



19 June 2020

Committee Secretary
House of Representatives Standing Committee on Social Policy and Legal Affairs
PO Box 6021
Parliament House
Canberra ACT 2600

Dear Committee Secretary

RE: Inquiry into homelessness in Australia

The St Vincent de Paul Society National Council of Australia (the Society) welcomes the opportunity to provide a submission to the Standing Committee on Social Policy and Legal Affairs' Inquiry into homelessness in Australia.

The Society is a lay Catholic charitable organisation that comprises over 60,000 members and volunteers and over 3,000 employees and has an extensive history providing on-the-ground assistance in the form of emergency relief, supported accommodation, community housing and other support services across Australia. The Society has consulted with its state and territory entities in preparing this submission.

The Society's 'housing first' but not 'housing only' approach

The Society's accommodation profile across Australia is variable and reflects the fact that housing and homelessness services have developed over the years in response to local needs. Services include short-term crisis accommodation, transitional housing, medium to longer-term community housing, accessible housing for people living with disability and specialist homelessness services. Dwellings range from single bedrooms with shared facilities to four bedroom homes. Home care services, such as home maintenance, personal care and meal preparation, are also provided to help people stay in their homes longer. Importantly, the Society believes in a 'housing first' but not a 'housing only' approach to preventing and addressing homelessness.

The Society's ethos is to provide any form of help that alleviates suffering or deprivation and promotes human dignity and personal integrity in all their dimensions. Our approach also recognises the fact that it is not possible to make life changes while living in poverty and worrying about where you are sleeping. However, a roof over your head, without the right supports in place, is only a partial solution and sets people up to fail. Often, those who are homeless or at risk of homelessness have a limited or no support network. These factors combine to wear down a person's dignity, self-respect and motivation, as all their energy is expended on just trying to survive.

The Society's Vision is to offer a 'hand up' to those in need by respecting their dignity, sharing our hope, and encouraging them to take control of their own destiny. We do this by providing a range of housing and support services at all stages, from early intervention and prevention to crisis accommodation and long term community housing. A case-managed, client-centred approach is adopted by our members and employees when assisting those in need of housing services.

Housing cannot be addressed in isolation - access to health and other social support services is essential. Important health services include GP/health and nurse clinics, mental health services, drug and alcohol rehabilitation and counselling services. In some instances, these services are provided by the Society, in others, they are co-located with our accommodation options or accessed through referral partnerships with external providers. We also provide information/group sessions on topics aimed at helping people transition from homelessness to sustainable housing and employment. Topics include budgeting/managing finances, understanding tenant rights and responsibilities and self-care. Group sessions on confidence, self-esteem and improving social skills are conducted and activities are planned in partnership with residents to build social and community connectedness.

When helping those in need, we endeavour to establish relationships based on trust and friendship. An example is the evidence-based Compeer program which we have been providing since 1994. The quality of life and self-esteem of adults with a diagnosed mental health condition is improved through one to one friendship with a volunteer.

This program aims to promote social inclusion, improve people's integration with community and reduce stigma through friendship built on mutual trust, respect and understanding. Support is provided in the context of a medical/ rehabilitation case plan for at least 12 months.

An overview of the Society's housing activities for 2018-19, by jurisdiction, is at **Attachment A**.

The Society's current levels of service provision

In the last financial year, Amelie Housing Ltd, a national initiative to increase accessibility to secure, safe and affordable social housing continued its roll-out of almost 1200 dwellings across New South Wales, the Australian Capital Territory and South Australia.

The new Ozanam House was opened in Victoria offering crisis accommodation and a homelessness recovery centre, with an emphasis on privacy, security and 'wrap-around' support and referral services.

With the transfer of Ozcare's Social Inclusion Services, St Vincent de Paul Queensland became the largest provider of homelessness services in that state.

In addition to the 750 people housed through Amelie Housing, South Australia's Men's and Women's Crisis Centres housed around 1,200 men and women, 600 children and over 100 pets.

Western Australia's Vinnies Mental Health Service provided around 19,500 nights of accommodation and 14,500 hours of support to people with mental health.

In the Northern Territory, 59,623 nights of accommodation and 130 tenancies were managed, up 51 percent and 42 percent respectively from the previous year.

Tasmania's crisis in accommodation is not only evident in people and families camping in public spaces, Vinnies accommodation has experienced a 90 percent increase in demand in the last 12 months.

The extent to which governments have contributed towards the cost of these works varies significantly by jurisdiction. In many instances, the Society has made significant contributions, either through use of its own funds or its land or both. The current lack of affordable housing is a key driver of poverty and homelessness and increases the number of people seeking support from services. Research commissioned by the Society indicates that for each change in a person's address, requests for assistance increase by 26 per cent,ⁱ and this in normal operational circumstances.

Even prior to COVID-19, ACOSS' Community Services Survey found that the most common issues affecting people accessing services were housing pressures and homelessness (observed by 74% of staff). Staff involved in housing and homelessness were amongst those most likely to report demand pressures. Levels of unmet need were high particularly in regional and rural areas, where people also grappled with energy costs.ⁱⁱ

The housing shortfall

We know that Australia's social housing stock is not meeting current or projected tenant needs in terms of dwelling sizes and configurations and accessibility. In fact, Australia has gone backwards with respect to meeting existing housing demand, let alone being able to respond adequately to projected growth.

For example, the share of all homes that are public or community housing fell from 7.1 percent in 1991 to 4.2 percent in 2016; and maximum payment rates under the Commonwealth Rent Assistance scheme have fallen behind average rents over the past two decades. In summary:

- At least 115,000 people are homeless on any given night and this has increased 13.7% in five years.ⁱⁱⁱ
- There is a national shortage of just over 400,000 homes that are affordable for people who are homeless or living on the lowest incomes.^{iv}
- 190,000 households are already on waiting lists for social housing.^v
- There are more than one million low-income households (2.65 million people) renting in the private market and this figure has more than doubled over the past two decades.
- Two-thirds of vulnerable private renters are currently in rental stress, and 170,000 households have less than \$250 each week after paying rent.
- The specialist homelessness service system is turning away 254 people each day.^{vi}

- Half of households experiencing rental stress are still experiencing rental stress four years later.^{vii}

With a predicted economic recession and rapid increase in unemployment post COVID-19, the number of people who are homeless, or at risk of being homeless, will only increase.

Research findings and previous recommendations on homelessness

Rather than reiterate the extensive evidence base that exists on housing and homelessness, we refer the Committee to the following salient findings:

- The economic and social benefits to increased investment in social housing are far-reaching. From an economic perspective, public investment boosts growth in jobs and incomes. Every dollar invested is estimated to boost GDP by \$1.30.^{viii}
- Access to housing is recognised as a vital determinant of wellbeing that is associated with better outcomes in health, education and employment, as well as economic and social participation.^{ix}
- The current and projected unmet social housing need (to 2036) is 728,000 dwellings. The current and projected unmet affordable housing need is 373,000 dwellings. The estimated cost to government, using an operating subsidy model is \$6BN (yr1), or \$5BN using a capital grant model.^x
- A 'capital grant' model, supplemented by efficient financing, provides the most cost effective pathway for Australia and is preferred to the 'no capital grant, commercial financing operating subsidy' model.
 - Over the next 20 years, it has been estimated that 727,300 additional social dwellings will be required, with current price procurement costs varying from \$146,000 to \$614,000, depending on local land values, building types and construction costs in different regions.
 - Where rents are set at levels affordable to low-income households, revenues can only support modest levels of debt financing and thus co-investment is also required.
 - Social housing requires an 'infrastructure investment pathway'. Funding and financing is required in the form of an investment pathway which supplies and maintains capital assets and services over time. Greater capacity in needs-based planning, securing and allocating adequate funds and designing and implementing programs is required.^{xi}
- In 2019, the House of Representatives Select Committee on Intergenerational Welfare recommended immediate increases in funding for emergency relief housing and ongoing low cost- housing.^{xii}
- Various parliamentary inquiries, peak bodies, service providers and academics have repeatedly called for increased funding for public and community housing and improvements to Commonwealth Rent Assistance and the National Rental Affordability Scheme.^{xiii}

It is reasonable to conclude that a significant investment in the building and maintenance of social, community and transitional housing and supported accommodation would not only improve housing options for the homeless, it would create jobs, kick-start the economy and provide long-term benefits to the community as a whole.

What should be done

We appreciate recent efforts made by all governments in response to COVID-19 to both prevent homelessness and temporarily house those who were homeless. We commend the moratorium on evictions over the next six months for those in financial distress and the additional funding now available as rental grants and private rental assistance/subsidies.

However, we are concerned about the longer-term welfare of those who have been temporarily housed but may find themselves back on the streets, sleeping rough, as the pandemic wanes. Exit strategies are needed to transition people to appropriate and long-term accommodation, with case-managed support. This approach aligns with the Centre for Social Impact's *State of Homelessness in Australia's Cities – a health and social cost too high*,^{xiv} which examines the links between health and homelessness and, in particular, the risk of suicide for young people. The Centre's policy approach to homelessness, *Prevent, House and Support*, is also outlined in its factsheets on [homelessness in the context of COVID-19](#). The need to act now is imperative given recent modelling which indicates that suicide rates are estimated to increase by 50 percent due to the economic and social impacts of the virus.^{xv} This is compounded by that fact that a significant proportion of people presenting to specialist homelessness services are aged under 18 years.^{xvi}

Prioritising at risk groups

In working closely with those experiencing homelessness, there are groups of people who are at particular risk of not being able access to secure housing or, for whom, housing options are limited. These include single parents with children, single parents with young adult males, people living with mental health issues, people experiencing family and domestic violence, asylum seekers, people being discharged from hospital, people being released from prison, people living with disability, young people experiencing family breakdown and young people in out of home care.

We know that recovery from mental illness is seriously compromised without secure housing and an accessible mental health system. A survey conducted by a Melbourne-based community housing agency found that almost half of its clients were experiencing mental illness and, of these, only half were receiving support from a mental health service.^{xvii} The supplementation of current homelessness services with specialised programs may improve housing outcomes for people with mental illness but case coordination and transitional support services are also needed to optimise outcomes for this group.

We also know that supported accommodation options are limited and there are few pathways for people to move through the housing continuum, particularly from homelessness to social or community housing. This is largely because the homelessness service system is fragmented, under-funded and lacks co-ordination and integration. Consequently, many people fall through the cracks.

St Vincent de Paul Society WA, Vinnies Mental Health

St Vincent de Paul Society WA reports that access to mental health treatment for people who are homeless continues to be an ongoing challenge and that this lack of access is a causal factor of recurrent readmission to emergency departments. Around 60 per cent of clients who present to the night support service at Tom Fisher House report a mental health diagnosis, yet only one third of these have active access to appropriate treatment and support. An all of government response is required. Psychosocial services play an integral part in recovery but these services remain poorly funded. The current funding model for Vinnies Mental Health Service WA is unsustainable, with one third funded by the Mental Health Commission, one-third by residents and one-third by Vinnies WA. The Service has only been sustained over the last two years through substantial reductions in expenditure and increased resident contributions.

St Vincent de Paul Society Young Parents Program and Family Services (Canberra-Goulburn)

The St Vincent de Paul Society Young Parents Program offers a case managed approach to support families that are currently at risk of, or experiencing, homelessness. The aim is to help families access and maintain safe, secure, independent and affordable housing. Individual factors contributing to the risk of homelessness are also addressed, along with a strong focus on the needs of the children. Person-centred case plans, using a trauma informed approach, are developed. The outcome is to foster independent decision making by the young person through information and referrals, advocacy, positive role modelling and strengthening life skills.

Case studies are outlined in **Attachment B**.

The case studies demonstrate the multiple and complex issues that young families face, with many experiencing family and domestic violence, or having to take on carer responsibilities at an early age. This means that the young person's support/family network is often limited in their capacity to assist. There is usually a period of rough sleeping prior to presenting to the service for assistance. The Society provides transitional housing while developing a case plan. Assistance is also provided with housing applications, material aid, referrals to counselling, health, legal and support services, and pathways to further education and skills development. The aim is to support independent living and build confidence and parenting skills. Where possible, the Society provides transitional housing and support services until secure housing can be obtained and underlying issues have been addressed. There is no quick fix. The Family Services program offers similar assistance but is not limited to young parents. Case presentations are similar in nature. In all instances, the wellbeing of children is paramount and drives the service response.

Service providers advise that the major bottle neck to transitioning people from homelessness to more stable housing is the lack of affordable housing. Even though there are plenty of case managers to provide assistance, a lot of people end up hitting a wall because affordable housing is just not available. Case managers therefore spend a lot of time helping people to complete housing application forms and addressing their immediate needs while they are forced to couch surf, stay in overcrowded houses or just pitch a tent until they are moved along. The case studies have positive

outcomes largely due to the fact that the Society was able to make transitional housing available. However, the Society is not resourced to provide transitional housing to all those in need and this is where the system fails. Demand significantly outstrips supply, with every successful outcome being quickly replaced by more cases. The Society calls for housing to be recognised as a human right and for different types of housing options to be prioritised and co-funded by governments.

Frederic House NSW

Frederic House is an Accredited Aged Care facility. It provides permanent accommodation, with wrap-around assistance for older and prematurely aged homeless men who have to rely on Age or Disability Support pensions and are unable to live independently due to their medical and support needs. Frederic House has 61 beds and is staffed by a large team of nurses, dedicated care staff and a Recreations Officer. Three nurses have experience and training in mental health and others are experienced in substance abuse. A visiting private psychiatrist sees residents under 65. Older residents' mental health care needs are co-managed by a local Older Persons Mental Health Team, which is highly effective and was established in partnership with NSW Health. GPs and allied health professionals assist with other care delivery.

Most residents have co-existing, life-limiting conditions and alcohol and other drug issues. All residents are assessed to determine the best approach needed to address their high medical needs. Staff report that the men who live at Frederic House are well placed. It is a least-restrictive, aged care environment that implements a harm reduction model, with many men opting to stay on, some for many years. Referral pathways to Frederic House are usually from crisis accommodation and other temporary accommodation and hospitals.

Consequences of inadequate community care services

The experience at Frederic House is that the shortfall in community care is a significant driver for those presenting at that facility for assistance. Accessibility to services, even for those who are well-resourced, is limited. The demand for beds is great, particularly for those who are acutely ill, need hospitalisation, are under 65 or need palliative care. There are also significant gaps in services available to younger people and this is exacerbated by the difficulty with accessing and understanding the National Disability and Insurance Scheme (NDIS), a scheme that is in some ways inflexible, particularly for those presenting with complex comorbidities and psychosocial needs.

In this context it should be noted that:

- 70% of people experiencing homelessness in the City of Sydney have a mental health diagnosis
- 50% of people experiencing homelessness in the City of Sydney have problematic substance use and a mental health diagnosis.^{xviii}

Sacred Heart Mission's Journey to Social Inclusion

We refer the Committee to the Melbourne-based *Sacred Heart Mission's Journey to Social Inclusion* program.^{xix} It takes a relationship-based approach, provides long-term support and works from the premise that if people can sustain their housing, this provides a solid foundation to improving other areas in their lives. This includes improving mental health and wellbeing, resolving alcohol and other drug issues, building skills, increasing connection with community and contributing to society through economic and social inclusion.

There are five elements to the Journey to Social Inclusion Program:

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

The Centre for Social Impact, University of Western Australia, is evaluating the third phase of the model. Outcomes from earlier phases demonstrate significant, positive changes made to the lives of participants. For example, one year after service delivery for the second phase ended, 75 per cent of participants remained in stable housing after four years and 80 per cent had seen a decline in the need for health services.^{xx}

Samaritan House Canberra

Samaritan House provides crisis accommodation and case management for up to 13 homeless men each night in Canberra. Crisis accommodation bridges rough sleeping and other homelessness with transitional and community housing and connects those in need with other services. Although a range of homelessness services are provided by Vinnies, homelessness is an ongoing issue, made worse by housing unaffordability.

The following issues and suggested solutions have been provided by the Coordinator of Samaritan House, Mr Robert Sunnucks, and have been summarised for this submission.

Conflation of housing and shelter

The distinction between shelter and housing is often conflated, not made or not prioritised. Housing is supposed to be secure and it is this that separates it from shelter. Though less secure, shelter has a lower barrier to entry which makes it a more viable option for some. While housing should be the ultimate target, “shelter” is a lower order physiological need and thus a higher priority as it provides protection from the most significant risks associated with homelessness. Achieving broad provision of shelter should be the first step on the path to higher goals, such as universal housing and housing as a human right.

For example, although Safe Shelter did not operate during COVID-19, it usually runs overnight from April and October, using Church spaces as free shelter from the elements. It is staffed by volunteers and does not include meal provision. It is one model of shelter that currently operates in Canberra. For-fee programs may also be possible, to recoup running costs. It is suggested that Safe Shelter (and/or other similar programs) should have increased capacity and operation (i.e., year round). Shelter should be prioritised as a means of protecting more of the most vulnerable people. The end-goal should still be housing for those willing, able and suitable, but shelter prevents people from falling quite as far as they might otherwise.

Note: Argyle Housing commenced operating a program called Winter Lodge at Ainslie Village under a similar model to Safe Shelter (max 7 nights, externally referred). As it is located at Ainslie Village, it operates with a view to transitioning residents to Ainslie Village proper. It is not clear whether Winter Lodge will endure beyond current grant funding once pandemic-related interventions come to an end.

Conflation of crisis housing (shelter) and case management

The models for crisis accommodation and case management are at odds. Crisis accommodation is short-term and focused on housing/accommodation. Those seeking assistance at Samaritan House are linked to other services including alcohol and other drug services and outreach support and provided with information on accessing essential items such as food, transport etc.

Case management is longer term, requires sustaining rapport with the person in need and developing a working relationship. It should be holistic in addressing risk factors and co-morbidities associated with homelessness and social disadvantage. Case management may include initiating applications for government housing, or NDIS etc., which are potentially lengthy processes and for which crisis accommodation is less than ideal as a “holding pattern” pending outcomes from these external processes.

Samaritan House staff build excellent relationships with the people they help but it is difficult to leverage these relationships to produce better outcomes because of the brevity of stay in crisis accommodation. Referrals from Samaritan House are to external stakeholders (Housing ACT, for-profit and not-for-profit organisations, private accommodation options), and case management is limited by lack of continuity. Referrals to Samaritan House are limited based on capacity of housing (13 beds) and staff, the requirement to engage with case management, the need to comply with rules on harmonious communal living and any previous issues that preclude a person from returning to Samaritan House. In summary, persons in need of shelter may be turned away because capacity is limited, they are unwilling to engage in case management, or they may jeopardise the outcomes for other residents through difficult behaviours.

In some limited circumstances, Samaritan House offers stricter “short stay” accommodation on a case-by-case basis, where accommodation is provided without the accompanying case management. For example, an employed person is seeking private accommodation instead of transitional or community housing and is given 2-3 weeks to make the arrangements. Support is provided upon request, but case planning is limited. In another example, a person is accepted in good faith but

subsequently refuses to engage with case management and refuses an accommodation offering. They are given a short period thereafter to make their own arrangements.

For services such as those offered through Samaritan House, it is suggested that the service model might be more effective if it is separated into crisis accommodation (shelter) and longer term case management services, where case management includes transitional accommodation for three to six months. This would enhance continuity of case management, including between case management providers and services.

Trauma

Trauma can be both a cause and effect of homelessness. The common co-morbidities of people experiencing homelessness include mental health issues, alcohol and other drug issues and histories of abuse. Homelessness may be a direct escape from trauma but homelessness itself often creates or exacerbates vulnerability to victimisation and other traumas. It is a stressor and may be a direct cause of trauma.

Trauma-informed practice is therefore incorporated into policies and mechanisms of service delivery. It is important to note that the homeless population may:

- have a history of prior traumas
- be suffering as a result of historical traumas and/or trauma arising from homelessness
- be caught in a trauma / homelessness cycle
- be accessing social services with greater visibility than some other traumatised populations
- accrue disproportionate benefit from addressing trauma when compared to the population at large
- represent the most efficacious target for service delivery related to trauma.

It is suggested that pilot programs to treat trauma may go a long way towards breaking the cycle of homelessness, poverty and trauma and that increased funding should be made available to support pilot programs in this area.

Factors that limit service provision

There are a variety of other factors common in homelessness that cannot easily be met by existing services. Often these factors influence the extent to which people can be referred to housing and homelessness services. For example,

- **Storage** – Persons becoming homeless from previous housing (e.g., homeless due to relationship breakdown) often have possessions that cannot easily be stored, transported, or kept. This presents a dilemma as to whether it is worth paying for storage (even if one cannot afford housing), or whether goods are abandoned and need to be bought again once housing is available. Both of these options are financially disadvantageous, even if practical in the short term.
- **Pets** – Persons with pets are not easily accommodated. Organisations such as Rainbow Paws offer limited assistance for a fixed short term, but most housing providers do not accept pets. Again, a dilemma exists: whether to abandon a pet despite an existing bond/relationship, despite the positive impact a pet may have on psychological wellbeing, despite the security that a pet may provide for someone who has been sleeping rough, etc. or whether to limit one's options to those that do not require separation from the animal. Such persons, if they have a car, often resort to living in the car with the pet.
- **Single fathers with children, couples** – Services are focused on single unaccompanied men/women, single mothers, and families. Fathers with children are not easily accommodated, nor are couples or single mothers with young adult males. Even couples willing to be in separate quarters in crisis and transitional housing are not easily housed because often such services are not co-located.
- **Gender identity** – Biological sex is often the main determinant of what services are available to a person. For example, Samaritan House is men's crisis accommodation. This can be problematic when gender identity is not aligned with biological sex, and when the accommodation options involve single-sex services, communal living, etc. Samaritan House has provided crisis accommodation for gender fluid persons, but assessments for suitability are done on a case-by-case basis.

- Transience and mobility – Government housing lists are location-specific. Persons newly arrived in Canberra from elsewhere need to wait until they have been in the ACT for six months before becoming eligible for government housing, even if they were on a waiting list in another state. This disadvantages and disincentivises anybody willing or required to relocate (e.g., for work, for family). Retaining one’s place in the queue across jurisdictions is not the immediate solution, but measures may be introduced that provide additional support to transient or relocating persons.

It is suggested that crisis accommodation and transitional housing should be flexible enough to accommodate these presenting issues. While it may not be feasible for a single service to address all of the above factors, the sector should be sufficiently resourced to prevent these factors from being point of failure in someone’s pathway out of homelessness.

Vinnies Asylum Seeker Program SA (VASA)

Services are currently limited to providing support to 30 asylum seekers who are existing clients of the VASA program. VASA provides assistance to asylum seekers who have been refused access to any form of social security and have no work, or insufficient work, to make ends meet. After ongoing assessment, assistance provided includes a \$120 monthly living allowance, monthly rental payments and assistance with utility bills and food vouchers. Other forms of emergency relief are also provided including regular weekly phone calls.

During COVID-19, VASA has continued to support asylum seekers, most of whom are on bridging visas, are living without access to social security and are unable to secure employment.

There are a number of asylum seekers who have had their access to the Status Resolution Support Service program (which pays 89% of JobSeeker) cancelled. This has occurred because:

- they have had their applications for refugee status refused
- they are still waiting for a decision to be made
- they are in the process of appealing the decision to refuse refugee status, a process that can take years.

These people have no safety net. Unless they can find work, which at best is usually casual, seasonal or part-time, they are at high risk of homelessness, are unable to access daily essentials, are likely to have mental health issues and be exploited in the workplace.

Invest now

There are many options available to government to improve housing outcomes for low income people. A stimulus package is needed to fast track the development and building of social and affordable housing outside of the mainstream housing market (similar to the Nation Building Program). This would bolster communities at all levels (metro, regional etc), keep people in employment, reduce waiting lists for housing and provide a stable environment for people to improve their health, social and community connectedness, education, life skills and working options.

Amelie Housing Ltd has also done preparatory work so that it is ready to deliver additional social and community housing and maintenance should government funding be made available. The Society currently holds land in NSW (Sydney, Newcastle and Wollongong) and SA but requires funding to progress the development of new dwellings. Proceeds from the sale of an aged care facility in Tasmania and funds held in Vinnies Housing in Queensland have resulted in several million being set aside to support housing activities.

The Society understands that many other community housing providers are similarly ‘shovel-ready’, either ready to build new types of accommodation or undertake maintenance work if supported to do so. Upgrades and maintenance are particularly important, as satisfaction with housing is closely related to the condition of tenants’ homes - as structural problems rise, satisfaction falls.^{xxi}

However, no one entity, be it the Commonwealth or state governments, the private sector, or charities, can do it alone. The Master Builders Association has urged governments and the private sector to partner to fill the gap as market demand softens, saying the way out of COVID-19 could be accelerated by investment into affordable supply, while boosting vital trade and valuable flow-on market activity. Affordable and social housing by definition needs a level of government support to be viable, as the burden cannot be borne by the private sector (or any one sector) alone.^{xxii}

The Society's policy position on housing and homelessness

The Society has called for increased government funding and policy to address the chronic shortage of social and affordable housing for many years.

In the Society's 2016 [Ache for Home report](#), it was recommended that \$10 billion of Commonwealth funds be allocated across states and territories on the basis of need and the cost of new housing in each location. The development of a national housing affordability and homelessness strategy that complements state and territory plans was also seen as essential to bringing key stakeholders to the table to tackle what is a complex and financially challenging issue.

Vinnies NSW's [Housing and Homelessness Statement](#) also states that government has a critical role to play in ensuring that all people—especially those experiencing poverty and disadvantage—have access to housing that affords them physical safety, protection from the elements, and security of tenure, at a cost that does not compromise access to other essentials like food and energy.

While Vinnies welcomes the NSW Government's pledge to reduce rough sleeping by 50% by 2025, it calls on the NSW Government to:

- build 5,000 additional social housing dwellings every year for the next ten years
- mandate affordable housing targets of 15% on all new residential developments on private land and 30% on all new residential developments on Government-owned land
- improve the security and affordability of rental accommodation by abolishing 'no grounds' evictions and mandating minimum energy efficiency standards for all public and private rental properties
- reform taxation arrangements to bring underutilised land and housing to the market, including introducing a tax on long-term vacant residential properties and transitioning from stamp duty to a broad-based land tax.

Vinnies NSW calls on the Federal Government to:

- develop a National Housing Strategy to guide efforts to meet current and projected need for social and affordable housing
- adopt a national target to halve homelessness by 2025
- invest in building more social and affordable housing to meet unmet need
- increase Commonwealth Rent Assistance
- reform negative gearing and capital gains tax concessions

Vinnies NSW calls on local councils to:

- commit to and deliver meaningful affordable housing targets in local strategic and housing plans
- provide incentives for not-for-profit community housing providers to develop more social and affordable housing in their local government areas.

The Society also supports the recent call made by national housing and homelessness leaders for an immediate employment-boosting investment to expand Australia's social housing by 30,000 homes. This four-staged process, over three years, called the [Social Housing Acceleration and Renovation Program \(SHARP\)](#) requires \$7.7 billion of government investment for:

- Wave 1 – social housing maintenance and upgrading
- Wave 2 – acquisition of sites and properties requiring renovation / completion which are suitable for social housing
- Wave 3 – shovel ready development projects
- Wave 4 – longer term new development projects

Commonwealth Government funding could be met by in-kind contributions, such as land, from state and local governments.

We are pleased that social infrastructure was included as a category in Infrastructure Australia's 2020 Priority List, ^{xxiii}and that addressing remote housing overcrowding was identified as a high priority. However, the recent HomeBuilder package was a missed opportunity, with none of \$688 million going towards increasing social or affordable housing.

Supporting at risk tenants

The Society also believes that more could be done to support both at risk tenants and their landlords to prevent homelessness. The Society supports the [national community coalition of organisations who work with renters](#) and calls for national minimum standards that:

- stop evictions for rental arrears or evictions where the tenant is not at fault, covering all tenants including occupants
- support renters to terminate a rental contract that is no longer viable and is causing hardship, without being burdened with unfair debts or penalties
- implement binding arbitration where tenants and landlords cannot reach agreement on a rent reduction (with the arbitration taking into account the financial position of both tenants and lessors)
- implement a temporary freeze on any rent increases
- direct financial support for tenants who, after genuine rent reductions have been applied, would struggle to afford their rent
- require banks and insurers to offer genuine relief to landlords who have reduced rent.

Low income energy productivity program, better energy efficiency and management

The Society supports the *Healthy & Affordable Homes: National low-income energy productivity program*. This economic stimulus proposal supports jobs growth, focusses on people most at risk, is collaborative in its approach, improves the liveability of homes and reduces carbon emissions. The program has four components and calls for, amongst other things, Federal, state and territory government matched funding of energy efficiency upgrades and solar PV installations for social housing dwellings.

The Society also supports investment in better energy efficiency and energy management. Useful upgrades could be made across Australia's private and public housing, commercial, community and government buildings and industrial facilities. We have partnered with a range of organisations such as the Australian Energy Council, the Carbon Market Institute and the Business Council of Australia and support the integration of government recovery plans with clean technology roadmaps, grid modernisation planning, carbon farming development and bushfire recovery that builds resilience and reduces climate risk.

Low take up rates for state energy concessions

The take up rate by those who are eligible to receive state energy concessions for gas, water, electricity and council rates is only about 50 percent. We believe this is due to a lack of knowledge on what is available and how to access it. One way to increase the take up rate would be to automate the process so that when a person is assessed as eligible for statutory income payment, their consent is obtained to provide this information to state and local governments so that they are then aware that this person is eligible and agrees to receiving concessions and other supports they are entitled to.

To conclude

In conclusion, the Society highlights the following matters:

- The Society is concerned about the long term health and wellbeing of those at risk of homelessness generally, but particularly so in a post COVID-19 environment.
 - A significant portion of the Australian community will be worse off if they are forced back into poverty (on the old Newstart rates) and homelessness, particularly at a time when an economic downturn is anticipated.
- While Infrastructure Australia's Priority List for 2020 includes social infrastructure as a category and remote housing overcrowding is identified as a high priority, it is disappointing that no other significant government investment has been made towards social and community housing even though increased housing is much needed, would stimulate the economy and create jobs.
- Those who are homeless or at risk of homelessness often have limited support networks and live with multiple and complex needs. Addressing homelessness also means addressing these other needs. A comprehensive service response requires a person-centred, case managed, trauma informed approach. Access to health and social support services is essential. Housing options need to be medium to long term to enable this support to be provided. It is not possible to provide assistance in a meaningful and effective way if a person can only be engaged on a short-term, temporary basis, when placed in crisis accommodation.
- There are significant gaps at all stages of the housing continuum– from shelter/crisis accommodation, through to transition accommodation, supported accommodation and longer term community, social and affordable housing. The housing response across the states and territories is fragmented and adhoc in nature, making it difficult for people to progress in a linear way through the housing stages. Instead, people end up in a continuous housing loop which often involves sleeping rough/couch surfing moving to crisis accommodation and back again.
- Some cohorts are high risk with respect to homelessness. These are single parents, asylum seekers, people living with complex and multiple health needs, people being discharged from hospital, people being released from prison and people living with disability.
- Some people are falling through the cracks because accommodation services do not address their needs, namely people with pets, people who require storage facilities, single fathers with children, single mothers with young adult sons, people with gender fluidity, people who are transient or mobile and people with behavioural challenges.
- The Society's policy position on housing and homelessness is outlined in its 2016 Ache for Home Report. The Society continues to call for
 - \$10 billion of Commonwealth funds to be allocated across states and territories on the basis of need and the cost of new housing in each location
 - formal recognition, by all governments, of the human right to housing as a basis for housing policy and acceptance of the obligations this places on governments and the community
 - a new national, multi-sector working group to develop a national housing affordability and homelessness strategy that complements state and territory plans and supports a comprehensive and coordinated cross-jurisdictional approach to housing affordability and homelessness prevention. The national strategy should be guided by respect for human rights and community diversity by balancing the needs for employment, housing, health, education and transport services with the emerging opportunities for improved and ecologically efficient building
 - the establishment of an independent agency to provide specialised policy advice to inform decision-making across all levels of government, and to monitor, analyse and report on housing and homelessness indicators across jurisdictions
 - increased funding under the Commonwealth Rental Assistance scheme to ensure that it properly meets the needs of those using it, including examination of the disparity between public housing tenants and private tenants

- improvements to the financial incentives to housing providers under National Rental Affordability Scheme (NRAS) to increase the number of eligible NRAS tenants and improve the rental rate.
- Vinnies NSW's Housing and Homelessness Statement sets targets in NSW for the number of new builds on private and government-owned land and calls for abolishing 'no grounds' evictions and mandating minimum energy efficiency standards for all public and private rental properties, as well as reforming taxation arrangements.
- The Society also supports the [Social Housing Acceleration and Renovation Program \(SHARP\)](#), although it calls for a lesser amount of government investment (\$7.7 billion) into social housing.
- The Society supports investment in better energy efficiency and energy management and the *Healthy & Affordable Homes: National low-income energy productivity program*.
- The Society recommends that processes be put in place (between Commonwealth and state and territory governments) to increase the uptake of state energy concessions for gas, water, electricity and council rates.
- The Society supports the national community coalition of organisations calls to establish national minimum standards for renters and landlords for managing tenancy issues.

We thank you for the time you have given our submission. If you require any further information, please do not hesitate to contact me.

Yours sincerely



Mr P Toby oConnor
Chief Executive Officer



ATTACHMENT A

St Vincent de Paul Society: Housing Activities 2018-19

NSW

- Vinnies NSW invested more than \$242M in community housing through St Vincent de Paul Housing to build and open 127 new homes.
- Vinnies NSW joined the NSW Government and non-government organisations as a signatory to a global agreement to reduce rough sleeping.
- Vinnies NSW joined the End Street Sleeping Collaboration to work towards achieving a 25 per cent reduction in street sleeping in Sydney by 2020, and of 50 per cent statewide by 2025.
- Vinnies NSW operates more than 25 crisis and transitional accommodation services across NSW to meet the different needs of single men and women, families, older women and young people. For example,
 - Vincentian House is a crisis accommodation service primarily for families and single women in inner Sydney. This is one of the few homelessness refuges that accepts single fathers with children and single mothers with teenage sons. In 2019, 300 people were accommodated, and 854 people attended day services including counselling, cooking and rent assistance. 600 children attended homework clubs, counselling sessions and cooking classes.
 - Edel Quinn offers a safe haven for people experiencing homelessness in Wagga Wagga and community outreach services including free flu vaccinations and blood tests. In 2019, 100+ people were accommodated and over 15,000 meals served.
 - Matthew Talbot Hostel is one of Sydney's longest-standing crisis refuges, offering homeless men a hot meal and a safe place to sleep. In 2019, 989 men were accommodated, 138,700 meals were served, 4,380 men used the laundry, 21,900 men received access to a shower and toiletries and 20,000 men accessed the onsite health clinic
- Outreach activities include proactively approaching people who are sleeping rough and offering food, blankets, other material and financial assistance, as well as referrals to our services.
- Partnership projects include collaborating with:
 - Service NSW to help people experiencing homelessness access identification documents
 - NSW Department of Family and Community Services (now the Department of Communities and Justice) to support men who were sleeping rough in the Parramatta to relocate to long-term accommodation.
- As a provider of the NSW Government's Social and Affordable Housing Fund (SAHF), St Vincent de Paul Housing has been contracted to build 500 units for people on low incomes (this number has risen to 502 since the end of financial year).
 - 357 units will be for social housing and 145 will be for affordable housing tenants.
 - Under the SAHF model, tailored support for housing tenants is also being coordinated through the Vinnies Services team. These wrap-around services ensure that not only do people have a roof over their heads, they are also supported to address any issues impacting their wellbeing.
 - We have made a significant investment in our provision of social and affordable housing, complementing the funding provided by the NSW Government. All current properties are built on Society owned land, and we have dedicated more than \$242 million to the demolition of pre-existing buildings and the construction of new, purpose-built units.

NSW ACT	<ul style="list-style-type: none"> • The Compeer program aims to improve the quality of life and self-esteem of adults with a diagnosed mental health condition, through one to one friendship with a volunteer. The Society has delivered the program since 1994. • In 2017, the program was modified based on consumer research funded by NSW's Mental Health Coordinating Council. The Program receives referrals through health professionals such as psychologists, psychiatrists, GPs, social workers and case workers. Volunteers are identified through several sources and are interviewed, screened and trained in the basics of mental health and communication skills. Where possible, individuals are matched with a volunteer of the same gender, similar age and interests and who lives within a practical distance. The friends meet weekly/fortnightly for the period of a year and then may continue to catch up, if that is mutually agreed. Many friendships last for years. Young people and key culturally and linguistically diverse groups are being targeted in Sydney. An evaluation framework has been developed and annual survey results indicate that more than half respondents feel lonely less often (56%), almost half participate in social activities more often (46%), almost half feel good about themselves(49%) and that they have the support they need more often (47%). • St Vincent de Paul Canberra-Goulburn runs a similar program in partnership with the ACT Health Directorate, where it is accredited as a social inclusion service.
Vic	<ul style="list-style-type: none"> • Ozanam House provides people with crisis accommodation, extended stay accommodation, or longer-term accommodation for over 55s in Independent Living Units. All units include separate bathroom facilities and storage facilities, and some will include separate kitchenettes allowing for privacy and self-sufficiency. The new facility includes a communal garden and living areas, a communal dining room, and supports stability and confidence as residents work towards regaining control of their living situations. • The Homelessness Resource Centre is a purpose-built homeless hub with an incorporated health clinic and support services for people aged 18 years and over. The team of staff, volunteers and peer support workers provide safe and supportive health and wellbeing programs. A range of health and allied health services (sch as GP, dental, nurse, occupational therapy) are available. Social support services include social workers, women's programs, financial counselling, intensive case management and advocacy, information and referral. • Olive's Place and Marian Community (Shepparton) provide women and children escaping family violence with refuge accommodation. • As a Registered Housing Provider, VincentCare Community Housing (VCCH) provides transitional housing options and manages 410 tenancy units throughout Victoria where people can live while they are supported to find long-term housing solutions. The St Vincent de Paul Society in Victoria established VincentCare in 2003 to provide accommodation and support services to people that are facing disadvantage. VCCH was established in 2009 to provide housing management for crisis, transitional and long term accommodation. • Through the Head Leasing program, VincentCare takes on the responsibility of a lease and sublet properties so disadvantaged families and individuals can access and sustain tenancies in the private rental market. The program provides support to four groups: adults and families who are economically vulnerable, young people at risk of homelessness who have intersected with the criminal justice system, women and their children escaping family violence, and people who have experienced chronic or repeated homelessness. <ul style="list-style-type: none"> ○ HomeDirect enables adults and families who are experiencing disadvantage or are at risk of homelessness to access the private rental market by sub leasing a property with subsidised rent from VincentCare. ○ VincentCare and Jesuit Social Services are in partnership to deliver the Link program that offers greater access and affordable private rental properties to young people at risk of homelessness, who have also intersected with the criminal justice system with subsidised rent for the tenant. ○ The Rapid Housing Family Violence program was established to support women and children escaping family violence, rapid rehousing aims to secure a home for families

	<p>enabling a fresh start. The subsidised rent model enables families to 'get back on their feet' and gain rental experience, including a lease in their own name.</p> <ul style="list-style-type: none"> ○ People experiencing homelessness who are sleeping rough can access private rental in Frankston, Bendigo and Ballarat. The program is available to people who may require support to maintain housing.
<p>Qld</p>	<ul style="list-style-type: none"> ● St Vincent de Paul Qld committed \$3.2M to provide housing to vulnerable people. A nine-unit complex was purchased, repaired and refitted in Maroochydore to house individuals and families in need. Further plans are underway for more investment into housing on both the Sunshine and Gold Coasts, as well as expanding head lease arrangements with private investors across the State ● A range of housing solutions are provided including homeless intervention and prevention services, crisis accommodation, transitional housing, accessible housing for people living with disabilities, and community housing. The aim is to achieve secure, safe and stable long-term housing for tenants. ● Specialist Homelessness Services are provided young people, families, single men and women experiencing or at risk of homelessness to access long term housing and support to maintain tenancies. Programs include Homestay (early intervention), Crisis Accommodation (including Hostels), Cornerstone (centre-based support), and Mobile Support. ● Home Care Services also help people stay in their home for longer. These services include home modifications, maintenance, personal care, meal preparation, domestic assistance, and transport services. ● In late 2018, Ozcare's Social Inclusion Services programs including 219 staff were transferred to the Society. The transfer included 10 hostels, eight drug and alcohol rehabilitation services, four women's refuges and six family and homelessness support services. The Society is now the largest provider of homelessness services in Queensland. ● Vinnies Housing, a wholly owned subsidiary of the Society, has strengthened its housing services in its second year of operation, as outlined in the Strategic Plan 2018-2023. Several initiatives at the state and regional levels have been introduced. Key principles include a person centred and place-based housing response which fosters vibrant, safe, sustainable and inclusive communities. Community connectedness is enhanced through tenant participation and community engagement activities. A new regional housing office has also been established. ● Vinnies Housing provided opportunities for student placements and traineeships in its operational and administrative support functions and has increased tenants' cultural awareness and accessibility through endorsement of the Society's Reconciliation Action Plan. ● Partnerships with government, other service providers and community partners have been established or expanded to advocate and increase support for people experiencing housing crisis across Queensland. Partnerships at two housing complexes in Mackay have increased a range of services, support and social events to tenants which has significantly improved their health, wellbeing self-esteem and confidence in engaging within the community. Over 1500 meals have been provided since the commencement of the collaboration and many of tenants have confidently transitioned to alternative sustainable housing and employment. .
<p>SA</p>	<ul style="list-style-type: none"> ● Formerly known as Frederic Ozanam Housing Association, Amelie Housing comprises 308 properties providing long-term housing for low income tenants including the aged, refugees, singles, single parent families, people with a disability and low income workers. Rent is set at 25-30 percent of income. Amelie Housing ranges from one bedroom units to four bedroom homes and last year housed over 750 people in 308 properties. ● Crisis Accommodation includes a 20 room Vinnies Women's Crisis Centre and 47 bed Vinnies Men's Crisis Centre. These Centres provide emergency accommodation, including for children at the Women's Centre. Meals, laundry and access to other Vinnies services, government and agency services are provided. The Women's Crisis Centre provided 6,789 nights of shelter, accommodating: 634 women, 608 children and 122 pets. The Men's Crisis Centre provided 14,935 nights of shelter, accommodating 535 men.

<p>WA</p>	<ul style="list-style-type: none"> • Vinnies Mental Health Service is a recovery focused supported accommodation service for adults with a persistent and enduring mental health diagnosis who may be homeless or at risk of homelessness. It consists of the Vincentian Village (the Village) and Community Shared Houses. The Village is a 28-unit facility with a 24 hour supported service that promotes the residents' recovery while maximising their independence. Case management with coordinated support across internal staff and external services is provided, as well as group work programs, peer support and training in daily life skills which help people build their independence. In 2019, resident activities at the Village included a talent show and annual camp. These activities are a chance for staff to form key relationships built on trust, compassion and empathy and they are part of the recovery orientated support program which works with people on their individual journeys of recovery. In 2018-19, 19,345 supported mental health accommodation nights were provided along with 14,840 hours of support for people living with mental illness. • Vinnies WA established a Consumer Committee (the Committee) in 2014 to encourage consumers to participate in the tenancy process and support recovery oriented care through supported engagement. The Committee aims to improve the lives and futures of residents living in Vinnies WA's accommodation services and works with Vinnies staff and residents to plan and deliver day to day activities as well as develop policy, procedures and guidelines that support continuous service improvement. The Committee has developed information brochures for new residents, implemented carer inclusion events and practices, conducted a service policy review, and designed, implemented and updated compliments, complaints and suggestions process. In 2019, the Committee won the Tenant Led Initiative at the Australasian Housing Institutes annual awards and is a finalist in this category for the National Awards. • For those who require less intensive day to day support, Community Shared Houses focus on increasing self-sufficiency, tailored to meet the needs of each consumer • Vinnies WA's Housing Plus Program provides transitional accommodation in 23 properties for families and three youth share properties in greater Perth and Mandurah. One example of a youth share property is the partnership established in 2018 between Vinnies and Perth Inner City Youth Service (PICYS). Vinnies provides the housing and PICYS provides ongoing support and advocacy for the tenants. This collaboration gives young people access to safe and secure housing in a supportive environment they otherwise couldn't afford. The program adopts a person-centred approach, working with the understanding that there will be some challenges along the way in the tenancy. Referrals to the Housing Plus Program come from external support partners who provide outreach support for the duration of the tenancy (12-18 months), until tenants are able to move into the private market or long term social and community housing • Tom Fisher House is an intensive intervention service for people experiencing long term homelessness and provides people support with challenges which may prevent them from accessing other services. The service engages with people who have struggled to attain or maintain permanent housing and who are experiencing disconnection from the community.
<p>Tas</p>	<ul style="list-style-type: none"> • Tasmania is experiencing a crisis in accommodation which is driving up the numbers of people seeking a safe, affordable place to live. Families living in tents on the showground and camping out are visible evidence of the problem. • At the Society's Bethlehem House, occupancy levels have been up at an average of 91.3% across all of our spaces, including crisis, emergency and transitional beds and the managed 'father and children unit'. • Marillac House provides supported accommodation for guests travelling to Launceston for medical purposes. In 2017/18, 1,284 guests stayed at Marillac House with 386 of these people being new referrals to the service. With a team of dedicated volunteers, Marillac House is a home away from home. Marillac House opened on Monday 17th December 2007 with the aim of providing comfortable surroundings at a minimal cost to patients and their support providers. Assistance and support is provided in a respectful and caring manner, with the emphasis on individual needs
<p>NT</p>	<ul style="list-style-type: none"> • The Society provided 59,623 nights of accommodation, up 51 percent on the previous year and managed 130 tenancies, up 42 percent.

	<ul style="list-style-type: none"> • Between 70-100 people per day come through Ozanam House, the largest day centre in Darwin, and the only centre providing services five days per week. Ozanam House provides hope and dignity to those who are homeless or rough sleeping. Those seeking assistance can enjoy a hot shower, a good meal, take a nap or have their laundry done. They also have access to support services to address their needs through case management, referrals to mental health, accommodation, drug and alcohol rehabilitation, financial counselling and similar support services. Clinics such as Casuarina Community Health and Danila Dilba attend the centre weekly to assist those on site. Other activities include an Arts Program, which has seen participation double in the last 12 months and a music program will be introduced in the coming year. Ozanam House also partners with organisations such as Many Rivers who provide enterprise support to help those wanting to turn their business ideas into a reality. • The Bakhita Centre provides transitional housing and case management for 35 single men. In addition to accommodation, the case management team develop plans with residents, providing linkages to appropriate services, training and engagement opportunities. • Ormonde House in Katherine is one of only three accommodation facilities that provides wrap around services for single men. Through case-managed communal living, residents develop confidence in everyday life skills such as cooking, cleaning, communication and social behaviour. Strong links with local agencies such as Anglicare, Catholic Care, The Hub and Venndale Transitional and After Care enable the delivery of wrap-around support services. • Park Lodge in Darwin provides 20 tenancies for single men offering medium term or transitional housing. To be eligible for this accommodation tenants must be on the Territory Housing priority list. With individual bedrooms and communal living areas, the tenants gain experience in sustaining a tenancy while they work to secure permanent housing. • Under the 'Same House Different Landlord' program, the Society leases four Darwin properties from Territory Housing to support women and families who are homeless as a result of domestic violence. Tenancy support is provided for the first six months, assisting the family to manage the home and learn everyday skills including budgeting, financial management, cooking and cleaning. Upon demonstrating the ability to maintain the tenancy, the house is provided to the family on a long-term basis without the support of the tenancy team. Once a property is handed over, the Society secures another property and the cycle begins again with another family. • In 2019, the Society was awarded the management of government owned housing in Katherine. The Bernhard Centre, a one and two-bedroom unit complex provides 39 tenancies for singles, couples and families. A Centre Manager undertakes education programs with tenants, supporting them to understand their rights and responsibilities and providing opportunities for engagement among families. Engagement with tenants and building local police support helps to create a safer and more resilient community at the property. There has been a significant decrease in anti-social behaviour and tenants are developing increasing respect and support for each other. Tenants feel safer and neighbouring businesses are reporting increased patronage as a result of the improvements. Providing tenants with greater knowledge of tenancy law and rights has resulted in them feeling more confident to seek out private rentals. A Community Hall onsite provides a facility for tenant engagement where external groups such as Centrelink can provide information sessions for tenants on how to manage finance and other relevant topics.
ACT	<ul style="list-style-type: none"> • In 2019, Samaritan House accommodated 116 men. It is a 13 bed, crisis accommodation program for men aged between 18 and 65 years. Samaritan House is the only provider of crisis accommodation for single men in the ACT. Residents are provided with individual rooms with shared showers, toilets, laundry and kitchen facilities, food, computer with internet and telephone, personal hygiene items and social support. Samaritan House requires \$25 rent per night to cover expenses. Residents are also provided with case management, working from a person-centred, strengths-based focus. The aim is to assist individuals to access longer term or permanent accommodation. • Samaritan House also has an open door policy (no referral needed) for any man who requires a hand up, by providing access to the House for tea, coffee, food, telephone and internet access, as well as information and referral support.

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| | <ul style="list-style-type: none">• The Street to Home program offers both case management and assertive outreach to assist people who are experiencing chronic homelessness, with a focus on physical health, mental health, housing and legal issues. Street to Home has six units offering supported transitional accommodation for rough sleepers.• The Family and Youth Homelessness Services team provides outreach support services to families that are currently at risk of, or experiencing, homelessness. The aim is to support participating families to access and maintain safe, secure, independent and affordable housing. Services are provided in a form of case management and address individual factors contributing to the risk of homelessness, with a strong focus on the needs of the children and the family unit. Holistic, person-centred case plans use a trauma informed approach, and support independent decision making through provision of relevant information and referrals, advocacy, positive role modelling and strengthening life skills. Any family that is currently or at risk of homelessness can access the service. The main focus is providing accommodation and support to families with an emphasis on the safety, well-being and development of children. |
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ATTACHMENT B

Case Studies – Young Parents Program (Canberra-Goulburn)

Case Study – Sophie (*All names have been changed)

Background

Sophie*, 24 years old, fled domestic violence involving her partner whom she was living with at the time. Sophie separated from her partner and moved in with her mother. Sophie was caring for her mother who has severe mental health issues. Sophie stopped working in order to provide the appropriate and sufficient level of care to her mother. As Sophie's living situation with her mother became increasingly difficult due to her mother's mental health issues, Sophie felt overwhelmed and identified her living situation was not sustainable. Although Sophie continued to care for her mother, she moved out from her mother's house and moved into her sister's house. Later Sophie's sister moved interstate and Sophie became pregnant with her new partner, Andrew*. Sophie's relationship with Andrew broke down and he stopped supporting Sophie.

Presenting Needs

St Vincent de Paul Society Young Parents Accommodation (SVdP) received a referral from OneLink for Sophie who was 35 weeks pregnant and identified as Aboriginal and Culturally and Linguistically Diverse. Sophie was feeling unsafe for herself and her unborn child in her current living situation and could not afford private rental. SVdP made the initial assessment that the housing complex Sophie was living in was inappropriate for a pregnant woman. It would also not be appropriate for a baby or a child. This assessment was based on concerns over safety, anti-social behaviour including physical assaults, property offences, rowdiness and shouting, drug and alcohol abuse, littering of empty/broken glass bottles and cans and syringes not properly disposed.

As a matter of urgency to address her accommodation needs, SVdP offered Sophie a two bedroom apartment which she accepted. After an assessment of eligibility was conducted by SVdP, Sophie was accepted into the Young Parents Accommodation program where case management was offered to the family to address immediate needs and a case plan was developed.

Sophie continues to provide daily care for her mother and occasional care for her father. Sophie's parent do not live together as they are separated. As a Carer, Sophie receives Carer Payments and Parenting Payments from Centrelink. Sophie felt that caring for her parents and also her younger sister can become overwhelming and emotionally stressful. Although Sophie has a strong relationship with her family, her family were unable to support Sophie and the unborn baby due to their mental health and their capacity to care. Sophie's younger sister has been experiencing domestic violence. . Andrew was not supporting Sophie or the pregnancy and it was not foreseeable that he would be engaged with the baby once the baby was born. Sophie felt she was alone in her pregnancy. Sophie expressed a desire to complete further education, though she did not have any direction of the field she would like to study in. Sophie was also concerned that she was at risk of violence from Andrew who had made threats of violence against her.

Outcomes

Due to engagement with SVdP, Sophie was able to achieve the following outcomes:

- SVdP and Sophie are working together to complete and submit a Priority Needs Recommendation to have Sophie's Housing ACT application reassessed as is it currently approved for High Needs.
- Sophie was offered a transitional property by SVdP. With stable accommodation assured, Sophie has the ability to improve other aspects of her and her child's life. Sophie gave birth three days before moving into the SVdP property and is now able to provide a stable and nurturing environment for her daughter. Sophie is engaging with other service providers and gathering documents to support her application to Housing ACT to progress her application to Priority Needs. Sophie has proved she is capable of sustaining an independent tenancy and has substantial supports and community connections in place.

- Furniture and immediate material aid was provided to Sophie and her child through SVdP and referrals were made to Roundabout by the case manager to meet the development needs of her baby.
- Information regarding the Domestic Violence Crisis Service, Moving On program and the National Domestic Violence Hotline number was provided to support Sophie in exploring her sense of self and developing her social skills, confidence and self-esteem. Sophie also used this information to empower her younger sister whilst avoiding the trap of getting absorbed into her sister's challenges.
- Sophie has identified she would like to access phone counselling through Carer Gateway Counselling Service as the best service to support her when she is experiencing difficulties when caring for her mother, father and younger sister.
- Sophie is engaged with Winnunga Nimmitjiah Aboriginal Health Service (Winnunga) for both herself and her daughter. Sophie is also connected and engaged with the Nurse Family Partnership through Winnunga and is confident in accessing their support.
- The family received Christmas gifts through the Society's Christmas appeal which relieved financial pressure from Sophie to provide gifts for her daughter.
- SVdP provided information and support to Sophie to apply for Child Support payments from Andrew through Human Services. This was done in ways which mitigated further domestic violence.
- SVdP also provided information and strategies regarding Family and Child Centre Programs and Services booklet. Sophie and the case manager identified parenting and playgroups such as Get Up and Koori Playgroup. In addition legal services that may be of value to her were also identified. Sophie is motivated to attend these groups and services with her younger sister.
- Sophie has identified she would like to engage in studies to become a Radiologist in the future when her daughter gets a little older. The case manager has identified pathways for day care for Sophie to be able to access education at the appropriate time.
- Based on SVdP's memorandum of understanding with ACT Dental, Sophie was referred to ACT Health (Dental) where she received a timely dental appointment to address her outstanding dental needs.

Sophie has developed greater resilience as a young woman while she continues to be supported by SVdP case management team. Sophie is engaged and has become much more confident in accessing the supports and services she requires.

Case Study – Susan and her two children (*All names have been changed)

Background

Susan* (23 years) was living with her partner Nick* (24 years), and their two children, Amy* (4 years) and Emily* (3 years), in a private rental when the relationship ended due to domestic violence. After a violent incident, Nick was charged and released on bail with the condition he was not permitted to visit Susan's residential address. Susan and her two children continued to live in the private rental where Nick's only financial contribution was to half of the rent for seven months. However, when Nick's employment ended and he was no longer able to contribute to rent, Susan was unable to afford the rent on her Centrelink payments. Susan quickly fell into rental arrears and received an eviction notice from the landlord. Nick's mother was supportive of Susan and offered to pay the rental arrears and also offered Susan and her children to move in with her. In the past, when Susan was younger, she experienced domestic violence from her father.

Presenting Needs

St Vincent de Paul Society Young Parents Accommodation (SVdP) began engaging with Susan and her two children through the referral from OneLink. At that time, Susan was couch surfing between Nick's mother's house and her own mother's house every fortnight. Susan did this to minimize the build-up of stress and tension within each household as a result from staying there. Susan felt this arrangement was not conducive to develop stable routines for herself and her children. She observed this lack of stability caused detrimental changes in the children's behaviour. Susan also expressed a desire to complete further education but was not sure where to begin.

After an assessment of eligibility was conducted by SVdP, Susan was accepted into the Young Parents program. Case management was offered to the family to address immediate needs and a case plan was developed. Over the process of case management, Susan disclosed to the case manager she was concerned Amy was sexually abused by an extended family member during a sleep-over.

Outcomes

Due to engagement with SVdP, Susan was able to achieve the following outcomes:

- SVdP assisted Susan to complete and submit a Housing ACT application, which she was approved for a property on High Needs. Furthermore, Susan and her case manager completed and submitted a Priority Needs Recommendation and Susan is awaiting her application to be reassessed for Priority needs.
- Susan was offered a transitional property by SVdP. With accommodation assured, Susan was able to improve both her life and the lives of her children in a stable and nurturing environment. She could also focus on gathering supporting and evidence-based documents for Housing ACT to progress her application to Priority Needs for a long-term housing solution. With the provision of transitional accommodation, Susan was able to prove she is capable of sustaining an independent tenancy and has taken the opportunity to build substantial support and community connections.
- Furniture and immediate material aid was provided to Susan and her children through SVdP which added a sense of pride and ownership for Susan. This also alleviated the financial pressure Susan would have faced to meet the needs of her children.
- Susan is currently on the wait list for the Domestic Violence Crisis Service 'Moving On' program to support Susan in exploring her sense of self and developing her social skills, confidence and self-esteem.
- The family have received Easter and Christmas gifts through the Society's Easter and Christmas appeal which relieved financial pressure from Susan to provide gifts for her children.
- Susan has increased her involvement with the wider community through enrolling and engaging in completing her year 11 and 12 studies in addition to a Business Administration certificate through CC Cares.
- Susan is on the waiting list to receive financial counselling from Care Financial.
- SVdP supported Susan to contact Child Youth Protective Services (CYPS) to report her concerns of sexual abuse by an extended family member. A referral was made and Susan and Amy attended the Child At Risk Health Unit. CYPS were confident Susan is making the appropriate protective factors to keep Amy safe.
- Susan has received case management support from SVdP for one year and three months and will be continuing to receive this service to obtain long-term housing options.

Case Studies – Family Services Program (Canberra-Goulburn)

Background

John,* (38 years old) a separated single father, was referred by OneLink to St Vincent de Paul Family Service (SVdP) who was couch surfing at his younger brother's home. John was accompanied by one of his three children, Mary (11 years old). John's other two children, Jane (15 years old) and Rose (5 years old), were residing with their mother and her new partner and their two children.

Presenting Needs

John sought assistance to secure permanent, affordable accommodation. John was diagnosed with depression, anxiety and bi-polar disorder. He wanted to be linked in with other services to address his mental health, the Centrelink conditions imposed on Newstart benefits and his limited access to his other children Jane and Rose. John was seeking legal representation and advice regarding the custody of Jane and Rose whom he was provided infrequent and irregular access. This limited access was negatively impacting the relationship between the three children.

Mary was attending counselling to address the violence directed at her by her mother's partner. The experience had left Mary in an emotionally fragile state where it was challenging for her to develop social connections. John wanted to find a primary school for Mary that would take into consideration her needs.

Outcomes

Over the 12 month period where John was engaged with SVdP, he was able to achieve the following outcomes:

- John took the opportunity to actively engage with the Case Manager in the development and implementation of case plan goals based on John priorities. This provided John with a sense of purpose and focus.
- John, together with the Case Manager drafted and submitted an application for permanent housing to Housing ACT. The family accepted the accommodation offered by Housing ACT which was in the same suburb where John's brother lives and the primary and secondary schools are located.
- The Case Manager provided a referral to Legal Aid and supported John by attending for the first meeting. John has been able thereafter to attend meetings by himself. In the similar manner, the Case Manager also supported John when his attendance was required in Court. This process has empowered John to apply to the Court for full custody of all three children. Pending a final order from Court, John has been able to informally gain regular access to all his children.
- The Case Manager and John identified that John had a critical role to play as the father of his three children. Consequently, John has been able to remain a reliable and present father for his children by regularly arriving for visits using public transport and not merely relying on the Case Manager to provide transportation.
- John, together with SVdP, advocated with Centrelink to be exempt from finding work under the Employment Services Assessment Test (ESAT). John was subsequently granted ESAT for three months which may be continued for a longer period with a medical certificate based on his mental health diagnosis.
- Initially, John was reluctant to engage with Child and Youth Protection Services (CYPS) due to his mistaken belief that CYPS would remove Mary and refuse access to his other two children. However, with the benefit of the Case Manager's explanation, John better understands the positive aspects of working with CYPS and he continues to work with CYPS for the wellbeing of his children.
- John was assisted by SVdP to liaise and attend an initial meeting with the Principal of the local primary school to discuss Mary's needs before school term began. SVdP also supported the family with back to school supplies and a back pack. This engagement supported John to remain involved within the school community and has been in discussion with the Principal for Rose to attend pre-school, to address her need for early intervention to achieve developmental milestones.
- With the support of the Case Manager and discussion regarding the need to access a family doctor for himself and his children, John selected a family doctor. Arising from John's new sense of empowerment, John took steps to develop a mental health plan with his doctor. Part of that plan involved getting a referral to a psychologist to address his mental health concerns.
- To provide additional opportunities to develop Mary's social and cognitive skills, the Case Manager connected her with martial arts program conducted by Police and Citizens Youth Club. In addition, Mary also learnt valuable life skills and socialization at Vinnies Youth Camps.
- SVdP also supported John and his family through provision of basic household items and furniture through SVdP Centres.
- John has also been referred to St Vincent de Paul's Energy Efficiency Program.

Case Study - Jane– All names have been changed

Background

Jane (32 years old), her partner Steve, and her 3 youngest children, Ben (11 years old), Sarah (10 years old), and Harry (8 years old) have been living in a caravan park for several years in stable circumstances. Jane has been receiving a combination of payments including Family Tax Benefits A and B (when working), Carer's Allowance for Ben, and Newstart, but has recently found part-time employment. Jane's oldest child, Jack (15 years old), had been living with his grandmother for several years, but when that relationship broke down, Jack entered the care of the Department of Community and Justice (DCJ).

Presenting Needs

In early 2019, Jack decided he wanted to be self-placed back into Jane's care with the support of DCJ. As there were no room for Jack, he slept on the couch but began complaining of back aches. This, together with the over-crowding, made the situation quickly deteriorate. By July, DCJ intervened and arranged for Jack to temporarily stay in a motel nearby to the caravan park. In December, DCJ sought \$50 per week from Jane as her contribution to the cost of the motel accommodation. This agreement is reviewed every 8 weeks. Jane is concerned that she may not have the means to maintain this payment. Yet, as Jane feels responsible for Jack, she feels that that is her responsibility to contribute the cost of Jack's accommodation. Jane finds this situation stressful.

Whilst Jane is appreciative of the accommodation arrangements for Jack, she has noticed a range of negative consequences of living away from the rest of the family. She has noticed that Jack has habitually not taken good care of his personal hygiene, disregarded any responsibility for his space and has failed to maintain good general health. Jane has noticed Jack falling asleep when she drives him to school. This is in stark contrast to the other three children who live with Jane.

While Jane is able to manage to care for Ben who has been diagnosed with ADHD, her attention and capacity is seriously stretched since she has to manage across two separate homes. She has been feeling worn out to say the least.

Jane was referred to the St Vincent de Paul Society Family Services (SVdP) by OneLink three months ago, for assistance to prioritise her housing application with Housing ACT or to find other suitable accommodation. A case manager from the program met with Jane to assess if the program was able to assist. The case manager determined Jane was eligible for SVdP and began working with Jane to create a support plan.

Outcomes

Due to SVdP's engagement with Jane, a number of outcomes have been achieved:

- A case conference between DCJ, Jane and Jack and other service providers has been arranged to provide an open environment to discuss the numerous presenting needs in a comprehensive manner.
- Jane's youngest children have been referred to the St Joe's Youth Program for recreation and respite opportunities throughout this period, giving Jane some respite. This respite has provided Jane with the opportunity to attend to other important family matters which she has otherwise not been able to do.
- The family has received Christmas gifts through the Society's Christmas Appeal which relieved pressure from Jane to provide gifts to her children.
- Through SVdP's allocation matrix which considers their relative merits for transitional housing, Jane and her children have been allocated a suitable SVdP property. This provides a home for Jane and her family to live under the one roof.
- As requested by Jane, SVdP will continue developing case plans with Jane moving forward taking input from the case conference with DCJ and others.

Case Studies – Samaritan House Canberra

Case 1: Mickey (Single man with pet)

Mickey was awaiting a court date for a criminal matter and had been evicted from his residence. He had a dog and was ineligible to stay at Samaritan House. He was provided support (access to amenities) until his court date and connected with Rainbow Paws. Mickey lived in his car for several months in the vicinity of Samaritan House and, to the author's knowledge, is still living in his car with his dog. Samaritan House continued to support Mickey until 1-2 months after the court date.

Case 2: Eamon (Complex needs)

Eamon entered Samaritan House with mood and personality disorders. He is a foreign national and is not eligible for Centrelink payments. He had a casual job, but during his stay at Samaritan House was physically injured and could not return to work. His mental health deteriorated further, and his needs became too complex (medical/physical, mental/psychological) for Samaritan House to address.

Case 3: Travis (Complex needs)

Travis entered Samaritan House following outreach support from another organisation. He has a chronic medical condition and, within the first week of staying at Samaritan House, had an episode associated with the condition. While Samaritan House does not provide medical care or monitoring, the staffing is 24/7 and, in Travis' case, other transitional or community options were deemed riskier because they were not staffed 24/7. Travis remained at Samaritan House far beyond the standard length of time of crisis accommodation, until NDIS support was in place and arrangements were made to the satisfaction of all parties.

Case 4: Donald (Complex needs, vulnerable, with storage needs)

Donald was a former Samaritan House resident who resorted to living in his car. He was financially vulnerable, having been manipulated by his ex-partner (also ex-carer) regarding their child. Donald continued to pay for storage for his possessions while living in his car. Donald entered Samaritan House a second time while arrangements were made for housing and for a trusteeship to be put in place to reduce his susceptibility to financial pressure.

Case 5: Cameron (Gender identity)

Cameron entered Samaritan House after recently arriving in Canberra from interstate. Born biologically male, Cameron disclosed gender fluidity, including a preferred name and dressing in cross-gender ways. He identified to staff the difficulties in accessing services based on stated gender or gender fluidity but accepted nominally "men's" crisis accommodation. Cameron was accepted by staff and residents. There have been no major concerns regarding gender identity, use of preferred names and pronouns, etc. However, Cameron's case raised hypothetical questions, including what would be appropriate if Cameron strictly identified as non-male and whether there is a conflict when gender identity and pronouns are at odds with the eligibility requirements of the service.

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