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MERCY FOUNDATION SUBMISSION ON THE FEDERAL GOVERNMENT'S GREEN PAPER: WHICH WAY HOME? A NEW APPROACH TO HOMELESSNESS

BACKGROUND

The Mercy Foundation is a Catholic organisation, under the auspices of the North Sydney Sisters of Mercy. It is an organisation committed to social justice and structural changes to create greater social equity and inclusion in the Australian community.

In late 2007 the Mercy Foundation Board, following a review of the Foundation, decided that the primary social justice issue with which the Mercy Foundation will be concerned is homelessness and its related causes and consequences. These include: affordable housing, poverty, family violence, social exclusion, mental illness, disability, addictions and brain injury. The Mercy Foundation has a special interest in single women and women with children who experience homelessness.

The Mercy Foundation welcomes the Green Paper on Homelessness and congratulates the Federal Government for its stated commitment to addressing homelessness in Australia.

RESPONSE TO THE GREEN PAPER

Question 1 - What goal(s) should we set to reduce homelessness?

The Mercy Foundation recommends that the key goal of the new Federal policy should be to 'end chronic homelessness'. Australia should not accept or expect a population of people, with multiple disabilities who experience long term homelessness. There is adequate evidence from other countries (UK, USA, Canada) that the goal to end chronic homelessness is plausible and possible. Homelessness should not be seen as an intractable problem which will always be present within our communities.

Question 2 - What targets will best help us reach our goal?

The focus of a new policy and plan to address homelessness in Australia should be on:

- Ending chronic homelessness. A clear target would be to reduce chronic homelessness by 75% by 2018 and then to end chronic homelessness by 2023.

- Encouraging local communities to work together with the social services sectors, health services, government departments and businesses to develop local plans that aim to end homelessness in those communities. A target would be to ensure all Australian States implement 10 year plans to end homelessness by 2010. All major

Australian cities and regional centres implement 10 year plans to end homelessness by 2012

- Preventing homelessness. This goal is more difficult to measure, but a useful target might be to reduce people/families seeking crisis assistance because of homelessness or risk of homelessness by 50% by 2018.

- Increased availability of permanent supportive low cost housing. A baseline figure of current low cost stock is required in order to achieve a target of increasing that stock by an appropriate percentage by 2018. This may require increased incentives and funding to the Stated and Territories to increase public and community housing stock.

- Increased availability of 'in home' support services to assist vulnerable and at risk people and families to sustain tenancies and prevent people falling into or returning to homelessness.

- There should be no discharge of people into homelessness by general hospitals or mental health acute care units. This goal should be achieved immediately through a policy mandate.

Question 3 - What are the best ways to measure the targets we set?

Some suggested targets are noted above. In order to measure those targets it will be essential to assess baseline figures now. The following statistical collections are recommended:

- An accurate count of people currently experiencing 'street homelessness'. Suitable methodologies are available from the UK and USA, where street counts have been undertaken and up-dated annually in order to assess progress in housing people who experience primary homelessness. Counts should also include the number of people currently in crisis accommodation and sub-standard housing (secondary and tertiary homelessness) as well as people who are homeless and who are currently in hospital.

- 10 year plans to end homelessness – the number of States, Territories, cities and regional centres that develop plans. Each plan should incorporate clear outcome measures to assess the effectiveness of the plan. These would include number of people permanently housed; number of people receiving in home support; reduction in homelessness (based on street counts, crisis service usage etc).

- Measure current stock of affordable and low cost unsupported and supported housing and then count increased stock each year.

Question 4 - What are the three research priorities for a national homelessness research agenda?

1. A new homelessness research agenda should include a specific stream which focuses on building evidence for the type of services and programs that work to end homelessness for people who experience chronic homelessness.

There should also be immediate research into extent of brain injury and neurological damage in the chronically homeless population. Models which address the long term support and housing needs of this group are needed.

2. There should be an analysis of the current costs associated with not ending homelessness (eg. costs of recurrent emergency department visits, police involvement, corrective services, gaols, crisis services, public space management and security, acute mental health care etc). Similar studies have been undertaken in the USA and have indicated it may be cheaper (or at least cost the same) to provide permanent supportive housing.

3. There should be developed a national measure for assessing the needs and complexity of people and families who are homeless, to ensure that people are appropriately referred to services. Most people with low needs will not require case management, congregate care or long term support. Those with higher needs may require significant ongoing support. It is uneconomic to provide unnecessary support services to those individuals and families who would cope just as well without support and who may only require housing assistance.

Question 5 - Have we got the principles right?

The Mercy Foundation welcomes the 10 principles which will guide the development of the government's new approach to homelessness. Principles 3, 4 and 8 and 9 require further thought.

'Social inclusion drives our efforts'. This is a worthy principle but the definition of homelessness used in the Green Paper makes no reference to social inclusion and uses only the type of shelter/housing as an indicator of homelessness. The Mercy Foundation suggests that a definition of 'social inclusion' also be incorporated in the Government's new policy on homelessness.

'Everyone is treated with dignity and respect'. This is an important principle but requires an articulation of what this means in practice. It could mean new homelessness legislation, based on a human rights framework and a clarification of everyone's 'right to adequate housing'.

'Transition points are a priority'. This principle appears to assume that homeless people will always in the first instance access crisis services before entering permanent housing. This should not be assumed and all efforts should be made to ensure people can access permanent housing in

the first instance and not always be required to go there via crisis accommodation services.

This approach would relate well to Principle 9 which states that *'evidence based policy helps to shape our priorities for action'*. There is now good evidence from overseas that 'housing first' and 'rapid re-housing' works very well. Evaluations have shown that there is no difference in long term outcomes for families who go through transitional housing to permanent housing compared to those that go straight to permanent housing.

Question 6 - How can the business sector best be involved in reducing homelessness?

It should be communicated to the business sector that they are already involved in 'managing' (not solving) homelessness. Any number of disadvantaged and at risk families and individuals can impact on all parts of our community, including businesses. One way this happens is by changes to local *perceptions* of community safety (especially where there may be higher numbers of street homeless people).

Another example are the recurrent costs we all pay (as tax payers) in providing crisis health services, police, ambulance and emergency care and shelter when people cannot access affordable supportive housing and they remain chronically homeless.

There are also long term consequences of not solving homelessness, which include: generational disadvantage, poverty and the disrupted education of children. This can impact on a person's future job prospects and ability to contribute positively to local businesses and communities.

Businesses and the people who manage and work in them are equal members of our communities and thus have an equal responsibility to contribute to solutions to end homelessness. In the USA, local businesses are treated as equal partners in developing and implementing '10 year plans to end homelessness'.

Another very good example of business involvement in addressing homelessness has been Common Ground initiatives in the USA and in Australia. In New York, businesses have been active in developing low cost permanent supportive housing through tax credit incentives. In Australia, a major private developer is partnering a State government and two community organisations in the development of a new supportive housing project in Melbourne.

Question 7 - How can we develop broader community involvement and maximise the contribution of the philanthropic sector?

One way by which this has been done in the USA and Canada is through the development and implementation of local '10 year plans to end homelessness'. The process of developing these plans involves the community, philanthropic, corporate and government sectors. These plans

are seen as a co-operative effort that solves a problem for not just homeless people and families, but for the entire community.

Evidence from the United States also indicates that by seeing homelessness as a problem that can be 'ended' rather than just 'serviced', philanthropic organisations, governments and businesses can view their contributions as 'investments' towards a measurable and achievable outcome, rather than a recurrent cost towards servicing a never ending problem.

The Mercy Foundation is a philanthropic foundation committed to ending homelessness in Australia. It will be providing small grants programs for initiatives that contribute to ending homelessness, its causes and consequences. The Foundation also proposes to develop a grants program that encourages cities, regional and local communities to develop locally based 10 year plans to end homelessness. A small grant of approximately $5000 from the Mercy Foundation, with a possible matching grant from the Commonwealth, could serve to provide seed funding for local plans to end homelessness in priority areas across Australia.

OPTION 1: TRANSFORM SAAP

Question 8 - What are the barriers to radical change in homelessness services and how could they be overcome?

One of the barriers to radical change in homelessness services is that they currently form a separate sector of services in our communities. Assistance to people who are homeless or at risk of homelessness must be mainstreamed and those mainstream services must be provided with incentives and held accountable for appropriately assisting this group.

Option 1 is not supported by the Mercy Foundation because of the danger it might further discourage mainstreaming and build additional service silos for people who experience homelessness. This could cause people and families with multiple problems to fall between sector and service gaps and amplify current service problems.

Question 9 - How do we develop collective accountability for outcomes in a 'joined-up' system?

The best way to encourage 'collective accountability' would be to develop 'collective responsibility' for homelessness and housing service provision through mainstreaming and not the development of additional service silos or a special 'homelessness sector' that is solely accountable for service provision to people who are homeless. The Federal government's stated commitment to social inclusion and the implementation of the Social Inclusion Board is a good step in the right direction towards co-ordinated responsibility for a range of homelessness and housing related issues.

Question 10 - Taxpayer funds are limited—where, across the range of possibilities under option one, should we direct our effort to give us the biggest impact?

Given that tax payers funds are limited, Option 1 should not be implemented given the inherent danger it poses to missing those families and individuals with multiple and complex (and more costly) problems that should be addressed by multiple mainstream agencies in a co-ordinated way.

OPTION 2: IMPROVE SAAP RESPONSE

Question 11 - How would the reforms proposed in option 2 improve outcomes for SAAP clients and reduce homelessness?

Option 2 is not supported. SAAP services will never have the capacity to end homelessness. No matter how SAAP is re-configured it remains a necessary crisis response, not a long term solution. It will still require exit points into permanent housing (with or without ongoing support). Simply removing time limits on interventions could serve to increase the amount of time someone stays in SAAP before being able to access permanent accommodation.

Ideas such as improved data collection systems (especially unmet need) and measurements to track long term outcomes are supported. Also supported are initiatives that would reduce red tape and multiple assessments for people and families needing to access services.

Question 12 - What else might be needed to ensure collaboration between SAAP services and the mainstream service system?

SAAP services should not be viewed as the service sector solely responsible for meeting the needs of people who are homeless. This responsibility needs to be shared by a range of services, such as health, corrective services, community services, Centrelink and public housing. It may take some years for such a major cultural change.

One of the current problems that prevents good collaboration between services is the number of different ways of collecting data as well as the type of data collected. For people with multiple problems who are in contact with a range of services, they must currently complete multiple assessments. It is recommended that some common assessment tools be developed and used across a range of services.

Question 13 - What incentives are needed to forge strong, ongoing links between homelessness response services and mainstream services?

Mainstream services will require a major cultural shift to fully understand their potential role and to take appropriate responsibility for people who experience homelessness or who are at significant risk of homelessness. An

example of possible incentives is the Medicare incentives now implemented for health plans for older people and for people with chronic conditions. Similar financial incentives might be incorporated in funding to mainstream services to develop housing and support plans for some homeless individuals and families.

Question 14 - What would be needed to drive innovative forms of support within SAAP and accelerate their take-up across Australia? Who should be the drivers of this process?

SAAP has a workforce of well trained and very capable support workers. This workforce could potentially be used to support formerly homeless people within permanent, low cost housing as well as how they are currently used, in crisis accommodation services. Both the Federal government and State governments, as SAAP funders would need to drive this change.

Question 15 - Taxpayer funds are limited—where, across the range of possible improvements to SAAP, should we direct our effort to give us the biggest impact?

SAAP should be a crisis response for people and families requiring short term shelter before they can access permanent, low cost or affordable housing (with or without ongoing support).

High cost complex case management should only be directed at those individuals and families who require such high level support. Many people who experience an episode of homelessness do not necessarily require high cost case management and may only require short term assistance to access appropriate permanent housing. A common assessment tool that identifies those individuals and families who do and those who do not require significant support should be implemented.

OPTION 3: IMPROVE MAINSTREAM SERVICE AND RESTRICT SAAP TO CRISIS RESPONSES

Question 16 - Will Option 3 bring change at a pace and scale to reduce homelessness over the long term?

This is the option that has the highest likelihood of bringing about systemic change and a reduction in homelessness over the long term. However, the cultural and service changes required may take some time and so it is essential that people not fall between service gaps whilst this is happening. There will need to be interim arrangements that can provide appropriate crisis and longer term assistance.

Question 17 - What else is needed to help mainstream services better respond to people who are homeless or at risk of becoming homeless?

In order to understand the current problems in mainstream systems, it is essential that the pathways into (and out of) homelessness are understood and fixed.

Some examples are:

- **The high numbers of chronically homeless people who were brought up in state care**. *Perhaps the systems to support people brought up in state care are inadequate. Perhaps there are few systems in place to provide ongoing support to adults who leave care and who have no family support. These systems need to be addressed.*

- **The significant number of homeless people who have a mental illness and a substance abuse problem.** Some have only a substance abuse problem or a mental illness. *Yet these systems are still usually provided separately and with limited co-ordination.*

  It is also important to understand that life altering mental illnesses tend to manifest in early adulthood. This significantly impacts on education completion and acquiring key work skills at an important stage of life. Early intervention programs are improving but many parts of Australia don't yet have a mental health rehabilitation system that helps get people back on track after these key milestones are missed.

  The public mental health systems in Australia focus on acute care and medication management. People with long term psychiatric disability have fewer options for longer term affordable housing and living skills support. Some continue to cycle through episodes of acute care followed by no care at all. 33% of all occasions of service in an inner city Sydney acute mental health unit over the past 5 years were of people who were, at the time of admission, homeless. This indicates a significant systemic failure in addressing the needs of Australians who have a mental illness.

  A lot of services in Australia require short or long term abstinence from drugs and alcohol in order to access accommodation. Models implemented elsewhere in the world indicate it is possible to place alcohol or drug dependent people in long term housing and provide ongoing support. That level of stability then helps the person to address their addiction issues. These models should be considered in Australia.

- **Some chronically homeless people have behavioural and personality disorders indicative of a history of trauma.** *Apart from prisons, there are still few long term housing programs for people who have behavioural disturbances. This needs to be addressed.*

- **A significant number of people experiencing chronic homelessness have been in gaol.** *It appears that in most States,*

housing options and income support for people leaving gaol are not yet adequate. There should be rehabilitation and job skills programs for people while they are in prison and housing in place before people are released.

Question 18 - Taxpayer funds are limited—where, across the range of possibilities for mainstream services, should we direct our effort to give us the biggest impact?

- Increased low cost permanent housing.

- Increased in home support services to help people sustain tenancies and prevent homelessness.

- Improved health systems, including mental health and drug and alcohol.

- Increased support for people leaving state care.

- Corrective services which better link people to housing.

OTHER 'BOLD IDEAS' OR NEW PROPOSALS

10 year plans to end homelessness – matching grants program

Australia should implement 10 year plans to end homelessness in a similar way to which they have been successfully implemented in the USA. Apart from national and State based plans, local plans should also be encouraged and be locally based and incorporate input from housing providers, community and health services, businesses and local government.

The Mercy Foundation is considering implementing a small grants program to encourage cities and regional centres to develop 10 year plans. We would invite the Federal government to develop a new program to match those small grants.

Outreach programs linked to 'housing first' strategies

Evidence from overseas has shown that many chronically homeless people can be accessed via street outreach programs and given permanent housing and support through 'housing first' programs. Evaluations have indicated that up to 90% of people housed through these programs have sustained that accommodation over the longer term. There needs to be more programs of this nature in Australia's major cities where there are significant populations of chronically homeless people.

Rapid re-housing, with support provided, as required

Programs that rapidly re-house those individuals and families after they become homeless are also initiatives that have been shown to be successful. They reduce costs borne by other systems and prevent people

becoming entrenched in homelessness. Where children may be involved, these programs minimise disruptions to their education and other activities.

End chronic homelessness

Australia needs an immediate policy and service emphasis on solving chronic homelessness in Australia. Although this group represents only a small proportion (less than 20%) of those who experience homelessness, they are generally very vulnerable and have multiple needs. There is some evidence to suggest that although they are a small group, they may use up to 50% of homelessness services and resources. There is also strong evidence that with the right mainstream prevention and rapid re-housing response in the future that the current population of chronically homeless people will decrease significantly and will not remain an ongoing problem.

Increased low cost and affordable housing stock

Significantly increased emphasis on and availability of affordable and low cost permanent housing for people who are homeless and those in immediate danger of becoming homeless. The use of models such as Common Ground to increase such stock should be encouraged. Tax and other incentives for developers and other businesses to partner in such developments could be implemented.

More in-home support services

Significantly increased emphasis on and availability of support services, when needed, provided directly to people in their own home. For people with multiple disabilities who have experienced chronic homelessness, this will prevent further homelessness and help to sustain tenancies.

Education and job skills work better when people are permanently housed

Education and job support programs are key to ensuring formerly homeless people get on with their lives. These programs are more often successful once people are permanently housed.

CONCLUSION

The Mercy Foundation supports the general policy direction of the Federal government, as outlined in the Green Paper. Some specific comments and suggested changes have been identified in this submission. The Foundation strongly recommends that the Australian government develop a 10 year plan, with measurable targets and outcomes, which aims to end chronic homelessness.

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