

Inquiry into Homelessness in Victoria

Ms Jeses Dean

Organisation Name:Uniting Vic.Tas

Your position or role: Manager Advocacy

SURVEY QUESTIONS

Drag the statements below to reorder them. In order of priority, please rank the themes you believe are most important for this inquiry into homelessness to consider::

Housing affordability,Public housing,Services,Mental health,Family violence,Indigenous people,Rough sleeping,Employment

What best describes your interest in our Inquiry? (select all that apply) :

Working in the mental health sector ,Working in the alcohol or other drug services sector ,Working with Aboriginal Victorians ,Working in Homelessness services

Are there any additional themes we should consider?

YOUR SUBMISSION

Submission:

Do you have any additional comments or suggestions?:

FILE ATTACHMENTS

File1: [5e37872e80e43-20200130 Uniting Vic. Tas submission to the Homelessness Inquiry Signed.pdf](#)

File2:

File3:

Signature:

Jesse Dean

18 October 2019

Committee Manager
Legislative Assembly Legal and Social Issues Committee
Parliament House, Spring Street
EAST MELBOURNE VIC 3002

Dear Committee Members,

Inquiry into Homelessness in Victoria

Uniting Vic.Tas welcomes the opportunity to provide input into the Inquiry into Homelessness in Victoria by the Victorian Legal and Social Issues Committee.

Uniting Vic.Tas is a not-for-profit, community services organisation that has worked alongside local communities across Victoria and Tasmania for over 100 years. We deliver a broad range of services in the areas of child and family services, mental health, emergency relief, homelessness and housing, financial well-being, alcohol and other drugs, aged care, disability, early learning and employment.

We have thirteen dedicated homelessness programs across Victoria in both rural and metropolitan areas. We are the intake and assessment point for government-funded homelessness services in South East Melbourne, Sale, Horsham, Stawell and Ballarat.

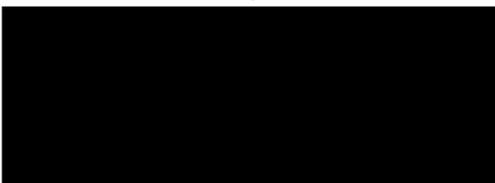
Our submission responds to each of the three terms of reference, addressing the scope and nature of homelessness, identifying the predominant causes of homelessness and finally reflecting on the services available to people experiencing homelessness. In responding to the terms of reference, we have also opted to focus our submission predominantly on the policies, practices and services of the state government, reflecting the sphere of influence that the Committee operates within.

Our key message to the Committee would be this: Victoria's homelessness crisis can only be truly addressed through serious financial investment in new affordable housing. We value the homelessness programs currently funded by the Victorian government, but without addressing the shortage of affordable housing and people's ability to meet the cost of private rentals, these programs can only have modest impact.

We urge the Victorian Government to recognise the long-term benefits of such an investment and implement new models of housing provision that will allow such an investment to meet the needs of as many Victorians as possible.

Thank you for the opportunity to provide feedback to this important inquiry. We would be pleased to provide further input on any of the areas covered in this submission.

Yours sincerely,



Bronwyn Pike
Chief Executive Officer

Inquiry into Homelessness in Victoria

Submission by Uniting Vic.Tas



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1 Introduction

1.1 Key points

- The primary causes of homelessness are a lack of affordable housing and poverty.
- The Victorian Government funds a number of programs that offer meaningful support to people experiencing homelessness, but without addressing the shortage of affordable housing and people's ability to meet the cost of private rentals, these programs can only have limited impact.
- In addition to calling for more affordable housing, Uniting Vic.Tas also encourages a greater emphasis on programs and strategies to prevent people becoming homeless.

1.2 Our vision

Uniting Vic.Tas believes that affordable, safe and secure housing is an essential human right that underpins a person's capacity to live a dignified, healthy and meaningful life within their community.

As a wealthy nation, Australia has the resources to ensure that everyone experiences belonging in a safe and supportive community, with appropriate, affordable housing.

We believe that by using innovative models that ensure low income households have access to appropriate social housing or affordable private rental accommodation, Victoria can halve the rate of homelessness in the next decade.

1.3 Our experience

Uniting Vic.Tas is the community services organisation of the Uniting Church in Victoria and Tasmania. We are more than 8,000 people delivering hundreds of services accessed nearly 200,000 times each year across Victoria and Tasmania. We work across the full spectrum of community services, intervening early to help people avoid crisis, as well as supporting those who live life at the margins.

Uniting operates thirteen dedicated homelessness programs across Victoria in both rural and metropolitan areas. We are the intake and assessment point for government-funded homelessness services in South East Melbourne, Sale, Horsham, Stawell and Ballarat. Additionally, we operate multiple services that interact with people experiencing or at risk of homelessness including housing, emergency relief, mental health, family violence and alcohol and other drug programs.

Across our services, we are seeing people at all stages of being at risk of homelessness. We provide food and emergency relief, tenancy assistance, transitional housing and accommodation, mental health support, loans and case management support to those that need it most. But the demand is rising. Last financial year we supported 12,111 people in Victoria, with more than 126,000 separate occasions of providing assistance. People who come to us for support continue to tell us that a lack of affordable housing directly affects their ability to better their circumstances and look forward to a positive future.

1.4 Input to this submission

Input to this submission was drawn from service staff across Victoria and from consultations with consumers. We are particularly grateful to the consumers who shared their time and lived experience for this submission, particularly those who shared their personal stories for case studies.

1.5 Key recommendations

Meeting Diverse Needs	Meeting the needs of young people	<p>Recommendation 1: The Victorian Government should develop a Youth Homelessness Action Plan to ensure young people are receiving the specialist services they need, including access to safe, stable and affordable accommodation, help to engage in employment, education and training, and support to maintain connection to family.</p> <p>Recommendation 2: The Victorian Government should ensure that funding is enough for any child wanting to remain in care between the ages of 18-21 can do so.</p> <p>Recommendation 3: The Department of Health and Human Services (DHHS) should improve transition planning to ensure every young person leaving care is adequately prepared to live independently and follow up is made.</p>
	Meeting the needs of older people	<p>Recommendation 4: The Victorian Government should respond to Victoria’s aging population and increasing number of older homeless people through targeted supports for this group. Supports may include co-housing models, healthcare support, support for those who have experienced elder abuse (such as financial counselling and psychosocial support) and assistance for women fleeing family violence.</p>
	Gender and Sexuality	<p>Recommendation 5: All homelessness and housing services should be inclusive of all genders and sexualities, with Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ+) specialist services embedded within selected mainstream services.</p> <p>Recommendation 6: Housing and homelessness policies should include LGBTIQ+ people as vulnerable sub-groups that require specific attention.</p> <p>Recommendation 7: Data collection of sex, sexual orientation and gender identity should be mandatory for housing and homelessness services and linked to service funding agreements.</p> <p>Recommendation 8: LGBTIQ+ inclusive practice guidelines should be developed and disseminated to the homelessness and housing sectors, with ongoing training made mandatory for staff.</p>
	Disability	<p>Recommendation 9: DHHS should update the Private Rental Assistance Program (PRAP) guidelines to explicitly allow funds to be used towards reasonable alterations of private rental properties for people with physical disability, in line with changes to the Residential Tenancies Act in 2018 that no longer require landlord’s approval.</p> <p>Recommendation 10: The Victorian government should work with the Federal government to increase the amount of supported independent living and specialist disability accommodation available in Victoria, and funding available to access it.</p>
	People born overseas	<p>Recommendation 11: Support people seeking asylum and refugees on temporary visas who have work rights to access employment opportunities and learn English.</p> <p>Recommendation 12: Ensure people seeking asylum and refugees on temporary visas can access the public housing waitlist and are not discriminated against on the basis of their visa status.</p>

Primordial Prevention	Addressing the supply of affordable housing	<p>Recommendation 13: The Victorian Government should double spending on social housing to be in line with other states and territories in Australia.</p> <p>Recommendation 14: In line with others in the housing and homelessness sector, we call on the Victorian government should invest in building an additional 3000 new dwellings annually over the coming decade.</p> <p>Recommendation 15: Develop inclusionary zoning policies for new developments of over 30 residences, when land is rezoned for residential development, when planning rules are varied for projects, or following significant infrastructure investment.</p> <p>Recommendation 16: In addition to working with private developers, Uniting encourages the Victorian Government to consider developing equity partnerships and co-investment models with the community housing sector to increase social and affordable housing stock available.</p>
	Reducing poverty and income inequality	<p>Recommendation 17: The Victorian Government advocate for raising the rate of income support payments with federal colleagues.</p> <p>Recommendation 18: The Victorian Government should reduce stamp duty and introduce a more equitable broad-based land tax.</p>
	Prevention and early intervention against family violence	<p>Recommendation 19: The Victorian Government should fast track family violence prevention efforts committed to through the Royal Commission into Family Violence.</p> <p>Recommendation 20: The Victorian Government commit to ongoing efforts to ensure that relevant departments and agencies are evolving and strengthening their attitude towards family violence over time.</p>
	Prevention and early intervention against poor mental health	<p>Recommendation 21: Reinstate funding to community mental health services affected by the roll-out of the National Disability Insurance Scheme.</p> <p>Recommendation 22: Invest in low barrier-to-entry services (such as drop-in centres) that can act as soft entry points into mental health and housing services, while also addressing social isolation.</p>

Primary Prevention	Saving tenancies	<p>Recommendation 23: Increase funding to the PRAP program to allow more people to be supported.</p> <p>Recommendation 24: Commit to ongoing funding for PRAP Plus to ensure a stable workforce.</p>
	Planning exits from institutional settings	<p>Recommendation 25: All institutional settings (including prisons, out-of-home care and hospitals) should have adequately funded mechanisms in place to plan personalised exit strategies and protect against homelessness.</p> <p>Recommendation 26: Increase the number and type of mental health residential treatment options for people being discharged from acute care, including step down facilities and transitional housing, to ensure acute mental health patients are not discharged into homelessness or crisis accommodation.</p> <p>Recommendation 27: Discharge policies in hospitals and psychiatric care facilities require clear direction to ensure people are not discharged without adequate planning for their social and economic wellbeing. A comprehensive, state-wide discharge policy is recommended, with adequate resourcing for hospitals staff to undertake thorough and appropriate discharge assessments and plans.</p> <p>Recommendation 28: Where there is no option but to refer people exiting acute mental health services to homelessness services, adequate communication protocols need to be established to ensure continuity of care.</p> <p>Recommendation 29: The state-wide discharge plan should require timely and proactive follow-up of people exiting acute mental health services to ensure they are being supported through community mental healthcare and other social supports they may need.</p>
	Education Youth Foyers	<p>Recommendation 30: The Victorian government should invest in establishment of new youth foyers in areas of high youth homelessness and increase the capacity of existing services.</p>

Crisis Response	Better crisis accommodation	<p>Recommendation 31: Construct purpose-built supported crisis accommodation so that people experiencing homelessness are placed into safe environments with opportunities to address underlying issues.</p> <p>Recommendation 32: Increase Housing Establishment Fund (HEF) funding to enable homelessness services to purchase safe, appropriate and self-contained emergency accommodation, and avoid placing people into unsuitable rooming houses.</p> <p>Recommendation 33: Support local councils to enforce regulation of rooming houses including minimum standards of hygiene, safety and amenity.</p>
	Increase case management and wraparound supports	<p>Recommendation 34: Support Specialist Homelessness Service providers to provide wrap-around supports to all service users on an as need basis.</p> <p>Recommendation 35: Using equity partnerships and co-investment models, partner with the community housing sector to develop Housing First accommodation with associated wrap-around supports available onsite.</p> <p>Recommendation 36: Extend the support period that can be provided to people experiencing homelessness from 12 weeks to 24 weeks.</p> <p>Recommendation 37: Increase capacity in Family Safety Victoria to improve timelines for assessing and approving family violence support packages.</p> <p>Recommendation 38: As the majority of funds in family violence flexible support packages are allocated to housing, we would encourage allowing homelessness services to deliver these packages (in addition to existing family violence organisations).</p>
	Meeting people where they are	<p>Recommendation 39: Continuation of assertive outreach programs such as Street to Home, with expansion into more regional areas.</p> <p>Recommendation 40: Commit to ongoing funding of existing Open Access Centres (OACs) and the provision of housing services within these centres.</p> <p>Recommendation 41: Support the creation of OACs for groups that are currently experiencing barriers to access, including women’s only centres, family-friendly drop-in spaces, centres for Aboriginal and Torres Strait Islander people and centres catering to the LGBTIQ+ communities.</p>

2 The scale and scope of homelessness

2.1 The scale of homelessness in Victoria

People experiencing homelessness are living in a variety of situations; including sleeping rough or in cars, staying with friends and family, living in shelters, rooming houses and other temporary accommodation.

2016 Census data reported that 24,817 Victorians were counted as homeless in 2016, an 11% increase since 2011 Census. These figures are likely to underestimate the true scale of homelessness in Victoria, particularly in regard to young people, people fleeing family violence and Aboriginal and Torres Strait Islander people for whom data is harder to collect¹.

In 2017-18 Victoria had by far the highest number of clients attending Specialist Homelessness Services (SHS) (116,872) and had the second highest demand for homelessness services in Australia (after the Northern Territory), with 185 out of every 100,000 people accessing services².

2.2 The geography of homelessness in Victoria

In metropolitan Melbourne, homelessness is concentrated around the CBD (including Richmond and St Kilda), with pockets in the south-eastern suburbs (particularly around Oakleigh, Burwood and Dandenong) and western suburbs (Footscray, St Albans and Broadmeadows)³. Melbourne's West had the highest number of SHS clients in Australia (15,100 clients or 191.1 per 10,000 population)⁴.

In regional areas, homelessness appears to be concentrated around regional centres including Geelong and the South West Coast, Ballarat, Bendigo, Shepparton, Gippsland and the Latrobe Valley, however it is important to note that this may reflect where services are available⁵. Mildura and Latrobe-Gippsland had some of the highest rates of SHS attendance in Australia, with 313.5 and 264.9 clients per 10,000 population respectively⁶.

2.3 Demographics of people experiencing homelessness in Victoria

2.3.1 Age

In Victoria, 22% of people experiencing homelessness are aged 18 or under. This includes a mixture of young people presenting alone and those with other family members. Another 18% are under 25 years of age.

¹ Australian Bureau of Statistics. 2018. *2049.0 - Census of Population and Housing: Estimating homelessness, 2016*. Accessed 13 Jan. 2020 from <https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/2049.0Main%20Features12016?opendocument&tabname=Summary&prodno=2049.0&issue=2016&num=&view=>

² Australian Institute of Health and Welfare. 2018. *Specialist homelessness services annual report 2017-18*. Accessed 14 Jan. 2020 from <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/clients-services-and-outcomes>

³ Council to Homeless People. 2018. *Top 20 worst metro electorates for homelessness*. Accessed 14 Jan. 2020 <https://chp.org.au/wp-content/uploads/2018/09/Top-20-worst-metro-electorates-for-homelessness-1.pdf>

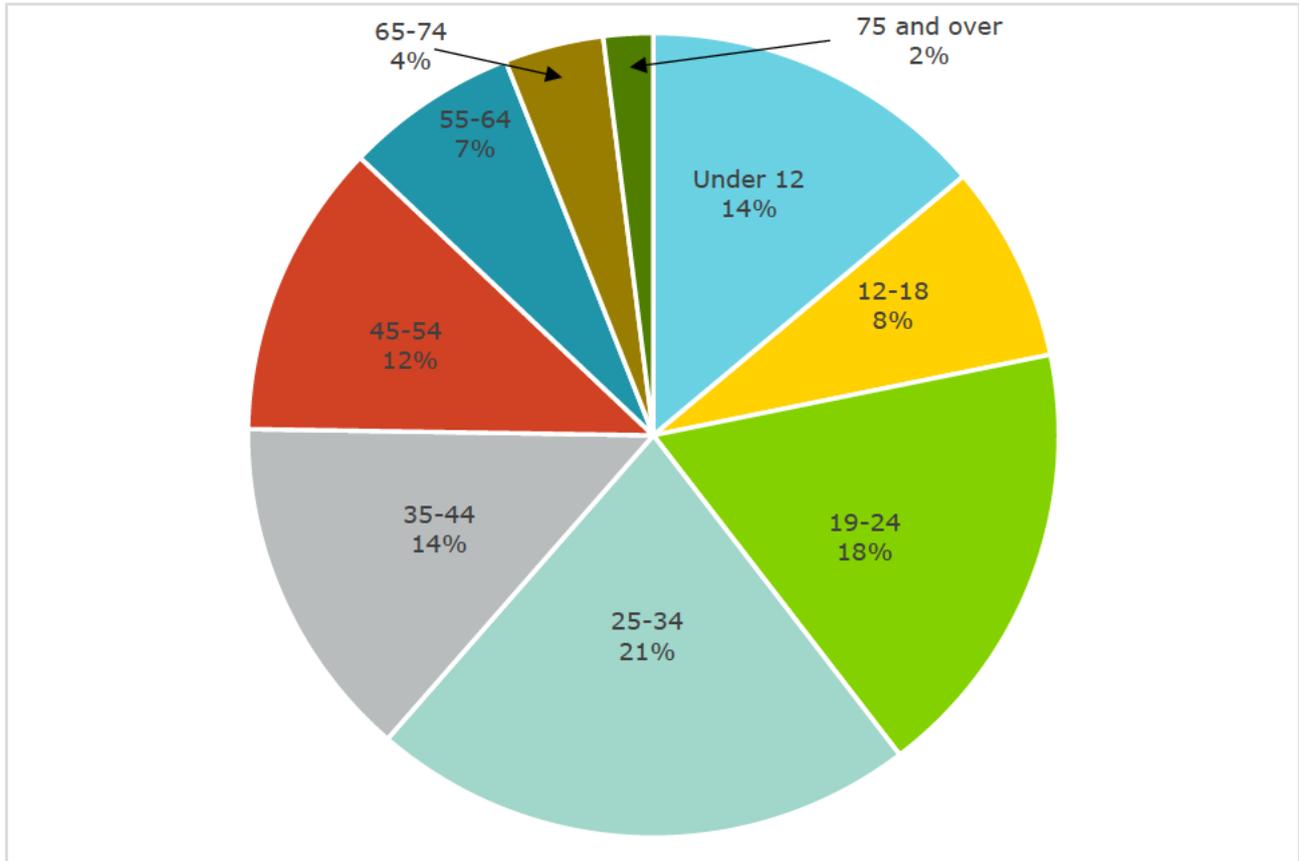
⁴ Australian Institute of Health and Welfare. 2018. *Specialist homelessness services annual report 2017-18*. Accessed 14 Jan. 2020 from <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/clients-services-and-outcomes>

⁵ Council to Homeless People. 2018. *Top 10 worst regional electorates for homelessness*. Accessed 14 Jan. 2020 from <http://chp.org.au/wp-content/uploads/2018/09/Top-10-worst-regional-electorates-for-homelessness.pdf>

⁶ Australian Institute of Health and Welfare. 2018. *Specialist homelessness services annual report 2017-18*. Accessed 14 Jan. 2020 from <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/clients-services-and-outcomes>

Adults aged 25-64 make up the bulk of people experiencing homelessness (54%) while those over 65 make up 6% of people experiencing homelessness. Most homelessness services are targeted towards the adult population, but there are few services meeting the needs of either young people or older people.

Table 1: Ages of people experiencing homelessness in Victoria⁷



Meeting the needs of young people (15-24)

The transition from youth to adult independence is a time of high vulnerability to homelessness. Experiencing homelessness at a young age can affect the person’s trajectory for life, increasing their likelihood of alcohol and substance abuse, poor physical and mental health, social isolation and future homelessness as an adult. Intervening early is essential.

The Australian Bureau of Statistics estimates that, on any given night, over 6,000 young Victorians are homeless, however they acknowledge that these figures are likely to underestimate the true number. Between 2006 and 2016 homelessness amongst 19- 24-year-olds increased by 66%⁸. Common triggers are domestic and family violence, problematic drug and alcohol use (by the young person or their parents) or relationship/family breakdown.

⁷ VincentCare Victoria. 2020. Homelessness statistics. Accessed 21 Jan. 2020 from <https://www.vincentcare.org.au/our-services/homelessness-statistics/>

⁸ Australian Bureau of Statistics. 2018. 2049.0 - Census of Population and Housing: Estimating homelessness, 2016. Accessed 13 Jan. 2020 from <https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/2049.0Main%20Features12016?opendocument&tabname=Summary&prodno=2049.0&issue=2016&num=&view=>

Particularly high rates of homelessness have been identified for young people exiting out-of-home care. Uniting Vic.Tas commends the recent change of policy to allow young people to remain in out of home care until they are 21 and believes this will make a substantial difference to the rates of young people leaving out-of-home care into homelessness. We would urge the government to make sure that there is enough funding for any young person wanting to remain in care to do so (currently the program funded to support 250 young people over five years), and that transition planning is given greater priority.

Young people experience homelessness and engage with homelessness services in ways that are different to people of other ages. For example, young people tend to have poor knowledge of Specialist Homelessness Services, so co-locating with mainstream services where young people are already engaged strengthens accessibility for this group. Adult services such as temporary accommodation options may also be unsafe for young people.

There is currently a severe lack of services for young people, especially in rural and regional areas. For instance, a young person experiencing homelessness in Sale will be forced to travel to Bairnsdale, Latrobe Valley or Melbourne to access youth accommodation.

Victoria's Homelessness and Rough Sleeping Action Plan has no dedicated strategies to address youth homelessness. The last Youth Homelessness Action Plan ran between 2006 and 2010, meaning that there has been no real action on youth homelessness for almost a decade. Labor MP for Frankston, Paul Edbrooke has conceded this is an area where the government is not doing enough, stating, 'the thing we haven't done well, up until now, is addressing youth homelessness. We've got a lot to do down here.'⁹

"The thing we haven't done well, up until now, is addressing youth homelessness. We've got a lot to do down here."
– Paul Edbrooke, Member for Frankston

Recommendation 1: The Victorian government should develop a Youth Homelessness Action Plan to ensure young people are receiving the specialist services they need, including access to safe, stable and affordable accommodation, help to engage in employment, education and training, and support to maintain connection to family.

Recommendation 2: The Victorian government should ensure that funding is available so that any young person wanting to remain in care between the ages of 18 and 21 can do so.

Recommendation 3: The Department of Health and Human Services should improve transition planning to ensure every young person leaving care is adequately prepared to live independently. This transition planning should include adequate follow-up.

Case Study: Jonathon*

Jonathon, 19, ran away from home in his teens, fleeing verbal and emotional abuse from his father and stepmother. With nowhere to go and no support, he began using drugs.

⁹ Salvation Army. 2018. Youth homelessness on the rise. Accessed 28 Jan 2020 from <https://www.sarmy.org.au/en/Social/eConnect/Policy/Youth-homelessness-on-the-rise/>

'People look down on you and think that all people who are homeless want to be like that. Drug taking is because it lessens the pain and grief of being homeless and alone,' he says.

He is now receiving support from Uniting and has stopped using drugs; however, he remains without secure housing due to long waitlists for affordable housing, and the shortage of crisis and transitional housing in his area. He is currently living in a caravan without electricity or running water.

** This is a true story from a Uniting consumer. The name has been changed at his request.*

Meeting the needs of older people

As the population ages, the number of older people experiencing homelessness is increasing. There was a 23% increase in Victorians over the age of 55 experiencing homelessness in between 2011 and 2016¹⁰.

The homelessness experienced by older people is often less visible as this group are more likely to be living in temporary accommodation such as rooming houses and caravans or staying with friends and family but lacking long-term tenure. This group may not even recognise themselves as homeless, delaying their first contact with services¹¹.

Like young people, the needs of older people can differ from the general adult population. They are more likely to have a disability or medical issue, and because homelessness can accelerate aging, many homeless people will experience health issues usually experienced by much older people. They may also have experienced elder abuse, including financial abuse, be socially isolated or have difficulty navigating a complex service system.

In addition to the rise in older people experiencing homelessness, there has been a particular increase in the number of older women experiencing homelessness. This is due both to the lack of accumulated savings that older women have when compared to men, and women being significantly more likely to experience family violence.

Services supporting older people at risk of homelessness to gain and maintain secure housing are very limited in scope and funding¹². Programs such as the Housing Support for the Aged Program offer some support, but only to people already housed in public or social housing.

An ideal model for aging Victorians experiencing homelessness is purpose-built co-housing that allows independent living with shared amenities such as kitchens, laundries and gardens. This reduces the cost of housing, increases opportunities for social engagement and provides access to more amenities than may be affordable if renting privately.

¹⁰ Australian Bureau of Statistics. 2018. *2049.0 - Census of Population and Housing: Estimating homelessness, 2016*. Accessed 13 Jan. 2020 from <https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/2049.0Main%20Features12016?opendocument&tabname=Summary&prodno=2049.0&issue=2016&num=&view=>

¹¹ Australian Human Rights Commission. 2019. *Older Women's Risk of Homelessness: Exploring a growing problem*. Accessed 28 Jan. 2020 from https://www.humanrights.gov.au/sites/default/files/document/publication/ahrc_ow_homelessness2019.pdf

¹² Australian Human Rights Commission. 2019. *Older Women's Risk of Homelessness: Exploring a growing problem*. Accessed 28 Jan. 2020 from https://www.humanrights.gov.au/sites/default/files/document/publication/ahrc_ow_homelessness2019.pdf

Recommendation 4: The Victorian government should respond to Victoria’s aging population and increasing number of older homeless people through targeted supports for this group. Supports may include co-housing models, healthcare support, support for those who have experienced elder abuse (i.e. financial counselling and psychosocial support) and assistance for older women fleeing family violence.

2.3.2 Gender and sexuality

58% of people counted as homeless in the 2016 census were male, 42% were female¹³. These statistics provide a slightly different picture to those collected by Specialist Homelessness Services, which suggest that there are slightly more women accessing services than men¹⁴. This can be partially attributed to the fact men are less likely to seek help than women, whether from a GP, mental health professional or when experiencing homelessness¹⁵, and that there are more services provided to women through family violence funding.

Men

Young men (15-24) report family breakdown as the primary cause of homelessness, while for older men it is usually a result of poverty intersecting with adverse life events. Males aged 35 and over make up the majority of those considered chronically homeless, living in boarding houses or sleeping rough.¹⁶

Women

Women are more at risk of homelessness than men as they are more financially vulnerable. Women earn less on average than men, are more likely to be in casual or part-time employment, and to spend time out of the workforce to care for children or other family members. As a result, women have less immediate income available to them and also accrue less wealth over their lifetimes (such as superannuation or owning a home).

Family violence is the other significant factor that makes women more vulnerable to homelessness, as nearly all victims of family violence are women and children. This is addressed further in Section 3.3.

Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ+) people

LGBTIQ+ people experience homelessness at a higher rate than the general population, because they experience more of the risk factors including social isolation, family relationship breakdown, poverty and mental illness¹⁷.

¹³ Australian Bureau of Statistics. 2018. *2049.0 - Census of Population and Housing: Estimating homelessness, 2016*. Accessed 13 Jan. 2020 from <https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/2049.0Main%20Features12016?opendocument&tabname=Summary&prodno=2049.0&issue=2016&num=&view=>

¹⁴ Australian Institute of Health and Welfare. 2018. *Specialist homelessness services annual report 2017–18*. Accessed 14 Jan. 2020 from <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/clients-services-and-outcomes>

¹⁵ Homelessness Australia. 2016. *Homelessness and men*. Accessed 28 Jan 2020 from <https://www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-07/Homelessness%20and%20men.pdf>

¹⁶ Homelessness Australia. 2016. *Homelessness and men*. Accessed 28 Jan 2020 from <https://www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-07/Homelessness%20and%20men.pdf>

¹⁷ Department of Health. 2017. *Building inclusive services: housing and homelessness service* Accessed 28 Jan 2020 from <https://www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality/building-inclusive-services/housing-and-homelessness-services>

While experiencing homelessness, non-binary and transgender people commonly experience misgendering and discrimination in services and accessing private rental, while harassment and violence are common in temporary accommodation¹⁸.

As has been identified by the Victorian Department of Health and Human Services¹⁹, housing and homelessness services need to ensure they are inclusive of sexual and gender diversity, by:

- ensuring staff are trained to work with people who identify as LGBTIQ+
- promoting broader definitions of relationships and families
- knowing where to refer LGBTIQ+ clients for specialist services such as counselling
- ensuring clients do not face discrimination or violence from other clients in emergency housing.

Recommendation 5: All homelessness and housing services should be LGBTIQ+ inclusive, with LGBTIQ+ specialist services embedded within selected mainstream services.

Recommendation 6: Housing and homelessness policies should include LGBTIQ+ people as vulnerable sub-groups that require specific attention.

Recommendation 7: Data collection of sex, sexual orientation and gender identity should be mandatory and linked with service funding agreements.

Recommendation 8: LGBTIQ+ inclusive practice guidelines should be developed and disseminated to the homelessness and housing sectors, with ongoing training made mandatory for staff.

2.3.3 Disability

People with a disability are at higher risk of rental stress and homelessness than the general population.²⁰ Over 3000 clients presenting at Victorian SHSs in 2017-18 had some form of physical or mental disability²¹, far more than in other states.

People with disabilities are more likely than people without disabilities to live on low incomes, particularly those who are reliant on the Disability Support Payment, making almost all private rental properties unaffordable.

This group may also require housing that is accessible to their needs, for instance being on the ground floor, or within a short distance to public transport.

Recipients of the National Disability Insurance Scheme (NDIS) may be able to access assistance to live in their own homes and modifications to their property to meet functional impairments, however the NDIS does not provide for housing costs unless the person is living in a Supported Independent Living (SIL) facility.

¹⁸ Council to Homeless Persons. 2017. *Why LGBTQ Victorians are twice as likely to face homelessness*. Accessed 28 Jan 2020 from <https://chp.org.au/lgbtq-victorians-twice-likely-face-homelessness/>

¹⁹ Department of Health. 2017. *Building inclusive services: housing and homelessness service* Accessed 28 Jan 2020 from <https://www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality/building-inclusive-services/housing-and-homelessness-services>

²⁰ Aitken, Z. and Kavenagh, M. 2019. 'Why Housing is a Major Public Health Issue for Australians With Disability' in *Pursuit*. <https://pursuit.unimelb.edu.au/articles/why-housing-is-a-major-public-health-issue-for-australians-with-disability>

²¹ Australian Institute of Health and Welfare. 2018. *Specialist homelessness services annual report 2017-18*. Accessed 14 Jan. 2020 from <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/clients-services-and-outcomes>

It is important to note that many people with a disability, especially those experiencing homelessness, do not have an NDIS plan. This can be because they have been deemed ineligible or are reluctant to engage in the application process due to the overwhelming bureaucratic burden or fear of government agencies. As disability services are transferred to the NDIS, these people are very limited in the services that they can access and may require additional support both in finding appropriate accommodation and making alterations to the property to meet their functional needs.

For those who are not able to live in private rentals or public housing, there is need for more supported independent living accommodation and specialist disability accommodation to ensure people with disabilities at risk of or experiencing homelessness have appropriate and supportive accommodation to go to.

Recommendation 9: The Department of Health and Human Services should update the Private Rental Assistance Program (PRAP) guidelines to explicitly allow funds to be used towards reasonable alterations of private rental properties for people with physical disability, in line with changes to the Residential Tenancies Act in 2018 that no longer require landlords approval.

Recommendation 10: The Victorian government should work with the Federal government to increase the amount of supported independent living and specialist disability accommodation available in Victoria, and funding available to access it.

2.3.4 People born overseas

People who have come to Victoria as asylum seekers, refugees or migrants face barriers to gaining employment, including physical or mental health issues, a lack of qualifications or qualifications that are not recognised, and learning English.

The time taken to process applications of asylum seekers while they are living in the Australian community, and the conditions under which asylum seekers are forced to live mean that they are particularly at risk of homelessness.

Uniting staff report that applications are taking a minimum of four years to be assessed, with some cases taking up to ten years. Asylum seekers are often not interviewed for up to 18 months, and work rights appear to be granted on a somewhat arbitrary basis.

Asylum seekers who receive Status Resolution Support Services Payment (SRSS) from Centrelink are paid only 89% of the Newstart rate, which is insufficient to cover the cost of any private rental property in a metropolitan area and very few properties in regional areas. Further, changes to eligibility for SRSS mean that many people waiting for their claim to be processed are not eligible for income support.

In some instances, asylum seekers can end up with no work rights and no SRSS payment. Without work rights or income support, people waiting for their protection claim to be processed have no means to support themselves. Without reliable income, they are entirely dependent on charities and non-profits to meet their need for housing, food, clothing and other essentials. The capacity of these organisations is limited, and as a result these people are highly vulnerable to homelessness.

Asylum seekers are eligible for public housing; however, they are cannot get onto the prioritisation list and therefore are unlikely to ever gain a tenancy.

Recommendation 11: Support people seeking asylum and refugees on temporary visas who have work rights to access employment opportunities and learn English.

Recommendation 12: Ensure people seeking asylum and refugees on temporary visas can access the public housing waitlist and are not discriminated against on the basis of their visa status.

2.3.5 Australian and Torres Strait Islanders

Aboriginal Australians are overrepresented in the homelessness system. Indigenous Australians make up just 0.9% of Victorians but are 9.8% of homelessness service users²². In the 2017-18 financial year, 9428 Aboriginal and Torres Strait Islander Victorians used homelessness services. This figure has increased 22% over a three-year period, compared to a 10% increase in the general population²³. 39% of Aboriginal service users are male, and 61% are female.

An Aboriginal Housing and Homelessness Framework is under development through a partnership of Aboriginal Housing Victoria and the Victorian Government. Uniting endorses the commitment to self-determination this Framework is taking and encourages government to ensure the funding is commensurate to the vision expressed.

²² Council to Homeless Persons. 2019. Victorian Aboriginal & Torres Strait Islander Homelessness. Accessed 21 Jan. 2020 from <http://chp.org.au/wp-content/uploads/2019/05/2019-Indigenous-homelessnes-in-Victoria-Fact-Sheet.pdf>

²³ Council to Homeless Persons. 2019. Victorian Aboriginal & Torres Strait Islander Homelessness. Accessed 21 Jan. 2020 from <http://chp.org.au/wp-content/uploads/2019/05/2019-Indigenous-homelessnes-in-Victoria-Fact-Sheet.pdf>

3 Causes of homelessness

The foremost causes of homelessness are structural factors that are beyond the control of those who experience it - poverty and a lack of affordable housing. These factors can be compounded by an individual's life experiences; including family violence, illness, losing employment, relationship breakdown, substance misuse, mental illness and physical health challenges.

These factors have been well documented in numerous research reports, inquiries, royal commissions and action plans at both a state and federal level. While the factors that influence a person's risk of homelessness have not changed, they have intensified. More people are vulnerable to homelessness or experiencing homelessness in Victoria than ever before.

3.1 Lack of affordable housing

While it is widely held that we are experiencing a shortage in housing stock, a 2017 study from the Australian National University found there are enough homes in Australia to house the population. The shortage that exists is in affordable homes²⁴.

A 2019 snapshot of properties available for rent showed that of 15,750 private rentals advertised across Victoria, less than 1% were affordable on any Government income support payment with the exception of a couple living on the aged pension (who could access 2% of properties). For single people and single parents earning the minimum wage only 1% of homes were accessible. The situation is dire and leaves households to make a choice between paying rent and having enough for other essentials such as food, clothing, electricity and other utilities.

There are presently 35,000 households on the waitlist for public housing in Victoria (over 80,000 people). Tens of thousands of additional people are eligible for social housing, but do not apply because the wait time is excessive²⁵. Depending on a person's circumstances, the wait can vary significantly, however, Uniting staff report that even with high priority, a person may still wait several years.

In order to keep up with current population growth and maintain 3.5% of stock as social housing, Victoria must build 1,800 dwellings per year, or 30,800 by 2036. To meet actual demand that reflects the increasing number of people experiencing housing stress, Victoria would need to build an additional 6,000 dwellings per year.²⁶

3.2 Poverty

Poverty removes the safety net that can protect people from homelessness. Households on low incomes who experience disruptive life events such as illness, injury, relationship breakdown, job loss or a death in the family are not equipped to deal with the financial repercussions that can

"There is not the affordable housing stock around for people to access. We hear stories from clients about going to private rental inspections for the cheapest rentals available and there are 30 or 40 people there. Particularly at the 'bottom end' it is very competitive to get a rental."
- Maidie Graham, Manager of Crisis and Homelessness Services

²⁴ Phillips, B. and Joseph, C. 2017. *Regional housing supply and demand in Australia: CSRM Working Paper*. Canberra: Centre for Social Research & Methods/Australian National University.

²⁵ Department of Health and Human Services. 2018. *Victoria's Social Housing Supply Requirements to 2036*. Melbourne: Victorian Government.

²⁶ Community Housing Federation of Victoria. 2018. *Quantifying the Shortfall of Social and Affordable Housing*. [Online]. Melbourne VIC: Community Housing Federation of Victoria. Accessed 14 Jan. 2020 from <https://chiavic.com.au/wp-content/uploads/2017/08/CHFV-Housing-Needs-Estimates.pdf>

happen as a result. While a household on an average income is usually able to absorb additional costs or reduced income associated with these events, people who live week-to-week do not have this luxury.

Despite three decades of economic growth in Australia, an increasing number of people are living in poverty as the gap between those with enough and those without grows. 774,000 Victorians live in poverty (13.2%), including 198,600 children. Rates are higher in rural areas, amongst women, people with dependent children and Aboriginal and Torres Strait Islander people²⁷.

Around a quarter of people experiencing poverty have a job (28.2%). Sometimes dubbed the 'working poor', this group suffers from the low wage growth in lower income brackets, casualisation of work and increasing living costs.

The very low rates of government income support payments (such as Newstart or a disability pension) force people into severe poverty. This is particularly the case for people receiving Newstart payments, which have not increased in real terms since 1994. The current rate for a single adult is \$279.50 a week, plus a maximum of \$69 a week in rental assistance. This equates to less than \$50 a day. 76.1% of clients presenting at specialist homelessness services in 2017-18 were dependent on some form of government payment as their primary income²⁸.

Case study: Suzanne*

Suzanne, 32, was repeatedly evicted from private rental properties because when expenses such as car repairs came up, she was unable to afford her rent. She fell into homelessness, and as a result, her child was placed into foster care.

'No matter how much effort I put in, trying to get a roof over my head, it always seemed so far off. It was hard to stay positive, but I had to try to hold onto hope,' she says.

Suzanne found a rental property and with brokerage support from the Integrated Family Services program, was able to pay her bond and first two weeks of rent.

She is now reunited with her daughter and continues to be supported by Uniting, however being reliant on government income support payments, she remains vulnerable to unpredictable life events.

**This is a true story from a Uniting consumer. The name has been changed at her request.*

3.3 Family Violence

Family violence is the leading cause of homelessness for all users of specialist homelessness services, making up 47% of people seeking assistance²⁹. In Victoria, there was an additional 6600 clients in the 2017-18 financial year presenting due to family violence. 55% of all women with children who accessed specialist homelessness services said escaping violence was the main

²⁷ Tanton, R., Peel, D. and Vidyattama, Y. 2018. *Poverty in Victoria*. NATSEM, Institute for Governance and Policy Analysis (IGPA), University of Canberra.

²⁸ Australian Institute of Health and Welfare. 2018. *Specialist homelessness services 2017-18: Supplementary tables - Victoria*. Accessed 13 Jan. 2020 from <https://www.aihw.gov.au/getmedia/c12f11aa-23cd-4be2-9273-c7be6e45c0c0/aihw-hou-299-victoria-data-tables.xlsx.aspx>

²⁹ Australian Institute of Health and Welfare. 2018. *Specialist homelessness services 2017-18: Supplementary tables - Victoria*. Accessed 13 Jan. 2020 from <https://www.aihw.gov.au/getmedia/c12f11aa-23cd-4be2-9273-c7be6e45c0c0/aihw-hou-299-victoria-data-tables.xlsx.aspx>

reason for getting help. Over a third of clients who present due to family violence have at least one other vulnerability, particularly poverty, mental health issues³⁰.

Family violence does not always result in homelessness, and when it does, it is often underpinned by poverty and disadvantage. Women with social and financial resources to draw on are less likely to become homeless as they can fund short-term accommodation and the establishment a new home or seek assistance from friends and family. Women without social or financial resources to fall back on have fewer options and are more likely to need help from homelessness services.

The Victorian government has accepted all recommendations coming out of the Royal Commission into Family Violence, including those that focus on housing and homelessness. We acknowledge the work that has been done to date in this area, particularly through the establishment and expansion of family violence flexible support packages, however many of these recommendations are yet to be realised.

Case Study: Caroline*

Caroline was in her 40s when she fled a family violence situation with her three children. They spent two weeks sleeping rough and couch surfing before approaching Uniting for assistance.

'What the community doesn't understand about homelessness is that it's scary. You are always fearful of danger, and thinking about accommodation first, food second,' she says.

Caroline was supported with temporary accommodation and once her two eldest children left home, was able to move into public housing with her youngest child.

'What makes me happy now is that I'm getting back on my feet, I have a home for myself and my son'.

** This is a true story from a Uniting consumer. The name has been changed at her request.*

3.4 Mental health

As providers of services for disadvantaged and vulnerable people throughout metropolitan and regional Victoria, Uniting staff observe high numbers of people presenting at our services experiencing either homelessness or housing insecurity in conjunction with poor mental health. The intersection between housing, homelessness and mental health is undeniable – people experiencing poor mental health are more likely to end up homeless, while the experience of homelessness or insecure housing leads to worse mental health outcomes.

A person is more likely to become homeless if they have prior experiences of mental illness or trauma. In 2014, the Australian Bureau of Statistics' General Social Survey found that people who reported having a mental health condition were more than twice as likely to have experienced homelessness in their lifetime than a person without a mental health condition (25% compared with 10%), and more than twice as likely to have experienced homelessness in the previous ten years (15% compared with 6.1%)³¹. This figure may underestimate the true

³⁰ Australian Institute of Health and Welfare. 2018. *Specialist homelessness services 2017–18: Supplementary tables – Victoria*. Accessed 13 Jan. 2020 from <https://www.aihw.gov.au/getmedia/c12f11aa-23cd-4be2-9273-c7be6e45c0c0/aihw-hou-299-victoria-data-tables.xlsx.aspx>

³¹ Australian Bureau of Statistics. 2016. *Mental Health and Experiences of Homelessness, Australia, 2014*. Accessed 04 June 2019 from <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4329.0.00.005~2014~Main%20Features~Mental%20Health%20experiences%20of%20homelessness~3>

prevalence, as accurately quantifying the prevalence of mental illness amongst people experiencing homelessness is challenging - estimates vary from 12% to 82%³².

According to SHS data, more than one in four people (28%) experiencing homelessness suffer from poor mental health. This percentage has increased each year for the past five years from 22% in 2013-14³³. This correlates with a 2011 study undertaken with 4,291 people experiencing homelessness in Melbourne which found 31% were experiencing mental health challenges. Of these, around half had mental health issues prior to becoming homeless, while the rest developed mental health issues after becoming homeless.³⁴

This suggest that while mental health can often be a precursor to becoming homeless, the experience of homelessness can also be a cause of poor mental health. People experiencing homelessness suffer far higher rates of stigma and discrimination, social isolation and fear for their personal safety. Unsurprisingly, these experiences lead to emotional distress, anxiety, depression, and substance misuse.³⁵

The reallocation of Victorian community mental health funding to the National Disability Insurance Scheme has had significant ramifications for people with mental health issues who do not have access to the NDIS. This is addressed further in 4.1.4 (Prevention and early intervention against poor mental health).

³² Department of Health. 2013. *National Mental Health Report 2013*. Accessed 27 Jan 2020 from <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-n-report13-toc~mental-pubs-n-report13-3~mental-pubs-n-report13-3-4~mental-pubs-n-report13-3-4-ind19>

³³ Australian Institute of Health and Welfare. 2018. *Vic: Specialist homelessness services annual report 2017-18*. Accessed 22 June 2019 from <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18>

³⁴ Johnson, G & Chamberlain, C. 2011. 'Are the Homeless Mentally Ill?', in *Australian Journal of Social Issues*, vol. 46, no. 1, pp. 29-48.

³⁵ Davies, A & Wood, J 2018, 'Homeless health care: meeting the challenges of providing primary care', *Medical Journal of Australia*, vol. 209, no. 5, pp. 230-234 and Roussy, V, Thomacos, N, Rudd, A & Crockett, B. 2015. 'Enhancing health-care workers' understanding and thinking about people living with co-occurring mental health and substance use issues through consumer-led training', *Health Expectations: An International Journal Of Public Participation In Health Care And Health Policy*, vol. 18, no. 5, pp. 1567-1581.

4 Responses to homelessness

4.1 Primordial Prevention

Primordial prevention seeks to address the root cause of a problem. In the case of homelessness, this means addressing the causes and risk factors identified in section three; lack of affordable housing, poverty, family violence and mental illness. These issues have no quick fix but committing to addressing them in a sustained manner will, in time, serve to reduce homelessness. The full scope of primordial prevention is too great to be addressed here, however we would urge the Committee and Victorian Government to consider the following suggestions.

4.1.1 Addressing the supply of affordable housing

Despite having the second highest rate of homelessness in the country, Victoria currently spends less on social housing than any other state or territory in Australia³⁶, and around half of the national average (\$83 per person in 2017-18 compared to national average of \$167). Without significant investment in this area, Victoria will not be able to address the significant shortfall of affordable housing it currently faces.

Uniting stands with others in the social services sector in calling for the Victorian government to build an additional 3000 new dwellings annually but emphasises that Government does not need to shoulder this mammoth task alone.

Inclusionary zoning policies, requiring or incentivising new developments to include a percentage of social housing, have helped to increase affordable housing stock in South Australia, New South Wales as well as overseas³⁷, while equity partnerships and co-investment models with the community housing sector have significant untapped potential.

Recommendation 13: The Victorian Government should double spending on social housing to be in line with other states and territories in Australia.

Recommendation 14: In line with others in the housing and homelessness sector, we call on the Victorian government should invest in building an additional 3000 new dwellings annually over the coming decade.

Recommendation 15: Develop inclusionary zoning policies for new developments of over 30 residences, when land is rezoned for residential development, when planning rules are varied for projects, or following significant infrastructure investment.

Recommendation 16: In addition to working with private developers, Uniting encourages the Victorian government to consider developing equity partnerships and co-investment models with the community housing sector to increase social and affordable housing stock available.

4.1.2 Reducing poverty and income inequality

Policy intervention that can reduce poverty and income inequality requires input from both the state and federal governments; to create and regulate employment, raise the minimum wage, create a more progressive taxation system, increase rates of income support such as Newstart and ensure equitable access to childcare, healthcare and education.

³⁶ Productivity Commission. 2019. 'State and Territory government net recurrent expenditure on social housing (2017-18 dollars)' in *Report on Government Services 2019*. Accessed 27 Jan. 2020 from <https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/housing-and-homelessness/housing>

³⁷ Gurran, N., Gilbert, C., Gibb, K., van den Nouwelant, R., James, A. and Phibbs, P. 2018. *Supporting affordable housing supply: inclusionary planning in new and renewing communities*, AHURI Final Report No. 297, Australian Housing and Urban Research Institute. Accessed 27 Jan. 2020 from <https://www.ahuri.edu.au/research/final-reports/297>

Uniting recognises that the most significant of these levers - taxation policy, regulation of employment law and the minimum wage, and rates of income support - sit with the Federal government, and outside the reach of the Victorian government. On these matters, we urge the Victorian Premier and relevant ministers to advocate on behalf of people on low incomes in relevant forums such as the Council of Australian Governments (COAG).

The State government also has options to assist low income households. One such option that Uniting would welcome is reducing stamp duty and introducing a more equitable broad-based land tax. This would increase revenue that could be directed to affordable housing while also reducing the costs that landlords pass to tenants.

Recommendation 17: The Victorian Government advocate for raising the rate of income support payments with federal colleagues.

Recommendation 18: Reducing stamp duty and introducing a more equitable broad-based land tax.

4.1.3 Prevention and early intervention against family violence

Early identification of family violence and methods to prevent it are outlined comprehensively in the report of the Royal Commission into Family Violence. Uniting endorses these methods and urges government to fast-track prevention efforts that have not yet been implemented (such as the resourcing of an initiative to deliver family violence prevention activities and mandating the introduction of the safe schools program).

The prevention of family violence requires a significant shift in community attitudes from a position that family violence is an uncommon and private matter, to being seen as a common issue of grave public importance. While this shift will take time and effort, our public institutions must be at the forefront of change. Uniting staff consulted for this submission noted that the attitude, policies and processes towards victims of family violence from members of Victoria Police remained a concern. It is important that the Victorian government recognise that this cultural change will be an ongoing process, and not a one-off activity.

Recommendation 19: The Victorian government should fast track family violence prevention efforts committed to through the Royal Commission into Family Violence.

Recommendation 20: The Victorian government should commit to ongoing efforts to ensure that relevant departments and agencies are evolving and strengthening their attitude towards family violence over time.

4.1.4 Prevention and early intervention against poor mental health

Victoria's mental health system is currently under the spotlight as the Royal Commission into Victoria's Mental Health approaches completion. The current government has committed to enacting the recommendations of the final report, and Uniting remains hopeful that these will reflect the needs that we see in the community.

Since the NDIS rollout began, there has been ongoing uncertainty around the future of community mental health services. Prior to the NDIS, people with mental health needs were largely supported by Victorian Government funded community-based mental health services, but these funds are now being redirected to funding the NDIS.

Many people with mental health problems do not have a diagnosis, and because the NDIS is focused on permanent and severe disability, people with short to medium term mental health needs may fall through the cracks. The Victorian Council of Social Services estimates this change may affect up to 10,000 people in need of mental healthcare services.

Based on the interim report, however, Uniting remains concerned that there is currently too much focus on clinical services and not enough emphasis on early intervention and community-level treatment. We also believe that the relationship between mental illness, social inclusion and homelessness has not been well addressed by the draft report.

Recommendation 21: Reinstate funding to community mental health services affected by the roll-out of the National Disability Insurance Scheme.

Recommendation 22: Invest in low barrier-to-entry services (such as drop-in centres) that can act as soft entry points into mental health and housing services, while also addressing social isolation.

4.2 Primary Prevention

Primary prevention and early intervention can stop homelessness before it happens, by helping to maintain and sustain a person's tenancy or pre-planning at times of life transition.

4.2.1 Saving Tenancies

The best form of prevention assists people to remain in their homes before they become homeless. A number of programs provide good assistance in this area, including the Private Rental Assistance Program PRAP, Tenancy Assistance and Advocacy Program (TAAP) and for people in public housing, Tenancy Plus.

Tenancy Assistance and Advocacy Program (TAAP)

Funded through Consumer Affairs, the Tenancy Assistance and Advocacy Program provides advice, mediation between tenants and landlords/real estate agents and where necessary, assistance in preparing for and attending hearings at the Victorian Civil and Administrative Tribunal (VCAT).

PRAP and PRAP Plus

The Private Rental Assistance Program (PRAP), and now PRAP Plus, is instrumental in allowing people experiencing, or at risk of, homelessness to secure and maintain housing in the private rental market. These are often people on the edge of homelessness who are ready to engage in private rental but need a bit of assistance to 'hang in there'.

PRAP brokerage is provided through homelessness support agencies across the state and is used to cover costs such as rent, bond, household items and removalists.

PRAP Plus, introduced in October 2019, has provided funding for outreach workers and additional private rental brokers. While it is too early to assess if this additional funding is having impact, it responds to issues identified by the homelessness sector, such as private tenancy breakdowns and finding appropriate properties.

PRAP works well because it helps people with stable but low incomes (including Centrelink payments) to remain in an increasingly costly and competitive private rental market. This in turn reduces the number of people seeking public or community housing.

Services delivering PRAP are consistently over-delivering. In Ballarat for instance, Uniting is funded for 250 support periods but delivers nearly 600 a year. This is possible because of dedicated staff who work beyond their paid hours and by stretching funding to support more people. While this could be interpreted as efficiency, the service users do not always receive an optimum result. In order for services to not be forced to choose between turning people away and providing sub-par services, more funding is needed in this area.

Recommendation 23: Increase funding to the PRAP program to allow more people to be supported.

Recommendation 24: Commit to ongoing funding for PRAP Plus to ensure a stable workforce.

4.2.2 Planning exits from institutional settings

Leaving institutional settings, whether psychiatric care, incarceration or out-of-home care, places people at high risk of experiencing homelessness. In 2017-18, over 4000 people presented to SHS after leaving adult prisons and youth correction centres, nearly 500 young people presented having left out-of-home care and nearly 800 were transitioning from some other form of care arrangement.³⁸ Regardless of the institution, the vulnerability to homelessness on leaving can be attributed to insufficient transition support and a lack of appropriate accommodation options.

Discharge into homelessness

A significant proportion of acute mental health patients are homeless prior to admission to acute care. Generally, patients are discharged from acute care into community mental health care, and protocols are intended to support those who need it into housing and support programs. Unfortunately, a lack of appropriate accommodation options can lead to delays in discharging patients (reducing availability of much needed acute beds) or to discharge into unsuitable housing.

Leaving acute care into homelessness as good as guarantees poor mental health outcomes; both undermining the treatment already received and reducing the likelihood of the patient continuing with outpatient care. By contrast, a Queensland study found that a transitional housing treatment model that provided time-limited housing, intensive living skills training and clinical case management averted an average of 22 days of further in-patient care per patient.³⁹

In 2016-17, more than 500 people presented to homelessness services following discharge from a psychiatric facility, a 45% increase on the previous three years.⁴⁰ The number of Victorians who have exited mental health facilities into homelessness has grown by 55 per cent since 2012-13.⁴¹

A lack of communication between acute care providers and homelessness services on patient discharge can result in clients being placed in inappropriate accommodation (such as hotels) as a last resort. In instances where acute mental health services and hospitals work collaboratively with homelessness services, clients receive a more thorough assessment of their needs and are thus able to access more appropriate accommodation.

Notably, the [psychiatric discharge guidelines](#) on the Department of Health website, written in 2002, make only a single reference to housing support⁴². There are no references to housing or accommodation in the more [general hospital discharge guidelines](#) from 2011, other than to state that specialist clinics should 'facilitate connections with primary care and other community-based services so that patients receive appropriate post-discharge care'.⁴³ Both policies are clearly in

³⁸ Australian Institute of Health and Welfare. 2018. *Vic: Specialist homelessness services annual report 2017-18*. Accessed 22 June 2019 from <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18>

³⁹ Brackertz, N, Wilkinson, A & Davison, J. 2018. *Housing, homelessness and mental health: towards systems change*, AHURI, Melbourne

⁴⁰ Mental Health Victoria. 2018. *Saving Lives, Saving Money: The case for better investment in Victorian mental health*. Accessed 22 Jun. 2019, https://www.mhvic.org.au/images/PDF/Policy/FINAL_Saving_Lives_Money_Brochure_HR.pdf

⁴¹ Australian Institute of Health and Welfare. 2018. *Vic: Specialist homelessness services annual report 2017-18*. Accessed 22 June 2019 from <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18>

⁴² Department of Health. 2002. *Discharge Planning Guidelines*. Department of Health and Office of the Chief Psychiatrist. Melbourne <https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines/discharge-planning-guidelines>

⁴³ Department of Health. 2011. *Discharge Guidelines*. Accessed 28 Jan, 2020 from <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Discharge-guidelines>

urgent need of updating, with greater consideration to the social supports required following discharge.

Recommendation 25: All institutional settings should have adequately funded mechanisms in place to plan personalised exit strategies and protect against homelessness.

Recommendation 26: Increase the number and type of mental health residential treatment options for people being discharged from acute care, including step down facilities and transitional housing, to ensure acute mental health patients are not discharged into homelessness or crisis accommodation.

Recommendation 27: Discharge policies in hospitals and psychiatric care facilities require clear direction to ensure people are not discharged without adequate planning for their social and economic wellbeing. A comprehensive, state-wide discharge policy is recommended, with adequate resourcing for hospital staff to undertake thorough and appropriate discharge assessments and plans.

Recommendation 28: Where there is no option but to refer people to homelessness services, adequate communication protocols need to be established to ensure continuity of care.

Recommendation 29: The state-wide discharge plan should require timely and proactive follow-up of people to ensure they are being supported through community mental healthcare and other social supports they may need.

4.2.3 Education Youth Foyers

Young people experiencing homelessness have different needs to adults, however there are few specialised services that aim to meet their needs in Victoria. One notable exception is the Education Youth Foyers (EYF), of which there are six in Victoria, that have demonstrated impressive outcomes and potential for scaling up across the state.

Youth Education Foyers cater to young people (aged 16-24) who are at risk of or experiencing homelessness. Through an integrated learning and accommodation model, young people are accommodated in a supportive, shared living environment for up to two years, while they develop life skills and attain education or training qualifications to enter employment.

The program targets young people whose family and home environments are unable to support them through this critical development stage, providing personalised attention and mentoring, and teaching the life skills needed to be independent.

By integrating stable housing with opportunities to build the skills and capabilities needed to pursue sustainable livelihoods, EYFs have demonstrated the value of holistic services that meet the multifactorial nature of homelessness.

An independent evaluation of 162 EYF participants from three Victorian foyers one year after exiting the program found the model 'substantively improves participants' education, employment, housing, and health and wellbeing outcomes, and these improvements are largely sustained a year after exit'.⁴⁴

This reflects the experience in Uniting's Karrung Foyer in Ballarat. Of young people who exited the program in the last 12 months, 60% went into private rentals, 30% returned to live with family and 10% found other accommodation. 37% were in employment and another 30% were undertaking further education.

⁴⁴ Coddou, M, Borlagdan, J & Mallett, S 2019, Starting a future that means something to you: outcomes from a longitudinal study of Education First Youth Foyers, Brotherhood of St Laurence & Launch Housing, Melbourne

Case Study: Janet*

Janet arrived at Karrung aged 18. Having fled her home country as a refugee, Jane was again forced to leave her home in Australia due to family and domestic violence that was threatening her physical and mental health.

Karrung is an integrated housing and support program for young people aged 16-25 years. While being provided with education, eligible young people are supported in education, employment and training with the aim of building independence and preventing future homelessness. Young people can stay in the program for up to two years.

While at Karrung Janet finished high school and completed a certificate course at University. Janet also received assistance from Karrung to get her licence, purchase a car, find work and address the trauma she had experienced as a refugee and victim of family violence.

After completing her course, Janet found work in Melbourne where she now lives with her partner. Janet regularly returns to Karrung to visit and is happy and healthy in her life.

** This is a true story from a Uniting consumer. The name has been changed at her request.*

Recommendation 30: Invest in establishment of new youth foyers in areas of high youth homelessness and increase the capacity of existing services

4.3 Crisis Response

Crisis responses currently receive significant attention, however if prevention and early intervention are working, they should make up only a small part of the response to homelessness. Currently, crisis services are overburdened, as a lack of transitional and affordable housing means there are few ways for people to exit.

4.3.1 Better crisis accommodation

Across Victoria, there are 423 government-funded crisis beds⁴⁵, which is insufficient to cater for the current number of people in crisis. On an average night there are 400 people sleeping rough in the Melbourne CBD alone, and 24,000 experiencing homelessness overall.

The support for rough sleepers introduced through the Homelessness and Rough Sleeping Action Plan, particularly assertive outreach, has been very welcome however Uniting staff have also noted that the initiatives without housing attached have been ineffective as there is a lack of safe and affordable accommodation options to move people to.

The significant shortfall in crisis accommodation forces homelessness services to place people into motels and private rooming houses that fail to provide the safety, dignity and opportunities that are essential to moving people out of crisis.

This is particularly an issue in rooming houses, which our consumers report are unclean, unsafe, lacking in basic amenities and expensive. A number of consumers have also stated they prefer to sleep rough and feel safer doing so than being in a rooming house where they may experience violence, sexual harassment, theft and exposure to drugs and alcohol that many are trying to avoid. The 2009 Rooming House Standards Taskforce identified these issues, and legislation introduced in 2017 has attempted to regulate the industry, but little has changed due to a lack of enforcement by local councils.

Uniting has seen first-hand that placing people into crisis accommodation such as motels and rooming houses, especially without intensive support to address underlying issues, can

⁴⁵ North and West Homelessness Networks. 2019. *A Crisis in Crisis*. Accessed 25 Jan. 2020 from http://www.nwhn.net.au/admin/file/content2/c7/A%20crisis%20in%20crisis%20doc%20final%20040219_1550142202053.pdf

exacerbate the experience of homelessness and increase the likelihood that the person will be unable to exit or will re-enter the homelessness system.

Expanding built-for-purpose, supported crisis accommodation, such as the Oznam House model, is essential to a successful response to homelessness. This is needed not just in metropolitan Melbourne but in regional Victoria also.

Recommendation 31: Construct purpose-built supported crisis accommodation so that people experiencing homelessness are placed into safe environments with opportunities to address underlying issues.

Recommendation 32: Increase Housing Establishment Fund (HEF) funding to enable homelessness services to purchase safe, appropriate and self-contained emergency accommodation, and avoid placing people into unsuitable rooming houses.

Recommendation 33: Support local councils to enforce regulation of rooming houses including minimum standards of hygiene, safety and amenity.

Case study: Crisis and Temporary Accommodation in Gippsland

Even before the recent bushfires in the region, Gippsland, has had a severe lack of crisis accommodation. There is one individual who operates several unregistered boarding houses that are insecure, lack amenities and are prohibitively expensive. The operator has also told Uniting staff that they do not wish to house people experiencing homelessness.

Other options for temporary accommodation such as caravan parks, backpacker accommodation and motels are also reluctant to accept people experiencing homelessness.

In peak tourism season (December and January) there is no short-term accommodation in the area, and at various points through the year, seasonal workers arrive to work on farms, which also limits the availability of crisis options.

There are 13 transitional housing units in Sale that are intended to serve the entire Gippsland region, but as there is no long-term housing options to transition people to, a bottleneck occurs with some people remaining in the units for several years.

4.3.2 Increase case management and wrap-around supports

People using homelessness services are increasingly presenting with more complex issues. Without addressing these issues, a person is unlikely to achieve long-term stability in housing. Uniting recommends that case management and wrap-around supports be made available to all people attending Specialist Homelessness Services. This should include referrals to mental health and AOD treatment, medical care, financial counselling and linkages to employment services, Centrelink and LegalAid.

The gold standard in wrap-around support is the Housing First model, which provides people experiencing homelessness with safe, ongoing housing, after which support is offered by a multidisciplinary team to address the triggers that made the person vulnerable to homelessness in the first place. This model is the most effective response to homelessness, with significant success seen in other jurisdictions. While costly, it is ideal for people who have experienced long-term homelessness, mental illness or significant trauma.

Recommendation 34: Support SHS providers to provide wrap-around supports to all service users on an as-needed basis.

Recommendation 35: Using equity partnerships and co-investment models, partner with the community housing sector to develop Housing First accommodation with associated wrap-around supports available onsite.

Case study: Families@Home

Families@Home is a holistic program run by Uniting Vic.Tas (in partnership with Crossroads Family Violence Service and HomeGround) to provide support to families at risk of homelessness due to family violence in City of Whittlesea. We offer financial counselling, help with managing bills, relationship support, parenting assistance, family violence counselling, support for children through school and/or community programs, assistance to access education or employment, support for men through Men's Behaviour Change Programs, access to funding for men's housing and help for women and children to obtain or maintain suitable and safe housing.

Uniting works in close collaboration with real estate agents and other housing services and have built these relationships over the seven years that the program has been running. This has allowed us to successfully house many women and children in private rental, social and public housing properties.

Case Management

Case management is both time- and resource-intensive but makes a significant difference in the outcomes achieved for people experiencing homelessness. Over time, providing intensive case management reduces costs to government as people are less likely to fall back into homelessness.⁴⁶

Funding is allocated for case management in most government funded programs, especially for families and women fleeing family violence. While resources are stretched, this makes a significant difference to our ability to support. Expanding funding for case management in these areas would allow more hands-on support to those who need it.

Unfortunately, there is insufficient case management available for single people above the age of 25, who are the main users of our services. Given the increasing complexity of issues that people are presenting with, it is crucial that they are provided with more than access to crisis accommodation.

Extend support periods

Funding for Specialist Homelessness Services generally allows the service to provide 12 weeks of support to attain housing. As noted repeatedly elsewhere in this document, a lack of affordable housing means there is nowhere to transition people to. It is simply not possible to have the majority of people in housing within this timeframe. As a result, support workers are forced to close and reopen a person's case to ensure they are not left sleeping rough or living in inappropriate accommodation.

Recommendation 36: Extend the support period that can be provided to people experiencing homelessness from 12 weeks to 24 weeks.

⁴⁶ Gronda, H. 2009. *What makes case management work for people experiencing homelessness? Evidence for practice.* Australian Housing and Urban Research Institute: Melbourne.

Faster and easier to access to Family Violence Flexible Support Packages

The introduction of Flexible Support Packages for victims/survivors of family violence in 2016 has made a significant difference to the lives of those leaving family violence situations. This financial assistance is crucial in keeping women and families safe, and importantly protecting them from the risk of homelessness at a time of high vulnerability.

We commend this initiative but note that the implementation has not yet reached its full potential. Uniting staff report that applications for packages can take six to eight weeks to be assessed and approved. This delay places women and children at risk; meaning they may not be able to pay for new housing or the safety equipment (such as locks, gates and CCTV) needed to secure their existing home.

Staff have also noted that homelessness services need better access to family violence funding so that people leaving family violence who do not need a secure refuge can be housed more quickly. There has been an increase in people presenting to homelessness services who are homeless because of family violence and often there is not the funding or the accommodation options to support them.

Recommendation 37: Increase capacity in Family Safety Victoria to assess and approve family violence support packages.

Recommendation 38: As the majority of funds in family violence flexible support packages are allocated to housing, we would encourage allowing homelessness services to deliver these packages (in addition to existing family violence organisations).

4.3.3 Meeting people where they are

In order to engage people experiencing homelessness, especially long-term homelessness, it is most effective to meet them where they are. This requires the co-location of services to provide soft entry points into the homelessness system as well as undertaking active outreach.

Co-location of services

People at risk of or experiencing homelessness experience significant shame and stigma that can prevent them from accessing services. Uniting staff in rural and regional areas reported that for some people, the risk of being seen entering a service was enough to stop them seeking help. The co-location of general community services (for instance employment services or maternal and child health nurse) with services for people experiencing homelessness can reduce this experience and make it easier for housing and homelessness workers to reach out to people.

Co-location of services also creates an opportunity for better service linkages and referrals, allowing service providers to connect with each other and provide more cohesive support to consumers.

Open access centres (OACs)

Open Access Centres (also referred to as 'drop-in centres', 'open doors' or 'social inclusion hubs') provide a safe and welcoming place for marginalised and vulnerable people to socialise, shower and have meals. Building trusting relationships over time between clients and staff allows staff to facilitate soft entries into mainstream services. These centres play a significant role in reengaging people who are significantly marginalised and offering access to a "one-stop shop" for services in an informal environment that does not require them to undergo an assessment or provide personal information⁴⁷.

Despite undertaking crucial early intervention within a highly vulnerable population, these centres are understaffed and underfunded, with demand for support services and programs exceeding the resources of centres.

⁴⁷ Kelaher, M., La Brooy, C. and Feldman, P. 2016. *Open Access Services Evaluation: An Appraisal of Four Open Access Centres in Melbourne*, Melbourne School of Population and Global Health, University of Melbourne.

There is also potential for OACs to provide for a wider cross-section of the community. Presently, service users are predominantly Caucasian, middle-aged men. To meet the needs of a more diverse population including women, Aboriginal and Torres Strait Islanders, migrants and people who speak English as a second language and those who identify as being part of LGBTIQ+ communities, specific services may need to be developed for these groups, or by programs and spaces created within existing centres.

Outreach

Assertive outreach, such as the Street to Home program, sees trained outreach workers seek out rough sleepers, and assist them to move from living rough into stable housing. Using flexible solutions tailored to the needs and circumstances of the individual, wrap-around services are provided by a multi-disciplinary team. Support is provided for immediate needs but also once the person is placed into stable housing to ensure they can maintain their tenancy.

Uniting's experience in delivering the Street to Home program suggests that while the outreach component is extremely effective, addressing housing supply is also needed to successfully rehome people.

Recommendation 39: Continuation of assertive outreach programs such as Street to Home, with expansion into more regional areas.

Recommendation 40: Commit to ongoing funding of existing Open Access Centres (OACs) and the provision of housing services within these centres.

Recommendation 41: Support the creation of OACs for groups that are currently experiencing barriers to access, including women's only centres, family-friendly drop-in spaces, centres for Aboriginal and Torres Strait Islander people and centres catering to the LGBTIQ+ communities..

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