote areas, while housing affordability is a greater problem in urban areas' (Commonwealth Grants Commission, 2001).

6. Family relationships

Australian families are becoming smaller and more isolated from extended family networks, they are more often headed by a single parent, and they are increasingly prone to fragment when relationships end. Family breakdown, domestic violence and sole-parenthood all increase the risk of poverty and homelessness. Assisting families to support themselves, preventing family and domestic violence, and reducing relationship breakdown will help to lessen the incidence of homelessness.

6.1 Goals

◗ To help families provide a safe and positive environment for all their members and support their choices in times of stress.

◗ To ensure that the family as an institution remains strong in the face of social and economic change.

◗ To increase the value governments and businesses attach to strong family relationships.

◗ To support families at risk of breaking down due to poverty, interpersonal conflict, violence, abuse, death, illness, divorce or re-partnering through prevention and early intervention programs.

◗ To identify and understand the underlying causes of family relationships which function very poorly.

◗ To reduce the number of people requiring SAAP assistance because of relationship and family breakdown.

◗ To ensure that all Australian families have access to employment opportunities.

6.2 Priority actions

FOCUS policies and programs on the underlying causes of family relationship problems rather than trying to address the damage after it is done.

ENSURE that families have access to secure, appropriate and affordable accommodation that enables them to gain access to community supports.

Who is involved?

◗ Commonwealth Department of Family and Community Services
◗ Commonwealth Department of Education, Science and Training
◗ Centrelink
◗ Child Support Agency
◗ Schools
◗ Private landlords and real estate agents
◗ Family law service providers
◗ Community groups and community-based agencies serving families
◗ Family planning
◗ Homelessness service providers
◗ Children's service providers
◗ Families
◗ Neighbourhoods

ESTABLISH realistic community expectations of families in general, and disadvantaged families in particular.

PROMOTE an environment in which families can provide opportunities and seek assistance for themselves, without outside intervention.

ADDRESS the problems of Australia's most disadvantaged families, whether that disadvantage relates to housing, income, employment, education, family size and composition, geographical location, health or cultural background.

6.3 Rationale

Anything that increases the risk of families disintegrating also increases the risk of homelessness. Poverty, interpersonal conflict, violence, abuse, death, illness, divorce and re-partnering can all heighten these risks. Dealing with these problems is made more difficult by the fact that one very often leads to another. Nevertheless, these problems are not insurmountable — especially when family members are bound together by strong, positive relationships.

That said, families cannot be expected to avert or overcome every crisis that might confront them without help; all families need some level of support if they are to survive difficult times. This is particularly true today, when families must come to grips with changing social conditions, a changing economic environment, changing patterns in work and leisure — even a changing culture.

If we are serious about supporting the family, we must be prepared to support it in all its forms. Families continue to be built on blood ties and state-sanctioned marriages. However, they are also being created by de facto couples, adults caring for adopted and foster children, and people in same-sex relationships. There are more and more sole-parent families and blended families.

The majority of these families share certain characteristics. On average, they are smaller than the Australian families of the past. They are also more

Related initiatives

- Stronger Families and Communities Strategy
- Good Beginnings Parenting Initiative
- Reconnect
- State and territory family and community programs
- State and territory family and individual counselling programs
- Neighbourhood centres
- Family Homelessness Prevention Pilots
- NHS-funded demonstration project:
  - caravan park pilots to support families in crisis

isolated from extended family members. It is increasingly unusual for Australian children to have frequent contact with their cousins, uncles, aunts and grandparents — let alone share a household with them. On the other hand, they will probably remain dependent on — and continue living with — their parents for considerably longer than earlier generations did. These trends have increased the burden on parents, who must provide more for the children, over a longer period, with less support from other family members.

Alongside these similarities, there are also significant differences. One-parent families are at much greater risk of disadvantage, poverty and homelessness than two-parent families. The number of work-rich families with two or more members in paid employment and the number of work-poor families with no members in paid employment have both grown steadily since the early 1980s, resulting in an increasingly polarised distribution of family incomes. It is widely accepted that both parents in two-parent families must work if they are to avoid relative disadvantage. This places considerable additional stress on parents trying to work full-time, raise children and manage household responsibilities. Sole parents face these additional stresses alone.

The costs of family dysfunction and breakdown are borne not only by the individuals directly involved, but by the whole community. It is therefore essential that we recognise and, as far as possible, alleviate the pressures facing today's families.

Further research

We need to know more about:

◗ the underlying causes of family relationship problems; and

◗ family poverty and the adequacy and accessibility of income security and other community supports.

6.4 Evidence

ABS data on families shows that from 1988 to 1998:

◗ one-parent families increased from 14 per cent to 21.5 per cent of all families with children under 15;

◗ couple-only families increased from 47.2 to 51.8 of all couple families;

◗ average family size decreased from 3.2 to 3.1 people;

◗ the number of divorces increased from 2.4 to 2.8 per 1,000 people; and

◗ the number of marriages in which both partners were marrying for the first time fell from 67.2 per cent to 66.6 per cent (ABS, 2000a).

The main reasons people gave for seeking SAAP assistance in 1999–2000 were domestic violence (23 per cent), relationship breakdown (12 per cent) and financial difficulties (11 per cent). Other figures confirm that people escaping family conflict are significant users of SAAP services. For example, 50 per cent of SAAP clients were living in a family relationship immediately before they started receiving support, either with parents (11 per cent), with foster parents (1 per cent), with a spouse or partner (27 per cent), or alone with children (11 per cent). However, only 41.5 per cent were living in a family relationship when their support ended, again either with parents (8 per cent), with foster parents (0.5 per cent), with a spouse or partner (15 per cent), or alone with children (18 per cent). The extent to which people rely on SAAP to parachute them out of untenable family situations also shows the extent to which family breakdown leaves people vulnerable to homelessness (SAAP National Data Collection Agency, 2000).

We will have significantly more data on family relationships when material starts to emerge from the research clearing-house established under the Stronger Families and Communities Strategy.

7. Community support

People who are homeless or at risk of homelessness are generally isolated socially, with little or no access to family and community supports. Increasing access to community support services and informal social support will help reduce the risk of homelessness and provide pathways out of homelessness.

7.1 Goals

◗ To enable people experiencing and at risk of homelessness to participate in the social and economic life of the community by:

　◗ increasing community development activities that encourage and enable people to share in community life;

　◗ providing resources to facilitate access to community supports and reduce barriers to access;

　◗ providing advocacy services;

　◗ making community support program providers more aware of homelessness; and

　◗ providing information in accessible formats.

7.2 Priority actions

Family and community networks

INCREASE access to family and alternative support for people experiencing and at risk of homelessness.

INCREASE opportunities for people who are homeless and those at risk of becoming homeless to participate in community development and family rejuvenation projects by resourcing community development workers.

BASE specialist community development staff in generalist services used by people experiencing and at risk of homelessness.

REQUIRE government-funded generalist services to report on their success in assisting the homeless and those vulnerable to homelessness.

Who is involved?

◗ Commonwealth Department of Family and Community Services

◗ Commonwealth Department of Education, Science and Training

◗ Community groups and community-based agencies

◗ Homelessness service providers

◗ Children's service providers

◗ Neighbourhood centres

◗ Schools

◗ Labour market programs

◗ Medical services

◗ Dental services

◗ Recreation programs

◗ Entertainment providers

◗ Libraries

◗ The media

Administrative arrangements

ESTABLISH flexible administrative arrangements that take into consideration the needs of people experiencing and at risk of homelessness.

Access to technology

PROVIDE information in formats that are accessible to people who are homeless and those at risk of becoming homeless.

IMPROVE local access to information and communication technology in environments where people who are homeless and those at risk of homelessness can feel comfortable.

Cost of community support

PROVIDE prevention services for the homeless and those vulnerable to homelessness and allow for the childcare, transport and other costs they may incur by taking part.

Discrimination

REDUCE discrimination by reviewing, monitoring and adapting policy and legislation, and by promoting positive messages that celebrate diversity.

PROVIDE advocates for disadvantaged people experiencing or at risk of experiencing discrimination.

7.3 Rationale

Programs and services available to all members of the community include schools, training and other labour market programs, medical services, dental services, counselling services, childcare services, financial support, youth services, organised sport, recreation and entertainment, and family and relationship programs.

In theory, these services and programs are also available to the homeless and those at risk of homelessness; however, for a number of reasons these groups find it hard to access the full range of community supports. Moreover, not all services and

Related initiatives

- Stronger Families and Communities Strategy
- Reconnect
- Community development projects
- Networking the Nation

programs are available in all locations, and those that are available may not be geared to meeting the needs of people who are homeless.

Family and social support networks

Family and social networks contribute to our self-esteem and wellbeing in good times and provide support and protection when times are bad. People who are homeless are frequently estranged or isolated from these networks. In fact, people at risk of homelessness can often be identified by their restricted access to and participation in family and social life.

Administrative arrangements

Using community support services generally means making an appointment, observing standard office hours, and being prepared to wait. It takes a certain level of planning, stability, and resources to do these things. People experiencing or at risk of homelessness are often transient and going through some kind of personal crisis. Circumstances in their lives change quickly, and their highest priority is dealing with the crisis — which might mean securing a meal and a place to sleep for the night, or trying to resolve or diffuse relationship conflict. They are likely to have no fixed address, little money and limited access to childcare and transport. For these and other reasons, they find it difficult to make and keep appointments.

They may also have trouble with paperwork. They may not have — or may not be able to get hold of — birth certificates, bank statements, referral letters, prescriptions and other documents. Mail may not reach them because they move so often. Unless administrators are prepared to be flexible, there is a danger that people will be denied access to services and benefits through no fault of their own.

Further research

We need to know more about:

◗ the association between family and social isolation and the risk of homelessness; and

◗ what community supports people who are homeless need to access, what the barriers to access are, and what assistance would increase access.

Access to technology

These difficulties are exacerbated by our increasing reliance on advanced — and relatively costly — technologies such as phone, television, fax and internet for communication. Many services now use telecentres as their initial contact point. People who are homeless frequently do not have access to a phone — at least not in a place where they can discuss personal matters or wait patiently through recorded messages before speaking to an operator. Discussing personal crises on public phones can be so stressful that people are often forced to abandon their call, no matter how important it is.

If someone is having trouble reaching a phone, their chances of obtaining information through television or — more especially — the internet are likely to be very limited indeed.

Cost of community support

Even though many community support services are subsidised, they are still unaffordable to the homeless. Homelessness is closely associated with poverty. The immediate financial priorities for most people experiencing and at risk of homelessness are to pay off debts, save the money required to get and keep stable housing, and buy essentials such as food and medicine. There is rarely much left to spend on community support services, no matter how valuable they may be in the longer term. Even free services can be difficult to access when you cannot afford transport, childcare or appropriate clothing.

Discrimination

There is a great deal of prejudice against the homeless. Some of it is based on isolated encounters with people who are homeless who exhibit challenging behaviour or have mental health, drug or alcohol problems. Most of it is based on myth. Indigenous people, people from culturally and linguistically diverse backgrounds, women, and people with disabilities are more likely to experience homelessness not only because they have lower incomes, but also because they experience more discrimination in the housing market.

Even community support services sometimes discriminate against people experiencing and at risk of homelessness — some actively, by turning people away; others passively, by failing to address the barriers that prevent people walking through the door in first place.

7.4 Evidence

Family and social support networks

There is substantial anecdotal evidence that women living with a violent partner experience gradual and eventually profound isolation from friends and family — people avoid them because they feel uncomfortable around the partner, and the women themselves avoid their loved ones because they feel ashamed and humiliated. As a result, they often lack family and social support when they need it most.

In fact, virtually all people who are homeless are distinguished by their isolation from friends, family and social networks. This is equally true of the young and the old. Conversely, the DASH community development program in Adelaide has demonstrated that when young people are reconnected to the world through training, their alienation diminishes, they become more purposeful, and they even start talking about giving something back to the community.

Administrative arrangements

Centrelink staff report that providing ID is a common problem for the homeless. Young people at risk of abuse and women escaping domestic violence may find it especially hard to access their personal papers, including proof of identity. Getting fresh documents from registries of births, deaths and marriages can be a slow and costly process.

Access to technology

Although public internet facilities are available in many public libraries and community centres they are rarely free, and the cost is often prohibitive to those in financial distress.

Cost of community support

We tend to think that school education and medical services are free. Some general practitioners do bulk bill, but most specialists do not. Once transport, medicines and the portion of the doctor's fee not covered by Medicare are taken into account, a visit to a specialist could cost $90 or more, even after concessions are taken into account. It is the same story at school — uniforms, books and stationery cost at least $300 a year per child in years K-6, more for children in secondary school. Add as much again for sports and excursion fees, and it is not difficult to see why even basic education and health services are often unaffordable to people living from pay to pay on low incomes or income support, especially in areas where housing and other living costs are high. Community workers involved in budget planning report that people experiencing and at risk of homelessness often feel they have no hope of ever making ends meet.

Discrimination

The evidence we have of discrimination is mainly anecdotal, but nevertheless compelling. Many service providers have pointed out that output- and outcome-based funding encourages client creaming — in other words, it gives services an incentive to exclude or marginalise people with intractable problems who might make the service's scorecard look bad. These people are even more likely to be excluded if they exhibit difficult behaviours.

Indigenous people make up around 2 per cent of the Australian population but nearly 14 per cent of the SAAP homeless population. There is no way of knowing how many Indigenous people are homeless and not receiving any assistance. There is also no way of knowing what proportion are homeless as a direct result of discrimination. However, we do know that Indigenous people are over-represented in the justice system and the care and protection system. They have poorer health outcomes, lower standards of housing, lower school retention rates, and more chance of living in poverty than the Australian population as a whole (ABS, 1997). All of these factors make Indigenous people much more vulnerable to homelessness — and all are exacerbated by discrimination.

8. Education

Education is a powerful tool for dealing with social issues. When carefully targeted, its impact will ripple through the entire community. Education has already proven its value in early intervention strategies for young people who become homeless and as a means of imparting basic skills to older people who are homeless. The education system has been used successfully to provide life skills and pastoral care to homeless students. Society as a whole has a role to play in preventing and responding to homelessness and all members of the community need to be educated for this role. This goes far beyond training specialists to deal with the homeless — although it includes that. Education can be used to combat the intolerance and ignorance that force so many into homelessness in the first place; it can also be used to strengthen community ties and inculcate social responsibility. It is also the unique responsibility of the education system to develop and disseminate the expert knowledge that should underpin all interventions in the homelessness area.

8.1 Goals

◗ To ensure that secondary schools and tertiary institutions provide support to students experiencing or at risk of homelessness.

◗ To make young people safer from homelessness by encouraging them to stay at school, bearing in mind the strong correlation between homelessness and disengagement from education.

◗ To make Indigenous people safer from homelessness by reducing the gap in educational outcomes between non-Indigenous and Indigenous students.

◗ To ensure that students acquire the life skills needed to avoid homelessness, to escape it quickly if it occurs, and to support peers who are homeless by developing appropriate curriculum and learning materials.

Who is involved?

◗ Schools
◗ TAFE
◗ Adult education providers
◗ Employment training providers
◗ Commonwealth Department of Education, Science and Training
◗ Commonwealth Department of Employment and Workplace Relations
◗ Centrelink
◗ Job Network providers
◗ Commonwealth Department of Family and Community Services
◗ State and territory departments of community services
◗ Homelessness service providers

- To ensure that education professionals are aware of youth homelessness as an issue and are given training and support to deal with it.

- To re-engage older people who are homeless and include them in social life through education, including adult and non-vocational education.

- To ensure that officials and professionals who deal with people who are homeless get the training and resources to understand the needs of their clients and direct them to appropriate assistance.

- To make sure the community is aware of homelessness as an issue.

- To ensure that the growing body of knowledge on homelessness is documented and shared.

8.2 Priority actions

LIAISE, through MCEETYA, with state and territory education authorities to develop strategies to keep homeless young people in the education system.

DEVELOP AND EVALUATE, through MCEETYA, a consistent and coordinated response to social issues, including homelessness, for implementation in all primary and secondary schools.

IMPROVE the capacity of mainstream schools to meet the needs of Indigenous students, and deliver Indigenous-specific educational alternatives.

DEVELOP AND EVALUATE a consistent and coordinated suite of education materials on social issues to support teachers in primary and secondary schools

UNDERTAKE comparative studies of educational interventions with older people who are homeless.

DEVELOP a systematic body of knowledge on homelessness prevention and intervention.

Related initiatives

- Primary and secondary education
- Youth Pathways
- Social education programs such as rock eisteddfods
- MindMatters
- Education programs provided through the Job Network
- NHS-funded demonstration projects:
  - Working Out of Homelessness: an innovative education and employment program for homeless single men and women in inner Sydney;
  - Homebound Program: a program involving four-day placements for SAAP workers in Centrelink offices and one-day placements for Centrelink staff in SAAP services;
  - Indigenous Families Pilot: a project to provide parenting information to, and support families with, high and complex needs in rural areas;

8.3 Rationale

Early disengagement from education is a common characteristic among homeless people of all ages. An early exit from school correlates with lifelong economic disadvantage, so intervention strategies that prolong school education will have long-term benefits.

Indigenous students in particular have poor educational outcomes compared to non-Indigenous students. Their educational disadvantage correlates with lower housing standards, higher poverty rates, poorer health and increased homelessness.

The education system must give priority to providing young people with the support to remain at school through times of personal crisis, and the life skills to engage constructively in community activities. There is no denying that the prevalence of drug and alcohol abuse, gambling, homelessness, youth suicide, mental illness and other social problems in contemporary life presents the education system with many challenges. However, if our young people are to receive the support they deserve, these challenges must be met.

Information packages have been developed for use in schools by the Commonwealth and state governments on a wide range of social issues. Students, teachers and community workers alike are calling for a coordinated and consistent approach to social education that takes account of issues raised separately in these packages.

When a young person is in crisis and homeless, usually their peers know about it first. Education can show young people how to recognise when a friend needs help and how to assist them to get that help. Younger children in families experiencing homelessness require support in their early school years to overcome the disadvantages associated not only with housing insecurity, but also with the problems that precipitated the family becoming homelessness in the first place.

Teachers themselves require training in how to recognise and deal with the problems of students who are homeless or whose parents are homeless.

- Schools Research Project: a project to develop learning materials for 14–18-year-olds about factors that may increase the risk of homelessness among young people;
- Waarvah: a project to produce resources to prevent homelessness among young Indigenous people;
- Rooms for Rent: a CD-ROM containing practical information on shared-house living;
- Roofs for Youths: a project to develop strategies that will increase young people's access to and retention of private rental properties; and
- Young Offenders Support Program: Stage 2 will develop a good-practice kit to be used by workers supporting young people

Teachers have a role in dealing with crises when they occur, supporting students in crisis over the longer term, and delivering life-skills courses that will help all students deal with homelessness and other social issues. As well as training for these roles, educators need appropriate teaching materials to support the life skills curriculum.

The education system also has a contribution to make beyond the school gate. Because people who are homeless tend to leave school early, they frequently require further formal education and training to become work-ready. It is therefore appropriate that assistance programs for the homeless include literacy, numeracy and vocational training.

However, classroom-based training does not suit everyone, and may alienate people whose previous experience of formal education has been negative. For these people, informal learning situations and programs designed to ease participants into the learning task are likely to produce better results. Evidence from the adult education sector suggests that engaging in any learning activity, regardless of content, increases self-esteem and the capacity to learn. Training in a supportive, non-judgemental environment such as an adult education centre can be the first step toward re-engagement for those with a history of failure in more structured situations. People who have experienced chronic homelessness may only feel comfortable learning in an environment they are already familiar with, such as a SAAP refuge.

In short, educational assistance to homeless adults should be flexible and responsive to particular needs. The emphasis initially should be on re-engagement and personal growth; literacy, numeracy and vocational training can be addressed when the individual is ready. Education for the homeless should be less about pushing people through biscuit-cutter training courses, and more about creating lifelong learning opportunities, both formal and informal.

Schools and tertiary institutions also have a part to play in educating the community on homelessness as

Further research

We need to know more about:

- the effectiveness of various educational interventions, both short- and long-term, for addressing and preventing homelessness;
- the value of educational resources which take a holistic approach to developing life skills in preventing and dealing with homelessness;
- the most effective educational interventions for older people experiencing or at risk of homelessness; and
- whether mandatory participation requirements under the Australians Working Together initiative help people who are homeless become independent.

an issue and training the professionals who deal with people who are homeless. A civilised society does not take tolerance for granted; it actively promotes understanding, especially of those who are marginalised. Homelessness is a growing issue in Australia, and communities must be educated to recognise and address both its underlying causes and the needs of people who are homeless.

Educators, childcare workers and other professionals are often primary points of contact for the homeless. They may be the first to recognise that an individual or family is experiencing or at risk of homelessness, and as a result uniquely placed to connect them to appropriate services before the crisis escalates. However, to do this, professionals must know how to diagnose the problem, what interventions are most effective, and how to access them. They also need to be able to empower the homeless person to deal with their own situation by sharing knowledge and providing support.

Education is also about capturing the lessons we have learned about homelessness through experience and research and making them available to all those who have an interest in the issue. Communities around the world are working to prevent and reduce homelessness. Their successes need to be documented. The experience of service providers and of the homeless themselves needs to be put on record — it can help us define best practice and identify the best way forward. Conferences, publications, workshops and personal interactions are all effective ways of sharing and extending what we know, and should be encouraged.

8.4 Evidence

The generally low level of educational attainment among people who are homeless is well documented, and there is a clear correlation between homelessness and early departure from school (Parkinson & Horn, 2002). The literature also indicates a strong relationship between low educational attainment and economic and social disadvantage generally.

This is worrying given Australia's mixed success in lifting educational participation. Compared to other developed countries, relatively few Australians aged 25–64 have finished secondary school. Australia ranks seventeenth — that is, close to last — in the OECD on this measure (Dusseldorp Skills Forum, 2001). Moreover, the proportion of young people who are neither studying full-time nor working full-time has been stuck at around 14–15 per cent for the last decade. Research also shows that approximately two-thirds of young people who become homeless while at school leave school during that school year (Pinkney & Ewing, 1997; Chamberlain & Mackenzie 1998).

Education outcomes achieved by Indigenous students are poor compared with non-Indigenous students. Indigenous students are less likely to the complete compulsory years of schooling, less likely to continue education beyond compulsory

schooling and less likely to achieve a post-school qualification (Commonwealth Grants Commission, 2001).

Young people are asking to be taught life skills, suggesting that schools might profit from placing more emphasis on practical problems such as getting a job and managing money, and on social issues such as drugs and alcohol, gambling, suicide and homelessness (Youth Pathways Taskforce, 2001).

Early action to prevent premature disengagement from education makes economic sense. The cost of intervening to support students in crisis is negligible compared to the cost of abandoning a young person to a life of instability in which they will necessarily make large and ongoing demands on community services (Pinkney & Ewing 1997).

However, intervention will only succeed if schools take a comprehensive approach, bridging the gaps between education, welfare, the home and the community (Withers & Russell, 1998; Robertson, 2001). Consultants NFO CM Research have suggested that there is no one way to reach students at risk. A strategy to prevent youth homelessness might include producing an information package (with a CD-ROM and linked website), organising school community conferences, placing social workers in schools and teachers in community agencies — even staging a rock eisteddfod. An evaluation of the Youth Support Coordinator Program in Queensland suggests that bringing community-based youth workers or social workers into schools is an especially effective way to identify and support students at risk of homelessness and their families (Chamberlain & McKenzie for the Queensland Department of Families, Youth and Community Care, 1998).

The need for a fresh approach to education for older people who are homeless — an approach that goes beyond the current emphasis on literacy, numeracy and vocational training — is evident from the relatively large number of men and women who are simply rotating from one return-to-work program to the next with little apparent benefit. The frequency with which people who are homeless breach mandatory participation requirements suggests that these requirements may be due for reassessment. Do they take account of the circumstances in which the homeless live? Are they sensitive to the fact that many people who are homeless have never had a happy educational experience?

The adult education sector has documented the benefits of lifelong learning and the sense of social inclusion that comes from participating in community education. Adult education initiatives for people who are homeless have produced positive outcomes in the UK, the USA and Australia (Miksin, 1999; Shorris, 1997; Robinson 2001). American evidence suggests that adult education programs specifically targeted to people who are homeless have a greater impact than general adult education programs and that adult education pays for itself in reduced welfare costs and increased tax revenue (Division of Adult Education and Literacy, 1998).

9. Health

People who are homeless have significantly poorer health than the general community — mental health problems are particularly prevalent. They face substantial barriers to accessing health services, including lack of transport, lack of money, unhelpful reactions from people within the health system and lack of information about health services. They are also less likely to recognise that they have health-care needs and less equipped to follow through with medication and self-care regimes.

9.1 Goals

◗ To give people who are homeless the same access to public health services as other groups.

◗ To reduce the higher-than-average rates of morbidity and mortality within the homeless population, including among homeless Indigenous people.

◗ To develop agreed Commonwealth-State plans for improving the health of people who are homeless through the National Public Health Partnership and the National Mental Health Working Group.

◗ To increase the number of health workers providing services, including outreach, specifically for people who are homeless.

◗ To make specialist mental health services, drug and alcohol treatment services, and dental health services available to the homeless.

◗ To make improving the health of people who are homeless a priority for the Divisions of General Practice and the Royal Australian College of General Practitioners.

9.2 Priority actions

IDENTIFY AND REMOVE the barriers to people who are homeless exercising their entitlements to free and subsidised Commonwealth, state and territory health, medical and pharmaceutical services.

Who is involved?

◗ Commonwealth Department of Health and Ageing

◗ Commonwealth Department of Family and Community Services

◗ State and territory health departments

◗ Public hospitals and dental services, including emergency and crisis services

◗ Generalist community health services

◗ General practitioners

◗ Divisions of General Practice

◗ Specialist health services, including mental health and drug and alcohol services

◗ Generalist health services, including dental and community health providers

◗ Australian Medical Association

◗ Homelessness service providers

◗ Community nursing services; for example, Royal District Nursing Services

MAKE addressing the special needs of people who are homeless a priority for the National Public Health Partnership and the National Mental Health Working Group.

PRODUCE AND PROMOTE best-practice guides to help public health services, general practitioners, pharmacies and homelessness services care for the health and honour the health entitlements of people who are homeless.

FUND additional specialist services for the hardest-to-reach people who are homeless based on proven service delivery models.

9.3 Rationale

Australian studies show that people who are homeless are likely to be in much poorer health than the general population, with high rates of mortality and morbidity. The precariousness and transience of their circumstances ensure that attention is rarely paid to their health needs, either by the health system or by the people who are homeless themselves.

Poor nutrition and hygiene, a higher-than-average incidence of mental health and substance abuse problems, and a lack of family and other support during periods of illness all contribute to the poor general health of the homeless, whether they are on the street or in short-term or marginal accommodation.

Conditions associated with substance abuse (such as liver disease, blood-borne infections and respiratory complaints) tend to mask other underlying health problems and reduce the likelihood that they will be treated. The stresses of living rough or in unstable accommodation frequently exacerbate mental health problems, making depression, anxiety, schizophrenic disorders and other psychoses more prevalent — and the need for specialist treatment more urgent — among people who are homeless.

However, the homeless are extremely reluctant both to acknowledge their own health problems and to approach health services. Even if they do, they are

Related initiatives

- Innovative Health Services for Homeless Youth
- Second National Mental Health Plan 1998–2003
- National Drug Strategy
- National Suicide Prevention Strategy

likely to find the service ill-equipped to cope with the behaviours and circumstances of people who are homeless, whose existence is often too uncertain to use services that are available by appointment only, and whose capacity to follow home-based treatment regimes may be nil. Although most people who are homeless consider hospitals to be unresponsive to their needs, they may feel more comfortable reporting to a public hospital emergency department — even, inappropriately, with non-emergency complaints — than to a private doctor's surgery (RDNS, 1999). SAAP and other programs for people who are homeless do not fund services to help clients with health-related problems on the assumption that people who are homeless access the mainstream health system.

Some people who are homeless have discrete health, mental health and disability problems which can be met by services specialising in these fields. However, others have a complex mix of problems, each reinforcing the others, that calls for a response from different services. If these services belong to different policy and program domains, each with its own structure, procedures and funding, people are unlikely to get the integrated support they need. This is especially true for people who are homeless dealing with multiple health and mental health issues, who have a borderline disability, or whose health problems are compounded by drug and alcohol abuse. Moreover, there is substantial unmet demand for health services, and those with problems deemed low-priority may not be eligible for assistance even though they are homeless and in danger of remaining homeless for a long time if they do not get help.

Further research

We need to know more about:

◗ the experience of people at risk of homelessness (particularly those living in unstable circumstances in the private rental market, caravan parks or other transient forms of accommodation) in exercising their entitlements under the Medicare and Pharmaceutical Benefits Schemes and in using general practitioner services.

9.4 Evidence

Research undertaken by the Macfarlane Burnet Centre in 1992 showed that, compared to the general population, homeless people had a higher incidence of injecting drug use, abnormal liver function that could be related to Hepatitis C, unsafe sex practices, and tuberculosis risk.

The RDNS study of 1999 identified substantial health problems among homeless people, including poor dental health, poor nutrition, eye problems, infectious diseases such as tuberculosis, viral hepatitis, sexually-transmitted diseases, infestation disorders resulting from self-neglect and having no facilities to maintain personal hygiene, pneumonia, lack of pain management, lack of preventative and routine health-care, and desultory and inappropriate use of medication.

A recent Sydney study found that 75 per cent of 217 homeless people interviewed had at least one mental health disorder (Hodder et al, 1998). Research by Hanover Welfare Services on injecting drug use among people who are homeless suggests that they are ten times more likely to be addicted to heroin than the general community, with approximately half of the people using Hanover's accommodation service having an alcohol or drug dependence. These staggering rates of substance abuse have significant implications for the overall health of people who are homeless, and more particularly for their mental health (Hanover Welfare Services, 1999).

The RDNS study also included a survey of homeless people. It suggests that people who are homeless find specialist homelessness services more responsive to their health needs than generalist health services, including hospitals and emergency departments. The most significant obstacles to using health services recorded in the survey were a lack of transport (27 per cent), unsympathetic reactions from service providers (25 per cent), a lack of money (21 per cent) and not knowing where to go (21 per cent).

10. Mental health

People who are homeless have a much higher incidence of mental health problems than other members of society. Poor mental health is often complicated by additional problems such as drug and alcohol addiction, and can manifest in challenging or difficult-to-manage behaviours. Inadequate funding in the mental health area has left people with mental health problems vulnerable to homelessness and left the homelessness agencies called on to assist them with an increasingly difficult task. Families and other carers are struggling to cope in situations that they are ill-equipped to handle. There is significant demand for integrated mental health services linked to stable accommodation and more effective links between mental health and SAAP services.

10.1 Goals

◗ To reduce the incidence of homelessness among people with mental health problems by:

◗ developing agreed Commonwealth-State plans by asking joint bodies such as the SAAP and HACC committees, the National Mental Health Working Group, and the Public Health Partnership to address homelessness among people with mental health issues;

◗ integrating mental health, drug and alcohol and other health services with stable long-term accommodation options;

◗ supporting families and communities to provide care for people with mental health problems;

◗ using early intervention strategies to stabilise mental health problems and accommodation arrangements; and

◗ providing transitional support for people with mental health problems exiting health, statutory protection and correctional services.

Who is involved?

◗ Commonwealth Department of Health and Ageing
◗ Commonwealth Department of Family and Community Services
◗ State and territory health and mental health agencies
◗ Local government
◗ Public hospitals, including psychiatric services and mental health crisis response teams
◗ Generalist community health services
◗ General practitioners
◗ Specialist health services, including mental health and drug and alcohol services
◗ Generalist health services, including community health providers
◗ Australian Medical Association
◗ Homelessness service providers
◗ Community nursing services; for example, Royal District Nursing Services

- To help homelessness services provide effective services for people with mental health problems by:

  - providing adequate resources to those government and community agencies which work in the areas of mental health and homelessness;

  - integrating specialist mental health services and homelessness services; and

  - ensuring that SAAP clients have effective and timely access to mental health services.

10.2 Priority actions

MAKE addressing the risk, and experience, of homelessness among people who have mental health problems a priority for the National Mental Health Working Group.

FUND new and existing specialist mental health and drug and alcohol treatment services to provide more supported accommodation and work more closely, including through outreach programs, with accommodation and homelessness services.

IMPROVE links between community-based mental health services and SAAP services.

IMPROVE the capacity of mental health services to assist the clients of homeless services, including by giving them more flexibility.

ADAPT AND EXPAND existing carer initiatives to ensure carers of people with mental health problems get the crisis respite care, support, education and information they need.

INCREASE AND TARGET funding through SAAP and mental health programs to provide adequate staff-to-client ratios in supported accommodation for people with mental health problems.

HAVE the National Mental Health Working Group develop best-practice guidelines on discharge planning and after-care for people with mental health

Related initiatives

- Innovative Health Services for Homeless Youth
- Second National Mental Health Plan 1998–2003
- National Drug Strategy
- National Suicide Prevention Strategy
- Personal Support Programme

problems leaving acute health care, correctional and statutory protective services.

DEVELOP AND TRIAL on-the-streets mental health programs.

10.3 Rationale

These goals and actions are consistent with the National Mental Health Strategy National Action Plan. It defines a mental health disorder as 'a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities.' A mental health problem is defined as 'something that interferes with a person's cognitive, emotional or social abilities but not to the extent that it meets the criteria for a disorder'.

While the term mental health problem has been used throughout this chapter, it should be recognised that many people with mental health problems have not been properly diagnosed. Diagnosis is difficult due to the variability of symptoms and environmental settings, the inaccessibility of mental health services and the requirement that, in the main, assessment and treatment be voluntary.

While many people with mental health problems have stable, treatable conditions, there are also people who are unable to access or follow through with treatment or who have complex, long-term problems that are not readily amenable to treatment. All people with mental health problems struggle against stigma and discrimination.

There is a higher than average incidence of mental health problems among people who are homeless — there is no doubt both that mental health problems increase the risk of homelessness and that homelessness is harmful to mental health. Mental health problems are also exacerbated by the difficulty people in extreme financial stress and living chaotic lifestyles have in managing their day-to-day social and emotional environment.

Further research

We need to know more about:

◗ the experience of people with mental health problems (particularly those living in unstable circumstances in the private rental market, caravan parks or other transient forms of accommodation) in getting the support they need from family, friends and community services to prevent homelessness;

◗ the pathways that bring people with mental health problems into contact with the justice and correctional systems and homelessness services;

◗ links between abuse, drug and alcohol misuse and mental health problems;

◗ best practice in providing early intervention strategies that stabilise accommodation arrangements; and

◗ effective skill development strategies that support generalist service workers to work effectively with people who have mental health problems.

De-institutionalisation

De-institutionalisation has resulted in a significant reduction in supported accommodation for people with mental health problems. The increase in the number of these people living outside institutions has not been matched by a commensurate increase in funding for supported accommodation, specialist community mental health services or support — including financial support — for families and other carers. What we have seen is a very significant increase in the number of people with mental health problems in correctional services, homelessness services and acute care hospitals.

De-institutionalisation has left many gaps in mental health support. For example, a person diagnosed with a personality disorder who cannot be treated outside a behaviour-modification program is unlikely to receive adequate care. The psychiatric system is no longer geared to meet these people's needs, and mainstream services are not equipped to deal with their behaviour.

De-institutionalisation is a sound policy in theory, but its implementation in Australia has produced a crisis in mental health care. There is an urgent need to provide more resources to fill the service gaps which are now painfully apparent.

Carers

There are an estimated 1.5 million people in Australia caring for mentally ill relatives and friends. Many of these carers are children and older people. While government funding to support carers has increased in recent years, access to support services — particularly services specialising in the care of people with mental health problems — is patchy and waiting lists are long.

Poorly supported carers may reach a point where they are unable or simply unwilling to go on providing care. If the caring relationship breaks down, the individual being cared for suffers, and will almost certainly be more vulnerable to homelessness.

Accommodation

In the absence of suitable alternatives to institutional accommodation, people with mental health problems are turning to SAAP in increasing numbers. SAAP services lack the funds and specially trained staff to meet the needs of these clients. The shortage of specialist mental health services to support SAAP services makes matters worse. It is difficult and sometimes inappropriate to house a person with mental health problems with other clients who are already experiencing heightened stress due to their own crisis. The person with mental health problems may be exhibiting extreme and disturbing behaviour and may be vulnerable to the aggressive behaviour of others. Also, SAAP services are not designed to provide the long-term supported accommodation that people with ongoing mental health problems require. When secure supported accommodation is unavailable, these

people inevitably find themselves moving continually between hospitals, temporary accommodation, SAAP services and homelessness.

SAAP services currently carry much of the mental health care burden for their clients — despite the fact that they are not resourced and not officially expected to deliver specialist clinical mental health support. SAAP services must be able to access trained mental health professionals and call in community-based mental health care services when required. Closer connections between SAAP and mental health services and better coordination of care is essential if the mental health care needs of SAAP clients are to be met.

We should be offering a range of accommodation options which reflect the fact that mental health problems vary in severity and are often episodic. People with mental health problems should be able to enter short-term residential treatment programs or respite care secure in the knowledge that their accommodation will be there when they return. We also need better links between social housing and specialist community and outreach mental health services.

Voluntary and involuntary treatment

De-institutionalisation has put the onus on people with mental health problems to seek treatment voluntarily. Many people with mental health problems can manage their own care and treatment with family and community support. However, a minority cannot. They may not even recognise the need for treatment and tend to get no help until they are driven into hospital by a crisis. Although they may respond to treatment while hospitalised, they are almost certain to relapse once they are discharged if they do not receive proper after-care. These people must be given appropriate follow-up support — what they need is, in effect, a whole-of-life discharge plan.

Links between mental health, drugs and alcohol

People who are homeless frequently experience both mental health and drug and alcohol problems, making it even more difficult to determine the root cause of their difficulties. Drug and alcohol services are generally unable to assist people with mental health problems if they manifest themselves in severe and challenging behaviour. Meanwhile, mental health services cannot provide successful treatment for people who are drug or alcohol dependent. The result is that many individuals with coexisting drug, alcohol and mental health problems do not get help.

Suicide

People with mental health problems are at higher risk of suicide. Depression is thought to be the most common mental illness in people who suicide. People with mental health problems and their families also report that discrimination — which leads to high rates of unemployment, homelessness and loneliness — may contribute to higher suicide rates. Homeless young people are more likely to think

about or attempt suicide than people of the same age living in stable accommodation.

10.4 Evidence

De-institutionalisation

Evidence shows that although individuals with mental health problems are more likely to have contact with the justice system and make up a disproportionate share of the prison population, they are also more likely to be victims of a violent crime than to be arrested for one. In general, living in the community poses more risk to individuals with mental health problems than these individuals pose to the community (Moxham & Pegg, 2000).

Carers

In 1995 it was estimated that carers save Australian governments $8 billion per year by providing unpaid care (Deveson,1995).

Accommodation

Seventy-five per cent of the 217 homeless people interviewed in a Sydney study had at least one mental health disorder (Hodder et al, 1998). Anecdotal evidence from SAAP services suggests that people with mental health problems are being discharged from hospital with no stable accommodation.

Voluntary and involuntary treatment

Disproportionate numbers of SAAP clients have mental health problems. Anecdotal evidence from SAAP services suggests that many of these clients are unable to access or manage treatment voluntarily.

Links between mental health, drugs and alcohol

Research by Hanover Welfare Services on injecting drug use among homeless people suggests that they are ten times more likely to be addicted to heroin than the general community, with approximately half of the people using Hanover's accommodation service having an alcohol or drug dependency. These staggering rates of substance abuse have significant implications for the overall health of people who are homeless, and more particularly for their mental health (Hanover Welfare Services, 1999).

Suicide

Research has shown that homeless young people are likelier than their peers to experience suicidal thoughts, sexual abuse and drug and alcohol problems. Sexual abuse is more common among females than among males. These findings highlight the need to develop and test community-based interventions to improve the mental health of young people who are homeless (Rew, Taylor-Seehafer & Fitzgerald, 2001).

11. Disability

People with disabilities are highly vulnerable to homelessness and are more likely to experience poverty, abuse and social isolation than the broader community. Programs established to support people with disabilities are often limited in the range of services they provide and do not necessarily address the needs of those who are homeless or at risk of homelessness.

Homelessness services are often not able to provide the level of support needed by people with disabilities due to inadequate funding and training. People with disabilities who are eligible for public housing often face longer than usual waits for suitable properties to become available.

11.1 Goals

◗ To reduce the number of people with a disability experiencing homelessness.

◗ To increase housing affordability for people on disability income support.

◗ To increase the provision of designated public housing, private rental assistance, supported accommodation and associated assistance for people with physical disabilities and disabling cognitive impairments (including intellectual and psychiatric disabilities and acquired brain injuries) who are homeless or at risk of becoming homeless.

◗ To improve access for people with disabilities to existing homelessness, health and other support services.

◗ To improve the capacity of homelessness services to meet the special needs of people with disabilities.

Who is involved?

◗ Commonwealth Department of Family and Community Services
◗ Centrelink
◗ State government departments with responsibility for disability support services
◗ Disability accommodation service providers
◗ Home-care service providers
◗ Health services
◗ Mental health services
◗ Employment access service providers
◗ Homelessness service providers
◗ Community access service providers
◗ Public and private rental providers

11.2 Priority actions

PROMOTE income security policies that reflect the individual cost and complexity of various disabilities.

PROVIDE combined accommodation, support and income security packages that are individualised to meet the needs of people with disabilities, especially those who are homeless or at risk of becoming homeless.

ENSURE existing intergovernmental committees and forums covering people with disabilities set homelessness and the prevention of homelessness as a priority and, if necessary, establish a new body with this charter.

IMPROVE links between mental health-care, disability programs and accommodation services.

INCREASE long-term supported accommodation options for people who are unable to manage their own accommodation and self-care.

11.3 Rationale

People with disabilities are perhaps the most vulnerable group experiencing homelessness in Australia. They are at greater risk of abuse and often rely on family members or service providers for support in order to establish and maintain safe and appropriate housing.

De-institutionalisation has left many people vulnerable to homelessness because it has not been accompanied by the development of adequate community-based support and care. Two other changes that have had an effect on people with disabilities — especially people who are homeless — are the move to mainstream services and the move to embrace purchaser-provider funding models.

Related initiatives

- Commonwealth State/Territory Disability Agreement
- Commonwealth income security as it relates to people with a disability
- State disability housing support programs
- Community access programs
- Second National Mental Health Plan 1998–2003

Accessing mainstream services can be very difficult for people with disabilities, especially if they are also homeless. Unless mainstream services have the resources and the flexibility to offer services that are compatible with the living conditions and special needs of people who are homeless with disabilities, they will be inaccessible to the group that needs them most.

Theoretically, purchaser-provider funding models give service providers an incentive to be more responsive to individual needs. However, this will only happen if people with disabilities, especially psychiatric and intellectual disabilities, have a range of services to choose from and appropriate support to exercise and, where necessary, assert, their rights.

11.4 Evidence

Of Australia's 19.3 million people, it has been estimated that 19 per cent (3.7 million) have some kind of disability, while 4 per cent (0.8 million) have a disability that restricts them in one or more core activities essential to daily living.

In a 1992 survey, SAAP service providers reported that 13 per cent of their clients had a history of psychiatric illness and 11 per cent had either a physical or intellectual disability (Ecumenical Housing & Thomson Goodall Associates, 1999b). The proportion of single men in SAAP services on disability income support is 38 per cent; the figure for single women is 25 per cent. The predominant types of disability among SAAP service users are psychiatric disability, intellectual disability and acquired brain injury. Nearly all people accommodated by SAAP services in inner city areas have a significant level of disability.

Anecdotal evidence suggests that children with disabilities are more likely to need care and protection services than other members of their age-group. They are obviously much more vulnerable — just as vulnerable as adults with disabilities. There is a need for further research into the area of abuse and homelessness among people with disabilities.

Further research

We need to know more about:

◗ the extent of homelessness among people with disabilities, particularly those living in abusive environments or accommodation that falls below minimum community standards;

◗ the links between psychiatric disability, intellectual disability, brain injury, dementia and drug and alcohol abuse and homelessness;

◗ the benefits of integrated accommodation, support and income security packages to people with a disability; and

◗ the impact of individualised funding arrangements on the availability and quality of support services for people with disabilities and their carers and families, particularly where the individual or family is homeless or at risk of becoming homeless.

12. Drugs and alcohol

Drug and alcohol misuse is prevalent among the homeless. People who have substance abuse problems often have related mental health problems. In order to prevent homelessness — and particularly chronic homelessness — we need effective drug and alcohol treatment and prevention programs which also address accommodation and mental health issues.

12.1 Goals

◗ To create a range of integrated services that better respond to the dependency, health, support and accommodation needs of people with alcohol, drug and substance abuse problems who are homeless or at risk of homelessness.

◗ To develop prevention, early intervention, crisis and long-term responses to homelessness and alcohol and other drug-related issues.

◗ To improve coordination between organisations and government agencies supporting people with drug and alcohol problems, housing problems and mental health problems.

◗ To give people with alcohol, drug and substance abuse problems early access to assistance.

12.2 Priority actions

CREATE drug and alcohol services that can provide accommodation for people who are homeless at critical points on their path to recovery and rehabilitation.

POOL health and housing program funds to pilot a multi-layered service response incorporating drug and alcohol, housing, support, and mental health services which provides for immediate, medium-term and long-term needs.

PROVIDE diversionary programs such as employment, training and recreation for people experiencing and at risk of homelessness who have, or are at risk of having, substance abuse problems.

Who is involved?

◗ Commonwealth Department of Family and Community Services
◗ Commonwealth Department of Health and Ageing
◗ Commonwealth Department of Education, Science and Training
◗ State departments responsible for education
◗ State departments responsible for correctional services
◗ Hospitals
◗ Mental health services
◗ Drug and alcohol treatment services
◗ Private education providers
◗ Community education providers
◗ The alcohol industry
◗ Homelessness service providers
◗ Youth services

DEVELOP formal protocols for local and regional cooperation between drug and alcohol agencies, SAAP services, health services and mental health services.

RESOURCE homelessness services to better respond to the needs of people with substance abuse problems.

ARRANGE a meeting of Commonwealth, state and territory justice ministers to initiate the decriminalisation of public drunkenness.

12.3 Rationale

Alcohol, drug and substance abuse significantly increase the risk of homelessness. Australia's homelessness services are not designed or resourced to cope with the demands now placed on them by people with substance abuse problems.

People who are homeless and have severe and prolonged drug and alcohol problems are often unable to manage their income, look after their housing needs, establish and maintain supportive relationships, or care for themselves. They may also have abuse-related health problems and mental health problems.

It is essential that accommodation, support and health-care services be coordinated to provide a comprehensive response to people dependent on alcohol and other drugs.

Although treatment programs exist, they are not available in all locations (particularly in regional and remote areas), and they are seldom integrated with accommodation and support services. Drug and alcohol treatment services must often choose who they help based on criteria laid down by funding agencies rather than on need.

People with drug and alcohol problems may also exhibit challenging behaviour which makes it hard for them to fit into group living environments, even in supported accommodation.

Related initiatives

◗ National Drug Strategy
◗ Personal Support Programme

12.4 Evidence

National Drug Strategy survey data suggests that 77 per cent of Australians consume alcohol — and that 33 per cent of males and 39 per cent of females who consume alcohol usually do so at harmful rates (more than four standard drinks for males and more than two standard drinks for females). Twenty-two per cent of Australians over 14 reported using illicit drugs in the preceding twelve months. Twenty-one per cent of males and 15 per cent of females reported using cannabis during that time. Thirty-four per cent of young people aged 14–19 had used cannabis in the last twelve months — females were 6 per cent more likely to have done so. One per cent of males and 0.6 per cent of females over 14 years had injected illicit drugs in the previous twelve months. Of these 28 per cent reported overdosing at least once after injecting heroin in that period (Ministerial Council on Drug Strategy, 1998).

Mental health and wellbeing can influence drug use. The Australian Bureau of Statistics' *Mental Health and Wellbeing* report shows that at least 20 per cent of people with mental health disorders also engage in harmful drug use, with increased risks of suicide, hospitalisation, violence and homelessness (ABS, 1998a).

Success rates for the treatment of advanced drug and alcohol problems are very poor and none of the treatments currently in use appears much more effective than the others. Until further research is available, it is important that we provide a range of responses to drug and alcohol problems and monitor the success of those responses over time (National Drug Strategy, 2000).

Nearly a fifth of single men using SAAP services (18 per cent) cited drug, alcohol or substance abuse problems as their main reason for seeking assistance. Anecdotal evidence suggests this may understate the case and that drug and alcohol problems are widespread among the homeless population. Single men with drug and alcohol dependencies express less satisfaction with

Further research

We need to know more about:

◗ the long-term effectiveness of different treatment programs for people with drug, alcohol and other substance dependencies;

◗ the links between mental health, drug and alcohol abuse, and homelessness; and

◗ the long-term effectiveness of different successful drug and alcohol abuse prevention programs and their impact on homelessness.

SAAP services than any other group, suggesting their needs are not being met (Ecumenical Housing & Thomson Goodall Associates, 1999b). The needs of people who are homeless and have advanced drug and alcohol problems are both serious and complex.

The proportion of Hanover Welfare's clients with drug dependencies increased from 5 per cent in 1993 to 16 per cent in 1999. Hanover's clients are broadly representative of Victorian SAAP users. At this rate, around 25 per cent of them will be dependent on drugs by 2005. The prevalence of drug dependence among the 3,000 people using the major crisis accommodation services in Melbourne is substantially higher.

13. Criminal justice and correctional services

The experience of homelessness is often related to experience of the criminal justice system. Ex-prisoners often have no home or job to go to. They are more likely than the general population to have low incomes and be on income support. They are also more likely to experience discrimination. All these factors increase their risk of becoming homeless. Homelessness in turn increases the danger that they will resort once more to crime.

13.1 Goals

◗ To prevent people who are homeless getting caught up in the criminal justice and correctional service systems for minor misdemeanours.

◗ To reduce the over-representation of people who are homeless in the criminal justice system and the prison population.

◗ To create pre- and post-release programs that prevent ex-prisoners becoming homelessness or re-offending.

◗ To reduce the risk of homelessness among the families of prisoners by giving them appropriate support.

◗ To prevent young people setting out on pathways that will lead them to prison and homelessness.

◗ To ensure that young people exiting detention or in contact with the juvenile justice system are given the best possible opportunity to establish a life outside crime.

9.2 Priority actions

PROVIDE diversionary programs such as employment, training and recreation for people experiencing and at risk of homelessness who have or are at risk of having substance abuse problems.

TAILOR employment and training programs to meet the needs of prisoners and those exiting prisons (possibly using the JPET model).

Who is involved?

◗ Commonwealth Attorney-General's Department
◗ Commonwealth Department of Family and Community Services
◗ Centrelink
◗ State departments responsible for correctional services
◗ Police
◗ Mental health services
◗ Prisons
◗ Health services for prisoners
◗ Post-release programs and services
◗ Prisoner support groups
◗ Drug and alcohol treatment services
◗ Homelessness service providers
◗ Current and ex-prisoners
◗ Families of prisoners

ENSURE that people leaving prisons have a comprehensive support plan for the post-release period.

HELP prisoners secure housing immediately on release by providing at least one month's rent in advance.

PROVIDE prisoners with the accommodation required to secure their release and satisfy their parole conditions.

Coordinate the efforts of Commonwealth, state and territory agencies to ensure that all people leaving prison have stable accommodation and income in the post-release period and access to necessary support services, including drug and alcohol services and employment services.

13.3 Rationale

People who have spent time in juvenile justice facilities or adult prisons are over-represented in Australia's homeless population. This is partly because many people released from these institutions have trouble finding and keeping stable accommodation, and partly because many people end up in prison as a result of behaviour triggered by, or associated with, the experience of homelessness. The families of prisoners frequently get caught in the same vicious cycle — the incarceration of a breadwinner is often enough to propel the rest of the family into homelessness.

People released from correctional facilities often become reliant on homelessness services, either immediately or very soon after their release.

Related initiatives

- National Crime Prevention Strategy
- Current research by the Australian Institute of Criminology on pre- and post-release programs for prisoners
- NHS-funded demonstration projects:
  - action research to support young people exiting juvenile justice facilities; and
  - transition support for young people moving from juvenile detention to family and the community

13.4 Evidence

There is a large body of international research on the link between incarceration and homelessness. A study undertaken in the United Kingdom on the housing needs of ex-prisoners found that only half were able to return to their previous home. The study concluded that even short sentences could lead to major resettlement problems and that the likelihood of re-offending was higher when people had no satisfactory accommodation (Carlisle, 1996).

In Australia, there is evidence that young people are graduating from the child welfare and protection system to the juvenile justice system, and from there to the adult SAAP and prison systems. For example, two Victorian studies in the early 1990s found that 72 per cent of homeless young people were under a corrective order, and 44 per cent had been in a correctional institution (National Crime Prevention Program, 1999). Homeless young people are also over-represented as victims of crime.

People who were homeless at the time they entered the correctional system invariably exit prison with no support or accommodation plans in place, thus recreating their pre-prison circumstances. A study currently in progress tracking where ex-offenders go on release from jails in and around Sydney and Melbourne will tell us much more about the difficulties this group experiences securing appropriate accommodation.

People on parole following release from prison have much higher rates of unemployment, and hence much lower incomes, than the rest of the population. They also have much higher mortality rates, not least because so many resort to suicide.

Further research

We need to know more about:

◗ best-practice pre- and post-release programs and the effectiveness of different models in preventing homelessness;

◗ risk indicators that will enable us to identify prisoners likely to experience homelessness on release from prison; and

◗ the housing needs of ex-prisoners and how best to help prisoners return to their previous accommodation or access new accommodation on release.

Part IV.
Population groups

14. Indigenous people

Indigenous Australians are much more likely to experience poor health, unemployment, incarceration, contact with the care and protection system, poverty and homelessness than their non-Indigenous counterparts. Substantial resources and effort are required to prevent and reduce Indigenous homelessness. In particular, the principles of self-determination, self-management, community capacity-building and equity must be embedded into human services such as income support, housing, education and health.

14.1 Goals

◗ To develop a better understanding of Indigenous homelessness and a range of localised responses to it in partnership with ATSIC, Indigenous housing authorities and providers, and Indigenous communities.

◗ To increase the supply of appropriate, affordable and safe housing that is owned and managed by Indigenous people.

◗ To reduce the barriers faced by Indigenous people attempting to access mainstream housing, particularly in the private rental market.

◗ To increase Indigenous people's access to affordable, safe and secure private rental accommodation.

◗ To ensure that public and community housing programs are culturally appropriate and readily accessible by Indigenous people and their communities in urban, rural and remote areas.

◗ To reduce the number of Indigenous people who are homeless.

◗ To increase the availability of Indigenous-specific supported and transitional housing options for people who require a high level of support in the short, medium or long term.

Who is involved?

◗ Housing Ministers' Advisory Committee Standing Committee on Indigenous Housing

◗ Aboriginal and Torres Strait Islander Commission

◗ Aboriginal hostels

◗ National Organisation of Aboriginal Housing

◗ Commonwealth Department of Health and Ageing

◗ State, territory and community Indigenous housing providers

◗ Torres Strait Regional Authority

◗ Commonwealth Department of Education, Science and Training

◗ Commonwealth Department of Family and Community Services

◗ Centrelink

◗ State and territory departments responsible for family and community services, mental health and education

◗ Local government

◗ Government guardianship agencies

◗ Community groups and community-based agencies serving older Indigenous people

◗ Residential services for older people

- To improve the health status and longevity of Indigenous people who are homeless by providing culturally appropriate, affordable, safe and secure housing.

- To increase the rate of home-ownership among Indigenous people.

- To increase Indigenous employment and training in the housing sector — both Indigenous and non-Indigenous housing.

- To increase awareness and understanding of how the legacy of history continues to affect the emotional and social wellbeing of Indigenous people.

- Private landlords and real estate agents
- General practitioners and primary health-care providers
- Residential tenancy tribunals
- Stakeholders with concerns about deaths in custody
- Indigenous elders
- Indigenous families and communities

14.2 Priority actions

WORK with the Housing Ministers' Advisory Committee Standing Committee on Indigenous Housing and other state and territory housing providers to develop and coordinate appropriate local housing responses and strategies to address Indigenous homelessness and related matters.

CONVENE a national forum for Indigenous people on homelessness to develop and confirm a set of priorities for action. These might include:

- encouraging the Indigenous Community Capacity Building Round Table to advise government on appropriate employment strategies for marginalised Indigenous people;

- introducing more effective pre- and post-release support programs for Indigenous people in custody to break the cycle of incarceration by reducing the risk of prisoners being released into homelessness;

- working with the Real Estate Institute of Australia and other industry bodies to educate agents and landlords about the discrimination provisions in tenancy legislation and develop positive relationships with Indigenous communities; and

◗ increasing Indigenous people's awareness of their rights when they encounter discrimination in the provision of housing and other services.

INCREASE the number of Indigenous people working in housing policy and the housing industry.

14.3 Rationale

Indigenous homelessness is a chronic problem in many parts of Australia. It affects metropolitan, regional and remote communities. SAAP data shows that Indigenous people are over-represented in the homeless population. They make particularly high use of family violence refuge services.

However, recent national research (based on extensive consultation with Indigenous communities) suggests that Indigenous people may have a very different idea of what homelessness means. Compared to the non-Indigenous population, they are significantly less likely to define themselves as homeless even when they have no secure accommodation. For many Indigenous people, homelessness has a spiritual as well as a physical dimension. Indigenous people may not see themselves as homeless as long as their connections to their home place and community are still intact.

The same study identified three major causes of Indigenous homelessness: the absence or inaccessibility of appropriate housing, transience associated with cultural obligations, and historical reliance on family networks to provide shelter and support. The second and third of these causes are specific to Indigenous people.

Indigenous communities and families also experience more poverty, health problems and discrimination than other Australians. Racism still prevents Indigenous people enjoying equal access to basic services, including the private rental market. This severely limits the housing options available to them.

Indigenous people from more remote and regional areas travel to and stay in major regional towns and centres in order to access services, education and

Related initiatives

◗ Indigenous Housing Agreements

◗ Housing Ministers' Ten-Year Statements of New Directions — Building a Better Future Indigenous Housing to 2010

◗ National Indigenous Homelessness Forum

◗ Commonwealth-State Working Group on Indigenous Homelessness and Community Care Programs

◗ Home and Community Care Programs

◗ SAAP IV

◗ Commonwealth State Housing Agreement

◗ State and territory Indigenous homelessness strategies, programs and initiatives

◗ NHS-funded demonstration projects:
  ◗ documenting best practice for Safe Houses in remote areas;
  ◗ transitional support for people moving from remote communities to metropolitan areas; and
  ◗ combined homelessness and parenting support, focusing on needs of homeless children

entertainment which are not available locally. Some people remain in these centres — a phenomenon that has been inappropriately labelled urban drift. The absence of suitable accommodation means that some of those who remain in town become homeless. A few, stigmatised as parkies, occupy public open spaces.

The unique cultural, social and economic circumstances of Indigenous people demand appropriate responses from agencies charged with providing support services — not least for those who are homeless or at risk of becoming homeless.

For example, while the plight of Indigenous people in custody has received considerable attention in recent times, they are still grossly over-represented in the prison population. More effective pre- and post-release support programs could reduce the risk of prisoners being released into homelessness and the likelihood that they will re-offend. Indigenous people are also over-represented in the care and protection system. Culturally appropriate prevention programs for young people at risk of entering care and protection, and support programs for young people exiting care, would also reduce the risk of Indigenous people becoming homeless.

14.4 Evidence

Indigenous people make up a little over 2 per cent of the Australian population, but nearly 14 per cent of those using SAAP services.

Other indicators provide an equally damning picture of Indigenous disadvantage. Only 32 per cent of Indigenous Australians own their own home (the national average is 71 per cent). Another 61 per cent are renting, compared with 24 per cent for the Australian population as a whole (AIHW & ABS, 1999). The proportion of Indigenous households living in caravans, cabins, houseboats, improvised homes, tents and the like is three times higher than that of non-Indigenous Australians (ABS, 2002).

Further research

We need to know more about:

- the underlying housing status of homeless Indigenous people and their experience of using mainstream, Indigenous, private and public services;

- the barriers Indigenous people face in the private rental market and what forms of collaboration are required between private landlords, real estate agents and Indigenous housing services to increase the supply of private rental housing;

- the effect of reforms to the CSHA on accessibility and affordability for those Indigenous people with the most urgent needs;

- approaches to urban public housing and social planning that encourage social mix rather than the separation of Indigenous and non-Indigenous people; and

- how well or poorly new state and territory public and community housing allocation procedures are working to sustain local communities and meet the most urgent and complex housing needs.

These figures make it clear that the two dominant housing models in Australia — private ownership and private rental — are not working for Indigenous people. The reasons for this may be complex, but the biggest single contributor to housing insecurity in Indigenous communities is undoubtedly poverty. In the 1996 Census only 40.7 per cent of Indigenous people were in employment (compared to 56.4 per cent of the total Australian population), and the median weekly income for Indigenous people was $228 per person, just under three-quarters of the median income for all Australians (ABS, 1998b).

15. Families with children

Families with children make up a growing proportion of those accessing homelessness services. This is worrying, because people who experience homelessness as children are more likely to find themselves homeless as adults. The incidence of homelessness among sole-parent families is especially troubling. They represent a disproportionate number of the homeless families using SAAP services. Prevention, early intervention, crisis transition and support services are all needed if we are to reduce the level of homelessness and poverty faced by many Australian families.

15.1 Goals

◗ To ensure that children whose families experience homelessness are not adversely affected by that experience in later life.

◗ To give families access to secure, appropriate and affordable accommodation which in turn gives them access to community resources and support structures.

◗ To ensure that homeless families receive priority access to housing, and that they are linked with childcare and other service networks.

◗ To help families at risk of homelessness secure and maintain appropriate housing.

◗ To make it easier for people to stabilise their housing arrangements when they separate.

◗ To protect people from domestic and family violence.

15.2 Priority actions

ESTABLISH prevention and early intervention programs to identify and assist families at high risk of homelessness, including:

◗ families with children who are at high risk of long-term damage to their health and psychological and educational development;

Who is involved?

◗ Commonwealth Department of Family and Community Services
◗ Centrelink
◗ Child Support Agency
◗ State departments responsible for child protection
◗ State-funded family services including counselling services
◗ Children's support services
◗ Domestic violence agencies
◗ SAAP services
◗ Schools
◗ Child-care services
◗ Child Support Agency
◗ Legal services
◗ Police

- families who move frequently;
- families at risk of eviction from public housing;
- families who have had income security payments stopped for breaching benefit conditions; and
- families of prisoners.

INCREASE the availability of stable, affordable housing to sole-parent families at risk of homelessness.

ENSURE that single parents have access to employment assistance programs.

ENSURE that homelessness programs for families are linked to employment and childcare assistance.

15.3 Rationale

The fact that families with children become homeless tells us that there are major gaps in the community support networks these families depend on. Individuals who experience homelessness in childhood are more likely to experience homelessness as adults. They are more likely to be witnesses to, or victims of, family violence. Individuals who are abused as children are more likely to be victims and perpetrators of abuse as adults. Children who live in poverty are more likely to live in poverty as adults. Children who experience homelessness may have their education interrupted and their health compromised. For these and other reasons, there can be an intergenerational cycle of homelessness.

Parents (whether single or partnered) face a triple challenge — caring for the children, stabilising the family in appropriate housing, and addressing the problems that led to the family's homelessness. The challenge is even greater for sole parents, who must do these things alone. Sole-parent families are over-represented among users of homelessness services, reflecting the fact that sole-parents must often contend with many causes and effects of disadvantage, including unemployment, poverty, family violence and, increasingly, chronic drug and alcohol abuse.

The only sure and permanent way to reduce the number of homeless families with children is to eliminate the

factors that lead to family homelessness. Responses need to include prevention, early intervention and crisis and transition programs. Factors that make a person vulnerable to homelessness must be addressed at the earliest stage possible. Early intervention and prevention programs need to support families before they lose their homes. Stable and secure accommodation needs to be made available to families who have become or are at risk of becoming homeless — remembering that many of the already limited housing options open to other people who are homeless, such as boarding houses and private hotels, are inappropriate for families.

15.4 Evidence

SAAP workers frequently attest that families with children are the fastest growing sector of the homeless population.

Data from 1999–2000 shows that children accompanied clients to SAAP agencies on 31,600 occasions in that year. The majority of these children were in sole-parent families headed by females, although couple families and male-headed sole-parent families are also found among SAAP clients. Family or domestic violence was cited as the main cause of the family's homelessness in the majority of cases. Over half of the children concerned were aged five or under.

Recent research on homeless families indicates that homelessness is often the final twist in a downward spiral that has taken them from one form of accommodation to another in rapid succession — hotels, caravan parks, staying with family and friends (Bartholomew, 1999). Homeless families come into contact with child welfare authorities and protection services more often than other families.

It is also clear that children who experience homelessness are more likely to experience poor health, poor educational outcomes, social isolation from their peers and behavioural problems (Horn et al, 1996).

Sole-parent families

The overwhelming majority of sole-parent families in Australia are created when couples separate. While male sole parents typically offer one of several reasons for seeking support from SAAP — relationship breakdown, eviction, financial difficulty — most female sole parents (57 per cent) cite domestic violence.

Whenever relationships break up, at least one partner has to find new accommodation. The parent who assumes primary care of the children after separation almost invariably suffers a drop in income, despite having access to income security payments (Weston & Smyth, 2000). This often means the primary carer can no longer afford to stay in the family home, regardless of whether it is rented or being purchased. Only 39 per cent of sole-parent families own or are purchasing their home, compared with 76 per cent of couples with children (FaCS, 2000). There is also anecdotal evidence that sole-parent families face discrimination in the private rental market, where, given the choice, landlords would rather rent to childless or two-parent households.

Sole parents face multiple barriers to participation in the labour market, and consequently have lower rates of workforce participation than partnered parents.

16. Children and young people

Between 10,000 and 19,000 young people aged under 18 are estimated to be homeless nationally. In addition, 45,000–50,000 children accompanied by an adult access SAAP each year. Unaccompanied young people most commonly cite family conflict as their main reason for turning to homelessness services. Other factors that contribute to youth homelessness include physical, sexual and emotional abuse, feelings of depression and anxiety, violence between family members, a desire for independence and being told to leave or being thrown out of home.

Children accompanied by an adult are frequently affected by witnessing domestic or family violence; being victims of physical and emotional abuse or neglect; and the experience of crisis, trauma and grief. Young people exiting care and protection systems or the juvenile justice system are substantially more at risk of homelessness than other young people. There is growing evidence that vulnerability to homelessness is being passed on from generation to generation in some families, and addressing the needs of children and young people will be critical in breaking this cycle.

16.1 Goals

◗ To reduce homelessness among children and young people by:

  ◗ improving integration between Commonwealth and state programs for children and young people

  ◗ improving access to community support for children and young people and getting first-to-know agencies to focus on the early detection of factors that contribute to the risk of homelessness

  ◗ reducing the number of young people leaving the care and protection system and becoming homeless

  ◗ reducing the number of young people leaving the justice system and becoming homeless

Who is involved?

◗ Commonwealth Department of Education, Science and Training

◗ Commonwealth Department of Employment and Workplace Relations

◗ Commonwealth Department of Family and Community Services

◗ Commonwealth Department of Health and Ageing

◗ Centrelink

◗ State and territory departments responsible for education

◗ State and territory departments responsible for child protection

◗ State and territory departments responsible for juvenile justice

◗ Local government

◗ Child and adolescent mental health services

◗ Health and sexual health services

◗ Schools

◗ Substitute-care providers

◗ Homelessness service providers

◗ JPET providers

◗ Reconnect providers

◗ Youth services

◗ Young people and their families

- increasing the availability of safe, affordable, appropriate and sustainable housing and associated support services for young people

- getting more children and young people at risk of homelessness to stay at school.

16.2 Priority actions

PROVIDE a range of prevention, early intervention, crisis and long-term support programs — focusing on the family, the education system and homeless children and young people.

DEVELOP AND STRENGTHEN local links between child protection authorities and other services working with children and young people affected by domestic and family violence.

Accompanied children and young people

INCREASE respite care services for parents having trouble coping with their caring responsibilities.

PROVIDE alternative education programs for children and young people who are dislocated from mainstream education.

RESOURCE SAAP services to meet the needs of accompanying children and young people as clients in their own right.

EXPAND services for children and young people who witness domestic or family violence.

IMPROVE access to the Family Court for children and young people involved in guardianship and contact disputes.

Unaccompanied children and young people

EXPAND prevention and early intervention programs that address family conflict, parenting skills, drug and alcohol abuse and child abuse.

BUILD the capacity of schools and other first-to-know agencies to identify and respond to youth homelessness.

Related initiatives

- Stronger Families and Communities Strategy
- Reconnect
- *Footprints to the Future*
- JPET
- State care and protection systems
- State-funded alternative care and transitional support programs
- SAAP IV
- Local government community development and youth programs
- Youth crime prevention programs
- National Drug Strategy
- Second National Mental Health Plan 1998–2003
- TILA
- NHS-funded demonstration projects:
  - Schools Research Kit: information and education materials on youth accommodation options; and
  - Family Caravan Parks Project: supported playgroups

INVESTIGATE models of care appropriate for young people under 18.

RESOURCE SAAP agencies to support young people under 18 experiencing homelessness as well as their families.

STRENGTHEN service systems that allow support to follow a young person from crisis accommodation to intermediate and longer-term housing.

INCREASE longer-term supported housing options for homeless young people under 18.

INVESTIGATE the relationship between Youth Allowance payment levels for young people under 18 and their capacity to participate in social and economic life.

IMPROVE access for young people to programs and opportunities in employment, education and training.

PROVIDE comprehensive information on programs and opportunities in employment, education and training.

DEVELOP AND IMPLEMENT accommodation and support options and models of care for children and young people aged under 16 experiencing homelessness who are outside the scope of the care and protection system.

PROVIDE new funding for distinct under-16 SAAP services.

REVIEW AND AMEND SAAP legislation that currently prevents services from targeting homeless young people under 16 with a view to providing programs for under-16 year olds.

Care and protection

STRENGTHEN the youth protocol on care and protection and income support between the Commonwealth and state governments to ensure that young people aged 12–17 who are not living with their families can access appropriate levels of financial and other support.

MAP AND EVALUATE existing state inter-service agreements relevant to the care and protection of young people aged 12–17.

Further research

We need to know more about:

- the information needs of first-to-know agencies;
- the causes of family conflict that leads to youth homelessness and prevention and early intervention strategies to reduce and diffuse that conflict;
- the number of young people who are not living with their families and not being provided for by the care and protection or homelessness systems;
- long-term outcomes for under-18s who access SAAP services;
- effective homelessness prevention strategies for young people in care;
- integrated employment, education and training programs offering effective pathways for young adults who are homeless or at risk of homelessness; and
- the links between domestic and family violence and child protection.

ADDRESS the over-representation of Indigenous children and young people in the care and protection system.

PROVIDE income support for young people under 18 who are exiting the care and protection system and living independently to cover the cost of establishing stable accommodation, including bond, rent in advance and the first-time purchase of furniture and other household requisites.

INVESTIGATE the relationship between Youth Allowance payment levels and the capacity of young people leaving care to participate in social and economic life, recognising that these young people do not have access to financial support from their families.

Juvenile justice

ESTABLISH AND EXPAND juvenile justice programs that focus on diversion, developing interpersonal and independent living skills, and creating exit plans including accommodation and ongoing support.

DEVELOP culturally appropriate intervention strategies to reduce the over-representation of Indigenous children and young people in the juvenile justice system.

PROVIDE income support for young people under 18 who are exiting the justice system and living independently to cover the cost of establishing stable accommodation, including bond, rent in advance and the first-time purchase of furniture and other household requisites.

Drugs and alcohol

PROVIDE youth-specific drug and alcohol detoxification, treatment and support programs (including accommodation and support) that encourage parental involvement where appropriate, targeted towards young people at risk of homelessness.

IMPROVE under-age harm minimisation strategies and link these to mutual obligation activities for young people receiving income support.

REDUCE the number of young people with drug and alcohol problems being denied benefits for breaching conditions.

Health and mental health

INVESTIGATE service delivery models that make health and sexual health services more accessible to young people.

EXPAND mental health services for children and young people, and develop mental health responses for children and young people who have not been diagnosed with a mental illness but are displaying severe and challenging behaviours.

16.3 Rationale

Some children and young people experience homelessness with their family and some experience homelessness independent of their family. Regardless of whether children are accompanied by an adult family member or not, they have significant support needs. However, different individuals may need very kinds different support.

Accompanied children and young people

The children of homeless parents are always affected, and sometimes traumatised, by the experience of homelessness and the circumstances that led to it. For example, children and young people whose parents have mental health or drug and alcohol problems — or both — may be obliged to care for adults in their family. Older brothers and sisters in this situation may also care for younger siblings. These children and young people often miss out on experiences that are important for their social and emotional development and wellbeing.

Children in homeless families experience significant disadvantage in education and access to other community supports. As these families are often highly mobile, their children's schooling is frequently disrupted, and this may result in lower academic achievement. Early disadvantage will translate into lifelong disadvantage if there is no intervention to counteract these problems.

Children and young people accompanying an adult who is escaping domestic or family violence have almost certainly been witnesses to that violence. This makes them more likely to experience problems developing social skills and relating to their peer group and may cause significant delays in physical, emotional and intellectual development. These children may have difficulty establishing and maintaining functional relationships in adulthood and experience problems with expressing or controlling anger. They also have a propensity to leave home early, which can create long-term disadvantage. Some children and young people who witness domestic violence feel responsible for the safety of the victim and may experience significant anxiety about protecting them.

Children and young people who experience domestic or family violence have specific support needs independent of the adult they accompany. SAAP services have become increasingly aware of the need to support children and young people as clients in their own right; however, the resources available for this kind of support fall far short of demand. In recent years, SAAP services have also begun to question the appropriateness of the traditional refuge model of communal living for children and young people, and have trialled new models for women and children escaping family or domestic violence.

The breakdown of a family can have significant legal implications. Appearing before the Family Court can be expensive and traumatic, especially when there is history of violence or substance abuse in the family.

Unaccompanied children and young people

Young people under 18 represent a high and growing proportion of the homeless population. The most common reason cited by young people for accessing SAAP services is family breakdown. Their families may not have the skills to resolve conflict and may be experiencing stresses that escalate rather than diffuse tension. Causes of conflict between young people and their families include physical, sexual and emotional abuse, unemployment, poverty, poor health, cultural clashes, changing family structures, gambling, and drug and alcohol abuse. Unemployment, gambling and substance abuse create difficulties for families whether it is the children or their parents who are affected. The conflicts and stresses that increase the risk of homelessness often begin while young people are still at school.

One of the best ways to prevent and reduce youth homelessness is to improve family relationships. Recent initiatives such as Reconnect have focused on rebuilding family relationships to prevent or quickly remedy youth homelessness. Yet for some young people, living with family is neither safe nor appropriate. The increasing numbers of young people accessing SAAP services is evidence that many of them still feel unable to live at home. Not all young people who are homeless turn to SAAP services. Some live independently in temporary accommodation such as in caravan parks or with friends or other relatives. Others live in squats or on the streets.

A small but significant percentage of homeless young people may become parents themselves (this percentage is much higher for young women leaving institutional care).

An equally significant percentage of the young homeless never make contact with or receive support from the care and protection system. For these young people, independent living is extremely difficult. The disappearance of unskilled jobs and an increasingly competitive labour market have largely excluded under-18s from employment that generates enough income to live independently. Income support for young people is inadequate to meet the cost of safe, affordable, long-term, independent housing. A lack of sufficient independent income leaves young people who are homeless vulnerable to contact with the justice system. Most young people living independently can only afford to live in group housing, but this may be difficult for young people who have already experienced problems resolving conflict within their family. Some young people have trouble adjusting to life independent of a structured protective environment, while others have limited independent living skills or are excluded from rental housing altogether because landlords discriminate against them.

Some SAAP services report that a growing number of homeless young people under 16 are turning to them for help. It is highly unlikely that anyone in this age group will be ready to live independently in the short or even the long term. Young people who live away from their families and outside the care and protection system are at high risk of becoming homeless or entering detention. Since the introduction of the youth

protocol, it is more difficult for young people outside the care and protection system to access income support. Financial distress leads some young people to opportunistic prostitution, drug dealing or other criminal activities to survive.

Care and protection

Significant numbers of young people who have been in foster care and institutional care exit those systems before the age of 18 and become homeless. While state care and protection systems tend to regard foster care as the best solution for children and young people in need of their services, the foster-care model is not appropriate for everyone. Children who have been failed by one family may find it difficult to trust another.

State care and protection systems generally lack the resources to meet the needs of children and young people requiring high levels of long-term support. Pressure on community services to produce immediate results may also discourage them from putting resources into the long-term support of homeless children and young people.

Juvenile justice

Contact with the juvenile justice system increases the risk of homelessness. Children and young people who exit juvenile detention need extensive pre-exit planning and ongoing follow-up support. Indigenous children and young people are drastically over-represented in the juvenile justice system. Children and young people from rural and remote areas who enter detention may lose contact with their families and communities because they are too far away for their families to visit. Some jurisdictions have established community courts and introduced community service orders for particular offences. If fewer young offenders go into detention, fewer will be at risk of homelessness when they are released.

Drugs and alcohol

A disproportionate number of people who are homeless have serious and sometimes longstanding substance abuse problems. Young people are no exception. There are some drug and alcohol prevention and early intervention programs for young people. However, harm-minimisation strategies that target under-age drinkers need to be more widely available. Some young people have significant drug and alcohol problems and need treatment services rather than prevention or early intervention programs. Detoxification services do not generally cater for under-18s because of the risks posed to their safety by other clients or the legal ramifications of treating minors. Longer-term treatment programs have similar concerns.

Health and mental health

Young people at risk of or experiencing homelessness often find it difficult to access health services. They usually do not have their own Medicare card and do not have the money to pay for treatment or medicines. Even those who have money may put meeting day-to-day living expenses ahead of attending to their physical health. Young people are prevented from accessing sexual health services not only by financial hardship, but also by consent requirements, stigma and embarrassment.

Youth SAAP service providers and parents struggle to secure support for children and young people who have mental health problems and exhibit severe and challenging behaviours. It is difficult to get a mental health diagnosis for people under 18 because practitioners are reluctant to label children and young people as mentally ill. Unfortunately, access to mental health services may be conditional on formal diagnosis of a mental illness. It is also difficult to provide involuntary mental health services to a minor without parental consent — and if the minor is homeless, that consent may be almost impossible to obtain. SAAP services deal with many children and young people who attempt suicide or engage in self-harm. These services often have only a single worker on shift (particularly overnight). Even when a worker is able to give a young person their undivided attention, they seldom have the support or training to cope with complex mental health problems.

16.4 Evidence

Accompanied children and young people

The Australian Institute of Health and Welfare reported in October 2000 that an estimated 45,000–50,000 children received assistance from SAAP homelessness services in 1999–2000. The majority of the children were under six years of age (54 per cent), came from single-parent families (54 per cent), and had no siblings (50 per cent). Three out of five were involved in some sort of legal process and in most cases (68 per cent) this related to protection or guardianship orders. A substantial number (19 per cent) of accompanying children had not had a home for a month before coming to SAAP and 2 per cent had not had a home in the preceding twelve months. Sixty-eight per cent of accompanying children who accessed SAAP services were witnesses to domestic violence and 16 per cent had experienced physical abuse. Emotional abuse or neglect, crisis, trauma, grief, and behavioural problems were issues for about one-third of all children. Only 25 per cent received counselling. Around one-quarter of all children suffered from anxiety and around one-fifth had a parent with substance abuse problems (Australian Institute of Health and Welfare, 2001a).

Children who experience or witness violence at home or on the street are apt to feel fear, anger, powerlessness, guilt, confusion, despair, sadness or shame. These feelings are most often expressed through bodily pains and acting-out or withdrawal

behaviours. Changes in the brain from such experiences result in behavioural changes that are detrimental to learning and development (La Cerva, 1999).

Unaccompanied children and young people

In 1991, McKenzie and Chamberlain estimated the number of homeless young people to be 15,000 to 19,000 nationally (McKenzie & Chamberlain, 1992). Over 10,000 — or 13 per cent — of the people using SAAP services in 1999–2000 were under 18.

When questioned in connection with the Youth Homelessness Pilot Program, 57 per cent of young homeless people cited conflict with their parents as their reason for leaving home and 9 per cent cited physical or emotional abuse. Other factors cited include changes in family structure, trouble at school and drug and alcohol abuse. Parents were less likely to nominate abuse and more likely to nominate conflict as the reason for the young person leaving home (Prime Minister's Taskforce on Youth Homelessness, 1998).

One of the four most important reasons for leaving home cited by young people participating in a joint Australian-American study was conflict with parents or guardians. Family conflict was cited by 62 per cent of newly homeless young people interviewed, and by 72 per cent of experienced homeless young people interviewed. For newly homeless young people, family conflict was followed by desire for independence, feelings of anxiety or depression, and violence at home between family members. For experienced homeless young people, family conflict was followed by feelings of anxiety or depression, violence between family members and desire for independence. An 'important or very important' factor leading to homelessness for 49 per cent of newly homeless and 51 per cent of experienced homeless young people was being told to leave or being thrown out of home (Australian Research Centre in Sex, Health and Society and Center for Community Health, 2001).

Many homeless young people are still in school — one study concluded that as many as 10,000 Australian school students are homeless at any given time (Chamberlain & Mackenzie, 1998). As long as homeless young people remain in school, there is a chance they can be reached by early intervention and prevention programs. These programs have been shown to reduce the incidence of homelessness among young people, especially long-term homelessness.

The Prime Minister's Youth Pathways Action Plan Taskforce report, *Footprints to the Future*, highlighted that many young people are falling through the gaps in existing services or cannot relate to the help being offered. Others are already adrift from their families, schools and other support systems and need assistance to re-establish connections. Identifying with a community, feeling connected, and having a sense of belonging are all good for young people, and may be essential to their wellbeing. The report recommended that attention be given to addressing the

complex disadvantage facing those who are already disconnected from family, social or school networks and that a more coordinated and holistic approach be developed to assist young people to prepare for the future (Prime Minister's Youth Pathways Action Plan Taskforce, 2001).

Care and protection

In June 2000 there were 16,923 children and young people in out-of-home care across Australia. Around one-third (31 per cent) of children in out-of-home care were aged 10–14 years. A further 29 per cent were aged 5–9 years, 24 per cent were aged under 5 years and 16 per cent were aged 15–17 years. In 2002 an estimated 1,281 young Australians were discharged from care and protection.

Children and young people in out-of-home care: type of placement by state and territory (as at 30 June 2000)

	Foster & community care	Relatives & kin	Other home-based care	Total home-based care	Facility-based care	Indep-endent living	Other[b]	Total
NSW	2,510	3,812	—	6,322	306	134	279	7,041
Vic	2,237	962	141	3,340	521	6	—	3,867
Qld	1,910	639	—	2,549	85	—	—	2,634
WA	769	341	—	1,110	175	32	9	1,326
SA[a]	n.a	n.a	n.a	1,095	36	—	—	1,131
Tas	193	220	12	425	68	32	23	548
ACT	130	51	—	181	18	—	1	200
NT	121	26	—	147	13	4	12	176
Total	**n.a.**	**n.a.**	**n.a.**	**15,169**	**1,222**	**208**	**324**	**16,923**

[a] SA was unable to break down the number of children and young people in home-based out-of-home care.
[b] 'Other' includes unknown living arrangements.
Source: Australian Institute of Health and Welfare, 2001b.

Estimated number of 15–17 year olds to be discharged in 2002

NSW	457
Vic	355
Qld	254
WA	110
SA	58
Tas	21
ACT	16
NT	10
Total	**1,281**

These figures are based on the number of young people on care and protection orders where this information has been as provided by state and territory governments, and on 1999 discharge data where it has not.
Source: Australian Institute of Health and Welfare, 2001b.

Unaccompanied children and young people under 16

In 1998–99 an estimated 1,000 under-15s received SAAP services independently. No figures were collected on those under 16. In the same year, SAAP had an estimated 18,000 clients aged 15–19 (SAAP National Data Collection Agency, 1999).

Juvenile justice

Lacking support, using drugs, living in poverty or on the streets, living in dangerous situations, stealing and squatting — all of these things increase the likelihood that young people will come to the notice of police, acquire a criminal record, experience imprisonment, suffer reduced employment opportunities, and experience social isolation. Some young people progress from early homelessness to long-term isolation via the juvenile justice system (O'Connor, 1990).

Drugs and alcohol

Evidence presented to the Burdekin inquiry suggests that the majority of young people who are homeless are involved in drug and or alcohol use of some kind. Drugs and alcohol are used as a way of coping with problems (Human Rights and Equal Opportunity Commission, 1989). A report by Robson in 1992 found that the two most common reasons homeless young people gave for using drugs and alcohol were to feel good and relieve boredom. Robson also found that heavy use of drugs was significantly associated with sexual abuse and that much sexual abuse, particularly of young women, is unreported, unrecognised, unacknowledged, and inadequately dealt with. This condemns the victims to go on living with the trauma (Robson, 1992; Robson, 1993).

Health and mental health

The Burdekin report determined that psychological problems and poor physical health are major problems for young people who are homeless (Human Rights and Equal Opportunity Commission, 1989). The National Health and Medical Research Council (1992) and Human Rights and Equal Opportunity Commission (1989) found that the majority of homeless young people have health problems and most have more than one. The most common of these health problems include poor nutrition, sleeping difficulties, poor physical and dental hygiene, skin infestations and infections, respiratory and gastrointestinal complaints, sexually transmitted diseases, and eye and ear infections. Young people who are homeless also commonly suffer from depression, insomnia, bulimia, and anorexia. About 75 per cent of females and 70 per cent of males in a survey of homeless youth in inner-city Sydney said they did not like themselves very much and reported high levels of anxiety, anger and difficulty sleeping (Robson, 1993). The consequences of homelessness for young people include low self-esteem, psychological and behavioural problems, social isolation and feelings of hopelessness.

17. Young adults (aged 18–24)

Making the transition to independent living is increasingly difficult for young people. The disappearance of unskilled jobs and the growing demand for workers with post-secondary qualifications have led to high unemployment in this age group. Recent changes to income support eligibility have resulted in young adults being dependent on their parents for longer. Some young adults cannot live at home, find employment, or obtain secure, affordable housing. A proportion have drug and alcohol abuse problems and mental health issues to deal with. All of these factors put young adults at high risk of homelessness.

17.1 Goals

◗ To help young adults make a smooth transition to adult life by:

- ◗ identifying those at risk of homelessness early and intervening quickly;

- ◗ ensuring, through coordinated Commonwealth-state action, that young adults leaving care and protection systems have pathways to work, stable accommodation and independent living;

- ◗ ensuring, through coordinated Commonwealth-state action, that young adults exiting the justice system have pathways to work, stable accommodation and independent living;

- ◗ providing independent young adults with appropriate opportunities and sufficient means to financially support themselves and, where applicable, their dependants; and

- ◗ reconnecting them with their families where appropriate.

Who is involved?

- ◗ Commonwealth Department of Education, Science and Training
- ◗ Commonwealth Department of Employment and Workplace Relations
- ◗ Commonwealth Department of Family and Community Services
- ◗ Centrelink
- ◗ Commonwealth Department of Health and Ageing
- ◗ State departments responsible for education
- ◗ State departments responsible for child protection
- ◗ State departments responsible for juvenile justice and correctional services
- ◗ Mental health services
- ◗ Education and training providers
- ◗ Drug and alcohol service providers
- ◗ Employers
- ◗ Private business
- ◗ Homelessness service providers
- ◗ Housing providers
- ◗ JPET providers
- ◗ Youth services
- ◗ Reconnect providers
- ◗ Community service providers

17.2 Priority actions

INCREASE the supply of affordable public and private housing for young singles, couples and families in areas with high employment.

PROVIDE sufficient income support to help young adults leaving the care and protection system or exiting detention secure stable accommodation and buy household requisites.

INCREASE job creation programs for young adults.

INCREASE targeted job creation programs for Indigenous young adults.

GIVE employers incentives to provide opportunities that are likely to have long-term benefits for young adults.

GIVE employers additional incentives to provide opportunities that are likely to have long term benefits for Indigenous young adults.

TARGET domestic violence prevention and early intervention programs focusing on healthy relationships to young men and women.

INCREASE parenting and relationship support for young parents at risk of homelessness.

ENSURE mental health issues are identified early and appropriate treatment and support is provided.

DEVELOP formal protocols for local and regional cooperation between drug and alcohol agencies, SAAP services, health services and mental health services.

IMPROVE access for young adults to programs and opportunities in employment, education and training.

PROVIDE comprehensive information about programs and opportunities in employment, education and training.

Related initiatives

- Stronger Families and Communities Strategy
- SAAP IV
- TILA
- Labour market programs
- National Drug Strategy
- Second National Mental Health Plan 1998–2003

17.3 Rationale

People aged 18–24 have very high rates of homelessness — a fact reflected in their heavy use of SAAP services. The transition to adulthood is challenging for all young people, particularly today when they face conflicting expectations about how independent they should be, and increasing pressure to obtain ever-higher educational qualifications. Some young people have negative experiences and achieve poor results in the education system. There are fewer and fewer employment opportunities for these people and they are over-represented among the unemployed.

Some young adults are parents themselves. With only limited job prospects, they may experience poverty and find it hard to provide for their families.

Those who experience marginalisation and homelessness during young adulthood have a greatly diminished chance of finding a stable and productive role in the community in the longer term.

Community awareness of youth homelessness has been heightened by several high-profile reports and enquiries in the last decade, including the Burdekin report and the report by the Prime Minister's Taskforce on Youth Homelessness. However, most of the discussion has been about those aged under 18 and how family relationships may influence their risk of homelessness. The level of homelessness among young adults aged 18–24 is also worryingly high, and it is time for a renewed focus on their needs.

Young adults who are drug and alcohol dependent are at high risk of homelessness. SAAP workers report an alarming increase in the number of young adults using SAAP services who have significant drug and alcohol problems.

There are very few SAAP services that specifically target young women who do not have dependent children. The main reason for seeking assistance reported by young women who do access SAAP services is domestic violence.

Further research

We need to know more about:

◗ longer-term outcomes for young adults experiencing homelessness;

◗ effective prevention strategies;

◗ the long-term effects of delayed access to independent income, housing and employment;

◗ the long-term effects of drug and alcohol use and the interaction between substance abuse, mental health and homelessness; and

◗ how we can create effective, integrated employment, education and training programs and pathways for young adults experiencing or at risk of homelessness.

17.4 Evidence

People aged 18–24 make up 25 per cent of the SAAP client population. SAAP service providers attribute their high levels of homelessness to:

◗ high unemployment — the unemployment rate for this age group ranges in various states from 16 to 20 per cent, compared to a national unemployment rate of 6.9 per cent for the general population;

◗ disconnection from family and community support networks when young adults migrate from rural and regional areas to cities in search of work;

◗ the absence of measures to smooth the transition from the child welfare and protection system to independent living once young people reach 18;

◗ the combination of low incomes and heavy reliance on the private rental sector, which leaves young adults with a very narrow range of affordable housing options; and

◗ high rates of drug, alcohol and substance abuse and an inadequate supply of treatment services.

18. Single adults (aged 25-plus)

Many homeless single women are escaping domestic violence. Many of the single men accessing homelessness services have experienced substance abuse or mental health problems. There are very few services specifically for single women, and the services available for single men are often geared to provide a bed and breakfast rather than intensive support. Single accommodation is frequently not affordable for people on income support or low wage incomes. Prevention, early intervention and treatment programs focusing on domestic violence, drug and alcohol abuse and mental health are needed to reduce homelessness among single adults. There must also be a range of affordable housing options available to single adults with intensive, long-term support needs.

18.1 Goals

◗ To increase the number and variety of accommodation and support options for single men and women who are homeless or at risk of homelessness by:

◗ better aligning homelessness services for single adults with alcohol and drug services;

◗ better aligning homelessness services for single adults with mental health and psychiatric services;

◗ providing a wider range of housing and support choices for single adults;

◗ providing appropriate and affordable accommodation options for single women and men, particularly in rural and remote areas; and

◗ putting more emphasis on breaking the cycle of abuse, violence and homelessness for single women and men.

Who is involved?

◗ Commonwealth Department of Education, Science and Training
◗ Commonwealth Department of Employment and Workplace Relations
◗ Commonwealth Department of Family and Community Services
◗ Centrelink
◗ Commonwealth Department of Health and Ageing
◗ State departments responsible for juvenile justice and correctional services
◗ Mental health services
◗ Education and training providers
◗ Drug and alcohol service providers
◗ Employers
◗ Employment service providers
◗ Private business
◗ Homelessness service providers
◗ Housing providers
◗ Boarding houses
◗ Counselling services
◗ General community service providers

18.2 Priority actions

PROVIDE prevention and early intervention programs that focus on social issues such as violence, problem gambling, healthy relationships and protective behaviour for men and women who are at risk of becoming homeless.

DEVELOP innovative crisis responses to address the needs of homeless single adults in regional and remote areas.

DEVELOP integrated policies and cross-program funding arrangements to help homeless single adults with a history of mental illness, drug abuse, alcohol abuse or problem gambling secure and maintain appropriate housing and support.

ESTABLISH dedicated services that provide integrated accommodation, domestic violence, sexual assault and incest services for women, with an emphasis on breaking the cycle of abuse and homelessness.

DEVELOP affordable long-term housing options that include varying levels of support in transition to unsupported accommodation.

INCREASE public housing stock and long-term private housing suitable for single adults.

18.3 Rationale

Traditionally, most single homeless adults have been men. However, in recent times, the number of single homeless women has been increasing.

There are many reasons why single adults may become homeless or at risk of homelessness, including financial hardship, lack of appropriate housing options, relationship breakdown, drug, alcohol and substance abuse, domestic violence, sexual abuse, poor mental health and psychiatric disability. Any number and combination of these factors might be present in any given case.

Related initiatives

▶ Job Network
▶ Partnerships Against Domestic Violence
▶ National Drug Strategy
▶ Second National Mental Health Plan 1998–2003

De-institutionalisation has seen a large number of single people with psychiatric disabilities move into the community with few — if any — social networks and family connections. Many of them lack the skills to live independently and some require substantial support — 24–hour support in some cases.

Housing options for single adults are limited. Social housing stock for singles is in high demand and comparatively short supply. Private housing suitable for singles is also in high demand and short supply in many areas, particularly in regional and remote Australia. Low incomes often preclude single adults from renting a place on their own, leaving communal or group living as the only affordable option. The risk of exposure to violence is increased for single adults where group, communal or high-density living is the only option available.

Group living is not suitable for all single adults. People who have experienced abuse may not feel safe living in communal accommodation. Those with mental health problems and psychiatric disabilities may not have the social skills to manage conflict or even carry off everyday interactions in a group household. Those with drug, alcohol and substance dependencies may exhibit behaviours that make them unacceptable to potential housemates. Finally, some single adults require a high level of support to live independently — which can be hard for other members of a group household to cope with, particularly if they have come from crisis situations themselves.

Just as there are many reasons why single adults may be homeless or at risk of becoming so, many different kinds of support and housing are required to get them out and keep them out of homelessness.

Further research

We need to know more about:

◗ effective long-term treatment options for people with drug, alcohol and substance dependencies;

◗ the support needs of people who are homeless and have a history of mental illness;

◗ innovative and effective crisis response options for single adults in rural and remote areas;

◗ the effectiveness of integrated funding programs and how they can be developed in future; and

◗ the long-term impact of early intervention programs on the abuse and homelessness of women.

18.4 Evidence

The most common reasons single men gave for needing SAAP services in 1999–2000 were financial difficulty (26 per cent) and drug, alcohol or substance abuse (18 per cent). Since the second figure represents only self-identified drug, alcohol and substance abusers, and only those who consented to answer related questions in an NDCA survey, it almost certainly understates the importance of this factor. These figures should also be treated with caution because SAAP agencies classified as high-volume — which deal exclusively with single adults and frequently only with men — did not collect information about why people accessed their services.

The most common reason single women gave for using SAAP services was domestic violence (19 per cent). Research tells us that the best predictor of whether women will experience violence in adulthood is whether they suffered physical and sexual abuse as children (Doherty et al, 1999). While single women are increasingly at risk of homelessness, only 46 of the 1,126 SAAP agencies focus exclusively on their needs and less than 4 per cent of the annual SAAP budget is spent on services for single women.

There are 34,547 single people aged 25–54 on public housing waiting lists around Australia. Of these, 22,231 (64 per cent) are men and 12,316 (36 per cent) are women. There are another 19,100 single adults aged 55 and above waiting for public housing (FaCS, 1999a).

The maximum Rent Assistance for singles is $88 a fortnight. To be eligible for this level of assistance, a person must pay more than $195.33 a fortnight in rent. In high-rent locations, private single accommodation is often not affordable even after Rent Assistance is taken into account. For example, in Sydney nearly 40 per cent of single people pay more than half their income in rent.

19. Older people

The number of older people on income support relative to the number of younger workers is expected to increase substantially over the next ten years, placing additional stress on income support and housing and welfare services. Older people are at increased risk of homelessness due to reduced income, declining health, lack of safe, appropriate, affordable housing options, social isolation and increased vulnerability. In order to prevent and reduce homelessness among older people, a substantial increase in housing and support services will be needed over the next ten years and beyond.

19.1 Goals

◗ To increase the support services available to older people who are homeless.

◗ To increase the number of homeless older people obtaining places and receiving appropriate care in universal aged residential and community care services.

◗ To increase the provision of designated public housing for older people together with appropriate supports.

◗ To reduce social isolation among older people who are homeless or at risk of becoming homeless.

◗ To reduce the number of older people becoming homeless.

◗ To improve the health and longevity of older people who are homeless.

19.2 Priority actions

MAKE the homeless a special needs group in the National Aged Care Strategy.

PREVENT homelessness among older people by providing necessary support services to those who have difficulty living independently.

Who is involved?

◗ Commonwealth Department of Family and Community Services
◗ Centrelink
◗ Commonwealth Department of Health and Ageing
◗ Local government
◗ Government guardianship agencies
◗ Police
◗ Correctional services
◗ General practitioners
◗ Emergency health-care providers, including public hospitals
◗ Community groups and community-based agencies serving older people
◗ Residential services for older people
◗ Homeless service providers
◗ Private rental landlords and real estate agents
◗ Older people
◗ Families and communities

INCREASE the supply and accessibility of affordable, safe, secure and appropriately located private and public housing for financially disadvantaged older people.

REDUCE the incidence of violent crimes perpetrated against older people at risk of homelessness.

PROVIDE programs to address the social isolation of older people who are homeless or at risk of becoming homeless.

IMPROVE the operation of national universal aged-care programs to provide for the needs of older people who are homeless.

PROMOTE awareness of the special needs of homeless older people among private and public health, housing and welfare services.

BRING ACHA, CACP, HACC, Residential Aged Care and related programs for the elderly together under a specialist unit expressly created for this purpose within the Commonwealth Department of Health and Ageing. This unit would also be charged with actively fostering cooperation with state and territory agencies.

EXPAND, REFINE AND BETTER TARGET ACHA services to build the capacity of agencies working with homeless older people.

ENSURE that future Commonwealth State Housing Agreements better reflect the needs of older people with high support needs.

RE-INTRODUCE capital funding for residential aged-care facilities — but only to those which undertake to provide more than 90 per cent of their places to concessional residents.

ADJUST National Aged Care Planning ratios to allow for homeless men and women who are younger than the national averages.

FUND a demonstration residential aged-care facility to provide exclusively for homeless older people with high and complex needs.

Related initiatives

▶ National Residential Aged Care Program, including Community Care Packages

▶ Home and Community Care Program

▶ Supported Accommodation Assistance Program

▶ Mental Health Promotion and Prevention National Action Plan

▶ Yesterday's Hero initiative, Commonwealth Department of Veterans' Affairs

▶ State and territory homelessness strategies

▶ State and territory aged-care and homelessness programs

▶ Commonwealth State Housing Agreement

▶ Wintringham — Older Persons Homelessness Prevention — International Research

19.3 Rationale

Accelerating growth in the number of older Australians over the next fifteen to twenty years will lead to unprecedented pressures on housing, income support and community services. While the health and life expectancy of the general population are improving, those of older people who are homeless and living in marginal housing are very poor. People who are homeless age prematurely — so much so that that for most, old age begins closer to fifty than to seventy.

There are many older people effectively living outside mainstream society. They have high and complex needs, and those needs are not being met. Many are economic and psychological prisoners of low-quality private rental housing, compelled to live in areas that lack the services they need because accommodation in better-serviced areas is beyond their means. However, this is imprisonment without security — they can be precipitated into homelessness by rent increases, the loss of a partner (which generally means losing income and may mean losing their main carer as well), being a victim of violent crime (destroying their confidence in their ability to live independently) and the termination of tenancies to clear the way for redevelopment.

Many older people with intellectual and psychiatric disabilities who formerly lived in institutions now live more or less independently in a wide variety of community settings. They are among the most vulnerable members of Australian society. With the population ageing and governments committed to de-institutionalisation, the number of older people living in the community with mental health problems and cognitive impairments such as dementia is likely to increase.

The needs of older people who are homeless or at risk of becoming homeless are not sufficiently reflected in aged-care or housing policies. It is particularly troubling that many find it difficult to obtain places in supported aged residential and community care facilities. Urgent action is required to remedy this situation.

Further research

We need to know more about:

- predictors and causes of homelessness among older people;
- the characteristics and experiences of older people living in residential aged-care, special accommodation and rooming houses, and accommodation provided by homelessness services;
- the health of homeless older people and their experience with general practitioners and public hospitals;
- the links between social isolation and homelessness among older people;
- the support services required to help older people find and maintain appropriate housing; and
- the extent to which rooming houses and special accommodation services are a product of the housing market's failure to provide supported residential accommodation for older people.

19.4 Evidence

An ageing population

Between 1999 and 2011 the Australian population over 65 is projected to increase by 31 per cent and the population aged 55–64 by 56 per cent. Because there will be relatively low growth in many younger groups, the dependency ratio — which measures how many people there are in the workforce for each person receiving government income support — is expected to decrease from 5.5 in 2001 to 4.8 in 2011 (ABS, 2000b).

Access to homelessness services

Only 1.5 per cent of SAAP clients are aged over 65. However, a number of international and local studies have demonstrated that the elderly homeless age prematurely as a direct result of the living conditions they have endured. The Commonwealth Department of Health and Ageing has recognised this by allowing service providers working with the elderly homeless to accept referrals for homeless people aged 50 and above. With this in mind, it is worth noting that 8.1 per cent of SAAP clients are over 50.

Experience of agencies and workers

Reports from homelessness workers suggest that some homeless older people experience discrimination in the aged-care system. They would benefit from the provision of dedicated services for the aged homeless.

Older people with difficult behaviours

Research on homeless older people with difficult behaviours has led to the development of successful models that can be replicated.

Boarding houses

People tend to think of boarding houses as the haunts of older males. However, of Australia's estimated 57,561 boarding house residents, only a minority are aged over 50.

Social isolation

A recent study indicated that social isolation is on the increase among older people, and that it adds to the risk of homelessness.

20. Women and children affected by domestic violence

The most common reason women with children give for accessing SAAP services is domestic and family violence. In most instances, the woman and her children are forced to leave the family home. Financial and legal constraints — and considerations of personal safety — often make it difficult to find alternative accommodation that is stable and affordable. This is especially true in rural and remote communities. Domestic violence has a profound impact on children, who need to be supported in their own right.

20.1 Goals

◗ To eliminate family and domestic violence in Australian communities.

◗ To reduce the number of women and children forced to leave the family home because of domestic violence.

◗ To increase affordable housing options for women and children.

◗ To establish adequately resourced, child-focused intervention programs to deal with the effects of family and domestic violence.

◗ To improve the quality of life for women and children affected by domestic and family violence.

20.2 Priority actions

INCREASE the availability of safe, affordable private and public housing and associated support services for women and children affected by domestic and family violence.

DEVELOP intervention programs to prevent homelessness for women and children who have experienced domestic and family violence, especially by assisting women to remain in their own homes.

Who is involved?

◗ Commonwealth Attorney-General's Department

◗ The judiciary

◗ Commonwealth Department of Family and Community Services

◗ Centrelink

◗ Child Support Agency

◗ Commonwealth Department of Health and Ageing

◗ State housing authorities

◗ Local government

◗ Homelessness peak organisations

◗ Police

◗ Correctional services

◗ General practitioners

◗ Emergency health-care providers, including public hospitals

◗ Community groups and community-based agencies providing domestic violence services

◗ Homelessness service providers

◗ Private rental landlords and real estate agents

◗ Community housing associations

◗ Family and youth services

◗ Children's services

◗ Financial institutions

◗ Legal service providers

◗ Rural and remote communities

INCREASE support for women endeavouring to maintain secure and safe accommodation or re-establish their independence and restabilise their lives after experiencing domestic and family violence.

PROMOTE awareness of the special needs of children and young people affected by domestic and family violence.

IMPROVE the range of services to children and young people affected by domestic and family violence.

PERSUADE financial institutions to change their lending practices (especially procedures for restructuring loans) to make it easier for women to remain safely in their own homes following the breakdown of a relationship due to family and domestic violence.

DEVELOP child and youth mental health services to address the affects of domestic violence, especially for children and young people from culturally and linguistically diverse backgrounds.

EXPAND the functions and capacities of emergency accommodation services for men to include supporting men who are removed from the family home as a result of domestic violence.

DEVELOP an integrated, whole-of-government response to removing the perpetrator from the family home.

DEVELOP an education package for magistrates on the operation and enforcement of restraint and exclusion orders with a view to increasing the use of sole occupancy and exclusion orders to remove the perpetrator of domestic violence from the family home (in cooperation with the Australian Institute of Judicial Administration and the Australian Association of Magistrates).

MAKE discretionary funds available as part of the standard funding formulae which can be brokered to meet the specific long-term home security needs of women who have experienced domestic and family violence.

- ▶ Families and communities
- ▶ Indigenous communities
- ▶ Women and children escaping domestic violence

DEVELOP training and information packages to help service providers form mutually productive relationships with local real estate agents.

IDENTIFY AND PROMOTE best practice in outreach services, women's refuges and other domestic violence services.

PILOT a coordinated service system response in a regional area for women and children experiencing domestic violence with the aim of giving them the option of remaining safely in their own home.

GIVE Indigenous communities the support they need to develop community-led and community-owned initiatives to address domestic violence.

DEVELOP perpetrator programs that are culturally and linguistically inclusive.

20.3 Rationale

Women and children who experience domestic and family violence inevitably experience social and economic dislocation and disadvantage as a result. This makes the task of finding secure, affordable and suitable housing both more urgent and more difficult.

Most women and children experiencing domestic and family violence are forced to leave their homes and seek alternative accommodation. Some of these women become socially isolated as a result of the perpetrator's abusive behaviour and may not have friends or family to turn to. They must be able to draw on a wide variety of services if they are to re-establish themselves safely and quickly — and services must be flexible enough to meet individual needs. In particular, they should be geared to helping women stay in the family home where appropriate. The woman's wishes and safety should be the central consideration. At the same time, domestic and family violence also has a profound impact on the wellbeing of children, and services should recognise their independent need for assistance and entitlement to support.

Related initiatives

▶ Commonwealth State Housing Agreement
▶ Partnerships Against Domestic Violence
▶ SAAP IV
▶ State and territory domestic violence initiatives
▶ State and territory homelessness strategies
▶ DV Clearinghouse
▶ WESNET

20.4 Evidence

Domestic violence is the most common reason people give for needing SAAP services. In 1999–2000, 23 per cent of all clients cited it as their main reason for seeking assistance, rising to 44 per cent for single women aged over 25, and 57 per cent for women with children. The figures were even higher for Indigenous women and women from culturally and linguistically diverse backgrounds.

Children do not merely suffer from witnessing and living with the consequences of domestic violence. Recent research suggests that domestic violence and child abuse frequently go together — a child who experiences one is much more at risk of experiencing the other (PADV, 1999). This makes it even more important that children be placed beyond the reach of the perpetrator, in an environment where they can feel safe.

Further research

We need to know more about:

◗ best practice in outreach services and women's refuges for women in different circumstances and locations; and

◗ the relationship between domestic violence and child protection.

21. People from culturally and linguistically diverse backgrounds

People from culturally and linguistically diverse backgrounds are vulnerable to homelessness — especially when they are ineligible for income security, have little or no family support, are not familiar with the environment in which they find themselves, do not speak English, or have difficulty accessing housing, employment and support services due to discrimination.

21.1 Goals

◗ To prevent homelessness among people from culturally and linguistically diverse backgrounds by:

  ◗ helping them cope in their new environment;

  ◗ increasing access to support services;

  ◗ providing pathways into employment;

  ◗ facilitating effective communication; and

  ◗ providing culturally appropriate services that meet specific needs.

21.2 Priority actions

DEVELOP culturally specific information on Australian housing and support services for newly arrived migrants and refugees.

PILOT an early assessment and intervention strategy for newly arrived migrants whose sponsorship is at risk.

PROVIDE appropriate early intervention programs for people at risk of homelessness in different cultural groups.

INTRODUCE training packages on domestic violence for interpreters.

RESOURCE counselling services for women and children from culturally and linguistically diverse backgrounds in their own languages.

Who is involved?

◗ Commonwealth Department of Immigration and Multicultural and Indigenous Affairs

◗ Commonwealth Attorney-General's Department

◗ Commonwealth Department of Family and Community Services

◗ Centrelink

◗ Child Support Agency

◗ Commonwealth Department of Health and Ageing

◗ State housing authorities

◗ State and territory multicultural affairs bodies, e.g. the NSW Interdepartmental Committee on Migrant Settlement (NICOMS)

◗ Local government

◗ Homelessness peak organisations

◗ Association of Non-English Speaking Background (NESB) Women of Australia

◗ Federation of Ethnic Community Councils of Australia

◗ General practitioners

◗ Health service providers

◗ Mental health service providers

◗ Homeless service providers

◗ Private rental landlords and real estate agents

TARGET culturally appropriate employment programs to people from culturally and linguistically diverse backgrounds.

DEVELOP AND DISSEMINATE culturally and linguistically diverse information packages for people experiencing and at risk of homelessness.

21.3 Rationale

While people from culturally and linguistically diverse backgrounds who experience homelessness have much in common with the broader homeless population, they often follow different pathways to homelessness and have different support needs. Some are refugees coping with a legacy of trauma and dislocation. Some are having trouble finding work and shelter in a country that is still strange to them. Some are victims of prejudice and discrimination. Some are unable to understand English or the culture of mainstream services.

People from culturally and linguistically diverse backgrounds often have no family in Australia they can turn to for accommodation or other assistance in times of need. A few of them find that the Australian housing market simply cannot supply their needs — particularly for housing that allows extended families to live together. Others are precluded from using the income security system or Medicare under the terms of their entry visa. In some jurisdictions, people without permanent resident status or a steady income are also barred from using public housing.

People from culturally and linguistically diverse backgrounds are over-represented in crisis accommodation for women escaping domestic violence.

There is no question that we can assist people from culturally and linguistically diverse backgrounds who are homeless or at risk of homelessness more effectively by ensuring that services are responsive to their particular cultural circumstances.

◗ Community housing associations
◗ Migrant resource centres
◗ Family and youth services
◗ Children's services
◗ Financial institutions
◗ Legal service providers
◗ Families and communities

21.4 Evidence

Just over 11 per cent of SAAP clients came from culturally and linguistically diverse backgrounds in 1999–2000, with the figure slightly higher for females than for males. The group is actually under-represented in homelessness programs relative to its overall population share. This could mean people from culturally and linguistically diverse backgrounds experience less homelessness, or it could simply mean they are less aware of SAAP services and their right to use them.

The needs of those who do use the service are often acute. SAAP clients from culturally and linguistically diverse backgrounds are twice as likely to have no income compared to other clients. It is even worse for members of this group aged over 25 — they are three times more likely to have no income than other people using SAAP (SAAP, 2000). This is largely an effect of the requirement that new migrants must wait two years before they can apply for income security payments. It may also reflect the uncertain status of asylum-seekers, which in many cases prevents them from obtaining employment.

Related initiatives

◗ PADV
◗ SAAP IV
◗ Mental Health Promotion and Prevention National Action Plan

Further research

We need to know more about:

◗ the impact of domestic violence on women and children from culturally and linguistically diverse backgrounds; and
◗ the needs of people from culturally and linguistically diverse backgrounds with mental and emotional health problems.

22. People with high and complex needs

Around 18 per cent of people using SAAP services are defined as having high and complex needs — that is, they have seven or more different support requirements. Existing homelessness services are often unable to meet these needs and are unable to find or gain access to the appropriate specialist support programs.

22.1 Goals

◗ To provide appropriately designed and funded services to meet the special needs of people with the highest and most complex needs.

◗ To prevent people with high and complex needs from becoming homeless by providing early intervention programs and effective community supports.

◗ To improve coordination and links among health and human service agencies to provide a better framework for joint service delivery.

22.2 Priority actions

CLARIFY SAAP's role in meeting the needs of people with high and complex needs and resource this function appropriately.

DEVELOP more flexible funding models which enable agencies to adjust for ebbs and flows of activity as high-need clients come and go — drawing more funds when the demand for services peaks and less when demand troughs.

PROVIDE training and resource materials to help hospitals, schools and other institutions recognise vulnerability to homelessness among people with mental illnesses, drug and alcohol problems, and disabilities — and to provide appropriate referrals and support.

FIND ways to satisfy unmet demand for accommodation in disability support.

Who is involved?

◗ Commonwealth Department of Family and Community Services
◗ Centrelink
◗ Commonwealth Department of Health and Ageing
◗ State housing authorities
◗ Police
◗ Correctional services
◗ Government guardianship agencies
◗ Local government
◗ Homelessness peak organisations
◗ General practitioners
◗ Health service providers
◗ Mental health service providers
◗ Private rental landlords and real estate agents
◗ Community housing providers
◗ Homelessness service providers
◗ Sexual assault services
◗ Family and youth service providers
◗ Children's services
◗ Financial institutions
◗ Legal service providers
◗ Service providers for people with disabilities
◗ Disability support groups
◗ Families and communities
◗ Rehabilitation centres

BUILD better links between the Commonwealth agencies responsible for homelessness policy and programs and those responsible for mental health, drug and alcohol abuse, and disability accommodation.

INTRODUCE an accreditation system for SAAP providers to ensure that they honour user rights, encourage user participation and understand their duty of care, especially to those with high and complex needs.

22.3 Rationale

Some members of the homeless population present with needs so complex that it is difficult for current services to provide appropriate accommodation and support for them. Issues faced by this group may include mental illness, disability, drug and alcohol dependency, legal problems and social isolation. Many turn to homelessness services after a long history of exclusion from other services.

Some people have chronically high and complex needs; others may be in crisis for only a short period. Homelessness services in general do not have the funding, training or other resources necessary to provide the intense and specialised support this group needs.

22.4 Evidence

People with high and complex needs represent around 18 per cent of those using SAAP services. Support needs include psychiatric services, drug and alcohol services, family relationship counselling and medical care.

SAAP data also shows that in many cases these support needs are not met — for example, 25 per cent of people in SAAP services requiring psychiatric services in 1999–2000 could not obtain them. A recent study has concluded that there is a lack of community supports for people with mental illness living outside hospitals or institutions, and that this leaves them vulnerable to homelessness (Ecumenical Housing &

Related initiatives

- Mental Health Promotion and Prevention National Action Plan
- SAAP IV
- Home and Community Care Programs
- State and territory homelessness strategies
- State and territory disability strategies
- Commonwealth State Housing Agreement
- PADV's Out of Sight, Out of Mind project (South Australia)

Thomson Goodall Associates, 1999b). Meanwhile, an American study in the early 1990s found that people with mental illness were most vulnerable to homelessness in the period immediately after their discharge from hospital following a crisis episode (Federal Task Force on Homelessness and Severe Mental Illness, 1992).

Further research

We need to know more about:

◗ how services provide for people with high and complex needs, and especially how they shop around for funding from a multitude of potential sources;

◗ what practices specialist services use to identify people at risk of becoming homeless; and

◗ existing links between agencies that can be expanded and better used.

23. People living in rural and remote areas

People living in rural and remote areas generally have to put up with greater physical isolation, lower incomes, higher living costs, higher unemployment, a narrower choice of housing, fewer support services and poorer housing standards than other Australians. All of these locational disadvantages — combined with the difficulty of providing services to small populations scattered over vast regions — makes the problem of homelessness particularly acute in these areas.

23.1 Goals

◗ To increase the capacity of communities — especially disadvantaged communities — to assist individuals and families who are at risk of homelessness or in housing crisis.

◗ To improve links between generalist support services, making it easier to identify people at risk of becoming homeless.

◗ To improve homelessness services in disadvantaged communities.

◗ To ensure that housing affordability and availability are given adequate consideration in local and regional planning.

23.2 Priority actions

PROVIDE people who are homeless or at risk of homelessness with access to support services located in their community.

RESOURCE training on domestic violence for workers in rural and remote areas.

SUPPORT AND RESOURCE community development projects in rural and remote areas.

ENSURE that policies and programs are sufficiently flexible to reflect the needs of different communities.

Who is involved?

◗ Commonwealth Department of Transport and Regional Services

◗ Commonwealth Department of Family and Community Services

◗ Centrelink

◗ Commonwealth Department of Health and Ageing

◗ State and territory departments responsible for primary industries, regional services and regional development

◗ State housing authorities

◗ State and territory departments responsible for families and communities

◗ Local government

◗ Standing Committee of HMAC

◗ State 1800 domestic violence lines

◗ Neighbourhood centres

◗ Homelessness peak organisations

◗ General practitioners

◗ Health service providers

◗ Mental health service providers

◗ Private rental landlords and real estate agents

◗ Community housing providers

◗ Homeless service providers

◗ Local business

ASSIST extremely disadvantaged communities to plan, develop funding proposals for, and implement homelessness prevention, early intervention and crisis transition and support services.

ASSIST rural and remote communities to meet their funding requirements and to evaluate their services, with a focus on community capacity-building.

DEVELOP culturally appropriate and flexible methods for disadvantaged communities — particularly Indigenous communities — to submit funding proposals and meet accountability requirements.

23.3 Rationale

Homelessness is distributed unevenly across Australia. Variations in housing market conditions and the availability of support services affect how much homelessness there is and how much hardship it causes. Rural and remote areas and small towns and cities of 2,000 to 40,000 people generally find it difficult to provide the specialist services needed to prevent and reduce homelessness.

Locational factors that have an obvious bearing on homelessness include:

◗ the availability of infrastructure and specialist services to address the issue (which may be especially limited in smaller towns and remote areas);

◗ the availability of prevention and early intervention programs through generalist services (which are largely restricted to capital cities and larger towns); and

◗ the local availability of jobs, affordable housing and community services, including health services (more of these features makes it less likely that people will become homeless and increases the likelihood that they will recover quickly if homelessness does occur).

◗ Rural and remote families and communities

Women and children find it harder to escape family violence in rural and remote areas, partly because transport is more limited and expensive, and partly because support services are either non-existent or far away. Even when support services are accessible, confidentiality is difficult to protect in small communities.

23.4 Evidence

An analysis of census data for 1986 and 1996 by the Commonwealth Department of Family and Community Services makes it clear that the social and economic outcomes achieved by Australians are strongly related to where they live (FaCS, 1999b).

Despite the popular perception that homelessness is an inner-city problem, it is actually a common feature of disadvantaged locations across Australia, including declining rural centres, industrial towns affected by structural adjustment, emerging coastal welfare regions and remote Indigenous communities.

Percentage share of ...	Capital cities & surrounds	Non-capital cities of more than 40,000	Towns & cities of 2,000 to 40,000	Small towns & rural & remote areas
National population	63.4	10.1	16.4	10.2
Population growth	60.7	11.0	17.8	10.4
Employment	65.7	9.5	14.8	10.0
Employment growth	63.0	11.6	15.6	9.8
Unemployment	60.9	11.8	17.8	9.4
Migrants from NESB	86.2	5.6	5.3	2.9
Indigenous population	31.5	10.6	32.4	25.5
Disposable income	66.8	9.5	14.8	8.9
Transfer payments	59.7	11.4	18.7	10.3

Source: FaCS, 1999b.

Related initiatives

◗ Stronger Families and Communities Strategy (FaCS)

◗ 2001 Census of Population and Housing (ABS)

◗ Programs managed by the Division of Regional Services, Development and Local Government (Commonwealth Department of Transport and Regional Services)

◗ Research projects on housing and regional disadvantage (Australian Housing and Urban Research Institute)

Small towns and cities of 2,000 to 40,000 people have significantly higher unemployment compared to capital cities and surrounding areas; they also have lower employment growth and disposable income. Rural and remote areas also fair poorly compared to capital cities and surrounding areas on employment and income measures.

The risk of homelessness may be greater in rural and remote areas, where incomes are lower, living costs are higher, employment opportunities are more limited and housing quality is poorer. These are the factors that define the disadvantage of rural and remote areas, and it is precisely the same factors that make them vulnerable to homelessness.

Rural and remote areas have a much higher incidence of people living in improvised or temporary dwellings. For example, caravans represent 1.4 per cent of dwellings nationally, but 4 per cent of dwellings in small towns and cities of 2,000 to 40,000. Rates much higher than this were recorded in parts of the Northern Territory, Western Australia and Queensland. Improvised dwellings represent only 0.2 per cent of dwellings nationally. However, in towns of less than 2,000 and non-urban areas in the Northern Territory, the figure is over 17 per cent, with an overall rate of 4.7 per cent across the Territory.

Victorian data has revealed substantial regional differences, with urban-rural fringe areas recording higher homelessness rates per capita than either Melbourne proper or country Victoria, and with unexpectedly high levels of homelessness in rural and remote locations. The pattern is likely to be different in each state and territory. For example, early analysis of data from Queensland suggests that homelessness rates increase as one moves north along the coast from Brisbane.

The 2001 census should give a good indication of whether these patterns are changing and make it possible to analyse the distribution of homelessness by local government area.

Further research

We need to know more about:

◗ the locational breakdown of 1996 SAAP and census data, so we can compare results and map trends when the 2001 census returns come in;

◗ the locational dimension of homelessness, housing, employment, transfer payments, demography and community services, and how the relationships between them vary from place to place; and

◗ the appropriateness of the current distribution of SAAP services in areas of disadvantage, particularly rural and remote areas.

The risk of homelessness in rural and remote areas is increased by the absence of prevention and early intervention programs and the narrow range of accommodation and support options available, particularly for people in crisis. These deficits tend to limit people's choices — forcing some individuals and families to leave their local community in their time of greatest need, and others to stay put even when they know this is not what is best for them. For example, the modest supply of private rental stock in these areas often means people have no option but to go on living in the family home after domestic violence erupts or relationships break down. When a temporary refuge was set up in rural Queensland for young women escaping domestic violence, demand for its services rose rapidly. The refuge did not create this demand; it brought a problem to the surface which had remained submerged because women who experienced domestic violence had no option but to go on living with the perpetrator.

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