Inquiry into Homelessness in Australia

House of Representatives Standing Committee on Social Policy and Legal Affairs

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Sacred Heart Mission acknowledges the people of the Kulin Nations as the Traditional Owners of the land on which we operate. We commit to providing accessible and culturally appropriate services to Aboriginal and Torres Strait Islander people.

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1. Executive Summary

Sacred Heart Mission (SHM) applauds the House of Representatives Standing Committee on Social Policy and Legal Affairs undertaking the Inquiry into Homelessness in Australia.

Homelessness is a complex issue and affects people across all age brackets within society. For many, it is not the result of an isolated life shock, but rather as a result of entrenched disadvantage and poverty.

We urge the Commonwealth to reorient the way homelessness is viewed and responded to, and provides tailored, flexible and responsive services that prevent and end a person's homelessness. This should be along a continuum – from prevention and early intervention at one end and for people who have experienced chronic homelessness and disadvantage at the other.

SHM has significant experience in working with people who have extremely complex needs, particularly through our Journey to Social Inclusion (J2SI) program. J2SI provides three years of intensive support and rapid provision of affordable and appropriate housing to people that have experienced chronic homelessness, and the case for investment in J2SI on a wider scale will be discussed in this submission.

Prevention of homelessness does not mean no one may ever find themselves without a home; it means is that when life shock episodes do occur, they are swiftly dealt with and the person can access housing, support and get back on their feet. Currently, people who become homeless too often languish in the service system for a long time before they are able to obtain support, and secure safe affordable and long-term housing.

This inquiry is occurring at a time where the coronavirus (COVID-19) pandemic has had a profound and severe impact on the social and economic fabric of societies all over the world. The need for physical distancing has required the shutdown of much of societies' economic activities, leading to job losses, reductions of hours and temporary stand-downs of employees. The likely long-term effects of the pandemic cannot be underestimated.

Increases to the JobSeeker Payment (formerly Newstart Allowance) and widened eligibility criteria, and the implementation of the JobKeeper Scheme are important Commonwealth policy interventions. The increases to income support payments in have had a significant positive impact for the long-term unemployed people previously languishing on the old Newstart Allowance.

However, it is likely that many of the jobs lost due to the pandemic will not return. Many people will struggle to re-engage in the paid workforce, and people who were formerly in a stable, or at least manageable financial position prior to the pandemic will be at significant risk of long-term unemployment, homelessness, and poverty.

Climbing out of poverty is extremely difficult, in part due to historically punishing levels of income support in Australia that cannot sustain basic living standards. Poverty and deep disadvantage are severe risk factors for homelessness, and the traumas associated with these experiences. We expect an increased demand for homelessness services responses in the wake of COVID-19, especially if the JobSeeker Payment is reduced or eligibility is cut.

In order to respond to the current demand and the anticipated surge demand, a national focus is required on investment into social housing, without it, the homelessness crisis will escalate, and will continue to be a wicked social issue, that society and governments will be challenged by for years to come.

2. Recommendations

Recommendation 1: That the current payment rates of the JobSeeker Payment, Youth Allowance and Parenting Payment, inclusive of the Coronavirus Supplement, are maintained after 24 September 2020, and that all types of Centrelink payments are independently reviewed annually and adjusted to ensure they meet basic living standards for all recipients.

Recommendation 2: That the Commonwealth and State and Territory governments collaborate with landlords and financial institutions to prevent private tenants from being forced to repay their accumulated housing costs at an unaffordable rate, risking eviction, homelessness, and exposure to trauma.

Recommendation 3: That non-permanent residents of Australia are made eligible for Commonwealth income support, Medicare and the JobKeeper Payment from their employers, recognising their contributions to Australian society, and the negative individual and societal impacts if such support is not provided to ensure they do not experience disadvantage and homelessness.

Recommendation 4: That government facilitates the development of a flexible homelessness support system, that will enable service providers to have greater ability to deliver the right intensity and length of support to respond to the continuum of homelessness experiences.

This recognises the timeframes required to engage, build trust and rapport, find housing, sustain housing, and end the experience of homelessness for good. This reform must incorporate a housing supply strategy alongside flexible and tailored support.

Recommendation 5: That the Journey to Social Inclusion (J2SI) program is expanded to other geographic locations across Australia, to support people to break the cycle of chronic homelessness and disadvantage.

Recommendation 6: That investment is made into integrated service delivery, place-based and virtual service hubs to ensure that people experiencing homelessness can access holistic support services across wide geographic areas.

Recommendation 7: That government invests in developing mechanisms to share client information across a variety of service sectors, in order to provide effective, timely and holistic responses whilst maintaining privacy.

Recommendation 8: That government invest in social housing, as well as other solutions such as co-investment approaches to work in partnership with the community housing and homelessness providers.

Recommendation 9: That government considers head leasing solutions as an additional strategy to boost the availability of affordable housing in the short term, until a long-term social housing supply can be created.

Recommendation 10: That cross-sector collaboration work is undertaken to prevent homelessness, by investing in families and young people to break the cycle of family violence, poverty, and disadvantage, in light of current research and the ongoing effects of COVID-19.

Recommendation 11: Investment in more assertive outreach and engagement programs, in a variety of geographic areas, to ensure that people who experience multiple housing breakdowns, long-term disadvantage and poverty can access appropriate support to sustain permanent housing.

3. About Sacred Heart Mission

Sacred Heart Mission (SHM) has been delivering services and programs for people experiencing long-term disadvantage and exclusion for over 37 years. SHM is committed to programs that build people's strengths, capabilities and confidence to participate fully in community life.

Today we are one of Victoria's leading agencies working with people who are experiencing deep, persistent disadvantage and social exclusion, particularly people experiencing long term homelessness. We work with some of the hardest to reach people in our community, those whose experience of trauma starts from a young age and continues throughout their adult lives.

SHM's Service Model emphasises the development of innovative programs that facilitate social and economic participation so that individuals can develop independence and ultimately achieve their potential.

A persistent, patient, and proactive approach is the cornerstone of SHM's practice expertise. SHM has further developed this approach to incorporate a therapeutic practice framework. In this framework, we acknowledge underlying trauma and effectively build relationships with people who are excluded from mainstream and specialist services and isolated from the broader community.

SHM provides a broad range of services to adults. These fall into three main areas:

Engagement Hubs: Sacred Heart Central and the Women's House provide a safe space that is welcoming and supportive. The engagement hubs provide access to the necessities of life - healthy food, a shower, laundry facilities and medical assistance through our GP clinic. The hubs also provide pathways to our case management services (see below) and referrals to specialist services.

Individualised Planned Support: Case Management services are provided at Sacred Heart Central, Women's House, Homefront (crisis accommodation for women) and through the Wellbeing and Activities Program.

Intensive Case Management is provided through the Women's House, GreenLight Supportive Housing Program (up to a year of flexible support for people who have recently experienced homelessness and now have housing) and the Journey to Social Inclusion (J2SI) program (3 years of intensive support and rapid housing for people experiencing chronic homelessness).

These case management responses are outcomes-focused and tailored to the individual, aiming to address crises and improve safety and wellbeing.

Ongoing Support: Specialist service responses for vulnerable members of the community, many of whom require a high level of support for an indefinite period. This includes:

- Sacred Heart Local, in-home support delivering Commonwealth-funded aged care services, and NDIS supports to approximately 170 clients.
- the Rooming House Plus Program (RHPP), self-contained and long-term supported accommodation for 67 single adults with on-site support services available.
- Bethlehem Community, medium to long-term independent accommodation and 24-hour support for 10 women, including case management support and

social inclusion activities. Staff provide outreach support to 17 women in community housing, as well as to former residents now in private rental.
- Sacred Heart Community, a home for 97 people with histories of homelessness, mental illness and disadvantage who require 24-hour care and support as they age.

Embedded in SHM's model of service delivery are rapid housing principles; a recovery-oriented approach to ending homelessness that centres on quickly moving people experiencing homelessness into permanent housing. It is accompanied by the provision of tailored and individualised supports.

3.1 Service delivery during COVID-19

SHM's accommodation and homelessness services are essential services, and our focus throughout the COVID-19 pandemic has been to continue to provide critical services as far as practicable, while modifying our services as necessary to ensure physical distancing and protect the safety of clients and staff.

It is important to note that 'social distancing' is the terminology used to describe the need to keep a 1.5 metre distance from each other in public places. However, the implication of this practice is a lack of social connection as a result of what is in fact, a physical distance, rather than a social one. Therefore, we use the term 'physical distancing' throughout this submission, to recognise this subtle but significant difference.

Key modifications to our service delivery are described below:

Engagement Hubs (Dining Hall, Central Services and the Women's House)

- From 16 March 2020, our Dining Hall clients have been offered a combined breakfast and lunch takeaway meal, a modification to this service to reduce for vulnerable people to gather as they wait for their meal, outside the date of SHM's main building (87 Grey Street, St Kilda). Women's House clients are also receiving meals at this location, and clients are supported by Women's House and Central staff members.
- To ensure physical distancing, we have spray-painted hearts on the pavement in front of our Dining Hall gate, to indicate the 1.5 metres of distance people are required to keep between each other.
- Highly vulnerable clients, and those who were required to self-isolate have been linked to the Red Cross who are providing food hampers. RACV is also donating meals and delivering them to our clients at RHPP, Sacred Heart Local, Bethlehem Community and Homefront.
- Provision of mobile phones to vulnerable clients, courtesy of Better Life Mobile, to help them stay connected to support workers. Across April and May, over 350 social support phone calls have been provided to our Engagement Hub clients.
- Access to the GP clinic is available four days a week from Monday to Thursday between 9am and 1pm.
- Access to toilets at Sacred Heart Central remain available seven days a week, however the showers and laundry services are temporarily closed. The Women's House will continue to offer crisis and housing support. Drop in access, showers, laundry and the sleep room are temporarily closed.

- Our Resource Room continues to provide information and assistance with a range of issues including housing and accommodation.
- Hands on Health Clinic has moved services such as our physiotherapy pain clinic and dietetics services onto an eHealth platform and has provided 31 eHealth consults during April and May. The Health and Wellbeing group activities have also been placed on hold.
- A new food security and social support team has been created with existing modified Engagement Hub roles to meet current and emerging needs in the community, as existing services are modified, and new emerging needs identified.

GreenLight, J2SI, Sacred Heart Local and other outreach and case management support

- Clients of GreenLight and J2SI have continued to provide case management and service coordination remotely to clients via telephone. Certain exceptions have been made for new housing offers to clients or high-risk tenancies, whereby outreach has continued to occur with appropriate controls in place.
- Outreach and case management support will occur via the telephone. Current clients receiving case management have been supported with mobile phones.
- Sacred Heart Local has implemented daily welfare checks via telephone for all clients, and staff are maintaining physical distancing where possible when visiting clients and using personal protective equipment (PPE) as appropriate.

Residential/Accommodation Services (Rooming House Plus Program, Bethlehem Community, Sacred Heart Community)

- All accommodation services are maintaining physical distancing protocols for residents and staff based on Victorian and Commonwealth Government advice
- Group activities and non-essential services have been modified or suspended as necessary based on physical distancing advice and will be slowly re-introduced based on updated advice.
- Minimal visitors, screening of visitors and ensuring they comply with physical distancing restrictions and ensuring that all visitors (including staff) to Sacred Heart Community have received a 2020 seasonal flu vaccination as per Commonwealth directives.
- Creation of discrete staff teams and rosters to reduce staff contacts and implemented the use of PPE as well as training for all staff.

Op Shops

- Due to COVID-19 restrictions, it was necessary to close all 12 of SHM's Op Shops from 1 April 2020.
- From 22 May 2020, four stores have been able to reopen – these are larger and have a greater ability to accommodate physical distancing.
- Other safety precautions have been implemented, such as no-contact donations and increased PPE, to help meet compliance and ensure a safe workplace for staff, volunteers and customers. Our collection service has resumed at a reduced capacity.
- We have increased the number of items available via our Instagram and eBay online stores.

Office-based staff and operational changes

- Office-based staff and those with the ability to work remotely have been encouraged to do so throughout the pandemic. SHM is using technology to conduct meetings, events, training, as well as restricting movement between offices. Visits to our office and service sites are currently restricted.
- Clear instructions provided to staff on appropriate actions to be taken if feeling unwell.
- Suspension of shifts for volunteers, with some able to resume work from 22 May once Op Shops reopened. Volunteers from other programs who can assist remotely have been supported to do so.

Recovery Centre

SHM, alongside four other community service organisations in Melbourne received funds from the Victorian Government to operate a 'Recovery Centre' for people experiencing homelessness and disadvantage who need to self-isolate due to a positive COVID-19 diagnosis, and have no other place to do so. This was a proactive move, and it was fortunate that the policy response of temporarily housing rough sleepers in hotels has prevented an outbreak of COVID-19 in the homeless community. The Centres will now be repurposed to assist people experiencing homelessness to access support and health care while acutely unwell with non-COVID-19 illnesses.

4. Homelessness in Australia before COVID-19

Well before the COVID-19 pandemic, homelessness had reached a crisis point in Australia. Over 116,000 Australians and over 24,000 Victorians were experiencing homelessness on any given night (ABS 2018).

The number of people at risk of homelessness or in need of support is even higher. Over 290,000 Australians and almost 113,000 Victorians sought support from a specialist homelessness service in 2018/19 (AIHW 2019).

These numbers have continued to grow year on year. ABS data and the AIHW Specialist Homelessness Services Collection indicate that:

- 14% increase in people experiencing homelessness in the five years to 2016
- 18% rise in people seeking support from homelessness services in the five years to 2018, and
- 31% increase to 24,000 of people seeking help each year while sleeping rough in the five years to 2018

At the same time, while the number of Australians affected by homelessness continues to rise at a critical rate, we are also seeing social housing availability falling.

In the last four years in Victoria, the number of social housing units has fallen by 200, while the waiting list has risen from 34,600 applications to 38,800. The number of people on the public housing waiting list has also been growing by about 500 a month. There are now about 82,000 people, including 25,000 children, on the list – up from about 60,000 and 20,000 respectively in 2014.

For people experiencing homelessness, three clear issues impact our ability to provide the right level of support that leads to a stable housing outcome and an exit from homelessness:

1. Funding and contracting constraints mean we cannot work with the majority of people that come to our service for the required time and intensity to ensure their goals are met and sustained.

2. The human services systems for people experiencing homelessness are not well integrated to provide holistic, person-centred care and support and help people to exit homelessness. This includes both State and Commonwealth funded services.

3. Demand for housing and support outstrips the supply of both housing and available support services.

It is profoundly evident that the current system is not working. A lack of housing availability and the traditional support structures of the homelessness service system offering short-term, standardised support responses, is not adequate.

Homelessness is a complex, multi-layered issue that requires an integrated housing and support solution to tackle this crisis affecting so many Australians. SHM proposes a solution that integrates housing and support, which is described below, including recommendations to boost the supply of social housing both in the short and long-term. Such an approach would need a considered and collaborative approach across all states and territories.

We also recognise that there are many complex structural factors that contribute to homelessness, disadvantage, and poverty. It is important that the Government considers how best to address these structural factors as part of the solution to homelessness. This is particularly relevant in light of the impact of the COVID-19, which has highlighted existing inequalities within society. For example, people on very low incomes cannot afford to run a refrigerator, and therefore rely on pre-packaged goods that were frequently out of stock early in the COVID-19 pandemic, due to excessive ‘panic buying’ of these items.

The negative social and economic impacts of the virus are more evident for those who were already disadvantaged and isolated, and the pandemic environment has brought attention to these issues within public discourse. Positive social change and reductions in social and economic inequality could emerge in the wake of the COVID-19 pandemic if there is genuine cross-societal collaboration in building a more equitable society into the future.

5. What does homelessness look like at SHM?

A wide range of people present to SHM’s Engagement Hubs each year, with a range of support needs along a spectrum of complexity; from being at risk of homelessness or first time homeless, to prolonged and repeated experiences of primary homelessness.

The most common presenting reasons for seeking support were financial difficulties, housing crisis and homelessness.

In 2017-2018, 878 people sought support through our engagement hubs. They had the following characteristics:

- 36% reported having a mental health issue

- 19% had been homeless for over a year and 22% could not remember when they last had a permanent address
- 31% were sleeping rough on presentation
- 57% identified as male
- 10% identified as Aboriginal or Torres Strait Islander
- 50% were aged between 35 and 54
- 16% were from a culturally and linguistically diverse background

Over the last 15 years, we have seen some change in the demographics of our clients attending the Engagement Hubs.

Comparing client surveys completed in 2006, 2008 and 2010, we are seeing increasing proportions of female clients. In 2006, our Engagement Hub data showed that 72% of our clients were male and 27% female, in comparison to 57% male and 43% female in 2018.

We have also seen an increase in clients identifying as Aboriginal or Torres Strait Islander, 5% in 2006, compared to 10% in 2018; and from culturally and linguistically diverse backgrounds, 9% in 2006, compared to 16% in 2018.

However, the age profile of our clients has remained relatively stable, with the average age hovering around 45 years over that time.

5.1 Crisis and transitional homelessness support before COVID-19

We estimate 7,000 people attend SHM's engagement hubs every year. Most are experiencing homelessness or at risk of homelessness. Our engagement hubs operate 365 days a year, allowing us a unique opportunity to assertively engage this community, by building trust and a relationship with the people who visit, that will result in a pathway to individualised support.

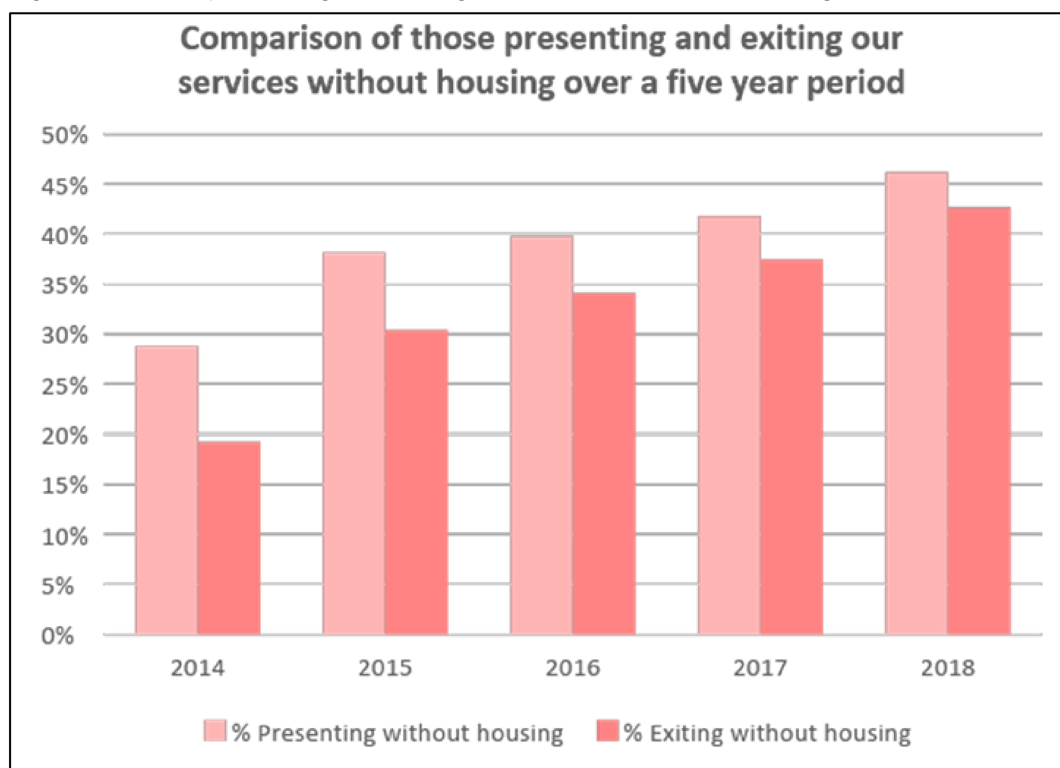
Between 750 and 900 people engage with our crisis and transitional homelessness support services, funded by the Victorian Government through our engagement hubs each year. Most of this support is for six or thirteen weeks to obtain and sustain housing, which is not long enough for many of the people who visit us to achieve their goal to exit homelessness.

SHM supplements government funding with resources from our own revenue generated through fundraising and our opportunity shops to meet the demand at our engagement hubs, and to provide pathways into formalised supports.

In the last five years, the average number of support periods provided per person has increased from 1.4 to 1.7. Approximately 30% of clients require at least two support periods, with some clients receiving five or more support periods over a 12-month period. These changes indicate an increase in the complexity of clients' needs. We see two key contributing factors to these changes.

Firstly, we have seen increasing numbers of people present without housing, rising from 29% to 46% in the last five years (Figure 1). There are also increasing numbers of people who are at risk of losing their housing and need support to prevent them from falling into homelessness.

Figure 1: Clients presenting and exiting SHM services without housing



The difference in housing outcomes for people who arrive at SHM services with and without housing is quite stark. Of those presenting at our services with housing at risk (54%), SHM successfully supported 96% to sustain their housing. However, of those without housing (46%), only 11% were housed at the end of their support.

In five years, the number of people exiting our services without a housing outcome has increased from 19% to 43%. This includes those exiting into emergency accommodation, hotels, improvised dwellings, vehicles and rough sleeping. These outcomes reflect the decreasing supply of social housing available in Melbourne.

Homelessness Australia highlighted the number of people seeking assistance from homelessness services over the past six years has increased by 75%. This far outstrips the growth in numbers of people receiving the JobSeeker Payment (formerly known as Newstart) over the same period (28%).

People who are accessing our services are a broader group than those who are experiencing primary homelessness. Many are housed but experience other difficulties; or are at risk of losing their tenancies that have led them to seek support from specialist homelessness services. In some cases, our clients access the Meals Program without ever requesting further support from SHM. However, by providing meals and other services to everyone, alongside pathways into case management and referrals to other services via the Engagement Hub, we can build rapport with people who are vulnerable, and ensure they feel safe before entering the homelessness service system in a formal way.

5.2. Complexity of clients' needs

SHM is seeing an increasing complexity in our clients' needs, due to their experiences of trauma, mental illness, alcohol and drug issues and complex health conditions.

Mental illness and trauma

In particular, we have seen increasing numbers of support periods being provided to people who are experiencing mental illness. The number of clients who present with mental health concerns to our engagement hubs has risen to 36% in 2018, with a further 51% unclear regarding their mental health status.

This indicates that the mental health support provided by the primary health care system is insufficient, unaffordable, or a combination of the two; and as a result, people do not receive support, or an accurate diagnosis prior to being in crisis. SHM found that many of our clients have received a series of misdiagnoses, which hampered their recovery.

Between 91% to 100% of people experiencing homelessness have experienced at least one major trauma in their lives. In comparison, only 57% of the general population have experienced at least one major trauma in their lives (O'Donnell, Varker & Phelps 2012).

Homelessness, exposure to trauma and mental illness are intrinsically linked. Trauma can be both a cause and consequence of homelessness. Trauma can have long-lasting effects on all aspects of someone's life, including how someone thinks, feels and behaves. Trauma increases the chance of anxiety, depression, substance misuse, employment problems and suicide.

Most people who experience homelessness also experience at least one psychiatric disorder, and the prevalence of these disorders is much higher than in the broader community (O'Donnell, Varker & Phelps 2012). Mental illness can be a result of experiencing homelessness, due to the repeated exposure to trauma and how trauma impacts on an individual's health and wellbeing.

People we see at SHM are often not treated by the mental health system until they are visually unwell, at serious risk of self-harm, or harm to others. From there, the road of recovery is often long, and complex given their exposure to trauma and experience of social exclusion.

It is therefore crucial to prevent homelessness; or reduce its' length and severity to ensure individuals do not suffer repeated exposure to trauma, and increased risk of mental health issues developing as a result of the experience of homelessness.

Alcohol and other drug issues

Problematic alcohol and drug use can be both a cause and a consequence of mental illness. Alcohol and other drugs are frequently linked to trauma and can be an outlet to manage the impact of trauma.

However, people may be denied access to mental health services or a mental health assessment if they are not drug-free. In addition, individuals are often excluded from accessing drug and alcohol and/or mental health services until they are housed.

For people experiencing homelessness with mental illness and problematic drug and alcohol use, the rapid housing principles that underpin our service model are vital and are not

contingent on people being engaged in treatment or support in order to be eligible for housing.

The social housing waitlist in Victoria is extensive, and many people ‘bounce’ between various types of homelessness – rough sleeping, couch surfing, transitional housing and crisis accommodation.

These factors increase their vulnerability and expose them to further trauma. Furthermore, their mental health and substance use issues are not addressed, and their experience of homelessness is prolonged and repeated.

Complex health conditions

Many of our clients experience long-term and repeated periods of homelessness, which leads to significant health vulnerabilities, chronic conditions and disabilities, due to a lack of intervention or mismanagement over an extensive period (such as diabetes, heart problems, and liver disease caused by long-term alcohol misuse).

Years of isolation, rough sleeping and tenuous accommodation can make it difficult for people to trust professional staff. The longer a person has been stuck in cycles of homelessness, the more complex it is to end their homelessness.

We know people with histories of being homeless can live independently with assistance to sustain their home, but for this to occur, there must be appropriate, rapid access to affordable and safe housing.

Unfortunately, this is frequently not the reality, with growing waiting lists for social housing and lack of affordable supply in the private rental market, people are languishing, stuck in the homelessness experience.

As a result, many people, particularly single adults, are forced into sub-standard boarding or rooming houses and other insecure or inappropriate housing options that do not meet their needs and do more harm to their already complex lives.

6. Homelessness, inequality and COVID-19

For people who are sleeping rough, or live in inappropriate or overcrowded accommodation, the risk of contracting COVID-19 is higher, due to the inability to maintain a physical distance from others, lack of control over their living environments and the potential lack of access to sanitary facilities. This also means that unless an opportunity to self-isolate is provided, it is more likely that people in these circumstances will spread the virus to others, which is of severe concern.

People with increased health vulnerabilities are also more at risk of becoming severely unwell from commonplace illnesses such as the common cold and influenza, as well as COVID-19. People experiencing homelessness and chronic disadvantage are also less likely to seek medical assistance for health concerns, meaning that by the time they access help, their conditions are chronic and poorly managed.

Early in the pandemic, homelessness providers were able to swiftly and efficiently access vacant hotel accommodation to house rough sleepers – particularly in Melbourne and Sydney. Approximately 1,000 people housed in inner Melbourne in the first four weeks of lockdown, a clear indication of the unmet need of social housing at that point in time.

This initiative should be commended and was essential in preventing a mass outbreak of COVID-19 in homeless communities across Australia that has so far been avoided. However, as COVID-19 restrictions have eased across the country since the curve of the outbreak has flattened to a manageable level, these people will be forced back onto the streets if they are not provided with alternative housing.

This then becomes a health issue, as well as a homelessness issue – people who are rough sleeping are simultaneously more likely to contract the virus, and to spread it to other people – and this cannot happen if we hope to minimise and contain future outbreaks of the virus and rebuild society. To prevent it, a clear strategy for how to ensure housing for people who are temporarily housed is essential – which will need to include investment into social housing.

The *Make Social Housing Work* report (Victorian Housing Peaks Alliance, 2020) calls for the building of 6,000 social housing units per year in Victoria over the next ten years. This will create a more permanent solution for people who have been temporarily housed to due COVID-19, as well as for those who will become increasingly vulnerable due to unemployment as a result of the pandemic. It is arguable that similar quantities of social housing will need to be provided in all states and territories in order to meet this demand, and how this can occur will be discussed in Section 9.

6.1 Centrelink payments and COVID-19

We acknowledge the mammoth changes provided to the Commonwealth income support system in response to the COVID-19 pandemic as well as financial assistance to businesses to keep their staff employed. These changes have been swiftly implemented, and are hugely beneficial to many Australians, not only those in receipt of government assistance prior to the pandemic.

However, many of the jobs lost as a result of the crisis will not return at all, or not within the next 6-12 months, particularly those in hospitality, entertainment and the arts, travel and tourism, and retail – especially if physical distancing restrictions are maintained within enclosed spaces for an extensive period of time.

These industries have higher proportions of low-income earners, women, and young people, which also means that they are likely to be the hardest hit by the pandemic, and most at risk of poverty and homelessness in the medium to long-term.

Without significant investment into social housing, to support those who were already disadvantaged, and those who were previously in a secure financial position, homelessness in Australia will inevitably worsen.

For those who were already experiencing extreme disadvantage and poverty prior to the pandemic, the Coronavirus Supplement of an additional $550 per fortnight (announced on 22 March 2020) for eligible recipients, as well as the $750 Economic Support Payments provided to a wider group of eligible recipients has made a significant positive impact on recipients of these payments, alongside the suspension of mutual obligation requirements for payments throughout the pandemic.

The JobSeeker Payment of $565.70 per fortnight, for a single person, the combined with the $550 Coronavirus Supplement, brings their total payment to $1115.70 per fortnight. This change has dramatically improved the quality of life for recipients in the short-term. However,

these changes have been described and clearly indicated as being temporary measures during the pandemic, with the current date to revert to the prior rates from 24 September 2020.

Yet the evidence that they must be maintained, particularly considering the likely longevity of the virus and its' impacts is overwhelming. Until March 2020, the unemployment benefit payment in Australia had not been adjusted in real terms since 1994. Since then, Australia has undergone a transformative change in the way we live, work and interact with each other – on an individual level, collectively as Australians and geopolitically as a player in the global economy.

The Victorian Department of Health & Human Services (DHHS) conducts quarterly rental reports, to examine availability and affordability of the rental market. In December 2019, the median weekly rent was $400 across both regional areas and metropolitan Melbourne (DHHS 2019). The rate of the JobSeeker payment without the Coronavirus Supplement at $282.85 per week is nowhere near enough to meet basic housing needs, even with the additional full rate of Commonwealth Rent Assistance (CRA) of $69.80 per week.

Given eligibility for maximum rate of CRA requires rental payments to be at least $310.73 per week, someone would be left with $28.10 per day to meet all other needs – food, bills, transport, and clothing. A spend of any more than 30 per cent of income on rent (in this case, $105.79) per week is the definition of housing stress for people on a low income – a nationally accepted benchmark. It is estimated at least 40 per cent of people receiving CRA are in this position. This means that recipients of the JobSeeker payment, as well as other Centrelink payments, are living well below the poverty line, and this has been the case for well over a decade.

Low-income single person households face the most difficulties in accessing affordable rental housing, due to such a limited supply of affordable one-bedroom dwellings. In December 2019, DHHS found that just 0.4 per cent of one-bedroom dwellings let in the December quarter were affordable to low-income singles across Melbourne, and 2% in the state of Victoria. In comparison to March 2000, the earliest records of this data collection, 5.5% of one-bedroom dwellings were affordable for the same cohort, and 19.1% across the state (DHHS 2019).

Anglicare Australia recently conducted its annual Rental Affordability Snapshot in March 2020. This year's study was completed just after the COVID-19 changes to the welfare system for the following six months. This provided a unique opportunity to compare rental affordability under 'business as usual' arrangements against what would happen for people on government assistance if the Coronavirus Supplement were made permanent.

Of the 69,960 properties studied on 21 March 2020, just three properties in the country were affordable and suitable for single people receiving Youth Allowance, and only nine for a single person receiving the JobSeeker Payment (Anglicare Australia, 2020). For single people receiving the Disability Support Pension, only 245 were affordable and suitable, and for single people receiving the Age Pension there were 526 (Anglicare Australia, 2020).

If the Coronavirus Supplement was made permanent, there would be 624 properties (0.9%) that would be affordable for a single person receiving Youth Allowance, and 1,040 properties (or 1.5%) that would be affordable for a single person receiving the JobSeeker Payment. This is still a small number, but it is indicative of how much difference the changes to income support associated with the COVID-19 pandemic have made to people receiving

Commonwealth income support. For single people on the minimum wage, only 1688 properties (2.4%) were affordable.

For people who receive the Age or Disability Support Pensions, however, there would be very little change as these payments were not included in the Coronavirus Supplement and were only adjusted slightly based on a recent CPI increase in March 2020. As a result, people receiving these payments have been left behind, even with the Economic Stimulus Payments of $750.

It is simply not possible for people to get back on their feet without housing, and many low-income Australians are experiencing extreme financial hardship, struggling to make ends meet in private rental. These changes confirmed what was well understood within the community – that the previous rate of the JobSeeker Payment, formerly known as Newstart, as well as other Centrelink payments are too low to meet basic living standards and mean that poverty becomes entrenched in their lives.

Many SHM clients receive Commonwealth income support and have been extremely grateful for the temporary changes to payments associated with COVID-19, as many clients have been subsisting on insufficient payments for several years. The present environment provides SHM staff with a unique opportunity to support clients to learn budgeting skills, and to pay off debt where it has accumulated and rebuild their lives.

The Senate Community Affairs References Committee conducted an Inquiry into Newstart (now known as the JobSeeker Payment) and related payments in 2019. The report was released in April 2020, and the Committee recommended that the Australian Government immediately undertake a review of the income support system to ensure that all eligible income support recipients do not live in poverty.

The Committee also recommended increases to the JobSeeker Payment, Youth Allowance and Parenting Payments once the Coronavirus Supplement is phased out, also to ensure that recipients of these payments do not live in poverty – even further evidence that a permanent change to Australia's welfare system is absolutely necessary (Commonwealth of Australia, 2020).

The Australian Government has a unique opportunity provided by the COVID-19 pandemic to reframe the entire welfare support system into one that ensures people who are not employed, or on low incomes, do not live in poverty. This is essential to break the cycle of reliance on the crisis-orientated system, on emergency hospital presentations and contact with the police and the justice system.

This is particularly important once the COVID-19 pandemic subsides, to ensure that people experiencing disadvantage are not further left behind by the impact of this crisis. Essential to this process is a welfare system that provides income support at a level that allows for an acceptable standard of living and prevents poverty, disadvantage, and homelessness.

Recommendation 1: That the current payment rates of the JobSeeker Payment, Youth Allowance and Parenting Payment, inclusive of the Coronavirus Supplement, are maintained after 24 September 2020, and that all types of Centrelink payments are independently reviewed annually and adjusted to ensure they meet basic living standards for all recipients.

6.2 Moratorium on rental evictions and mortgage relief

On Sunday 29 March 2020, the Commonwealth Government announced a six-month ban on landlords evicting residential or commercial tenants who are unable to pay their rent due to having lost income due to the virus lockdown (AHURI, 2020a). There has been a significant effort by the State and Territory governments to support this through amending their jurisdictional residential tenancy legislation, and providing financial assistance to renters via grants, such as the Coronavirus (COVID-19) rent relief grant in Victoria (DHHS 2020).

Banks are also providing mortgage relief to both owner-occupiers who have lost income, and landlords with loans on a rental property where the tenants are unable to pay their rent, but interest will continue to accumulate on the loan, which comes at a longer term cost. It is important for financial institutions to continue to support their customers to ensure they are not at risk of defaulting on their loans and risk losing their housing.

At this stage, it is unclear how tenants will be required to repay their rent after the six-month period, assuming that they are able to resume work at prior levels of employment or obtain another job quickly. It is possible that households would be expected to repay their rental arrears, alongside their current rent; and that mortgage repayments will need to be increased. It is also possible that private landlords may need to quickly sell tenanted properties, causing significant disruption for their tenants who may then need to relocate if the purchaser does not want to maintain the existing tenancy.

At best, this 'double rent'/increased repayment scenario would reduce households' spending capacity, and therefore limit Australia's ability for economic rebound after the pandemic (AHURI 2020b). If households cannot pay rent or service their loans, they may well be at risk of losing their housing, and be exposed to homelessness. This can be prevented with a clear national strategy and strong collaboration with all relevant parties, to ensure this does not occur.

Recommendation 2: That the Commonwealth and State and Territory governments collaborate with landlords and financial institutions to prevent private tenants from being forced to repay their accumulated housing costs at an unaffordable rate, risking eviction, homelessness, and exposure to trauma.

6.3 Social impacts of COVID-19 on disadvantaged communities

It will take many months or years to understand the full impact of the COVID-19 pandemic on Australian and global society, from a health, social and economic perspective. However, the experience of clients themselves, and of organisations and their staff is important in understanding the personal and social impacts of the crisis as it is occurring.

SHM staff report that the most prominent topic brought up by clients as part of their engagement with them is loneliness and social isolation. For clients who regularly attend the Dining Hall for meals; the need to receive a take-away meal option and physically distance themselves from their community members and friends is extremely unsettling and distressing.

SHM has made a concerted effort to maintain connections with clients, including those who we see on a sporadic basis. We have provided over 50 mobile phones to clients who were unable to access one and have delivered hampers of food and other supplies to clients who have needed material assistance as a result of the pandemic.

The need to provide case management services remotely has been challenging for both clients and staff. We are aware that for many clients, feelings of isolation, poor mental health and well-being, demotivation and increased substance use are likely to be occurring, even when clients are not able to communicate this. Staff providing intensive case management have a unique opportunity to support clients to navigate change in such a complex environment and assist them to make positive changes to their lives.

6.4 Technological disadvantage

Digital technologies, such as the internet, video chat and mobile phones facilitate social connections between human beings while being physically separated. Access to these technologies, while commonplace in Australia are still limited to those with the means to purchase them, and the skills to use them effectively and safely.

The ‘digital divide’ within Australian society will inevitably rise – those with limited access to technology are unable to participate in social interaction in the new environment and will continue to miss out into the future. People experiencing disadvantage and homelessness have very minimal access to technology and are often difficult to engage. SHM has been able to provide mobile phones to clients during the pandemic, in order to prevent disengagement from our services.

An associated concern is the rise in cashless payments to prevent the spread of COVID-19, where many businesses are now actively encouraging contactless transactions (such as debit or credit card ‘tap and go’ payments, or mobile phone payments) when purchasing goods and services, or refusing to accept cash at all during the pandemic. The Reserve Bank of Australia’s 2019 Consumer Payments Survey indicated that the use of cash payments has declined from 69% in 2007 to 27% in 2019 (Caddy et al., 2020). However, they have recognised that lower-income households are more likely to use cash, as well as older Australians, and some consumers are still heavily reliant on cash to make payments; and moves towards a cashless society risks leaving vulnerable people who have minimal access to both technology and funds behind. This has occurred in Sweden, where only 2% of payments are made with cash, but the government halted removal of cash as it was having significant negative impacts on vulnerable people (Commonwealth Bank of Australia, 2019).

Technological disadvantage is becoming clear challenge within Australian society, particularly in the wake of the COVID-19 pandemic and should be examined long-term to ensure that disadvantaged communities do not become further disadvantaged by a lack of access to technology.

6.5 Demographic changes at SHM

Over the course of the COVID-19 pandemic, SHM has seen some changes in who has presented to our Engagement Hubs during the pandemic. Sacred Heart Central highlighted that they have provided meals and other support to several clients who newly presented to

our services, who were not experiencing or at risk of homelessness prior to the COVID-19 pandemic.

These individuals have indicated that they previously worked in the ‘gig economy’ and hospitality and lost their employment due to the COVID-19 restrictions and are not Australian citizens or permanent residents. This includes temporary migrants, working holidaymakers, partner visa holders, international students, and New Zealand citizens who hold a non-protected Special Category Visa. People who are in Australia on these visas are ineligible for Centrelink payments or Medicare and would not qualify for the JobKeeper Payment from their employers to provide financial assistance.

In some cases, we have been able to refer clients who had lost their housing into motel accommodation, where they would not generally be eligible for crisis accommodation based on citizenship criteria. We have also been able to support some clients who have lost their employment to sustain their housing when they have been ineligible for financial assistance from the government.

It is deeply unfortunate that the Commonwealth has not included non-permanent residents in its efforts to provide temporary financial assistance to those who have lost their employment due to COVID-19, or to their employers who are able to claim the JobKeeper Payment for other employees within their business. Many temporary residents have made their homes in Australia, and are not being treated equitably, despite their social and economic contributions to society, including filling skill gaps in the Australian workforce and paying income tax. This demonstrates a lack of consideration into the welfare of thousands of people who call Australia home, and have for some time, and it is unrealistic and unfair to ask them to simply ‘pack up and leave’ due to the pandemic.

Such an oversight has significant impacts on the health and wellbeing of these people, who are more likely to be exposed to trauma while experiencing homelessness, and on community sector organisation who will support them regardless of visa status – but their options for assistance are extremely limited. We believe that the Commonwealth should provide financial and health support for all people who reside in Australia, and especially during the COVID-19 pandemic.

Recommendation 3: That non-permanent residents of Australia are made eligible for Commonwealth income support, Medicare and the JobKeeper Payment from their employers, recognising their contributions to Australian society, and the negative individual and societal impacts if such support is not provided to ensure they do not experience disadvantage and homelessness.

7. Continuum of Care

Until now, most of the homelessness funding received by SHM from the Victorian government has only enabled the provision of six and thirteen weeks of support to obtain and sustain housing, which is insufficient for many of our clients. Given the limitations with short periods of support, many of our clients receive more than one support period in a year, making it difficult to work towards longer term goals and a sustained exit from homelessness; and we cannot provide adequate support to all clients who present to SHM.

This issue is replicated across the homelessness service system. Unison Housing, a large homelessness provider had a similar experience – in a six-year study of their Initial Assessment and Planning (IAP) services, 21 per cent of service users either returned multiple times in one year, or over several years and consumed nearly half of the available support periods (41 per cent) and support days (43 per cent) (Taylor & Johnson 2019).

More recently we have commenced delivery of programs which provided or up to 1 year (GreenLight) or 3 years (J2SI) of support for a limited number of clients, but we are unable to work with everyone due to funding constraints.

SHM believes that homelessness support providers need to have greater flexibility in providing the intensity and length of support required for clients based on their levels of complexity and need.

We propose that a homelessness support should be considered under a continuum of care model, where every client who presents to a service receives the right level and length of support, as well as long term housing matched to their needs.

This would allow organisations to continue to provide support to clients once they have obtained housing, and successfully sustain their housing. This requires an increased supply of social housing to ensure housing outcomes are possible (see Section 9).

Clients experiencing the full spectrum of homelessness would be able to be supported, from intervention to prevent first time homelessness, providing stable housing as quickly as possible to those experiencing homelessness, through to support to sustain housing for those who may have experienced prolonged and repeated episodes of homelessness.

For this to work effectively, universal and specialist health and human services need to work collaboratively and effectively to provide support to clients across this spectrum.

Specifically, this would achieve the following outcomes:

- People who seek support from specialist homelessness services are supported to find housing, sustain housing, and achieve goals across key outcome areas of housing sustainability, health and wellbeing, social inclusion, economic participation, and independence. They are able to access the right level of support, which can be dialled up and down for their individual needs in any one year.
- People are rapidly assisted into a permanent housing
- People who are at risk of losing their housing are supported to retain their housing and stay out of homelessness
- People across the full spectrum of homelessness are supported to stay out of the cycle of homelessness for good.
- People's use of the crisis and emergency service system is reduced, and costs are avoided for government. Cost reductions have been demonstrated in the health and justice service systems from people moving from homelessness to stable housing.

This model extends response to ending homelessness by:

- Offering people, the flexibility of support required to meet their individual needs; and,
- Matching that support with a safe and secure housing solution that is appropriate to their needs.

- The support model working together with a dedicated housing supply strategy to complement the existing housing options in the sector.

At SHM, every contact with someone is important. Targeting people arriving at our engagement hubs and engaging assertively with them means that people who are hard to reach are worked with directly and purposefully, to ensure tangible outcomes are met.

It is anticipated that due to the global economic impacts of the COVID-19 pandemic, inequality, disadvantage, poverty and homelessness will increase over the coming months and years; potentially to the magnitude of that experienced in the Great Depression that commenced in 1929 and lasted until the outbreak of World War II in 1939. As a result, the Australian government will need to think differently about how to manage the challenges that will arise, and how to prevent an economic depression comparable to that experienced almost 100 years ago. All Australians – citizens and those who choose to live in this country - must be treated with dignity and respect and can rebuild their lives in the wake of this global pandemic.

7.1 Assertive engagement and flexible support

Of the people presenting at our Engagement Hub, those for whom the current, standardised support periods of six or thirteen weeks are insufficient had the following characteristics:

- Chronic mental illness
- Long-term housing instability, transience, and homelessness
- Poor physical health, including premature ageing and lower life expectancy
- Physical and intellectual disabilities, including acquired brain injury
- Psychosocial disabilities (mental health conditions)
- Poor literacy and numeracy skills
- Childhood abuse or neglect
- Problematic drug or alcohol use
- Social isolation and disconnection from the human service support system, resulting in significant barriers for accessing mainstream and specialist homelessness services
- Frequently a victim of crime, violence (including family violence), standover and exploitation.

For many, the Engagement Hubs are the only service they access, with many reporting that they do not trust the service system. Support staff at the Hubs aim to support people to overcome feelings of distrust and unease developed as a result of discrimination experienced at mainstream services.

For people who have experienced long-term disadvantage, engagement can take months (or even years) to achieve and requires an assertive and tailored approach. Once people have built trust with our staff, engagement with case management support is possible, and ideally with the right level of resourcing we can work with people to improve their housing, mental and physical health, independence and social and economic participation.

At present, the homelessness service system is not well resourced or flexible enough to accommodate a tailored continuum of care approach.

The lack of resources and flexibility, coupled with waitlists for specialised support, limited resources, and limited housing options, means that the service system is not responsive.

If someone manages to attend a service, and then cannot readily access the support that is appropriate for their needs, the person will often continue to 'bounce' around the service system, until they are in crisis and come to the attention of police, ambulance or the courts.

Due to the complexity of the support needs and circumstances of many of our clients, such as mental health issues or extreme social isolation, they may find it difficult to attend most service providers to seek support or attend scheduled appointments.

Our Engagement Hubs enable clients to build relationships with staff before engaging in case management is more successful in sustaining the clients' engagement and achieving positive outcomes.

In order to build on our current work, more funding is required to meet demand, alongside moving existing funding to flexible model that is not constrained by episodes of support of six or thirteen weeks.

The Engagement Hubs create pathways into SHM's longer-term wrap around support services with integrated housing solutions - the Greenlight Supportive Housing and J2SI Programs. These programs assist clients to sustain housing and achieve outcomes by providing support for longer duration. However, they are limited by their contracted target numbers (228 and 180 respectively) and fixed term intervention period (twelve months and three years respectively).

While not all clients need the duration and intensity of a J2SI or Greenlight response; a six or thirteen week of support period is often insufficient. What is required is responsive system with the flexibility at the point the person connects with a service so that assessment of need can be undertaken and a tailored response offered that provides a response across a continuum of care, ranging from six weeks up to three years of support. Critically a tailored and rapid housing solution must also be available.

Recommendation 4: That government facilitates the development of a flexible homelessness support system, that will enable service providers to have greater ability to deliver the right intensity and length of support to respond to the continuum of homelessness experiences.

This recognises the timeframes required to engage, build trust and rapport, find housing, sustain housing, and end the experience of homelessness for good. This reform must incorporate a housing supply strategy alongside flexible and tailored support.

7.2 The Journey to Social Inclusion (J2SI) Program

Journey to Social Inclusion (J2SI) is a trauma-informed, strengths-based program that supports people experiencing long-term, repeated homelessness to access and sustain housing. This is achieved through intensive support and case management to improve all areas of people's well-being, and to build the skills, independence and social connections required to maintain housing and exit homelessness for good. Unlike short-term, crisis driven

support programs, J2SI works to end people’s experience of homelessness, rather than simply manage it.

J2SI takes a relationship-based approach, provides long-term support, and works from the premise that if people can sustain their housing, this provides a solid foundation to improving other areas in people's lives. This includes improving mental health and wellbeing, resolving drug and alcohol issues, building skills, increasing connection with community and contributing to society through economic and social inclusion activity.

There are five elements of the service model:

- Assertive case management and service coordination
- Housing access and sustaining tenancies
- Trauma-informed practice
- Building skills for inclusion
- Fostering independence

The J2SI program was piloted from 2009-2012 and supported 40 individuals from SHM in the local St Kilda area over a three-year period. The evaluation of the pilot found that 75% of participants were able to maintain stable housing for 4 years, including 12 months post service delivery (Miscenko et al. 2017). 80% of participants self-reported reduced health services utilisation (e.g. fewer emergency department or psychiatric unit admissions) (Johnson et al. 2014).

J2SI Phase Two ran from 2016 – 2019. Features of the second iteration of the program included an expanded geographical catchment within Victoria, expanded participant numbers (from 40 to 60 in each group) and partnerships with two other specialist homelessness services, VincentCare (Ozanam Community Care) and St Mary’s House of Welcome.

To continue improving J2SI and strengthening the evidence, Phase 2 was evaluated by the Centre for Social Impact (CSI) at The University of Western Australia, together with Swinburne University of Technology. People were randomly assigned to two groups, with one group receiving support through J2SI and the other continuing to receive support as usual. The outcomes for the two groups were compared at the end of the study.

J2SI was highly successful in achieving housing outcomes for the J2SI group, who saw improved mental health, increased employment, and reduced substance use. There was a large reduction in the use of public services such as hospitals and drug and alcohol facilities, which created significant cost savings to government (Seivwright et al. 2020 forthcoming).

Findings at the end of three years of Phase 2 include:

- 87% of people in the J2SI group were in permanent housing
- Three times the number of people felt safe ‘all of the time’ in the J2SI group, compared to the start of the program
- 64% of people in J2SI had been in their housing for over a year, compared to 27% in the comparison group
- 29% of people in J2SI reported their health as ‘better’ or ‘much better’ in the final year, although high levels of chronic illness meant results were mixed.
- Nights spent in hospital halved for the J2SI group, and doubled for the comparison group

- Depression, anxiety, and stress levels fell by 30% for the J2SI group and overall mental health satisfaction increased by 23%
- More than double the number of people in J2SI reported they had not used illicit substances in the previous three months
- Nights required in drug and alcohol rehabilitation facilities fell by two-thirds for the J2SI group
- The rate of employment tripled for the J2SI group, although this remained low
- The percentage of people able to work and looking for work increased by 67% for those in J2SI, and reduced by 57% for the comparison group
- Reduced use of public services, such as hospitals, by the J2SI group created savings to government of $32,293 per person
- Use of public services by the comparison group increased, creating differential savings of $98,627 per person
- J2SI created Government Savings of $2.02 for every $1 spent on the program

The case study of Maddie*, a participant in the J2SI pilot, demonstrates how J2SI works intensively with the client over three years to support the person to break the cycle of homelessness (Parkinson & Johnson 2014).

Client Case Study – Maddie:

J2SI began working with Maddie in November 2009 and she moved into public housing in early 2010. Maddie has complex health and mental health conditions and a history of long-term homelessness that is largely due to repeated experiences of extreme physical and sexual violence. Maddie experienced anxiety daily, which was exacerbated by social isolation and her feelings of loneliness.

The focus of the work has been on assisting Maddie to build self-reliance to overcome her intense anxiety that would often manifest in physical symptoms. Building a relationship with Maddie in which she felt safe and connected was key to moving through this anxiety.

The caseworker listened to her without judgment and transported her to weekly appointments with doctors, specialists and with her therapist. Over time, Maddie's physical complaints lessened and in times of high stress she began to identify what was going on for her. The memory of this period became a useful tool for reflection that assisted Maddie to build a sense of self-awareness.

During the second year of the program the caseworker began to consistently encourage Maddie to do the things she said she couldn't and challenge her negative self-talk. The caseworker offered a combination of practical and emotional support to encourage her independence. The caseworker expressed belief in Maddie when she expressed little belief in herself. The caseworker started to attend appointments with Maddie on public transport before slowly withdrawing this practical support.

Withdrawal of practical support was a long and at times, painful process for Maddie. This was achieved in stages, initially, her case manager did not remind Maddie which tram stop was hers, so she would demonstrate she knew this on her own. Then, the caseworker would meet her at the appointment, so she could make the journey independently, and then the caseworker stopped attending the appointments altogether but continued to

provide emotional support via phone calls afterwards. During this process, the caseworker provided positive encouragement and consistently focused on Maddie's strengths.

In the third year of the program Maddie began to internalise the self-belief the caseworker had been holding for her. She started to say, "I believe I can do this". Her newfound confidence has had a flow on effect to other aspects of her life. For example, Maddie is now taking steps towards slowly reducing her methadone dose after being on the program for ten years and is working towards voluntary work.

In August 2018, we commenced delivery of J2SI Phase Three to 180 people (60 per year for three years) under the first Social Impact Investment (SII) with the Victorian Government.

The J2SI Social Impact Investment (SII) is an outcomes-based funding mechanism bringing together government, SHM, philanthropy and investors. It will demonstrate the efficacy of replicating J2SI on a larger scale (40 in original pilot to 180 participants in the SII) and pave the way for the replication of the model in other state and territories across Australia.

J2SI uses the 'Housing First' guiding principle that safe and secure housing should be quickly provided prior to, and not conditional upon, addressing other health and well-being issues (AHURI, 2018). However, due to the social housing shortfall in Australia, there is a lack of available and appropriate housing upon intake into the program, meaning that J2SI is a *rapid housing* program, rather than a true Housing First program, examples of which exist in other jurisdictions (AHURI, 2018).

SHM has had significant success in providing access to housing quickly for J2SI participants through head leasing (discussed further in Section 9), which has been extremely beneficial to participants and for the success of the program. However, to be able to expand J2SI further and for it to be considered a true Housing First program, a social housing supply solution must be invested in.

Recommendation 5: That the Journey to Social Inclusion (J2SI) program is expanded to other geographic locations across Australia, to support people to break the cycle of chronic homelessness and disadvantage.

8. Service integration across levels of government

Many people experiencing homelessness find they need to jump through a series of hoops to prove eligibility to access services. This can be extremely re-traumatising for clients, who have already overcome significant barriers to engage with one part of the system.

Furthermore, because services are not well integrated, many people are misdirected to several different services before receiving help or told different things due to limited communication and collaboration between providers. This experience can be disempowering and can very easily turn someone away from the system altogether, leaving them without viable options to getting help when they need it.

A challenge is that both the Commonwealth and the State and Territory governments fund the services people experiencing homelessness are likely to access. This leads to siloes in

service delivery and different eligibility criteria for specific programs, and government systems that are unable to communicate with each other.

Clients often struggle to navigate who they need speak to for certain types of assistance, and what they are eligible for, meaning many people miss out and experience significant frustration in navigating the system. Examples include housing services, income support, employment services, primary care, disability, mental health, alcohol and other drug services, justice etc. Local governments are also important in informing service provision, as they clearly see the effects of homelessness within their communities.

A solution to this issue is the development of a truly integrated service system, where individuals can access or receive referrals to the multiple services they need, in a geographical or virtual service hub. These service hubs should be place-based, meaning that they are safe, familiar, and geographically relevant for people who are likely to use them, with good public transport accessibility and within reasonable travelling distance.

They also need to be flexible and able to work across local government areas and regions, recognising the transience of the population experiencing homelessness.

An example is SHM's Women's House, that provides an integrated service delivery approach for these women including gateways to external health support.

Case Study: Women's House, HOPS and other local service providers

Women's House (WH) provides a gender specific response to people identifying as women who are experiencing homelessness or at risk of homelessness due to the experience of poverty, trauma, family and other violence, mental illness, or substance use.

WH has several formal and informal 'in-reach' partnerships that enable it to provide supported referrals to specialist services when assessed as appropriate. These include:

- Homeless Outreach Psychiatric Service (HOPS) through Alfred Health
- Windana Drug & Alcohol Recovery
- Star Health
- Bolton Clark

Each fortnight, representatives of these organisations meet with the team at WH for a specialist services meeting. This is an opportunity for secondary consultation and case coordination, including the development of shared response plans, whilst maintaining confidentiality. The HOPS relationship with WH effectively facilitates timely and collaborative health interventions for mental health issues being experienced by attendees of WH.

DHHS supported SHM and HOPS to establish a joint mental health response within a community setting. The purpose is for a specialist mental health team to provide an early intervention treatment response to predominantly homeless persons who present to SHM with mental illness or related conditions. In conjunction with SHM's assertive engagement model, the on-site mental health response increases opportunities for immediate and long-term interventions. The partnership has been in existence since 2008 and is governed by a Memorandum of Understanding (MOU).

Another consideration is a 'virtual hub', where client data can be shared across services in such a way that prevents clients from needed to retell their stories. It is important to balance this need with maintaining and respecting clients' privacy; and ensure that this data is stored securely. Improvements in service integration would improve outcomes for clients and reduce the burden on clients to retell their stories, reducing the risk of re-traumatisation.

For this level of service integration to be a reality, all levels of government need to work in partnership and with service providers to ensure that bureaucracy and red tape do not prevent people from getting the support they need to exit homelessness.

The COVID-19 pandemic has highlighted the importance of service accessibility, including being able to provide services remotely, when clients cannot attend physical appointments. It seems likely that elements of physical distancing may continue for an extended period, and as such it is essential that these services can work in a new and different way, and ensure they can be accessed by people experiencing homelessness and disadvantage, now and into the future.

Recommendation 6: That investment is made into integrated service delivery, place-based and virtual service hubs to ensure that people experiencing homelessness can access holistic support services across wide geographic areas.

Recommendation 7: That government invests in mechanisms to share client information across a variety of service sectors, in order to provide effective, timely and holistic responses whilst maintaining privacy.

9. Investment in housing supply

Crucially, a continuum of care model must incorporate housing supply by optimising several housing solutions.

It is well established that homelessness in Australia is increasing and will continue to do so without significant investment in social and affordable housing nation-wide to stop the flow into homelessness and to get people out of homelessness.

The government must invest in social housing, alongside other solutions such as co-investment approaches that bring together State Government subsidies, low cost debt through the Commonwealth Government, investors and philanthropy to work in partnership with the community housing and homelessness providers.

Prior to COVID-19, the housing market, both for purchasers and renters was becoming increasingly unaffordable, with increasing proportions of over-indebted households; as well as slow wage growth (ABS 2019; Department of Treasury 2017). In these types of circumstances, there is greater risk of people experiencing financial difficulty, and more potential for homelessness to occur – such as via rental evictions or being unable to meet mortgage repayments.

The COVID-19 pandemic adds a further layer of complexity to Australia's housing affordability crisis. It is anticipated that the COVID-19 pandemic will have long-term and widespread impacts on the Australian economy to rival that of the Great Depression. While we don't yet know the full extent of these impacts, estimates from April 2020 suggest that 14

- 26% of Australian workers (1.9 – 3.4 million people) could lose their jobs as a direct result of the need to physically distance from others, and the unemployment rate could rise to 10 – 15% (the Grattan Institute, 2020).

It is also likely that personal and household debt will increase, property values will drop, and superannuation will be less profitable, all of which have significant impacts on people nearing retirement age. Despite endeavours by the Commonwealth to assist people to prevent financial difficulties as a result of COVID-19, there will inevitably be those for whom that assistance is unable to prevent a financial crisis. The solution is a supply of accessible and appropriate social housing for those who need it.

At SHM, it is clear that a lack of investment in social housing for many decades, and complex pathways for people to navigate between various systems – such as mental health, justice, hospitals and income support - mean that people are falling through the gaps into homelessness. This problem will be exacerbated by the financial difficulties brought on by COVID-19, with the investment in, and supply of social housing already severely lacking.

Much of the existing public housing stock is poorly maintained and in disrepair, poorly ventilated and insulated, often unsafe and no longer fit for purpose.

SHM staff highlight that in some cases they are required to visit clients who live in social housing in pairs due to safety concerns, including those related to the interactions between other residents, or in the vicinity of buildings.

Not all areas are unsafe; some residents of public and community housing mention the positive sense of communities that are formed in their neighbourhoods. However, for others they can be extremely unsafe places to live, and everyone deserves to feel safe in their own home.

We consider that public housing is a form of social infrastructure that should be viewed as essential in the same way that public transport, roads, schools, hospitals and other forms of infrastructure are considered essential and worthy of long-term and considered investment.

The Commonwealth needs to support all states and territories in investing in varied types of social housing that are appropriate for people with different needs – singles, couples, families with children, older people, people with disabilities and so on. This is essential in reducing homelessness and inequality.

We acknowledge the initiatives developed by individual states and territories to increase the supply of social housing, such as the Social Housing Growth Fund (SHGF), the Public Housing Renewal Program and the Rough Sleeper Action Plan in Victoria.

However, these initiatives will not be sufficient to meet the current demand for social housing, let alone the projected demand. We also note that many of these initiatives provide for both social and affordable housing. While it is important to increase the supply of both social and affordable housing, for SHM and our clients experiencing homelessness, the need is for increased supply of social housing. It is vital that the Commonwealth invests in social housing in each state and territory to address the severe affordable housing shortfall that exists nationally.

However, social housing is not the only solution to this crisis – especially as rapid solutions are required. SHM has had a positive experience with using head leased properties as part of the J2SI Social Impact Investment (SII), providing access to rapid housing alongside support.

Whilst head leasing is an effective solution for providing immediate access to 'social' housing, it is not a long-term solution, as the rental will return to market at the end of the contracted period. Despite this, head leasing is a useful tool while other approaches are undertaken to increase the supply of permanent social housing, as the housing itself already exists, and the building of new properties of redeveloping existing public housing has a long lead time. Given the current shortfall in social housing, it is evident that a variety of options must be considered to boost the housing supply in Australia and meet projected demand.

Recommendation 8: That government invest in social housing, as well as other solutions such as co-investment approaches to work in partnership with the community housing and homelessness providers.

Recommendation 9: That government considers head leasing solutions as an additional strategy to boost the availability of affordable housing in the short term, until a long-term social housing supply can be created.

10. Prevention of homelessness

As the research on trauma indicates, people experiencing homelessness have higher rates of exposure to trauma in childhood, in comparison to the general population (O'Donnell, Varker & Phelps 2012). For example, almost all participants in SHM's J2SI pilot program (87%) had experienced childhood trauma in one form or another, and the average age which they first experienced a traumatic event was just under 13 years of age (Johnson et al. 2011).

By investing in the future of children, young people and their families and preventing exposure to trauma, it is likely that we can stop the flow-on effect of homelessness into adulthood and throughout the life course. Examples of where clear improvements are needed to reduce disadvantage are:

- Family violence prevention and support services
- Child protection and foster care
- Mental health and alcohol and drug services
- A rehabilitative justice system
- More affordable early childhood education and care
- The State education systems and support to keep young people at school
- Support for jobseekers experiencing disadvantage
- Boosting the availability of low-skilled roles
- Raising levels of income support

Prevention of homelessness is essential to ensure that the current generation of children and young people experiencing disadvantage do not become trapped in the cycle of poverty that often leads to homelessness, as well as further experiences of trauma.

The experience of SHM staff member Julie* is an example of the lifelong impacts on individuals when effective prevention does not occur, as is the case for many of our clients.

Julie, Peer Settlement Support Worker, GreenLight:*

Julie's homelessness started at a very young age. Her mother fled with her as small child to a women's refuge to escape violence perpetuated by her father. This was a very distressing and scary time. In Julie's teenage years her mother lost her job and developed severe mental health issues which she managed by using alcohol and drugs. Julie's mother became unsafe to live with and meant she ended up becoming homeless.

Julie sought help, particularly for her mental health, but found it very hard to be understood and was refused service or not referred on to appropriate services. Eventually, Julie found some support through community mental health services, engaging in therapy and working hard to improve her everyday functioning and self-esteem. She was able to engage in higher education, undertaking a degree in social work. However, she found it difficult to find affordable and long-term accommodation while studying and lived in two different temporary housing settings during this time and experienced a period of living in sublets.

Julie has now graduated and is now a Peer Settlement Support Worker in the GreenLight program. This role allows her to use her lived experience of homelessness and mental health to support client's settlement into long term housing.

Although SHM works primarily with adults, we know that for many of our clients, their experiences of trauma and disadvantage in their early lives has contributed to difficulties faced later in life.

Stories like Julie's are preventable with earlier intervention and better support. No one should experience violence in their home or be faced with homelessness by leaving an unsafe environment; or not be able to access services and supports they need to improve their wellbeing.

On 29 March 2020, the Prime Minister announced a support package to boost boosts mental health services ($74 million), domestic violence support ($150 million), Medicare assistance for people at home ($669 million) and emergency food relief ($200 million) to deal with the secondary effects of the health and economic impacts of COVID-19. These investments are a positive step in intervening to prevent homelessness and disadvantage, and for people who find themselves at risk. It is essential that these services are provided with continued investment, ensuring that intervention is possible before people reach a crisis point.

We urge Parliament to consider homelessness from a preventative lens, and work collaboratively with all government departments across each state and territory, community service organisations, businesses and philanthropists to address poverty and homelessness before it occurs; or at first presentation to limit exposure to the trauma associated with homelessness, because this trauma is profound and has lifelong impacts.

Recommendation 10: That cross-sector collaboration work is undertaken to prevent homelessness, by investing in families and young people to break the cycle of family violence, poverty, and disadvantage, in light of current research and the ongoing effects of COVID-19.

11. Temporary accommodation and rough sleeping

In many Australian cities, there has been a significant reduction in temporary accommodation and rooming houses, largely driven by gentrification, which has led to an increase in rough sleeping.

In the City of Port Phillip, in inner Melbourne where SHM is primarily based, the loss of several private and community managed rooming houses has posed a significant challenge in primary homelessness.

The closure of the Gatwick Hotel in 2017 made news headlines. Though the Gatwick had a notorious reputation, it provided accommodation for large numbers of people who were unable to access other housing, many on a long-term basis. Officially, the Gatwick had 66 rooms, but in reality, housed up to 100 people in quarters not fit-for-purpose, such as the laundry and hallways.

The City of Port Phillip estimates that at least 300 rooming house beds have been lost in the St Kilda area since 2017. Though such rooming houses are known to be squalid, cramped, and unsafe, they served a purpose for people who had no other option and preferred them to rough sleeping.

In 2017, SHM received funding through the Victorian Government's Rough Sleeper Action Plan to respond to the increased prevalence of people sleeping rough in St Kilda, particularly on or near our Engagement Hubs on Grey Street and Robe Street, St Kilda. In partnership with Launch Housing, we developed the St Kilda Intensive Outreach Team (SKIOT), a skilled assertive outreach and engagement program.

SKIOT provided support to 91 individuals over two years, above the contracted target of 64 clients. These clients faced complex situations, with several experiencing at least four housing breakdowns while being supported by SKIOT, and many requiring ongoing assistance to sustain their permanent housing. At the end of the program, 53 people were housed. Of the remaining clients, 35 remained homeless, one client was incarcerated and two are deceased. SKIOT client Tony* is an example of a client with complex needs, who experienced a positive outcome through the program.

Case Study – Tony:*

Tony, 48, was housed by SKIOT for the first time since he was fifteen. With a history of complex trauma, service mistrust and a lengthy history of significant substance use, Tony had been sleeping rough and couch surfing since he was a boy. He developed cancer in his late forties and through the collaborative efforts of SKIOT and a flexible response from Sacred Heart Community, he was able to move into his own room in our supportive accommodation facility and receive palliative care. The process took significant support and advocacy with the hospital system, along with high levels of worker persistence to build and maintain trust. Only an assertive engagement model, with a low case load and a flexible aged care response made this nuanced work and housing outcome possible near the end of Tony's life.

Ten of the SKIOT clients continue to be supported by our J2SI and GreenLight programs. Managers of these programs report that without the support and engagement built through SKIOT program, these clients would not have been ready to participate in intensive support offered through GreenLight or J2SI.

Such programs are particularly relevant in the context of COVID-19, which has reminded Australians of the importance of access to housing and support as a human right. Early in the COVID-19 outbreak, SHM, along with other sector partners received funding from the Victorian Government to repurpose disused buildings to provide temporary accommodations and 24-hour support to people who are experiencing homelessness and chronic and acute medical conditions who require temporary housing.

It was initially anticipated that these Recovery Centres would be used to house people who were experiencing homelessness and had tested positive to COVID-19. However, due to the swift decision made to temporarily house rough sleepers in hotels and other vacant accommodation, a severe outbreak in the homeless communities around Australia was not realised.

Rather, the SHM Recovery Centre will be used to provide recuperative support in the short term (up to 3 months) for people who have chronic and acute medical conditions not associated with COVID-19. Case managers will be employed on a 24/7 rotating roster, to support clients to access housing and other services to exit homelessness post-discharge.

The aim of the Recovery Centre in supporting rough sleepers to access housing, however, will only be realised if there is sufficient social housing available to meet demand, alongside the ability to be flexible and assertively refer clients into other specialist services, as the SKIOT program has been able to do.

Though disastrous, the COVID-19 pandemic has created a unique opportunity to provide rough sleepers with support to exit homelessness in a way that did not previously exist. It is vital that people who are rough sleeping are assertively engaged with and provided with intensive support to access and sustain housing permanently.

> *Recommendation 11:* Investment in more assertive outreach and engagement programs, in a variety of geographic areas, to ensure that people who experience multiple housing breakdowns, long-term disadvantage and poverty can access appropriate support to sustain permanent housing.

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Note: The Victorian Housing Peaks Alliance is comprised of Aboriginal Housing Victoria, the Community Housing Industry Association Victoria (CHIA Vic) , the Council to Homeless Persons (CHP), Domestic Violence Victoria (DV Vic), Justice Connect, Tenants Victoria, the Victorian Public Tenants Association (VPTA) and the Victorian Council of Social Service (VCOSS).

*Note – all names changed for privacy reasons.